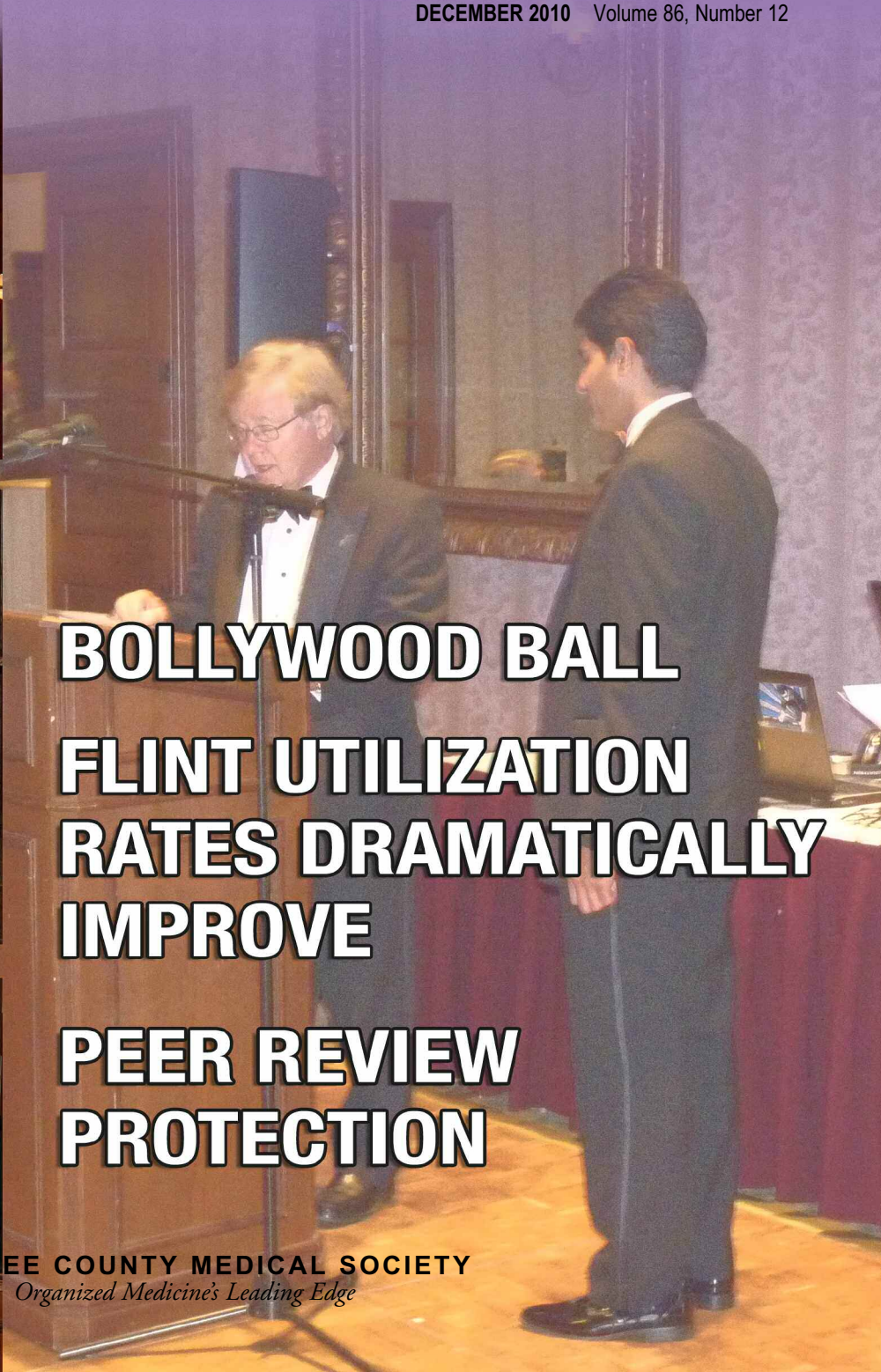


# THE Bulletin

DECEMBER 2010 Volume 86, Number 12



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DECEMBER 2010 Volume 86, Number 12

# THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

Bollywood	12
Dr. Rao Exaugural Comments	16
Dr. Mukkamala Inaugural Comments	18
Health Care Variation	20
GCMS 2011 Meeting Dates	25
Practice Managers	30

REGULAR FEATURES

President's Message	4
Editorially Speaking	6
Director's Message	8
MSMS District Update	10
Your \$\$ At Work	11
Meeting Minutes	26
Legal Advisor	28
GCMS Meetings	32
New Members	32
Happy Birthday, Doctor	34
Classifieds	34

**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.

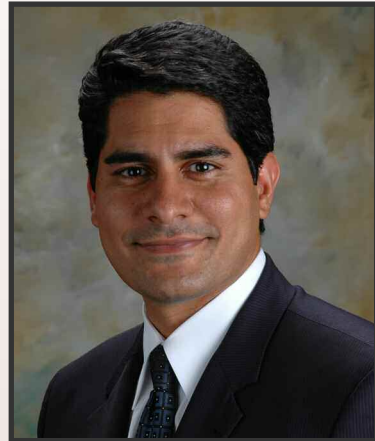
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## GREETINGS MEMBERS AND FRIENDS

As I write this article, the recent election results are streaming across the bottom of the television. We have successfully retained Justice Young, and elected Justice-elect Kelly to our Supreme Court. I can't help but feel that we just dodged a bullet. In doing so, we have preserved a malpractice climate in our state that will allow us continue to care for our patients without the added mental burden that would come with astronomical liability premiums.



**S. Bobby Mukkamala, MD**

While most of what transpired is out of our hands, there is some that is certainly within our control. We, as physicians, have control over much of our destiny. We have the power of our vote, our wallet, and our involvement. When the stakes are low, we can get by with our vote at a minimum. When they are high however we must engage all three of our assets. Then, on the second Wednesday of November, the day after any election, we can walk tall knowing that regardless of the outcome we did all that we could do.

We must do all that we are capable of doing.

It is fatiguing to have to participate in our electoral process with such intensity. Even the most engaged among us grows weary after a while. That is why it is SO important to function as a team. When we have 400 engaged members, we have the redundancy and flexibility to be able to pick up slack in the rope. It will no longer have to be a select few that are engaged. So, when the next election comes around, and you find yourself with some energy in reserve, send an email to your legislator, send a check to the candidate, and tell your colleagues

about why they must not stay on the sidelines and watch.

Certainly there are members who loathe the politics of practicing of Medicine. I must say, there are times when I am among them. Thankfully, this issue comes to a frenzied pitch in our state only every couple years. In between is when the political fervor dies down, and other facets of our organization come to the forefront. I think back on what is my main source of information on the ever changing practice of Medicine in our area, and it is the GCMS. It is where I

learned about VEBA and its effects on our patients. It is where I learned about the roll out of health care reform from the President-Elect of the AMA. It is where I will learn about yet another new acronym, ACOs, and how they will effect my practice.

So, the next time you relay to a colleague some nugget of information that they didn't know, tell them you learned it at the Genesee County Medical Society.

Happy Holiday!

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**Consider a donation to the Medical Society Foundation for all of your holiday giving. What a wonderful way of expressing your holiday sentiments while supporting important health related causes.**

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time that you tell others how much their health - and the health of those who are most vulnerable in our community - really means to you.

In the past, the Medical Society Foundation funds have been used to support specific public television programs, support of HIV programs, Reach Out and Read, Michigan State Medical Society Alliance, continuing medical education programs, Greater Flint Health Coalition, Turkish Red Crescent Society, Orissa Relief Fund, Sloan Museum's health exhibits, The Genesee County Free Medical Clinic and the Richard A. Rapport Memorial Conference Room.

Contributions can also be made in memory of an individual or to honor someone.

If you want to designate your gift(s) to a special cause, please indicate your choice on your check. A holiday card will be sent to the person(s) of your choice acknowledging your gift. (We will deduct only 10% from the amount of your check to cover expenses).

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For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact Peter A. Levine, MPH at (810) 733-9925 or at plevine@gcms.org.

*Medical Society Foundation Mission Statement:*

The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.

## PAY YOUR DUES OR SING THE BLUES



*Daniel Ryan, MD*

By this time of the year, you should have received the invoice for your annual dues from the Michigan State Medical Society/ Genesee County Medical Society (MSMS/GCMS). Often, in his Executive Directors Message column Pete Levine will remind readers of where the money from annual dues is spent and how this money supports the common goals shared by physicians in our community and throughout the state.

Also, each month we print a section titled Your \$\$\$\$ At Work which iterates a similar theme. This column, however, has not addressed the topic of the importance of continuing your membership in the county and state societies but has focused on myriad other issues and interests that we have as physicians, hopefully in an interesting and informative manner most of the time. It seemed like preaching to the choir. You are a member because you realize the importance of organized medicine to our patients and our livelihoods. This month, a combination of a case of writer's block and a sense of obligation to remind readers around the time that dues are due of what MSMS and GCMS do for us hatched this column.

Our societies recognize the importance of being politically active and represent physicians' interests to local, state, and federal legislators, such as protecting gains in tort reform and resisting oppressive taxes on physicians. Our organizations are the vanguard against non-physicians expanding scope of practice through a legislative fiat. Who else will do that for us? They are a source of valuable information on practice management such as health information technology and coding assistance. MSMS Physician Services, Inc. provides access

to convenient, affordable products and services that can keep our practices running smoothly and help reduce overhead through "Practice Partners". The MSMS Foundation provides local shelters with help for victims of domestic violence, provides grants for community health-related projects, and lends money to impaired physicians seeking rehabilitative services among many other worthwhile endeavors.

Our local and state societies will advocate for physicians in disputes with insurance companies. The MSMS Action Center is a tool to provide a quick look at current legislative issues and provides links that offer an opportunity for you to easily contact your legislators to voice an opinion on a particular topic that concerns you. There are ample opportunities for continuing medical education and staff training courses. MSMS Physicians Insurance Agency can provide competitive rates for all types of insurance including professional liability, business owners' and workman's compensation, health, dental, disability and life insurance products. Even auto, home, and long-term care insurance is sold. They only market to physicians and physician groups. You can even search for a job, an associate, or a practice to buy through the medical society.

These items are only the tip of the iceberg regarding the benefits of membership. There is additional information at the MSMS and GCMS web sites if you need to know more. In the meantime, send in your dues for 2011 feeling confident that this is money well spent for both the benefit of patients and physicians. Remember, membership has its privileges.

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## “TSUNAMI” WILL IMPACT MEDICINE

The recently completed election reflects significant change to the body of officials representing our community. We have several new state representatives and one new state senator. Massive changes have taken place in the balance between the parties at the federal and state level. It will be very interesting to see how the future of health care delivery is impacted by these democratically enacted changes.

One thing is sure, the election of Justice Elect Kelly and reelection of Justice Young to the Michigan Supreme Court was a critical victory for medicine.

While there is plenty of room to disagree about who to support for Supreme Court on a personal level, from a medical professional level there has never been any



*Peter Levine, MPH*

question of who to support if we want to protect our liability reforms. I we must again thank everyone who was involved in the fundraisers for these individuals and for all other candidates on both sides of the aisle. You have truly made a difference.

This is also a time when non-members should be encouraged to get off the sidelines. There will be serious battles to be fought on behalf of medicine which will benefit everyone who is a physician and their families. The state is in a really bad way financially, and the physician tax is sure to come back up. Politically it may

be even more difficult to defeat that tax now then it was last year, when it was defeated twice. We need people to join and to put their names on the line.

# Happy Holidays!



Seasons Greetings and Best Wishes for a Happy New Year from the associates of The Rybar Group.

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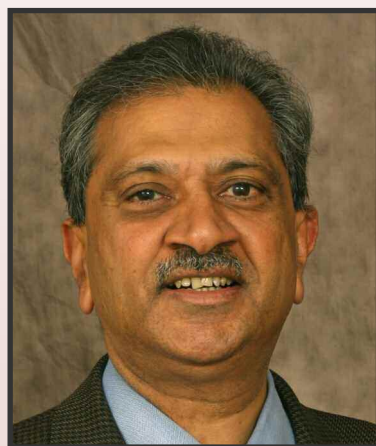
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## WE CANNOT GIVE UP: CONGRESS MUST STOP DRASTIC MEDICARE CUTS DURING 'LAME DUCK' TO AVOID ACCESS MELTDOWN

Physicians are facing a 23 percent cut in Medicare payments in December, followed by an additional six percent cut on January 1, 2011, if Congress doesn't act to change the flawed sustainable growth rate (SGR) formula. MSMS has been working with organized medicine at all levels to save the flawed Medicare system from an impending meltdown that would affect the nation's seniors. The foundation of America's health system, Medicare is crumbling and needs permanent repair, as we physicians have been telling Congress for many years.



Venkat Rao, MD  
District VI Director

This year, Congress passed major health system reform legislation without solving the Medicare problem. As you may know, MSMS and medical societies representing 49 other states, the District of Columbia and 65 medical specialties have signed on to a letter with the AMA sent to US House leaders, urging them to take action right away during the lame duck session to once again avert an access crisis. Specifically, the letter (sent before Election Day) asked House Speaker Nancy Pelosi (D-CA) and Minority Leader John Boehner (R-OH) to stop the drastic looming at the end of this year and pass a statutory payment update that lasts at least through the end of 2011 to provide time to develop a long-term solution.

For far too long, physicians have been faced with rising costs and shrinking reimbursement, yet most still treat Medicare patients despite the fact that they lose money doing so. If future cuts were to take place, many physicians would be forced to question whether they could afford to keep treating Medicare patients, or worse, whether they could afford to keep their practices

open at all. Obviously, this would pose a major access problem in the not-so-distant future, particularly as we care for an aging Baby Boomer generation.

Medicare rates are determined by the SGR formula, which does not accurately reflect the costs that physicians incur when treating Medicare payments because it is based on the gross domestic product rather than the actual cost of providing health care.

Our work will not be done until the flawed SGR formula is permanently replaced so we do not have to fight every year for increases (or freezes).

"We urge our colleagues and patients to send a message to Congress that they must stop the pending Medicare cuts and permanently fix the flawed formula," said MSMS President Daniel B. Michael, MD, PhD, a Wayne County neurosurgeon. "Otherwise, we all know someone-parents, grandparents, family or friends-who may have difficulty getting the health care they need.

**TAKE ACTION NOW** - I urge you to use the MSMS Action Center ([www.msms.org/action](http://www.msms.org/action)) to send a pre-written message to your own US Rep, asking him/her to urge House leadership to stop the cut, pass a payment increase for 2011, and work toward a long-term Medicare fix.

MSMS, GCMS and the AMA will continue to engage Congress in replacing the flawed formula and ensuring that the Medicare program will be funded at a rate that is in line with the actual cost of care, for the sake of our patients and our profession.

For more information about MSMS Medicare advocacy efforts, contact Colin Ford at MSMS at 517-336-5737 or [cford@msms.org](mailto:cford@msms.org).

- GCMS made sure that GCMS, GCMSA and Practice Managers had MDPAC endorsement information
- GCMS met with candidates regarding GCMS positions on issues
- GCMS held Presidents' Ball, the major fundraiser for the Society
- GCMS implemented cost rescissions including closing of offices on Fridays
- GCMS communicated GCMS positions to the Genesee Health Plan regarding the need to keep laboratory services local
- GCMS advocated GCMS positions in several legislative and third-party-payer venues



### AMA Foundation 2010

#### WHERE DOES THE MONEY GO?

- The Fund for Better Health provides grants to support community-based public health service projects in areas such as substance abuse prevention, violence prevention and healthy lifestyles.
- The Development Fund is an unrestricted fund that allows the AMA Foundation to respond quickly to issues as they arise or provide support in areas of greatest need.
- The Scholars Fund distributes approximately \$500,000 annually in tuition assistance to medical students across the country. Gifts to this fund can be designated to specific U.S. medical schools.

#### GENESEEE COUNTY MEDICAL SOCIETY ALLIANCE

• AMA Foundation Holiday Greeting 2010 •

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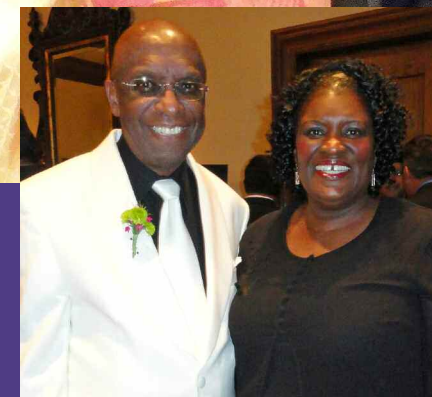
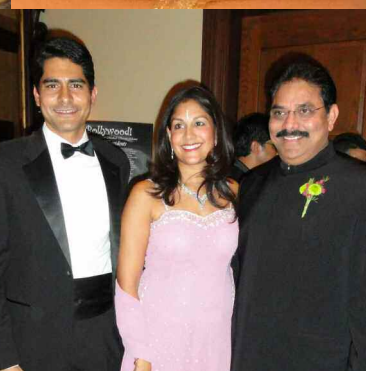
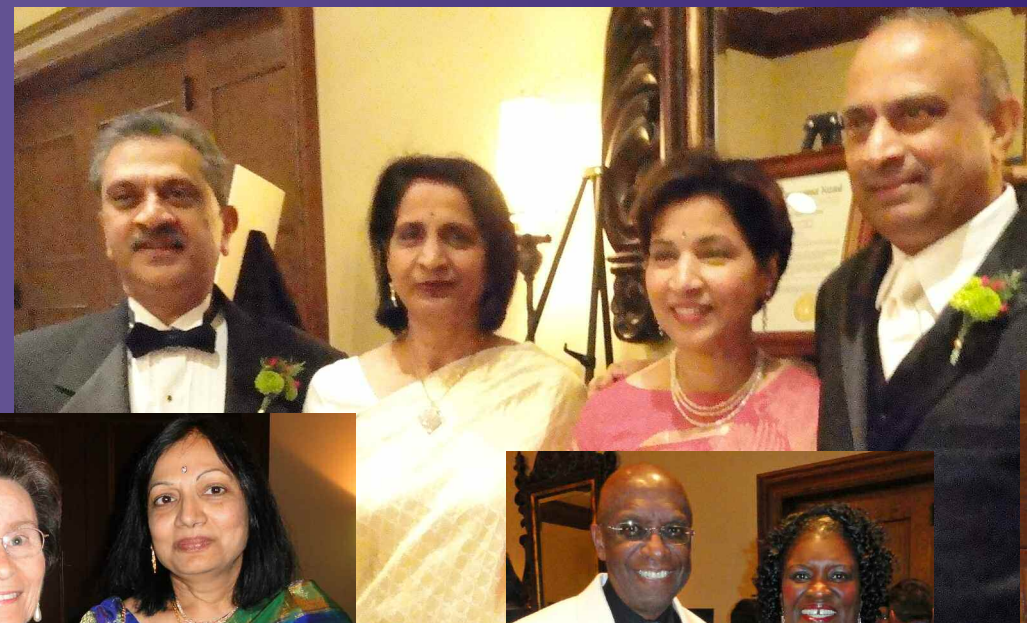
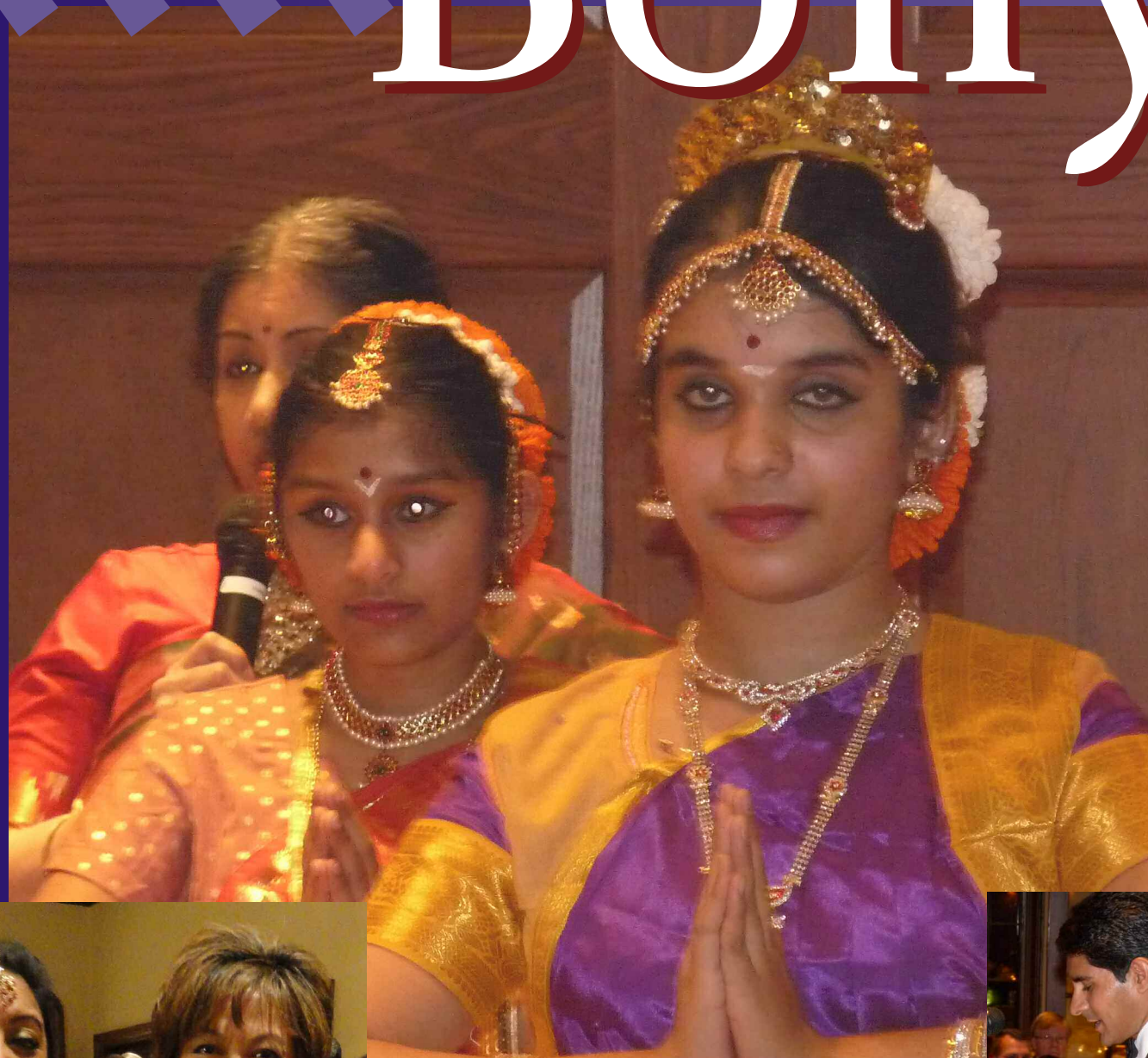
Mail your completed form, along with check payable to The AMA Foundation, to Kee Ja Kang, 8511 Hidden Forest Court, Grand Blanc, MI 48439. For questions or more information, please call Kee at (810) 603-1020.

# Bollywood

## A Great Event!

The Presidents' Ball for 2010 featured a Bollywood theme which was exquisite to behold. The event featured a wonderful sitar player, and the Hindu Rhythm Temple dance group, directed by Suda Chandra Chakr. The event also featured a touching containing photographs of past and present presidents of the Genesee County Medical Society and Alliance.

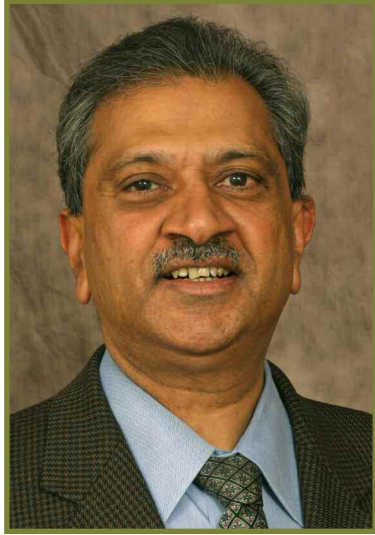
Dr. Venkat Rao, who was honored at the event, thanked the Board and staff for their support and Dr. Edwin Gullekson for mentorship over the years. Velynda Makhene, President of the GCMS Alliance thanked all for attending and encouraged attendees to come again next year. Dr S. Bobby Mukkamala was sworn in as president, and a slate of nominees was elected including two new Board members Drs. Jawad Shah and Deborah Duncan. The event was coordinated by a crack Ball Committee. The chair of the committee was Mona Sahouri, and members included Cheryl Thoms, Velynda Makhene, Rosa Wang, Lakshmi Tummala, Elizabeth Jordan, Marcia Gzym and Pete Levine. The Ball Committee worked closely with Elizabeth Marasco at Brady's Productions who did a magnificent job of set up and arranging for entertainment.



# ◆◆◆◆ Bollywood







### Dr. Venkat Rao Exaugural Comments

Thank you very much for giving me the opportunity to serve you as president of the Genesee County Medical Society for the past year. It has been indeed a privilege.

I want to thank our magnificent staff Marcia Gzym and Pete Levine for their excellent support. I could not have done my job well without them.

I want to thank my wife, Dr. Rama Rao, for the support and understanding of my time commitment. I want to thank Dr. Ed Gullekson, my mentor, for guiding me to be a better Board member all these years. I want to thank our Alliance for all of their activities which help us take care of our patients better. Our Alliance is the best in the state and in the country. We are very proud of our Alliance and of their work.

I want to thank the hospitals for their support of physicians, and making Flint a great place to practice.

The times are challenging. The health care delivery and payment systems are radically changing. We need to stay united. Together we are stronger.

Lastly, please don't forget to vote for candidates that support physicians, particularly Supreme Court Justices Kelly and Young, on Tuesday. Thank you all.

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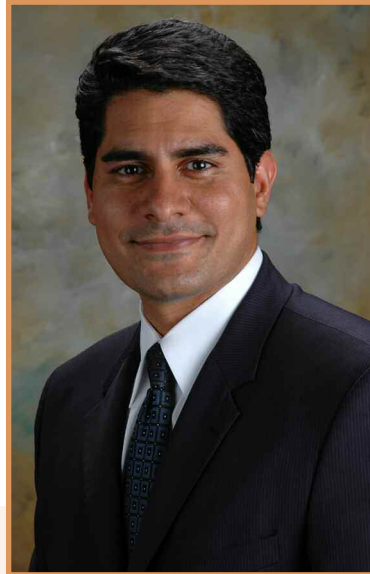
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**Good Evening Friends:** Let me start by thanking Dr. Edwin Gullekson. Thank you for being the one to bestow upon me this great honor. Thank you for your years of service both to this society as one of its guiding voices, and particularly to me as the kind mentor that every new physician that moves into this town, fresh out of residency, should have.

Today I am overcome with a sense of unworthiness. As I prepared the video that you will see shortly, it became clear to me the long legacy of prominent, distinguished physicians that have stood here before me. I realized that the GCMS did not begin with my earliest memories when my dad stood here when he was president, and it will not end when I step down



manner that it has seen in recent years. Years that have produced record numbers under the guidance of our membership committee. I hope to increase the exposure that GCMS has in our community. Exposure that will make us the go-to resource for matters that range from flu-shots, to medical school creation, to deciphering the alphabet soup that is a necessary by product of Patient Protection and Affordable Care Act. I hope to increase the cooperation between the GCMS and the GCMSA, an organization of which I am proud to be a member. An organization that has taught me our true ability to impact our community when we focus our energy. I hope to continue the work that Dr Rao has done so well in getting our own house in order and on solid financial ground

going forward, work that will truly be his legacy.

Most of all, I hope to live

## GCMS 2010 Inaugural Comments S. Bobby Mukkamala, MD, President

next year and retire in a couple decades. In fact, perhaps one, or both, of my own 10 year old sons will stand here and have the privilege of giving a similar speech 29 years from now. That is, if they don't continue on their chosen paths of becoming veterinarians and wide receivers in the NFL.

No, the GCMS in fact began decades ago, when doctors, who I will never have the privilege of knowing, created it, and grew it into the society that it is today.

I am merely carrying the baton, an Olympic flame of sorts, on this leg of our history, and in the blink of an eye I will be here passing it on to the very capable hands of the next president.

But, in that blink of an eye, I have great hopes. I hope to continue the growth of our membership in the

up to the achievements of all those that have stood here before me. I promise to be relentless in my pursuit of our mission.

I promise to leave the GCMS better than I enter it. I promise to never forget that the most fulfilling part of this profession, in Genesee County, is the fact that here, we provide the needed care that heals and comforts our friends and neighbors. We do this in good times and bad times, day or night. From our homes, our office, our hospitals. And when we do this and our patients realize that this care comes from our members that is when they too will be proud, as we are, to receive their care from members of the GENESSEE COUNTY MEDICAL SOCIETY.

Thank you so much for your confidence in me.

## ATTENTION!

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# Health Care Variation in Michigan, Genesee County Vastly Improved

By Pete Levine, MPH

A recent study published by the Center for Health Research and Transformation, a research center jointly held by Blue Cross Blue Shield of Michigan and the University of Michigan recently produced a report entitled "Health Care Variation in Michigan 2010". It focuses on low back pain, surgery, CT scans, cesarean sections, hysterectomy, coronary angiography, coronary artery bypass, grafting, percutaneous coronary intervention, pediatric ADHD drugs, and ambulatory care sensitive conditions. It compares 2008 rates to 1997 rate.

The medical community of Genesee county has plenty of reason to be proud. It was not that long ago that utilization rates in Genesee County were among the highest in the state. If you review the data synopsis in the following pages by the Greater Flint Health Coalition, you will see that we have improved on virtually all measures.

The fact that this medical county ranks in the middle of the pack when we ranked 82nd

## Center for Healthcare Research and Transformation (CHRT) Report Regarding Variation of Health Care in Michigan

The Health Care Variation in Michigan Report, similar to the Dartmouth Atlas of Health Care in Michigan, uses data from both the Blue Cross Blue Shield of Michigan patient population as well as the Medicare patient population to show patterns of geographic variation in the commercially insured and Medicare populations.

Included behind is a brief review of data from both the report and the Dartmouth Atlas which show changes from the period of 1997-2008 in the Flint hospital referral region / hospital service area compared to the State of Michigan. This data includes information on utilization of the following services:

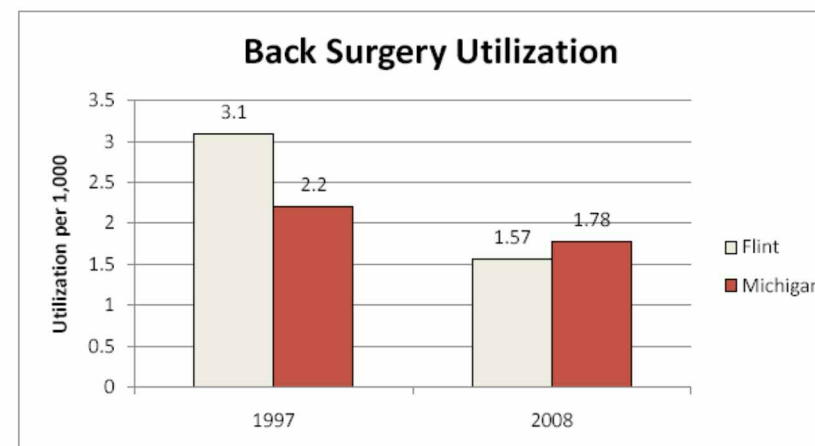
- Back Surgery (BSBSM Population)
- Low Back CT Scans (BCBSM Population)
- Cesarean Sections (BCBSM Population)
- Hysterectomy (BCBSM Population)
- Angiography (BCBSM and Medicare Populations)
- Coronary Artery Bypass Grafting (BCBSM and Medicare Populations)
- Percutaneous Coronary Intervention (BCBSM and Medicare Populations)
- Hospitalization Rates for Ambulatory Care Sensitive Conditions (BCBSM Population)
- ADHD Pediatric Prescription Rates (BCBSM Population)

The following is a summary of the Flint area rankings between the 1997 Dartmouth Atlas of Health Care in Michigan and the 2010 CHRT Variation of Health Care in Michigan Report as compiled by Greater Flint Health Coalition staff.

Prepared by Greater Flint Health Coalition staff.

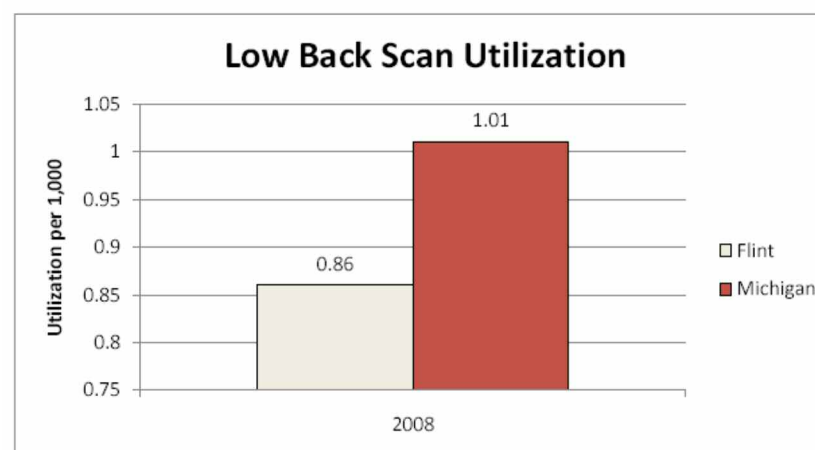
out of 82 counties in terms of health behaviors, must be factored into the excitement over these utilization figures.

These numbers reflect significant positive movement qualitatively in the Flint medical district over the last decade. So much energy and effort has been expended by physicians in their practices, in the hospital settings, and within the activities of the Greater Flint Health Coalition along these lines that it is necessary to compliment all of our members. The entire content of this report is available at [CHRT.org](http://CHRT.org).



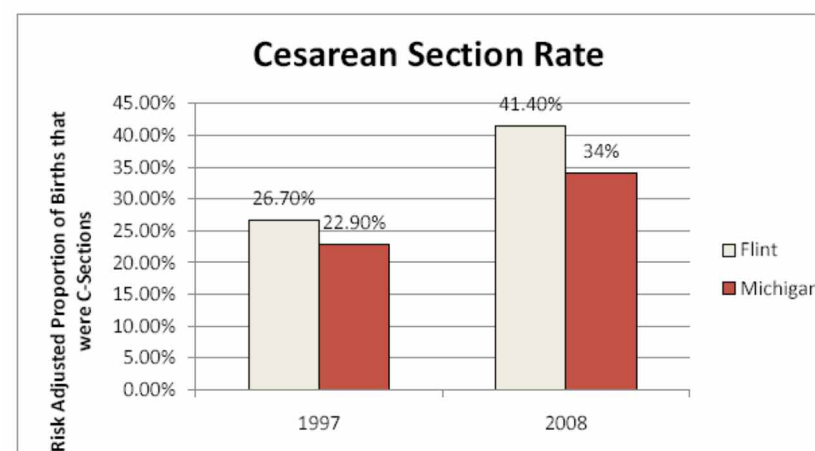
Back Surgery Utilization rates have decreased approximately 50% since 1997, and rates in the Flint area are now lower than the State of Michigan average.

2008: Flint ranks 12 of 15 in Utilization per 1,000



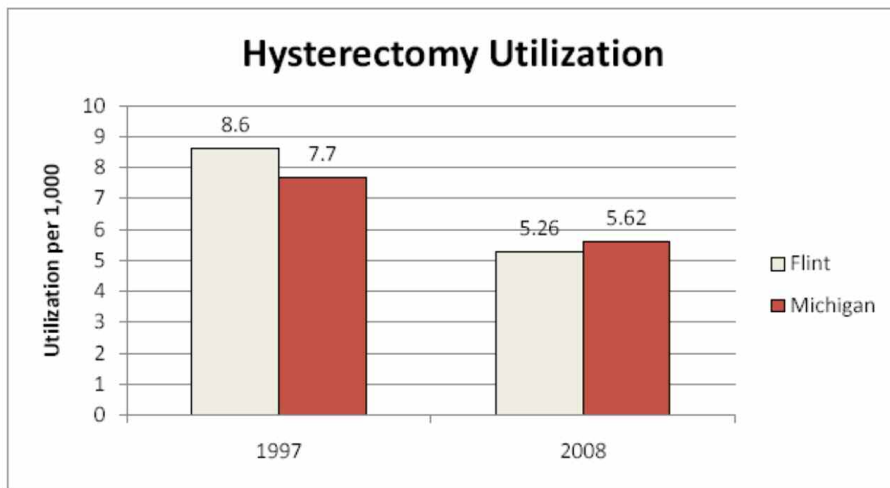
Low Back Scan Utilization rates are currently lower for the Flint area than the State of Michigan average.

2008: Flint ranks 12 of 15 in Utilization per 1,000



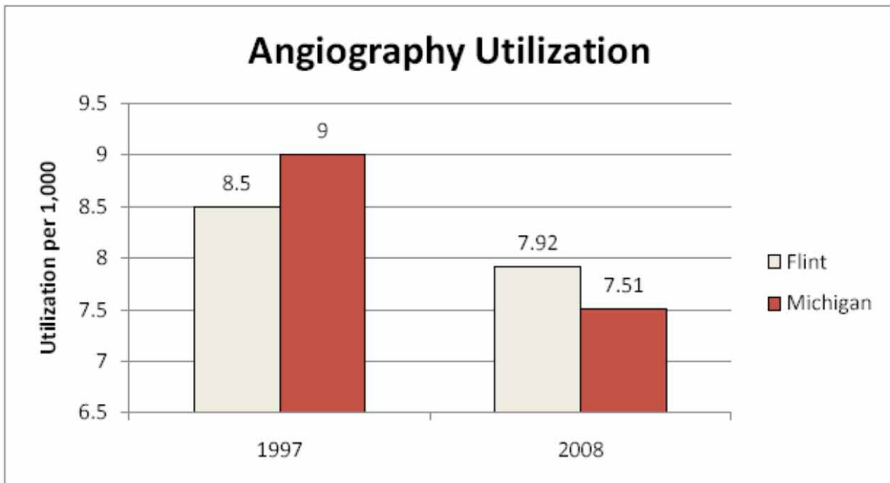
Cesarean Section rates have increased approximately 50% since 1997, paralleling increase at the State level.

2008: Flint ranks 14 of 89 in Proportion of Births that were C-Section



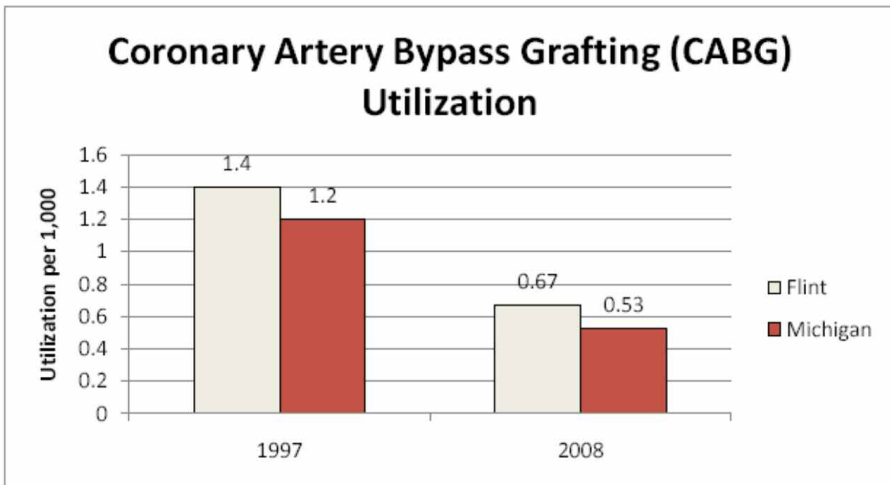
Hysterectomy Utilization rates, which were previously higher than the State average, have decreased 36% since 1997.

2008: Flint ranks 15 of 30 in Utilization per 1,000



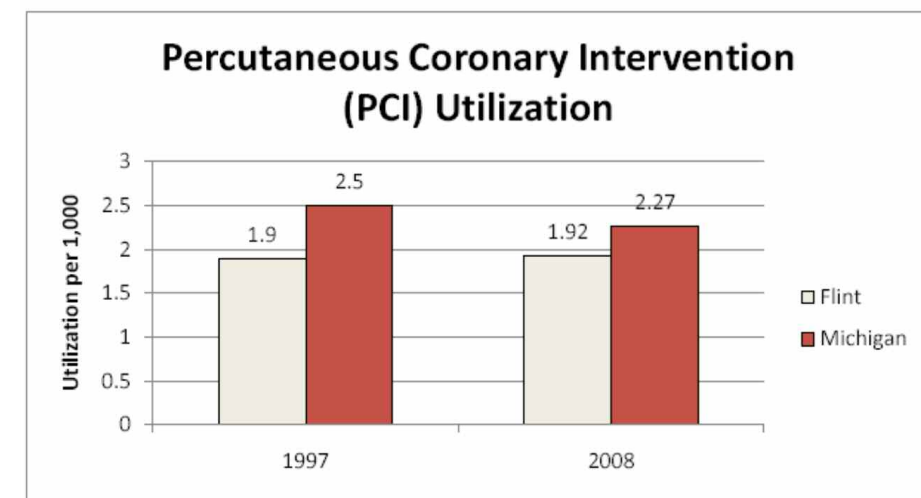
Angiography Utilization rates have decreased slightly since 1997. State of Michigan rates have decreased much more than the change in the Flint area.

2008: Flint ranks 6 of 15 in Utilization per 1,000



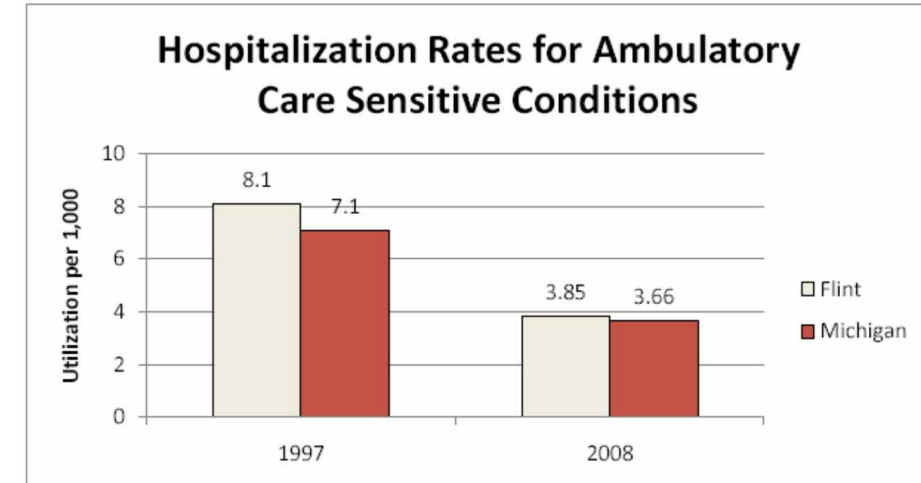
CABG Utilization rates have decreased over 50% since 1997, paralleling a change in statewide utilization.

2008: Flint ranks 4 of 15 in Utilization per 1,000



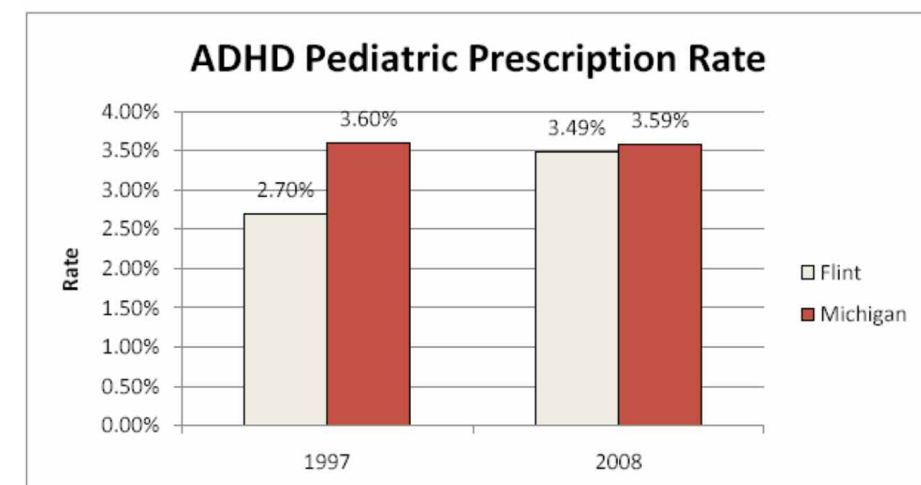
PCI Utilization rates have been stable since 1997, and remain significantly lower than State of Michigan averages.

2008: Flint ranks 5 of 15 in Utilization per 1,000



Hospitalization Rates for Ambulatory Care Sensitive Conditions have decreased by 53% since 1997, and are now very similar to the State of Michigan average.

2008: Flint ranks 12 of 15 in Utilization per 1,000



ADHD prescription Rates have increased slightly since 1997, and are now very similar to the State of Michigan average.

2008: Flint ranks 49 of 87 in Utilization per 1,000

## Tentative Dates for Genesee County Medical Society Committee and Other Meetings for 2011

Bioethics - Meets as needed at 6 p.m.

Board of Directors - Meets the fourth Tuesday of the month at 6 p.m. at GCMS

January 25	April 26	Recess for July	October 25
February 22	May 24	August 23	November 22
March 22	June 28	September 27	Recess for December

Bulletin Committee - Meets the first Wednesday of the month at 7:30 a.m. at GCMS

January 5	April 6	July 6	October 5
February 2	May 4	August 3	November 2
March 2	June 1	September 7	December 7

Constitution & Bylaws Committee - Meets on an as-needed basis

Community & Environmental Health - Meets the fourth Wednesday of the month at 12:30 p.m. Location TBD

January 26	April 27	Recessed for July	October 26
February 23	May 25	August 24	November 23
March 23	June 22	September 28	Recess for December

Finance Committee - Meets the third Tuesday of the month at 5:15 p.m. at GCMS

January 18	April 19	Recess for July	October 18
February 15	May 17	August 16	November 15
March 15	June 21	September 20	Recess for December

Legislative Liaison Committee - Meets the first Monday of the month at 8:00 a.m. approx. 9 times a year

Recess for January	April 4	Recess for July	October 3
February 7	May 2	Recess for August	November 7
March 7	June 6	Recess for September	Recess for December

Membership Committee - Meets on the third Monday of each month at 12:00 p.m. Location TBD

January 17	April 18	Recess for July	October 17
February 21	May 16	August 15	November 21
March 21	June 20	September 19	Recess for December

Practice Managers - Meets the fourth Thursday of the month at 8 a.m. at GCMS

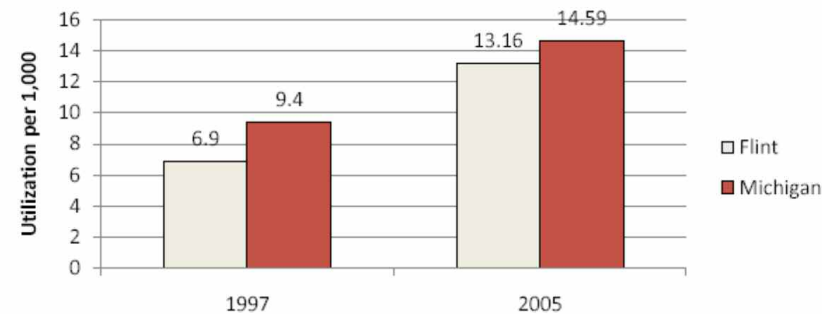
January 27	April 28	Recess for July	October 27
February 24	May 26	August 25	Recessed for November
March 24	June 23	September 22	Recess for December

Peer Review: Mediation/Ethics/Aid to Impaired Physicians-Meets on an as-needed basis

Political Action Strike Force-Meetings TBD

Dinner Business Meetings: February 3, May 5, September 1, and Presidents' Ball November 5, 2011

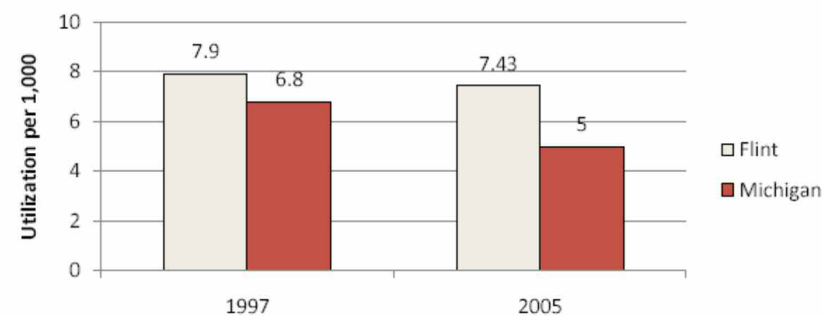
### Medicare Percutaneous Coronary Intervention (PCI) Utilization



Medicare PCI utilization rates have increased significantly since 1997, but still remain lower than the State of Michigan average.

2005: Flint ranks 10 of 15 in Utilization per 1,000

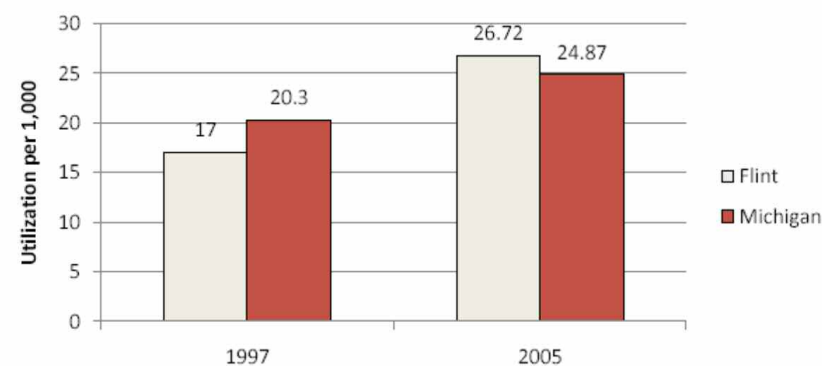
### Medicare Coronary Artery Bypass Grafting (CABG) Utilization



Medicare CABG utilization rates have decreased slightly since 1997, and are now 48% higher than the State of Michigan averages. This is the only category in which the Flint area has the highest utilization in the State of Michigan.

2005: Flint ranks 1 of 15 in Utilization per 1,000

### Medicare Angiography Utilization



Medicare Angiography utilization rates have increased significantly since 1997, and are now similar to the State of Michigan average.

2005: Flint ranks 6 of 15 in Utilization per 1,000

# Genesee County Medical Society Board of Directors Meeting

September 29, 2010 - MINUTES

## CONSENT CALENDAR:

### Community & Environmental Health Committee

#### **Motion:**

That the resolution entitled: Raising Awareness Among Physicians of Medical Risk Associated with Radiation Exposure be approved for submission to the Genesee County Medical Society Board of Directors for the purpose of submitting it to the MSMS House of Delegates 2011.

The Motion Carried.

### Finance Committee of August 31, 2010

#### **Motion:**

That the Finance Committee approve the PPI lease as written, and forward it to the Executive Committee with the recommendation to approve.

The Motion Carried.

#### **Motion:**

That proposed budget Option #3 be recommended to the Board for adoption as amended on an interim basis and readjusted as needed at the end of the first quarter. Staff will reduce its work load to adjust to the reduction in work hours and payment. The Motion Carried.

#### **Motion:**

That during the new fiscal year, Marcia Gzym be allocated 25% of new advertisers which she recruits and 25% of new Dinner Business meeting sponsors. The Motion Carried.

#### **Motion:**

As a result of the adoption of budget Option #3, the GCMS offices will be closed on Fridays. It was noted that as Peter Levine has already been allocated Friday afternoons off due to previous salary concessions, that he will also be directed to be unavailable by 2:15 p.m. on Thursdays, and to be unavailable until the following Monday morning. The Motion Carried.

#### **Motion:**

That Peter Levine and Marcia Gzym continue serving as full-time employees despite the reduced work pay and hours, which have been determined to be necessary due to the economic climate. The Motion Carried.

#### **Motion:**

That the Genesee County Medical Society Board of Directors consider talking to other counties regarding merging or providing administrative services. No Action Taken.

#### **Motion:**

That staff be directed to procure another \$13,600 from the Chase line of credit to pay Flint Township taxes. The Motion Carried.

#### **Motion:**

That the \$600 invoice for pension restatement from Wachovia/Wells Fargo be approved from payment by the corporation.

The Motion Carried.

### Finance Committee of September 21, 2010

Revision to the Motion:

#### **Motion:**

That the Finance Committee recognizes that the Genesee County leadership must fundraise to accomplish its goal of making the reduction in employee pay, work hours and other cuts temporary. In addition, to any efforts made by the Board to raise sponsorships and advertisers for the Society that a Fundraising Committee be created which includes past presidents for the purpose of planning for and raising of funds for the Society and to help the Foundation. The Finance Committee requested the Board to direct the committee to consider loans in addition to donations. The Motion Carried.

#### **Motion:**

That the Board of Directors approve renting the GCMS Conference Room to third parties with approval of the Executive Committee.

The Motion Carried.

#### **Motion:**

That the Budget report for the period ending August 31, 2010 be approved as presented. The Motion Carried.

#### **Motion:**

That the \$28,157.13 be accepted from the State of Michigan. The Motion Carried.

**Motion:** That the \$28,157.13 be used to pay off liabilities. The Motion Carried.

### Membership Committee:

#### **Motion:**

That Dr. Peter Mikelens be invoiced with a letter for his dues and that Dr. Charles Bodem be listed as retired. The Motion Carried.

#### **Motion:**

That a letter be sent respectfully to those physicians who historically become NPD's noting for them that in the past we have regained their membership after it has lapsed. We would appreciate renewal more quickly to avoid the cost of rerecruiting so that we can use the money more affectively to represent physicians. The Motion Carried.

#### **Motion:**

That the Membership Committee will immediately transition to meeting every other month. The electronic membership count will go out to Committee members automatically monthly so that they can keep abreast. The Motion Carried.

#### **Motion:**

That the Budget to Actual Report for the period ending August 31, 2010 be approved as presented. The Motion Carried.

#### **Motion:**

That the restoration of staff pay cuts be the Board priority. The Motion Carried.

#### **Motion:**

To raise dues for fiscal year 2010-2011. No Action Taken.

#### **Motion:**

That all requests for membership be approved as presented:

#### *Requesting Membership:*

Sara Pendleton, MD                      Janese Reynolds, MD

#### *Requesting Reinstatement:*

Paul Telehowski, MD

#### *Genesys Resident Requesting Membership:*

Adam Franson, DO

#### *Hurley Residents Requesting Membership:*

Zahanna Levashkevich, MD

The Motion Carried.

#### **Motion:**

That a letter be sent to Genesee Health Plan regarding the lab issue. The Motion Carried.

#### **Motion:**

That the resolution: Increased Awareness of Ionizing Radiation Exposure from CT Examinations in Pediatric Patients be sent to MSMS for the 2011 MSMS House of Delegates. The Motion Carried.

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# LITIGATION UPDATE - THE PEER REVIEW PRIVILEGE AND DOCUMENT PRODUCTION

By Jonathan M. Hartman, Esq.

Many, if not most, GCMS members have a general awareness of the Michigan Public Health Code's statutory protection against disclosure regarding information collected for or by an individual or committee assigned a peer review function. No doubt, some members have significant administrative expertise on the subject, perhaps from actual service on a medical institutions and/or GCMS' own peer review committee. This privilege from disclosure most often pertains to the credentialing of physicians for hospital privileges, and occurrence or accident reports following a mishap within a health care facility. The legislative design of such protection is to foster the free-flow of information in an effort to improve patient care.

Michigan law, specifically MCL 333.20175(8), provides as follows:

The records, data, and knowledge collected for or by individuals or committees assigned a professional review function in a health facility or agency, or in an institution of higher education in this state that has colleges or osteopathic and human medicine, are confidential, shall be used only

for the purposes provided in this article, are not public records, and are not subject to court subpoena.

Notwithstanding the seemingly straightforward codified safeguards in place within the Michigan Public Health Code, requests for production of this precise information is increasingly commonplace in litigation; most typically within the medical malpractice arena involving a request for occurrence or incident reports. Somewhat surprisingly given the aim of such legislation is to reduce patient mortality and morbidity, Michigan courts have waffled in their interpretation of these statutes just enough to give occasional legs to these types of requests.

By way of example, the sequential progeny of related cases has gone something like this in recent years:

Michigan Supreme Court (1999) - evidence in incident report and related investigatory documents regarding assault on hospital patient held to constitute peer review materials statutorily protected from discovery.

Michigan Court of Appeals

(2002) - investigative reports and related documents pertaining to patient's injuries were privileged from disclosure under statutes governing confidentiality of records, reports, and other information collected for or by peer review committees in furtherance of their duties.

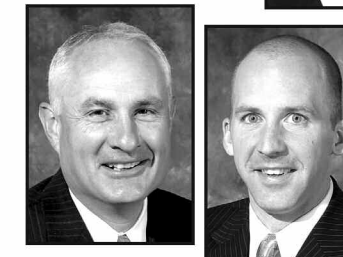
Michigan Court of Appeals (2002) - information contained in nursing home's incident and accident reports did not implicate deliberative process of peer review council and thus were not protected by peer review privilege.

Michigan Court of Appeals (2004) - nursing home's incident reports constitute data collected for the purposes of professional review, held not subject to discovery in a negligence/malpractice case.

Currently, I am litigating this very issue in the Oakland County Circuit Court on behalf of a nursing home wherein an elderly dementia patient sustained a fall resulting in a family's claim for damages for her injuries. We have twice argued the issue in open court. The judge has taken the matter under advisement and a written ruling is expected soon.

Plaintiff's counsel's primary argument hinges on the distinction the Centennial court carved out between "basic factual material" and "reporting of the internal deliberative process of a peer review committee". No such distinction, however, is found in the plain language of the peer review scheme which, on its face, exempts "[t]he records, data and knowledge collected for or by individuals or committees assigned a review function ..." from disclosure. However basic a fact may be, if it is collected for (or by) peer review purposes, it should be afforded its intended statutory protection. To compel production could logically lead to a stifling of otherwise useful information designed to improve patient care.

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### PRACTICE MANAGERS

## PRACTICE MANAGERS HEAR ABOUT MEANINGFUL USE

The October meeting of the Practice Managers, convened by the Genesee County Medical Society featured presentations by Stacey Hettiger and Dara Barrera of the Michigan State Medical Society on Meaningful Use as it relates to electronic medical records. They also received an update on MSMS Connect, the portal which is being distributed in conjunction with the American Medical Association. Following the presentation, which featured a lively discussion, the Practice Managers discussed issues of M-CEITA and MPRO as it relates to promoting their physician consultation project relating to medical records. It was noted that the Michigan State Medical Society provides similar service for free to its members. The group also discussed PQRI initiatives and what makes an electronic health record certified. The January Practice Managers meeting will revolve around collection issues and will feature Attorney Walter Griffin as the speaker.

### ATTENTION!!!

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

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(l to r) Michael I. Vincent,  
Ron E. Ward, Angela K. Criswell

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## GCMS/MSMS NEW MEMBER APPLICATIONS

### New Members:

#### **Matthew Sardelli, MD**

Family Orthopedic Associates  
4466 W. Bristol Rd.  
Flint, MI 48507  
Ph: (810) 733-1200  
Fax: 733-0688

Dr. Sardelli received his medical degree from Wayne State University, Detroit, MI in 2004. He completed his residency in orthopedics at Wayne State University and did a fellowship at Tria Orthopedic Center in sports medicine. Dr. Sardelli is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

### New McLaren Resident Members:

Manas R. Sarangi, MD  
Leeda Rashid, MD

## GCMS MEETINGS

– DECEMBER 2010 –

- 12/6, 8 a.m. - Legislative Liaison @ GCMS
- 12/1, 7:30 a.m. - Bulletin Committee @ GCMS
- Recessed - Membership Committee @ GCMS
- Recessed - Finance Committee @ GCMS
- Recessed - GCMS Board of Directors @ GCMS
- Recessed - Community & Environmental Health Committee @ GCMS
- Recessed - Practice Managers @ GCMS

## 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 Marcia at [mgzym@gcms.org](mailto:mgzym@gcms.org) or call 733-9923. Thank you.

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## Happy Birthday Doctor - DECEMBER

Samiullah Sayyid	1	Mary Marshall	9	Gail Cookingham	22
Alexander Malayev	1	Omar Bakr	10	Rao Botta	22
Gary Wease	1	Frank White	11	Peter McLeod	23
Piyush Patel	1	Ureddi Mullangi	11	Sukamal Saha	23
Basim Towfiq	3	Randy Hicks	12	Russell Becker	23
Sridhar Rao	3	Zheng-Ping Guo	12	Abd Alghanem	25
Saiqua Waien	3	Tejal Joseph	12	Edgardo Paguio	26
Sumathi Mukkamala	4	Ahmed Hamoda	13	Mohammad Ashraf	27
Paul Lauber	5	John Martin	14	Robert Michels	27
Randall Sturm	5	Raed Al-Rajabi	16	Haesook Kim	28
Eduardo Reyes	6	Edward Stack	17	David Dobies	28
Miriam Pellerito	7	Nimrod Golovoy	17	Saqib Hasan	28
Imran Shafique	7	F Dale Roth	18	David Eilender	29
Abner Espinosa	8	Jack Benkert	19	Paul Schroeder	30
Stephen DeFriez	8	Samasandrapalya Kiran	20	Leon Friedman	30
William Nail	9	Siavosh Varjavandi	22	Evelyn Del Rosario	30

## CLASSIFIEDS

### OFFICE AVAILABLE

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

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## CONGRATULATIONS

**to Gurunanthan Plani, MD  
and Mehvish Jawaid, MD**

Winners of Resident Abstract  
Research Poster Contest

MSMS Conducted its first Resident Abstract Research Poster contest during the recent Annual Scientific meeting in Troy.

Clinical Medicine & Vignettes -  
Gurunanthan Palani, MD, A Genesee County internal medicine resident, poster titled; "Safety of Regadenoson for Myocardial Perfusion Imaging in State 3-5 Chronic Kidney Disease Patients Not od"; and Mehvish Jawaid, MD, a Genesee family practice resident, poster titled; "Effectiveness of Diabetes Group Visits".