

THE Bulletin

JUNE 2013 Volume 90, Number 6



**Embezzlement and Stealing
in Medical Offices**

**MSMS House of Delegates
Update**

**MSU Med Students
Give Back Big Time**

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THE Bulletin

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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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2013 HOUSE OF DELEGATES MEETING...GCMS STEPS UP!

The 2013 Michigan State Medical Society House of Delegates meeting was held April 26-28th in Grand Rapids and was an outstanding event! Though the Genesee County Delegation was a few seats shy of perfect attendance, our society was visible, successful, and continues to have a strong presence on the MSMS Board.

This year's attendees included: Drs. Shafi Ahmed, Cathy Blight, Edward Christy, Pino Colone, Mona Hardas, Gary Johnson, Samasandrapalya Kiran, Nita Kulkarni, S. Bobby Mukkamala, Rama Rao, Venkat Rao, Raymond Rudoni, and John Waters. Several had leadership roles: Dr. Pino Colone served as Vice Speaker, and Dr. Mona Hardas served as a reference committee chair. Others serving on reference committees included Drs. Gary Johnson, Ed Christy, Rama Rao, and Nita Kulkarni.

Several GCMS resolutions were adopted:

- Tobacco-free Parks and Beaches,
- Thank You to Congressman Dale Kildee,
- Encourage all Counties to Hold Regular Legislative Liaison Meetings,
- Shared Medical Appointments,
- Classification of Genesee Health Plan,
- Recognition of Haptenation with Hypersensitivity Disorders,
- Support the Clean Air Act.

Board actions related to Blue Cross Transparency, Caps on J1 Visa waivers and funding of graduate medical education slots were all approved.



Ray Rudoni, MD

Finally, as briefly mentioned above, we now have five GCMS members on the MSMS Board of Directors: Drs. John Waters and S. Bobby Mukkamala were re-elected as District Directors. Dr. Pino Colone was elected Speaker of the House. I was elected Vice Speaker of the House. Dr. Venkat Rao was re-elected Treasurer of the MSMS Board of Directors. Dr. S. Bobby Mukkamala was elected Vice Chair of the MSMS Board of Directors. In addition Drs. Pino Colone and S. Bobby Mukkamala were re-elected as AMA delegates.

From a personal standpoint, I was delighted to be named Vice Speaker of the HOD and look forward to not only reading a copy of Sturgis's Parliamentary Procedure before next year's meeting in Dearborn, but also to working side by side with my fellow Emergency Physician Colleague and Speaker of the House, Dr. Pino Colone.

A special thank you to Dr. Blight and Pete Levine for teaching me the politically and professionally correct method of running for the important role of Vice Speaker. I am grateful for their expertise, and willingness to introduce me to many delegates from other counties and for assisting me with my speech. Though I ran uncontested, which is always nice, I felt very prepared and am happy to have invested the necessary time to travel around the state and introduce myself to different delegations prior to April's meeting.

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TELL IT LIKE IT IS

*If a little knowledge is dangerous, where is the man who has so much as to be out of danger?
- T.H. Huxley (1825-1895)*

Dr. R. was revered as the premier eye specialist in Detroit in the 1940s, 50s, and 60s. One would have to travel to New York City or Chicago to find another physician as capable, experienced, and renowned in the specialty. Apparently, however, there was never much conversation between doctor and patient in his downtown office. He would enter the room, examine the patient, scribble a few notes on the record, possibly grunt a few words, and make his exit. An assistant would escort the patient to the checkout desk where the date and time of their scheduled procedure would be revealed and off the patient would go, probably feeling fortunate to have been allowed in the presence of such a pillar of medical knowledge. Not so many years ago, that is the way things were and patients were quite accepting of this type of relationship with their doctor. Those days are long gone, or at least they should be.

Computer savvy patients have access to information regarding any medical condition and/or procedure in as much depth as they desire. Armies of personal injury attorneys spend millions of dollars trolling for customers. Prudent physicians will not ignore the importance of thorough informed consent as protection for themselves as well as their patients. Informed consent goes well beyond merely pushing a form in front of a patient and asking them to sign. The patient is participating in a decision to proceed with treatment, not just signing a formality. Before the signature is inked, there must be a two-way conversation. The doctor must provide the diagnosis, if known, and describe the type and nature of the proposed treatment in as much detail as the patient and family



Daniel Ryan, MD

members require. The alternatives, benefits, risks, and complications of treatment should be clear to the patient. The risks and benefits of not proceeding should also be explained. The patient should be allowed time to ask questions.

Fully informed consent is both an ethical and legal obligation on the part of the treating physician. Some informed consent forms are too broad, others too detailed. Patients need to know that not every complication can be anticipated and lists of risks and complications should be qualified by the statement “including, but not limited to.” Language used must be

in a lay person’s terms and not cloaked in medical jargon. Of course, the patient has to be mentally competent to give consent, or be accompanied by an authorized family member caregiver or legal guardian.

An efficiently run medical office often requires appropriate delegation of tasks that do not necessarily require a trained physician to do. However, patient informed consent is not among those tasks. It is time consuming but is necessarily a face to face discussion between the patient and the doctor. Surgical schedulers/counselors, nurses, medical assistants, or audio/video recordings cannot substitute for this important doctor-patient interaction.

Patient informed consent is a relatively recent phenomenon in the history of medicine. Ancient Greek physicians were of the opinion that disclosing possible problems with treatment would erode patient confidence and trust and this attitude persisted for millennia. Today, health care is more patient-centered and thorough informed consent is an essential aspect of that perspective.

Practice Managers Meet for Medical Records Update; Next Month Portal Use

The April Practice Managers meeting focused on a comprehensive update on medical records issues. Stacey Hettiger of the Michigan State Medical Society had the group's rapt attention on this important topic. The May meeting will focus on "Using a Portal," a critical component of Meaningful Use. Members wishing to have their practice managers attend these vital meetings can email Becky at bdoty@gcms.org with email contact information. They will be added to the notification list. Topics are specifically chosen to aid practices in function and efficiency.



DEAR LEGISLATORS: YOU ARE MAKING IT ROUGHER TO RETAIN PHYSICIANS IN MICHIGAN

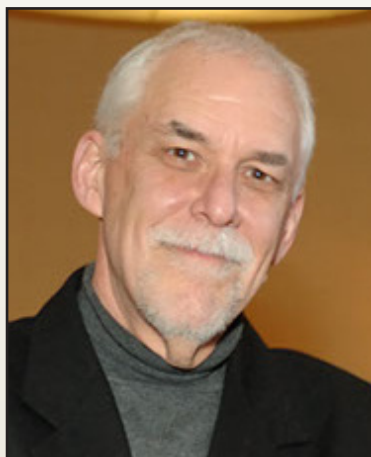
As we speak, Senate Bill 2 has been passed out of its Senate committee and is on the floor of the Senate for a vote. Senate Bill 2 is particularly odious, because it would allow advanced practice nurses to practice independently of physicians. The legislature does not seem to understand that there is a reason why medical school, residencies and fellowships take so long and why physicians need to be the team leaders in health care. They are simply the most highly trained professionals.

While policy makers and medical leaders bemoan the coming dearth of physicians in Michigan, the state legislature is sending every bad message to prospective physician recruits about why not to practice in the state of Michigan. Put another way, while the health care leadership is doing everything it can to recruit physicians, the irrational behavior by the legislature continues.

Let's look first at the legislature's behavior with respect to the insurance exchange which leaves me worried about the decisions the legislature will make with respect to Medicaid expansion/reform. The legislature felt it wiser to not vote for a state-based exchange that would have triggered a \$63 million grant from the federal government. By not acting they have defaulted to the Feds for our exchange, which will now cost the state \$8 million in order to comply.

At this point, it looks like the Medicaid program might be expanded. There are significant efforts underway to pass this legislation, but, this fact still does not diminish the perception that the legislature is needlessly grappling with what is a slam dunk from a policy perspective. One thing we don't need in this community is more uncompensated care.

So, now we have problems with expansion of Medicaid, abandonment of a federally funded insurance exchange and a declaration that the extra years of medical school and residency are of no value in the



Peter Levine, MPH

eyes of the legislature. Then let's add to this the additional potential diminution of the no-fault auto laws in the state of Michigan, which would cap the auto accident health care coverage at \$1 million. For those who are experienced with this, they know that \$1 million for some accidents can be a small percentage of the cost. From an insurance company's perspective, this is wonderful. From a patient's perspective, this is catastrophic.

Finally, there are the endless threats of cuts to graduate medical education. While we are constantly being told by legislators that they are very concerned about the fact that we are facing a crisis of

physician supply, especially in communities like Flint, the governor and the House proposed cuts to GME funding. Fortunately, the Senate restored the cuts. This cycle needs to stop. Students will not stay here as residents (which makes them more likely to stay on as attending physicians) if they think funding for their programs may be cut in mid program.

So what is the overall message that our legislature is giving? You diminish the value of the physician education via inappropriate scope of practice expansion. You make it so that we can graduate lots more medical students than we could a few years ago, but have done nothing to increase residency program slots so recent graduates are forced to leave the state for residency programs. You put physicians more at risk for caring for uninsured patients by possibly not expanding the Medicaid program. And you cap auto insurance injury coverage, which substantially damages a large number of patients and the physicians who treat them.

My question to the legislature is, other than the fact that this is a beautiful state, what are you doing to help attract physicians here?

To a non-professional observer, the political process has gotten so nasty and appears to have more to do with positioning for re-election than with productive activity. All of this is true. I hear it every day from

residents and students.

But the one message I would like to send to our members is that there are many legislators who are working hard on behalf of physicians. This session of frustration was preceded by major legislative victories last year. Also, one of the amazing things about politics is defeats are rarely final. It is frustrating that the policy solutions that are in the best interests of patients are not always obvious to elected officials. But as Colin Ford, MSMS's lead Government Affairs staff person tells me all of the time, "if you want someone who agrees with you 100% of the time in the legislature, then you need to run for office yourself. No defeat is ever permanent and no victory is ever final in politics, and the best weapon is still vigilance."

You are fortunate as an organization of physicians representing your patients, to have such diligent staff at the MSMS level, and such great physician leadership at MSMS and at GCMS. People are working on your behalf 110% of the time.



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GREETINGS FROM YOUR DISTRICT DIRECTORS!

Since I last wrote to you, the MSMS has completed its annual House of Delegates meeting in Grand Rapids, Michigan.

District 6 was well represented and many of our issues were considered and approved by the House as described elsewhere in this issue of the *Bulletin*.

One thing is clear. The GCMS and MSMS provide an excellent avenue for members to see their ideas transform into action. It begins with a statement that sounds so familiar, "I wish that _____ would stop _____." We physicians can insert many items into the blanks: insurance companies, hospitals, legislatures, attorneys, even our peers in some cases. If the thought



S. Bobby Mukkamala, MD
District VI Director

stops there, however, then the underlying problem is sure to present itself again. On the other hand, if the thought turns into a resolution that then gets approved by the House of Delegates, then with the weight of 15,000 physicians and a well funded staff, there is a good chance that the problem will get solved.

So while you are in the midst of your office day, or hospital rounds, or surgical schedule, and your mind hits upon an idea to fix an issue we may all face, take a second to drop an email to any board member or staff of GCMS. We will take it from there and do our best to investigate and pursue the issue.

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LEGISLATIVE LIAISON MEETS TO DISCUSS HOUSE OF DELEGATES

In early May, the GCMS Legislative Liaison Committee met with members of the county legislative delegation to discuss actions taken at the MSMS House of Delegates the previous week which might result in legislative and regulatory activity. Present were Tim Sneller from Representative Smiley's staff, Representative Joe Graves, and Representative Pam Faris.

Dr. Blight noted that GCMS had swept elections with the Speaker, Vice-Speaker, Board Treasurer and two District Directors elected during the House of Delegates. Part of GCMS's goal at this last House of Delegates was to work toward having all county medical societies provide legislative briefings like GCMS does. It brought a resolution asking the state of Michigan to declare the Genesee Health Plan non-creditable insurance so that recipients can qualify for other health insurances without waiting periods.

The committee discussed several regulatory issues including dementia-related voting issues, vehement opposition to expansion of APRN and CRNA scope of practice, the need for Medicaid expansion and opposition to no-fault auto reform.

The next meeting of the Legislative Liaison Committee will be on June 3, 2013 at 8 a.m. Members wishing to attend may contact Pete Levine at plevine@gcms.org.



MSU Medical Students' Flintstone Race Great Success

By Amanda Winston and Rachel Paneth-Pollak

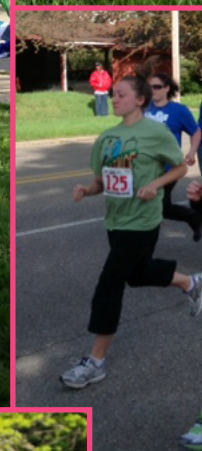
On the morning of May 5th, 242 individuals lined up for the First Inaugural Flintstone Challenge 5k Run/Walk. The event, coordinated by Michigan State University College of Human Medicine (MSU-CHM) students, was a fundraiser to benefit the Flint Community School's Classroom Support Fund, the source of funding for Flint's Great Idea Grants. Great Idea Grants are awarded to Flint Community School employees who develop and propose innovative, interdisciplinary programs or curricula. The aim of the Great Idea Grant is to find novel ways to engage Flint's youth inside and outside of the classroom.

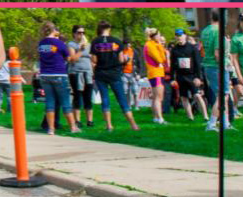
The community support for the race was overwhelming. Multiple community members jumped at the chance to help make the race a success. More than fifty volunteers were present on race day to help the event run smoothly. The event had more than 20 corporate and community sponsors, including Health Plus of Michigan, MSU-CHM, The Flint Area School Employees Credit Union, Landaal Packaging, and MSU's Flint Area Medical Education. Their support truly made the event possible.

The morning started with the National Anthem and a moment of silence in remembrance of the events at this year's Boston Marathon. Mayor Dayne Walling started the race with DJ Cha'Chi of CK 105.5. At 9 a.m., the runners and walkers were off, and the race had begun.

Among the runners and walkers were multiple medical students, Dr. Nita Kulkarni (who won the Women's Masters Division, in scrubs, just after delivering a baby at Hurley!), Dr. Bobby Mukkamala, Dr. Susumu Inoue, Dr. Niketa Dani, Dr. Abd Alghanem, Dr. Rama Rao, Dr. Barbara Wolf, and Mayor Walling. Cheering from the sidelines while manning their volunteer posts included multiple medical students, residents and physicians. Attending physicians Dr. Laura Carravallah and Dr. Paul Lazar staffed the medic tent, assisted by Hurley and McLaren residents Dr. Shahzad Faisal, Dr. Deepika Pulla, Dr. Shruti Pathak, Dr. Ghidah Al-Khoury.

The total amount to be donated to the Classroom Support Fund will be announced within the next couple of weeks. Stay tuned for next year's Flintstone Challenge!





Medical Practice Embezzlement: An Ounce Of Prevention Buys A Pound Of Cure



By PAUL NATINSKY

When it comes to theft in medical practices, the safeguards are simple, the consequences dire and the aftermath often agonizing for everyone involved.

“Embezzlement is something we all think about, but nobody wants to talk about,” said Shavonn Pittman, CPA, Audit Manager at Lewis & Knopf CPAs, PC, a Genesee County accounting firm. “A lot of times when it happens, we will push it under the rug or we won’t tell anyone because we are embarrassed.”

Embezzlers are often longtime, trusted employees; in many cases the last person a health care professional would expect to be stealing from them, several speakers told an audience of Genesee County physicians at May 2 Town Hall Meeting on the subject in Flint. In many cases, embezzlers didn’t take their jobs with the intention of becoming thieves and in some cases, the offenders even intend to pay the money back over time.

The reasons employees begin to steal from their employers are myriad. In Michigan’s rough-and-tumble economic climate, financial

pressure is strong motivator for some employees. For others addiction to prescription drugs or a sense of jealousy or entitlement regarding their employers serve as a trigger. Sometimes simply the opportunity to do the deed and get away with it is at the heart of the heist.

“Then there is the environmental approach—and this is a big one that we sometimes miss,” said Pittman. “That is the attitude about the tone at the top of the office environment. If you have employees who are looking at management and management is not displaying ethical values, then they’re not going to display ethical values.

“The rationalization might be, ‘Well, I’m just taking \$50 out of petty cash, but I know that Dr. Smith is messing around with nurse so-and-so, so if he doesn’t want me to tell his wife, then I’ll just take this \$50.’”

Regardless of the motivations, embezzlement is a big problem for medical practices.

“Embezzlement strikes almost 60 percent of health care practices,” said Jeff Holt, a health care business banker for PNC Bank, with 27 years

of business banking experience. “That includes how at risk you are with your staff, internally, but also how at risk you are from outside the practice. You are a target.”

And the amount stolen is typically far more than \$50 from petty cash.

“Fifty-thousand dollars to \$100,000 is where most of them fall,” said Walter Griffin, an attorney with the firm Cline, Cline and Griffin, who has been involved in more than half a dozen embezzlement cases.

There are a number of red flags to look for that often indicate embezzlement might be afoot. Holt said heavy hitters such as Warren Buffet, Donald Trump and Bill Gates don’t understand financial statements, but are able to effectively oversee their businesses by paying attention to key indicators. For medical practices, that list includes, according to Holt:

- Large or unusual adjustments on bank reconciliations.
- Low collection percentages.
- Discrepancies between bank deposits and postings.
- An abnormal number of expense report items.



In addition to ink-and-paper red flags, certain employee behaviors are also worth paying attention to.

“What kind of person should I worry about?,” asked Holt. “The person who never takes a vacation. If they are out, someone else can find out what they are doing. They are very protective of their job. They are very controlling of what they do because they don’t want anybody finding out what they are doing. They work many hours, they work overtime, often work long hours, are often living beyond their means.

“Don’t believe the mantra that you go to school to learn to practice medicine and delegate the rest. That makes no sense. You own a business, you should know everything that’s going on. There should be controls, there should be expectations, there should be accountability.”

In addition to red flags and employee behaviors, there are process-oriented aspects of a practice that can help discourage fraud. According to Pittman:

-Monitoring is a big internal control. You might say I don’t really know what I’m looking at when I look at a bank reconciliation. That’s okay, just the fact that they know you are going to look at it is an internal control in itself.

-Proper authorization of transaction activity. You should require authorization to add vendors to the accounting software. That should be something that everyone in your office should not be able to do. Whatever accounting software package you use, if there is more than one person who has access to that, everyone should not have administrative rights. Administrative rights gives you the access to add vendors among other things, so you should require authorization at a higher level to add vendors and you should require authorization prior to use of a credit card.

-You should have physical control over assets and records. Locking cash in a safe. Restrictively endorsing checks received, depositing cash into the bank within 48 hours so that it’s not left open to theft.

-Don’t leave town and leave blank signed checks for your employees.

-Tag and track all equipment. All of your machinery, everything that is of value should have an inventory tag and you should have an inventory list. And then you should perform periodic inventory counts so that you know within three months or six months, or however often you do that inventory if there is anything missing.

-There should be independent checks on performance. That’s a monitoring tool. If everyone knows that you are going to come in periodically and take a look at what they are doing, then people will behave more equitably.

Despite efforts to prevent it, theft still occurs. If an embezzler is caught, the simple and natural impulse to pursue a prosecution contains its own often unexpected consequences.

“When I say prosecute or don’t prosecute this is what you are going to go through,” said Griffin. “There is going to be an investigation. There are going to be officers, you are going to hire (an accounting firm), you are going to have (your bank) in there. They are going to produce all the materials. There is going to be an indictment. In other words, the person is going to be charged through a grand jury or the prosecutor is going to charge based on the evidence presented. There may be a plea of guilty or not guilty. I cut a deal; I don’t cut a deal.

“There is a pretrial, there is a trial. You are going to have to testify. It’s going to be in the *(Flint)*

Continued

- No cash in deposits.
- Large amounts of overtime or payroll costs that are increasing.
- An increase in patient refunds.
- Refunds written to fictitious payments.
- Checks made payable to the practice being endorsed to cash by the employee, with charges either never being entered into the practice management system or being or being adjusted off.
- Checks being made payable to the practice being deposited into the bank in a bank account that doesn’t belong to the practice.

“A lot of times we have the excuse, we say that’s really good. You’re giving us good information, but I’m just a doctor. What am I supposed to do about all this and take care of patients...I’m too busy,” said Pittman. “But it is your responsibility because these are your assets, this is your business and we want to talk about how you can implement some things yourself, without any kind of financial expertise there are some very simple things that you can try to do to prevent embezzlement fraud.”

Journal, it might be in the *(Detroit) Free Press*. It's certainly going to be known among all of your colleagues. They are going to be talking about it in the surgical lounge. You will be known as the dope who had the money taken from you. Then you have to go to the sentencing because you have to be there to determine whether this person should be sentenced or not. And then if you are lucky there will be an appeal; and it may be reversed and come down and you do the whole thing all over again. So, my question to you is do you want to prosecute that person who stole \$10,000 from you or do you want your \$10,000 back? That's a tough decision."

Griffin told the cautionary tale of a young embezzler.

"I represented an embezzler. She was 19. She was married. She worked for an insurance company. She took money that was being paid for premiums because she needed the money. She never intended to steal, she was going to pay it back. She took that money and used it for herself and then when the next check came in, she would pay the premium she missed the first time. So she was running a poor man's Ponzi scheme.

"Sooner or later it was going to fail, but she was 19 years old. She confessed. I cut a deal. She was going to go in for the maximum five years. That was the deal. She has no record, 19 years old. Really nice gal, but she stole. So we go to court and we have the hearing. She pleads guilty and the judge gives her five years. She was pregnant. So now she has the child

in prison. Gets out about five years later.

"I ran into her in a restaurant where she was the waitress. We talk. She tells me what happened. What she said to me always amazes me. She said, 'You know, it ruined my life. I said, 'Why did you do it?' She said, 'It was too easy. It was just too easy. Really, this is what it's about. These safeguards and everything else, you don't want to make it easy. If you walk out of here with anything tonight, remember, don't make it easy.'"

On a final note, Pittman said: "This is the most commonsense thing that I can say, trust your gut. If you suspect that anything is amiss and you have no evidence, then do an investigation because likely there might be something going on."



COMMIT TO FIT!

Live • Learn • Work • Play

Local practices, physicians, and medical office staff are at the forefront of helping our patients, residents, and community in developing necessary healthy lifestyles. The Commit to Fit! program is aimed at helping the whole region accomplish that goal. The Greater Flint Health Coalition, and the Genesee County Medical Society are providing free resources that increase the efficiency and practicality of prescribing physical activity, nutritional counseling, and smoking cessation to patients. These informative and educational materials (at right) include brochures, posters, healthy living prescription pads and pocket cards. They are free! Also available are free exercise and nutrition classes with support from local health and fitness centers. The program is an incredible opportunity to help staff, patients, family members, and others develop healthy, active lifestyles, at no cost.

For more information or to have materials delivered to your office, please contact Nick Bendall at 517-243-2008 or via email at nbendall@gcms.org.



YOUR \$\$\$ AT WORK

- S** GCMS helped several practices with complex issues relating to medical records.
- S** GCMS helped several practices with complex issues related to billing.
- S** GCMS helped several practices with contacts and advice on employee honesty issues.
- S** GCMS held a practice managers session on updates on medical records and on using a portal for meaningful use.
- S** GCMS held a general membership meeting on the topic of embezzlement and stealing in medical offices.
- S** GCMS helped the Land Bank work out how to handle physicians' medical records in properties which the Land Bank has come into possession.
- S** GCMS provided two articles for recent issues of *Health Care Weekly Review*.



Meeting the health needs of Genesee County's children

Child & Adolescent Psychiatry (810) 768-7561

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

Child & Adolescent Health (810) 237-7572

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

Child & Adolescent Dentistry (810) 768-7583

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

Services provided at no cost to low income families

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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.

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Located at: 4500 S. Saginaw Street (Great Lakes Technology Center), Flint, MI

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Health &
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Center

A PRACTICE GUIDE HEALTH

**...in Flint 36%
of adults ages
25 and older
read at or
below a first
grade level**

Take a guess at the strongest predictor of a person's health status. Income? Race? Education level? Socioeconomic status? You might be surprised to learn it's actually literacy¹.

Would it also surprise you to learn that in Flint 36% of adults ages 25 and older read at or below a first grade level²? When we consider that low literacy costs the United States \$50 billion to \$73 billion per year³. We can't afford to ignore this problem.

As providers we also need to be concerned with a patient's health literacy status. According to the American Medical Association, health literacy is a "person's ability to read, understand and use health information to make appropriate health care decisions and follow instructions for treatment." Health literacy involves much more than just knowing what words mean.

Consider this scenario that happened to the grandmother of

a friend of mine. She went to a physical therapist and that therapist asked "Do you have any heart trouble?" The grandmother replied, "No." The therapist then asked for a list of medications, and two of the medications were for heart disease. Where was the disconnect? It turns out the grandmother believes her heart is just fine because she is on the medication.

Unfortunately, there are numerous examples that demonstrate how poor health literacy has had such deleterious effects as hospital re-admissions, lawsuits, and even death. Not only is it our moral obligation to help patients understand, but it is also in our best interest. Attorneys estimate that a clinician's communication style and attitude are major factors in 75% of malpractice lawsuits⁴. Some of the common issues are inadequate explanation of diagnoses and treatment along with patients feeling ignored, devalued, and rushed.





CAL E to Addressing LITERACY

By Traci J. Kim

It is incumbent upon us, the providers, to take responsibility for helping patients understand. But first, we need to recognize the signs, because you can't tell by looking. It needs to start with the front desk by creating a comfortable, shame-free environment. If a patient is taking longer than average with paperwork, then a staff member should offer to help. Frustrated comments from patients about the amount of forms or excuses that they forgot their glasses may also indicate a problem with literacy.

Patient education materials should be written at a 6th grade level and use simple visual images, not complex diagrams. When discussing a patient's condition, slow down and use plain non-medical language. Provide small amounts of information at a time, taking breaks to encourage patients to ask questions and process the information. Then, listen. If you're concerned about time management consider that in studies

where patients were allowed to talk without interruption for as long as they wanted, they only spoke for an average of 40-92 seconds⁵.

Do you find yourself at the end of your explanations asking "Do you understand?" or "Do you have any questions?" Usually the patient will respond "yes" to understanding and "no" to the questions, especially if they are someone with inadequate health literacy. One effective method to finding out how much a patient understands is using something called the Teach Back Method. In a non-threatening manner we simply say, "Now when you get home and your spouse asks you what you are supposed to do, what will you tell her?" This way the patient can explain the treatment back to you, and you can confirm if it is correct or provide further direction. If the patient's explanation is inaccurate, it is important for us to take the responsibility and say "Well, it looks like I may not have done a very good

job of explaining this to you. Let me try again."

There is nothing more rewarding than helping patients understand how to take control of their health and achieve the best possible outcomes. Following a few of these simple guidelines can save time, build trust and create a loyal patient base.

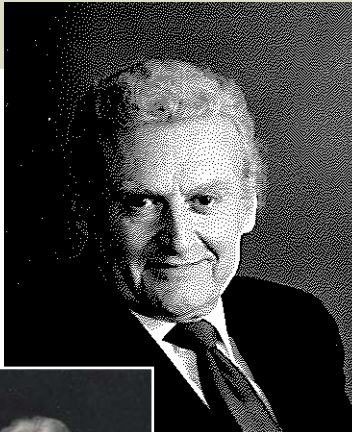
Ms. Kim holds a Masters Degree in Health Communication from Michigan State University and has over 21 years of health care administrative experience. She has taught "Cultural Competence in Healthcare" at UM-Flint for the past 7 years. She can be contacted at tracikim@umflint.edu

Sources

1, 3, 4, 5 AMA Foundation "Health Literacy and Patient Safety: Help Patients Understand"
2 National Institute for Literacy through Michigan Literacy Inc.

Doctor Woodrow Harold Pickering

It is with great sadness that I read the obituary of Doctor Woodrow Harold Pickering known to us as Woody. He personified what a physician was and should be. He had no other aim beside the welfare of his patient plus the dignity and nobility of our profession. Never met a doctor he did not care about.



Woody was responsible for my entering the practice of medicine in Flint as he approved me in an early morning interview in his home. In those days, you could not get any hospital staff privilege in Genesee County unless you were a member of the Genesee County Medical Society. So, the GCMS evaluated the credentials of newcomers and then arranged a personal interview to see if they are worthy of membership and fit to serve patients of this community. Credentials alone, no matter how high, were not enough.



Woody was the guardian when I arrived at the gate in November 1969. He did not ask me of the latest medical discoveries or my technical expertise, but if I had ever been a patient myself. “How did it feel?” “Did you think you were in the hands of a group of people you trusted even though you didn’t know the person you faced?” “How comfortable was it to be on your back and powerless in an unfamiliar environment?” “Did you expect anyone among the doctors or their staff to have anything in mind besides your recovery?” I was awestricken and brought down, or lifted up, from the sanctuaries of pure academic life in the University of Oregon to the angelic world of service to the sick by virtue of my license not my diploma, for my values not my knowledge, for what I could do not who I was, for the obligations not privileges which were being granted to me at my own request.

Woody did not have to spell out these points. He just showed them effortlessly by his demeanor as were natural to him and he lived by them. I didn’t know who he was. I didn’t see in him Harvey whom I exemplified, but Hippocrates whom I had forgotten. He rearranged my values, as were later reinforced by many others of his vintage, and then he let me in. I am grateful for what he did. Later, we were friends and colleagues. I felt honored when he treated me as an equal.

May God, whom he deeply believed in, bless his soul and keep him alive in the minds of his family and so many others he touched. He left his world better than he found it.

Respectfully submitted,
Cyrus Farrehi, MD

**I FELT HONORED
WHEN HE TREATED ME
AS AN EQUAL.**

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HOUSE OF DELEGATES

A MAJOR



OUR SUCCESS FOR GCMS

The 2013 Michigan State Medical Society House of Delegates was held in Grand Rapids. The GCMS delegation of Drs. Shafi Ahmed, Cathy Blight, Edward Christy, Pino Colone, Mona Hardas, Gary Johnson, Samasanrapalya Kiran, Rama Rao, Raymond Rudoni, Nita Kulkarni, S. Bobby Mukkamala, Venkat Rao and John Waters was marvelously productive on behalf of its members.

The GCMS delegation went to the House with ten resolutions and three items from previous Houses which were being brought back with board recommendations.

The approved resolutions brought forth were entitled:

- Tobacco-free Parks and Beaches (the resolution was reaffirmed)
- Thank You to Congressman Dale Kildee
- Encourage all Counties to Hold Regular Legislative Liaison Meetings
- Shared Medical Appointments
- Classification of Genesee Health Plan
- Recognition of Haptenation with Hypersensitivity Disorders
- Support the Clean Air Act.

The resolution entitled, “New Hassles Regarding Prescribing Sympathomimetic Medications” had no action taken on it because MSMS had solved the problem before the House of Delegates.

Board actions related to Blue Cross Transparency, caps on J1 Visa waivers and funding of graduate medical education slots were all approved.

A resolution which was brought forth via the International Medical Graduate section entitled, “Reimburse Specialists at Medicare Rates with Medicare” was not approved.

GCMS members serving on reference committees included Dr. Nita Kulkarni on Medical Care Delivery, Dr. Rama Rao on Legislation, and Dr. Gary Johnson on Public Health. Dr. Mona Hardas chaired Constitution and Bylaws and Dr. Ed Christy served on it.

It was announced at the House of Delegates that Drs. Mona Hardas and Shafi Ahmed are candidates for the International Medical Graduate AMA Governing Council.

In elections, GCMS had smashing successes. Drs. John Waters and S. Bobby Mukkamala were reelected as District Directors. Drs. Pino Colone and S. Bobby Mukkamala were reelected as AMA delegates. Dr. Pino Colone was elected Speaker of the House. Dr. Ray Rudoni was elected Vice Speaker of the House. Dr. Venkat Rao was reelected Treasurer of the MSMS Board of Directors. Dr. Bobby Mukkamala was elected Vice Chair of the MSMS Board of Directors.

Dr. Kenneth Elmassian was sworn in as President of the Michigan State Medical Society, its first osteopathic president.

The 2014 House of Delegates will take place April 25-27, 2014 at the Henry Autograph Collection in Dearborn.

It is hard to imagine a more effective delegation. In fact, none exists in this state.



Genesee County Medical Society

Dinner Business Meeting

May 2, 2013 - MINUTES

I. Call to Order:

The meeting was called to order at 7:00 p.m. by Raymond Rudoni, MD, President in the Flint Golf Club dining room.

II. Introduction of Guests:

Dr. Rudoni introduced Shavonn Pittman, CPA, Audit Manager at Lewis & Knopf, CPAs, PC; Jeffrey Holt, VP of Health Care Business Banking at PNC Bank; and Walter Griffin, GCMS's corporate attorney and Principal at Cline, Cline & Griffin, P.C.

III. Sponsors for the Evening:

Dr. Rudoni introduced Jeffrey Holt of PNC Bank and invited him to speak to the assembled audience.

Dr. Rudoni also introduced Jacqueline Otto of ModuleMD and invited her to speak to those assembled.

He thanked both sponsors for their support of this very important meeting.

Dr. Rudoni also thanked the Michigan State Medical Society Physicians Insurance Agency, MSU medical students' First Annual Flintstone Challenge 5K Run/Walk, and the Commit to Fit! project for displaying at the meeting

IV. Review of Minutes of Previous Meetings:

Motion: That the minutes of the February 6, 2013 Dinner Business Meeting, the January 22, 2013 Board of Directors Meeting, the February 26, 2013 Board of Directors Meeting, and the March 26, 2013 Board of Directors Meeting be approved as published in The Bulletin. **The Motion Carried.**

V. Announcements:

A) MSMS House of Delegates

Dr. Rudoni reported that the MSMS House of Delegates was held the previous weekend. All GCMS candidates were victorious. GCMS now has five members on the MSMS Board of Directors.

B) September Dinner Business Meeting

Dr. Rudoni asked if there was interest in holding an art and talent show for the next dinner business meeting and received some positive feedback.

C) MSMS

Josh Richmond, who is the director of MDPac and the MSMS membership department, spoke for a few minutes about the direction of MSMS.

VI. Town Hall on Embezzlement and Stealing/Introduction of Speakers:

Dr. Rudoni introduced the three speakers and a spirited town hall meeting was held on the topic of embezzlement and stealing in physician offices.

VII. Next Meeting:

The next general membership meeting will take place on September 6, 2013.

VIII. Adjournment:

No further business appearing. The meeting was adjourned at 9:00 p.m.





Dinner Business Meeting



September Dinner Business Meeting
**GCMS/GCMSA ART, TALENT
AND CRAFT SHOW**

ATTENTION

GCMS and GCMSA Members with Talent
Bring all your friends, colleagues and family

Talent Show Featuring GCMS & GCMSA Members
(and Members' Practice Managers)

Join your fellow members, sponsors and guests for an evening of friendship, fun and entertainment. Sit back and relax as our gifted members entertain you with songs, dances, poetry and instrumental recitals, immediately after dinner and a short business meeting. And while you are there, don't forget to check out the artwork, jewelry, sculpture and a variety of other items made by our members on display for the evening. If you have a talent you would like to share with the group, please call ASAP.

Have a great summer!

FRIDAY, SEPTEMBER 6, 2013

Location to be determined

- 5:30 p.m. - Socializing and viewing art
- 7:00 p.m. - Dinner and meeting
- 7:30 p.m. - Talent show

RSVP regarding participation and to reserve to attend:

Peter Levine (810) 733-9925 Cheryl Thoms (810) 732-7719

SENATE BILL 353 - AMENDMENT TO MICHIGAN MOTOR VEHICLE CODE

Jonathan M. Hartman, Esq., Cline, Cline & Griffin, P.C.

On March 31, 2013 Senate Bill 353 became effective as Michigan law. Generally, Michigan Compiled Law (MCL) 257.625 prohibits the operation of a motor vehicle on a public roadway or area accessible to the public while under the influence of or visibly impaired by alcoholic liquor, a controlled substance, other intoxicating substance, or a combination thereof. The amended language noted in italics potentially expands the scope of prohibited conduct significantly by its addition of “intoxicating substance” to the equation.

Previously, the statute focused on intoxication and impairment through the consumption of alcohol and controlled substances listed in schedule 1 of the public health code at MCL 333.7212 or as described in MCL 333.7214. Examples of such substances with high potential for abuse include: cocaine, LSD, marijuana, morphine, and hydrocodone. The amended statute now broadly defines “intoxicating substance” to include any drug recognized in the official United States pharmacopoeia, the official homeopathic pharmacopoeia of the United States, the official national formulary, and any substance, other than food, taken into a person’s body, including but not limited to, vapors or fumes that are used in a

manner or for a purpose for which it was intended, and that may result in intoxication.

In sum, the new law covers non-scheduled drugs commonly prescribed or available over the counter to patients. Many of the substances are taken routinely as maintenance medications for a variety of patients who function well, and drive vehicles daily in the community. These drugs include antihistamines, stimulants, antihypertensive / antiarrhythmic agents, antidepressants, relaxants, decongestants, analgesics, anticonvulsants, and antipsychotics.

Robitussin, Sudafed, Benadryl, Quadrinal, Atarax, Ultram, Inderal, Dilantin, Depakote, Seroquel, Zoloft, Paxil, Seroquel, Dilantin, Prozac, and Phenergan are but a few examples.

Thus, in the future, police will have greater authority to test drivers for prescription drugs. In turn, prosecutors will have broad authority to charge drivers who have non-scheduled drugs in their system if these drivers are deemed to have been operating their vehicle while under the influence or impaired by these drugs in their system. Many if not most of these drivers will be taking these medications as prescribed by their physician. Mental health advocates and agencies serving those with disabilities have expressed concern that individuals who rely on prescription medications for daily function could lose their driving privileges if pulled over for a traffic stop and found to have medications in their system. Consequently, this new law should cause the prescribing physician to pause and consider the possible ramifications to those patients who consume potentially intoxicating medication and operate motor vehicles on a regular basis. Enhanced patient education as to the potential side effects of impaired driving should be strongly considered.



GCMS MEETINGS

– JUNE 2013 –

6/3 – 8 a.m. Legislative Liaison Committee @ GCMS

6/5 – 7:30 a.m. Bulletin Committee @ GCMS

6/25 – 5:15 p.m. Finance Committee @ GCMS

6/25 – 6 p.m. GCMS Board of Directors @ GCMS

6/26 – 12:30 p.m. Community & Environmental Health Committee @ GCMS

6/27 – 8 a.m. Practice Managers @ GCMS

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

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GCMS MEMBERS

If you are interested in having access to the "Members Only" section on the GCMS.org website please call or email your password to Becky Doty at bdoty@gcms.org or 810-733-9923.

Thank you.

HAPPY BIRTHDAY DOCTOR

JUNE

James Graham	1	Sayed Osama	12	Joseph Arcidi	21
Anthony Miltich	1	Marigowda Nagaraju	14	Ronald Sparschu	21
Siva Sankaran	1	Ronald Smalley	14	John Mackenzie	22
P.C. Shetty	1	Gary Keoleian	15	E G Raj	22
T Trevor Singh	3	Walid Abuhammour	16	Amy Gallagher	23
Ernesto Duterte	4	John Macksood	16	Michael Kia	25
Sudarsan Misra	4	Peter Mikelens	16	Alan Rice	26
Vivekanand Palavali	4	Mattie Scott-Phillips	16	Dale Wilson	27
Mischa Pollard	4	Edmund Louvar	17	Julio Badin	28
Yazdi Sidhwa	5	Stephen Morris	17	Woodrow Pickering	28
Wassim Ali	6	Lucille Saha	17	Alice Platt	28
Brian Bhagat	6	Madhusudana Tummala	17	Conrad Reinhard	28
Nitin Malhotra	6	Marc Silver	18	Paul Lafia	29
Edilberto Moreno	7	Peter Boyer	19	Sasikala Vemuri	29
Athar Baig	8	Jose Lopez	19		

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!

