



THE Bulletin

MAY 2012 Volume 88, Number 5

SAILING THE CAPE - PART 2
UPDATED GCMS STRATEGIC PLAN
JOIN 6 WEEKS TO WELLNESS
TOWN HALL MEETING – MAY 3, 2012
HEALTH CARE FRAUD – LEGAL UPDATE

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THE Bulletin

Read by 96% of GCMS members.

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*Cove photo by:
Paul Lazar, MD
Red Trillium,
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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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AUTISM INSURANCE COVERAGE

As I write this, the State of Michigan is set to join the majority of other states in mandating insurance coverage for the “brain disease” autism. Despite the controversy over the case definition criteria, with current CDC estimates of a prevalence at 1:88 children, no one would argue that this is a public health disaster. Autism has been recognized as being a spectrum of conditions – children range from being completely nonverbal and unable to care for themselves in any way, to being fully verbal and perhaps having a very special organization of the brain that imparts special abilities of thought and perception. Most fall in between, and many are poorly functioning.

What is common to all is that they have a very difficult time understanding the emotions of others, and an even harder time trying to find a way to function and thrive in the “neurotypical” world. While people with autism struggle with understanding social interactions, this doesn't mean that they don't desire to have a rich social life. The juxtaposition of these two characteristics can cause a world of misery for these children. It can also lead to adults who are harmed by rejection and bullying by those of us who don't understand, often to the point of having post-traumatic stress disorder.

Additionally, even children with normal or high intelligence still have a lot of difficulty learning in a typical fashion. Children who have tremendous potential often are left functionally dependent and uneducated, wasting their promise of that life and costing millions of tax dollars by the end of their life. The burden on the families of these children is a topic for another month...

The good news is that there are treatments which are highly effective. One such treatment is Applied Behavioral Analysis (ABA), a technique of systematic and extremely detailed analysis and teaching. While no “biologic” treatment (medication, chelation, B12 shots, hyperbaric therapy, etc.) has been clearly proven to be effective to “cure” autism, ABA and other similar treatments have been shown, in high quality trials, to allow more than half of those treated to function in a fashion “indistinguishable from normal.”

The bad news is that all of these effective treatments



Laura A. Carravallab, MD

require at least 20 hours per week of intensive focus, and should be supervised by a licensed psychologist and/or special education teacher. Much of this treatment currently takes place in our schools, and requires a tremendous amount of resources from our capitated education system. It is estimated that an autistic child requires at least eight times more resources than a child in general education. Further, in most school districts parents must individually negotiate the program under which their child will be educated, and school systems often do not offer these programs on first pass until they are challenged by parents. In fact, there is a recent study in the

journal *Pediatrics* that shows a disparity in the outcomes of autistic children, with those who have an educated, non-minority mother much more likely to do well. This difference is unconscionable.

With the passage of the new insurance law, there is now a lot more hope for people with autism and their families. What remains in doubt are the details: what exactly will be covered? Which effective therapies will be covered and which ineffective (and sometimes outrageously priced) therapies will be excluded or included? How much will still remain in the domain of our beleaguered school districts, and where will we find all of the needed expertise to expand these time-intensive therapies to the majority of our children who are currently inadequately treated?

A question even more concerning is when we will also fully cover treatment for children and adults with other neurologic or “brain” diseases such as depression, bipolar disease, and non-autistic developmental delay? Will we need to wait to have another high ranking official such as Lieutenant Governor Calley, who has a daughter with autism and knows first-hand the tragedy of denying such coverage? I hope not, and further, we must help our patients and our government representatives to ensure that this delay is short.

Hurray to the Legislature and Governor for tackling this difficult issue – and here's to a very speedy progression to parity in mental health insurance for all “brain” disorders. We just can't afford to lose any more of our precious children.



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CANDY MAY NOT BE SO DANDY

I saw a few die of hunger, of eating much a hundred thousand.

– James Howell (1594 - 1666)

Most assuredly you are aware of what are referred to as the five basic food groups. These usually include grains, meat, dairy, fruits, and vegetables. Some lists add a sixth group, fats and oils. A trip down the aisle at your favorite grocery store might lead you to surmise that for Americans, the five basic food groups are fat, sugar, salt, caffeine, and alcohol. A recent segment on the weekly CBS news magazine show “60 Minutes” discussed the impact that consumption of refined sugars has on the health, or lack of health, enjoyed by the average American.



Daniel Ryan, MD

Dr. Robert Lustig, a pediatric endocrinologist at The University of California - San Francisco, is outspoken about the toxic effects of sugar in our diet. He believes that sugar has directed this country toward a public health crisis. The culprits include not just white sugar from cane or beets but also honey, syrups, sugary soft drinks, and desserts. Large amounts of sugar are often hidden in processed foods such as peanut butter, bread, cereals, soups, and sauces. These foods may not taste particularly sweet but some form of sugar is often a key ingredient.

About 30 years ago, sugar was replaced in many processed foods by high fructose corn syrup (HFCS). Refined sugar was considered a noxious ingredient, though not exactly a toxin. HFCS was portrayed by the food industry as a healthful alternative to sugar. It must be good for you, its from corn! It didn't hurt that HFCS was cheaper than sugar. Since the 1970s, sugar consumption in the United States has actually declined 40% but has been replaced by HFCS and other concentrated sweeteners. The trend to lower fat foods also accelerated the incorporation of more sweeteners into processed foods because the taste of fat needed to be replaced with something else to make these foods palatable.

Sugar and HFCS are essentially the same in a biological and physiological sense. Refined sugar is a bond of a

fructose and a glucose molecule, as you may recall from biochemistry class. HFCS is 55% fructose and 45% glucose. Fructose tastes about twice as sweet as glucose to the human palate. The worst that was once said about sugar in the diet is that it leads to tooth decay and is essentially empty calories, meaning no protein, vitamins, minerals, fiber, or anti-oxidants. Therefore, sugar tends to displace more nutritious sources of calories in the diet. The fructose in processed foods is rapidly absorbed and metabolized in the liver. High consumption of fructose can lead to fatty

liver disease and insulin resistance, which is associated with obesity, Type II diabetes, hypertension, heart disease, and certain types of cancer.

Two-thirds of Americans are over their ideal weight and one-half of those folks are obese. Seventy-five percent of health care dollars are spent on treating diet-related disease. Worldwide, the obese outnumber the malnourished. One problem is that nature made the good taste of sugar hard to come by while man has now made it cheap and easy to obtain.

Of course, the sweetener industry spokesmen tend to label reports of the toxicity of sugar as irresponsible and without scientific merit. They feel that people like Dr. Lustig instill unnecessary fear in the minds of consumers. Dr. Lustig feels so strongly about the negative effects of high sugar consumption that he believes that sugar should be regulated, or at least taxed like tobacco and alcohol. Taxing sweeteners at the manufacturing level may help reduce the amount of sugar incorporated in processed food products.

Most people are opposed to nanny-state regulations and taxes that attempt to tell us what to eat and drink. The key is educating the public on the adverse health effects of overconsumption of processed foods and sugary drinks.

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GCMS IS A “COLLECTIVE IMPACT” ORGANIZATION

There are several keystones to the Genesee County Medical Society. It is a fascinating organization which has a long history of creating social change in the medical-political world, the medical ethical world, and the organized medical world. It is a professional delight to be able to be associated with an organization like this, which constantly pushes this community's envelope further, as well as the envelope of our members in an effort to enhance the profession, and serve the community at the same time.

The organization strives to create sustained change. I recently read a fascinating article in the Stanford Social Innovation Review, Winter 2011 issue, entitled “Collective Impact” by John Kania and Mark Kramer. It states that the key components to organizations seeking to create impact in a collective manner are the same ones that this medical society has focused on, at least for the past 25 years.

First and foremost, the core group of GCMS leaders have, by and large, abandoned their individual agendas in favor of a collective approach to this community on behalf of our members and their patients. When doctors come to GCMS meetings, they are physicians, not subspecialist or primary care, not Genesys versus Hurley versus McLaren physicians. They are physicians working on behalf of physician issues. Those issues focus on the professional needs of this community, and on the needs of the patient community. This organization functions very differently from organizations which are short term goal driven versus “collective impact” driven. This organization has a strong infrastructure, a dedicated staff and a structured process that leads to a common agenda. This organization does not function in isolation. It approaches the social and professional problems, with which it deals, in an independent way, recognizing that no single organization can solve any problem.

Lets look at how we express the five conditions of “collective success.”

1 - common agenda: Every few years GCMS completely revamps its strategic plan to make sure



Peter Levine, MPH

that the collective goals of all of the key participants have an updated vision statement and a common language which allows it to approach problems in a joint and cooperative fashion, solving them through agreed upon goals and tactics. These goals and tactics cross all specialty lines, and include involved spouses via the Medical Society Alliance, and any organization which we feel will help us achieve our strategic goals.

2 - shared measurement systems: We are heavily involved with the Greater Flint Health Coalition which has developed the trust of the community, as a whole, to develop data for us in measuring data in a uniform fashion. In addition, the Greater Flint Health Coalition uses all of the methods which are referenced in this article. The Medical Society played a substantial role in establishing that culture in the Greater Flint Health Coalition.

3 – mutually reinforcing activities: Everything that the Medical Society does depends on being able to choose actions on issues that collectively impact the diverse membership that is the Medical Society. The same is true of the organizations that we engage to help us with our activities.

“The power of collective action comes not from the sheer numbers of participants or the uniformity of the efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action” (p. 40 Stanford Social Innovation Review).

Frankly, I wish I had written the previous quote. It reflects precisely how we function. We coordinate our diverse membership to come at other organizations from multiple directions reinforcing the message that they hear from our representatives.

4 - continuous communication: Over the years, diverse components of the Medical Society develop a trust based on consistent communications, and the experience of meeting face to face, and by other media, so that players have a clear understanding that while there may be different reasons to have common motivation, there is still common motivation, which

allows GCMS to be remarkably successful.

5 - backbone support organizations: "Creating and managing collective impact requires a separate organization and staff with a very specific set of skill to serve as the backbone for the entire initiative. Cooperation takes time and none of the participating organizations has any to spare." This is the essence of our Medical Society. We try to make it as easy as possible for physicians to participate, by having a hardworking bright staff which understands the goals and objectives of the organization and has the interest in carrying out those goals. The key is having physician leadership which understands the basic concepts which make this organization superb.

Having said all that, I would like to call your attention to our May Town Hall Meeting on the Future of Michigan State University's Plans for the Greater Flint Area. This should be of great interest to all of us as they bring resources to the community to further enhance those which University of Michigan has brought. In addition, at that meeting, a brief overview will be provided of the Genesee County Medical Society strategic plan. That plan is fresh and exciting and reflects the collective vision for the future collective impact of this organization. It is included in this issue of the Bulletin for your review, and will be available for discussion at our Town Hall Meeting on May 3rd. Hope to see all of you there.

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MSMS PUSHES MAJOR MALPRACTICE REFORMS!

It has been busy couple months since I last had the responsibility of communicating efforts of the MSMS to our membership.

Since that time our legislators have taken up the helmet requirement for motorcycle riders once again. The difference this time however was that the easy riders had the upper hand. For the first time in our state, those who choose to ride motorcycles, will be able to ride without a helmet after meeting some minimal requirements. The legislation does not contain very strong insurance requirement language that would have at least covered some of the predictably higher medical costs, should these unprotected riders find themselves in an accident. As I write this the governor still has the option of vetoing the bill. We shall see. If not, then perhaps we will eventually find ourselves fighting to retain a seatbelt requirement for automobile passengers.

In another episode of *deja vu*, the MSMS board heard from Justices Markman and Zahra in this, their re-election year. Once again we will receive an education on judicial activism and judicial conservatism, and how it is the latter which will preserve our precious Tort reforms. The argument is compelling and even the least involved



S. Bobby Mukkamala, MD
District VI Director

of us can easily understand how the erosion of these reforms could make our practices all that much more difficult. So remember to support these justices in their re election efforts both with your vote and your wallet. Because, believe me: we will see LOTS of spending on this election from the trial bar on behalf of the other side.

The HUGE issue has begun to be considered by the US supreme court: the fate of the Affordable Care Act. We all knew this moment would come from the moments after the legislation was passed by the slimmest of margins. There are all sorts of predictions of what may happen.

The underlying sentiment, however, is that whatever the court (or Justice Kennedy) decides, will leave just as many questions about the fate of the law as it answers.

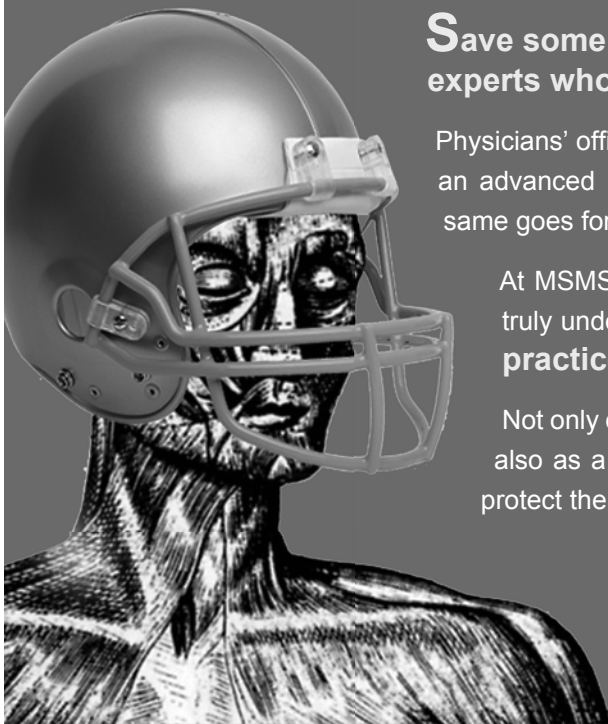
Finally, just to make sure that you have not forgotten what decade you are in: YES the SGR problem with MEDICARE funding continues to be fixed with a bandaid instead of a transplant. We have yet another one year reprieve.

Thank you for your continued support of organized medicine as we continue to try to improve health care for all.

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Sailing the Cape!

By Dr. Peter & Cheryl Thoms

MONTEVIDEO, URUGUAY is on the coast at the mouth of the Rio de la Plata River which forms the border between Argentina and Uruguay. Though dwarfed in size compared to Buenos Aires and our final destination of Rio de Janeiro, it is home to half of Uruguay's population.

Its history is rife with conflict with European countries and its neighbors Argentina, Brazil, and Paraguay, each of whom formed alliances to wrestle Uruguay from the other. Finally, in 1918 the modern history of independence began with a council of nine under President Feliciano Viera. They fashioned a constitution which was far reaching in its guarantees of education, and care of women and children. It also required each citizen to vote in its quadrennial presidential elections.

Our tour took us first to Independence Square Central in which stands a statue of Artigas, on his stallion. It honors him as the first to unite the nation in 1811. Bordering

the square is the original presidential residence on one side and the old Parliament building on the adjacent street.

We concluded the tour with a visit to the quiet Vista del Armada Park. This is a windswept point jutting into the Atlantic Ocean. It is bordered by a rocky shoreline that absorbs the pounding waves which spew a salty mist over the windward side. It was the perfect place to end a busy day.

However, the most impressive point of interest was the new legislative building. It resembles our Capitol Building in Washington. Its wide steps, broken by platforms led to a colonnaded entrance. Motionless guards were posted at the entrance and at strategic points within the marble edifice. On entering the oak doorway we were confronted by the beauty of its marble interior.

A floor pattern of undulating marble in grey, white, pink and pale blue drew our attention to the center

of the broad hallway. Here the ashes of Artigas are preserved in an oak urn protected by two soldiers. Frescos depicting various historical events filled the walls above the doorways leading to various chambers

We were not allowed into the legislative chambers. The Senate is on one side and House of Representatives on the other. Our guide told us that these chambers are carpeted by rugs provided as a gift from Iran and lit with chandeliers of Italian crystal that were given by Italy.

All of this exuded the pride of the people, whose democracy is a contrast to its neighbors. One of the provisions of its constitution requires that international treaties provide a clause for arbitration or other peaceful settlements to all disputes between the nations who were parties to the treaties.

Rio de Janeiro, Brazil is a fascinating place and different from any other city we have ever visited. Like many of the cities around the



(Part 2)





world, statues dot the city and parks abound. But Rio's reputation of "Cidade Maravilhosa" (Marvelous City) is bolstered by its combination of expansive beaches, statuesque mountains covered with tropical forest, a beautiful harbor guarded on one side by the famous Christ the Redeemer statue on one side and Sugar Loaf Mountain on the other along with a bustling business district.

There is so much to experience here which a one-day tour can not possibly do it justice. So we chose a tour that included both "the statue" and the mountain.

Our tour bus took us through the central part of the city, through several tunnels to the base station of the cog railroad. A 20-minute ride through forested mountains dropped us off where the option was to take the stairs (220 of them) or wait for an elevator. We chose the wait (2 elevators took 8 people at a time). From the elevator a walkway led to the parapet platform at the base of the ninety eight foot tall Christ the Redeemer statue which rests on a 10-foot stone pedestal.

The gleaming white statue, simple in design, majestic in its placement, projects a sense of serenity and peace. Far above the bustling

city, away from noisy street life one seems to be in a different world. The broad platform accommodates the vast crowd and offers a bird's eye view of the city that literally flows beyond the visible. High rise buildings cluster in the central city, but houses fill the valleys and the slopes disappearing behind the peaks. Boats ply the harbor. The large Autodrome was empty. But at the foot of the statue, though the crowd mills about, tranquility presided.

Our guide gathered us on the train platform. We boarded it for the trip back down, contemplating the experience and being thankful for the privilege of having been there.

The trip to the other side of the sprawling city through tunnels and crowded streets ended at the plaza in front of the funicular station. Queuing up in a long line, we gradually moved forward un-shaded from the sun shining in a cloudless sky with the mid summer heat testing our patience. Gondolas came and went about every eight minutes, carrying about 40 passengers at a time. The first ride took us to a city center peak. A short walk across the peak through lush foliage landed us in the line for the second longer cable trip over the city to the crest of Sugar Loaf Mountain.

At the peak, we again had spectacular views of city. The difference here is that the bay and the beaches lay directly below us. Sail boats plied the vast bay. Tug boats headed toward their next job. Freighters came in to dock while others left with loads to be delivered to distant ports up the coast or across the ocean. Vast beaches stretched out to the south crowded with summer vacationers and locals enjoying the Saturday afternoon protected from a scorching sun by beach or more elaborate tent like structures. A light breeze gave a little relief, but a chair under an umbrella with a cold Coke brought some shade from the 90-degree heat.

About an hour here afforded us plenty of time to wander around, take innumerable pictures, and share the experience with fellow travelers.

At 2 p.m. we were ready for the lunch, which consisted of a buffet of Brazilian dishes and a variety of meats stripped off of skewers at the table. Finished with the meal, we proceeded to the airport where the next day at 6 a.m. we started our 36-hour trip home.

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The 17th Annual Healing Hands 5K Walk/Run Race

The 17th Annual Healing Hands 5K Walk/Run Race will be on May 19, 2012, 9 a.m. to raise funds for the Genesee County Free Medical Clinic. This event raised over \$100,000 last year for the Free Clinic. We hope we can surpass this number this year. Please prepare to join us for the good cause.

Thanks to the \$1,000 donation from GCMS, we are able to resume not only the “Reach Out and Read” program, which supplies books to underprivileged children who have never owned a book of their own, but also to make a \$500 donation to the Whaley Children’s Center for the abused children.

Our Annual Geranium Luncheon will be held at the elegant Warwick Hills Country Club on May 22, 2012. I will complete my presidency and Oya Agabigum will be installed as the new president. This is a special luncheon to honor past presidents, and to honor GCMSA members who has been members for over 50 years. Each will be presented with a red rose. This is also a time for reflection to remember those who passed away during the year. We encourage you and your spouse to join us.

I would like to take this opportunity to thank GCMS Immediate Past President Bobby Mukkamala, President Laura Carravallah, GCMS board, and many GCMS members for their support to the Alliance programs and activities. With our mutual support, we make each other stronger; together, we can contribute more to our community.

Sincerely,
Rosa Wang, President
Genesee County Medical Society Alliance

During these tough economic times, all of us may struggle to some degree. But places like Whaley Children’s Center experience more than their share of hardship and challenges. It is vitally important that we in the medical community take a leadership position to ensure that Whaley not only survives but thrives in its mission to enhance the lives of Michigan’s most fragile population. **That is why we (Drs. Ken Ganapini and Walter Barkey) are personally challenging all our fellow Flint Area physicians to pledge a gift of \$250 this spring to Whaley.**

For the past 85 years, Whaley Children’s Center, a private 501(c)3 organization located in Flint, has provided treatment and support for children who have been profoundly abused and neglected. Each of the 48 children who come to Whaley with a lifetime’s worth of pain receives a comprehensive array of therapeutic services that fosters life and social skills and helps them overcome their past. And Whaley gets results! In the past two years 75% of the children who left Whaley went to a family setting, ready for their bright future.

Your pledge of \$250 is equal to the cost of providing this comprehensive care for a child for one day at Whaley. Won’t you consider accepting our challenge and join us in ensuring that one of Flint’s finest institutions continues to care and treat these unfortunate children? Your commitment today means brighter futures for our community’s most fragile children! Please send your pledge directly to Whaley Children’s Center, 1201 N. Grand Traverse, Flint, MI 48503. Thank you for your commitment.

Best Regards,

Ken Ganapini D.O. *W Barkey*
Ken Ganapini, DO Walter Barkey, MD





THE 14 THINGS YOU NEED TO KNOW TO REDUCE ILLNESS AND DEATH



The physicians of the Genesee County Medical Society identified the following 14 actions that are key to living a longer, healthier life:

1. Eliminate all exposure to tobacco, including passive smoke.
2. End addictions (such as alcohol, tobacco, sex, drugs, food, gambling, etc.).
3. Increase physical activity and limit screen time.
4. Reduce exposure to toxins.
5. Reduce prolonged exposure to sunlight and avoid tanning beds.
6. Reduce salt, sugar and all processed foods. Eat a variety of fruits and vegetables and whole grains daily. Maintain a proper body weight.
7. Wash hands often and appropriately.
8. Breast feed infants and assure their proper immunizations.
9. Babies are fragile. Refrain from inappropriate force to calm or discipline your child.
10. Get sufficient sleep.
11. Brush and floss your teeth.
12. Don't drive impaired or distracted.
13. See your physician about disease prevention ideas.
14. Take as few medications as possible and with advice from your physician.

**Take the first step to improve your health today.
Join the MOVEMENT! Visit commit-2-fit.org.**

For more information, please contact the Genesee County Medical Society at 810.733.6260 or the Greater Flint Health Coalition at gfhc@flint.org.





Weeks to Wellness



Business-to-Business Challenge

TEAM CHALLENGE GOAL:

EARN COMMIT TO FIT! WELLNESS POINTS FOR YOUR TEAM & ORGANIZATION BY BEING ACTIVE, EATING WELL, AND PROMOTING HEALTH!

APRIL 16th – MAY 25th

- 1** Log on to www.commit-2-fit.org and visit the My Challenges page to register with your business. Sign up at anytime until May 1st!
- 2** Earn **Wellness Points** for 8 different activities including being active, eating healthy, and promoting wellness to others. Check www.commit-2-fit.org weekly for Business Team Standings.
- 3** For extra incentives, participate in **free fitness and nutrition classes** and **work together daily** with your team members to compete against other businesses.
- 4** Use the **website regularly** from April 16th through May 25th to track for your wellness activities and help your organization compete against local businesses. It's that simple!

INCENTIVES

Trophies will be awarded to the teams with the highest participant average of Commit to Fit! Wellness Points in the Large and Small Business Divisions. The progress of businesses will be updated weekly!

For individuals who reach weekly and total challenge goals, incentives will include cash prizes of up to \$500, memberships to local fitness centers, gift certificates, and more!

www.commit-2-fit.org



GCMS ALLIANCE KEEPING CHILDREN WARM

Everyone likes a warm fuzzy blanket to cuddle with. Sometimes children in our area do not have the luxury of having a blanket at all. So the Alliance decided to have a blanket making day at the GCMS office on February 23rd to make sure that some of these children do not have to go without one.

Last year at this time, the Alliance was hosting an Easter Party for underprivileged children in Flint. We had Easter baskets for all of the children and also delicious cupcakes. The children truly enjoyed the day. So this year while we were planning another event for underprivileged children, we decided to give them something that would last a long time, and that is how the blanket idea came about. In conjunction with this, we are also painting a mural on the wall of the Whaley House for the children under the direction of Sara Duda.

The ladies were directed to bring 1 ½ yards of fleece material, a pair of scissors, and a ruler and meet at GCMS. It was so much fun to have so many ladies there for such a wonderful project. Some of the ladies had not done a project like this before, but soon learned...it was fun and easy! The funny thing was, not one person brought the same material! They were all different colors and patterns!

For the next few hours we measured, cut and tied our blankets. Everyone who walked by peeked in to see what our project was. With delight we shared our story with them. As you can see in the picture, it was a worthwhile project and there will be many warm children because of it.

Respectfully submitted by,
Marianne Almeida

RESOLUTION 65-12

Title: Blue Cross Blue Shield of Michigan Transparency

Introduced by: Cathy Blight, MD, for the Genesee County Delegation

Original Author: E. J. Raj, MD

Referred to: Reference Committee A

House Action:

Whereas, there is consternation on the part of specialists, over withholds and quality payments relating to Blue Cross Blue Shield of Michigan quality programs, and

Whereas, clarification of those points of confusion and frustration would lead to better outcomes for Blue Cross Blue Shield of Michigan (BCBSM) and for the specialties, and

Whereas, clarification of programs and their criteria for success in advance of implementation by BCBSM would lead to better outcomes for patients, primary care physicians, specialist physicians, and BCBSM; therefore be it

RESOLVED: That MSMS ask Blue Cross Blue Shield of Michigan to work toward clarification of withhold and quality payment issues and criteria immediately and on an ongoing basis.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

RESOLUTION 18-12

Title: Nutrition Labels and Nutrition Education in Elementary School

Introduced by: Rima Jibaly, MD, for the Genesee County Delegation

Original Author: Rima Jibaly, MD, and Nabil Abou-Baker

Referred to: Reference Committee D

House Action:

Whereas, there is growing concern about the obesity epidemic involving children and adults in the United States, and

Whereas, overweight or obese children have a much higher risk of weight problems in adolescence and adulthood, and

Whereas, obesity is a risk factor for many illnesses of children, teens, and adults, and

Whereas, the processing of foods can negatively impact nutritional content and increase morbidity, and

Whereas, education on nutrition labels can positively impact dietary habits, and

Whereas, early education can result in life long applied knowledge; therefore be it

RESOLVED: That MSMS support nutrition education, including how to read nutrition labels on food packaging, be implemented in elementary school curricula in Michigan as a prevention measure for obesity and resulting morbidity.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Genesee County Medical Society Strategic Plan 2012

Vision Statement Revised March 2012

“The Genesee County Medical will be the premiere Medical Society by advocating on behalf of its members and their patients, to bring our county to the leading edge of health indicators in the state.”

Mission Statement Revised March 2012

“The Genesee County Medical Society will provide leadership, advocacy, education, and service for its members and their patients in an effort to improve the overall health of the community.”

GOALS	PRIORITIES	TACTICS
Advocacy Physician Advocacy	Improvement of the Processes of the Business of Medicine	<ul style="list-style-type: none"> • House of Delegates resolutions specific to business of medicine • Remain engaged in the Greater Flint Health Coalition • Liaise with third party payers • Engage in political activity to improve the business environment for medicine ++ Continue leading the pressure in Michigan to create an alternative to the tort based medical liability system.
	Use Legislative Processes To Support Goals of GCMS	<ul style="list-style-type: none"> • Generate attendance for MSMS Capitol Check-up • Facilitate physician involvement in policy process • Legislative Liaison Committee activities • Facilitate physician involvement in political process • Meet with legislators regularly ++ Pursue passage of non-judicial alternative to tort
	Enhance Hospital/Physician Relationships and Empower Medical Staffs and Hospital/Physician entities	<ul style="list-style-type: none"> • Convene a meeting of the hospital Board Chairs, CEO's, and Chiefs of Staff to present common issues of concerns to physicians as needed • Involve medical staff leaders in GCMS Board meetings • Encourage general member participation and attendance at GCMS meetings • Educate doctors on medical staff issues ++ Seek hospital support for alternative to the current medical liability system
	Identify Issues Between Physicians and Third Party Payers and Rectify Them	<ul style="list-style-type: none"> • Advocate for timely payment • Eliminate “all products” clauses • Enhance communication between GCMS leaders and third party payers in Genesee County • Reduce repetitive tasks that physicians must go through to get re-credentialed by insurance companies and others • Be active in shaping pay-for-performance implementation locally

- = Maintained from 2001 Plan
- + = New Items from Town Hall Meeting of 6/28/05
- ++ = New Items not from Town Hall Meeting of 6/28/05
- ◆ = New Items 3/2012

Genesee County Medical Society Strategic Planning Committee 2012

<i>Patient Advocacy</i>	Publicly Advocate on Behalf of Patients	<ul style="list-style-type: none"> ◆ Provide assistance as appropriate to patients who contact GCMS for help ◆ Maintain peer review system □ Continue leadership in bioethics □ Represent patients at Greater Flint Health Coalition □ Maintain leadership in Environmental Health
<i>Community Health</i>	Advocate for solutions to public health problems, including county infrastructure	<ul style="list-style-type: none"> ◆ Work through the Greater Flint Health Coalition ◆ Partner with Genesee County Health Department ◆ Partner with Safe Active Genesee for Everyone ◆ Collaborate with existing programs in county to accomplish goals
GOALS	PRIORITIES	TACTICS
Leadership	Develop <i>Diverse Group of New Leaders</i>	<ul style="list-style-type: none"> ◆ Identify, train, and involve a diverse group of new physicians in GCMS committees, Board meetings, and other activities
	Increase Young Physician Composition and Participation	<ul style="list-style-type: none"> • Develop practice management and contracting seminars • Ask all hospitals to make GCMS application part of their medical staff package ◆ Maintain contact with medical staff officers regarding new members
	Incorporate students and residents into the Society and create infrastructure to do this optimally	<ul style="list-style-type: none"> ◆ Ask all hospitals to make GCMS application part of their student packages ◆ Ask all hospitals to make GCMS application part of their residents package ◆ Other tactics in process
	Maintain GCMS's Position As Respected Authority on Health Issues County-wide and State-wide	<ul style="list-style-type: none"> • Participation in all Greater Flint Health Coalition clinical taskforces, committees and Board • Continue to play leadership role in the Greater Flint Health Coalition • Allocate staff and physician time on an as-needed basis to Greater Flint Health Coalition in order to maintain an active, effective presence + Enhance media relationships ◆ Enhance communications infrastructure, including the website

Genesee County Medical Society Strategic Planning Committee 2012

GOALS	PRIORITIES	TACTICS
Satisfaction	Improve Member Satisfaction	+ <i>Give tangible value to being a member</i>
	Present Physicians in Positive Light in Public Venues	<ul style="list-style-type: none"> • Proactively solicit media on medical/health issues important to the Medical Society and to the public • Hold a media training seminar • Continue the promotion of organ and tissue donation with the Alliance • Represent physician community to news media
GOALS	PRIORITIES	TACTICS
Education	Continue strong support for both graduate and undergraduate medical education	<ul style="list-style-type: none"> ◆ Create MSMS resolutions to preserve funding of GME and undergraduate medical education ◆ Communicate with legislators on issues of graduate and undergraduate medical education
	Maintain efforts to educate our members about health policy and practice management	<ul style="list-style-type: none"> ◆ Continue growth of practice managers meetings ◆ Continue growth of general membership meetings
	Create and disseminate health information to the community	<ul style="list-style-type: none"> ◆ Proactively solicit media on medical/health issues important to the Medical Society and to the Public ◆ Create a communications network to effectively disseminate health information to the community ◆ Create website links to other educational resources ◆ Enhance website ◆ Enhance facebook
	Educate the community about GCMS	<ul style="list-style-type: none"> ◆ Do so using all of above methods

VALLEY AREA AGENCY ON AGING We're Here to Help!

If you're an older adult, a caregiver or a friend concerned about the well being of an older adult, the Valley Area Agency on Aging is here to help. The Valley Area Agency on Aging is a non-profit agency serving persons age 60 and older, and/or disabled individuals in Genesee, Lapeer and Shiawassee Counties. VAAA is able to assist you with the following services:

- Information & Assistance
- MI Choice Waiver Program
- Care Management
- Crisis Intervention Program
- Medicare Medicaid Assistance Program
- Adult Day Care
- Health Screenings
- Legal Assistance
- Nutrition Programs

For more information on programs and services available, please call the
Valley Area Agency on Aging
 at (810) 239-7671 or visit our website at www.valleyaaa.org.

Genesee County Medical Society Strategic Planning Committee 2012

GOALS	PRIORITIES	TACTICS
Governance (Internal Affairs)	Continue Strong Support of GCMS Alliance	<ul style="list-style-type: none"> ◆ Maintain GCMS support of GCMSA efforts including the President's Ball • All GCMS Board members or spouses be members of GCMSA ◆ Collaborate with GCMSA on mutual projects as appropriate
	Establish Conflict of Interest Policy	<ul style="list-style-type: none"> ◆ Establish a single page Conflict of Interest Policy
	Maintain Peer Review	<ul style="list-style-type: none"> • Maintain Peer Review System
	Continue Strong Participation In MSMS Leadership and Formulation of Policies	<ul style="list-style-type: none"> • Run candidates for MSMS offices and represent our members on key committees at MSMS. Make sure GCMS members are poised for leadership roles at MSMS + <i>Increase participation/exposure to MSMS process including House of Delegates</i>
	Increase linkages with other local Medical Societies	
	Continue Strong Participation In AMA Leadership and Formulation of Policies	<ul style="list-style-type: none"> • Run candidates for AMA offices and represent our members on key committees at AMA. Make sure GCMS members are poised for leadership roles at AMA
	Improve communications with GCMS stakeholders	<ul style="list-style-type: none"> ◆ To be determined
	Increase membership in GCMS and MSMS	<ul style="list-style-type: none"> ◆ Ask hospitals to continue paying for memberships of employed physicians
	Enhance financial stability	<ul style="list-style-type: none"> ◆ Collaborate with MSF to improve financial stability and efficiency of GCMS ◆ Reinstitute GCMS Fundraising Committee

Genesee County Medical Society Strategic Planning Committee 2012

GOALS	PRIORITIES	TACTICS
Physician Services and Benefits	Develop Tools for Assisting Physicians in Practice	<ul style="list-style-type: none"> • Offer office practice seminars • Facilitate meetings between physicians and third party payers to solve problems ◆ Hold estate planning Dinner Business Meeting • Create practice management and contracting education programs for young physicians
	Select Endorsement Products for Group Benefits	◆ Work with other entities to find products of value to our members
	Maintain member satisfaction	<ul style="list-style-type: none"> ◆ Maintain tangible value for being a member ◆ Educate members and other physicians about benefits of membership with GCMS and MSMS
	Present Physicians in Positive Light in Public Venues	<ul style="list-style-type: none"> • Proactively solicit media on medical/health issues important to the Medical Society and to the public • Hold a media training seminar • Continue the promotion of organ and tissue donation with the Alliance • Represent physician community to news media
	Work to align the goals of like-minded health organizations	◆ Seek reciprocal attendance at meetings of organizations such as the Greater Flint Health Coalition and the Genesee County Health Department

GCMSA UPCOMING EVENTS

5/4-6 – Annual Session, Ann Arbor

5/19, 9 a.m. – Healing Hands 5K Run/Walk

5/22, 11:30 a.m. – Geranium Luncheon, Warwick Hills

GCMS MEETINGS

– MAY 2012 –

5/2, 7:30 a.m. – Bulletin Meeting

5/3, 6 p.m. – Dinner Business Meeting, Flint Golf Club

5/7, 8 a.m. – Legislative Liaison Meeting

5/21, 12 Noon – Membership Committee @ GCMS

5/21, 6 p.m. – GCMS Board of Directors @ GCMS

5/23, 12:30 p.m. – Community & Env. Health Committee Meeting

5/24, 8 a.m. – Practice Managers @ GCMS



**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 • mgzym@gcms.org



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!



GCMS/MSMS
NEW MEMBER
APPLICATIONS

GCMS NEW MEMBERS

Vaibhav Sahni, MD

Nephrology & Hypertension
G-1071 N. Ballenger, Suite 310
Flint, MI 48504

Ph: (810) 238-4172

Fx: (810) 238-4153

Dr. Sahni received his medical degree from Maulana Azad Medical College, Delhi University, Delhi, India. He did his residency at Drexel University College of Medicine, Philadelphia, Pennsylvania. Dr. Sahni is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

**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 Sheree at sayres@gcms.org or call 733-9923.

Thank you.

Announcement

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

For details, contact:

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Advanced Care Planning Symposium

On March 13 and 14, the Greater Flint Health Coalition and the Genesee County Medical Society hosted a two-day Symposium on Advanced Care Planning. The Symposium was funded by the Batdorf Family Trust. The purpose of the Symposium was to provide information about how one specific community, LaCrosse, Wisconsin, has developed significant community-wide acceptance of Advanced Care Plans, resulting in much greater patient and physician satisfaction, as well as family acceptance of patient decisions. In addition, the components of the health care system in that area have accepted Advanced Care Plans in a way that reduces the possibility of confusion about patient preferences at points in the medical care process where decisions must be made.

Keep your eyes open for future developments in this area of end of life decision making, and the integration of those decisions across the health care system of this county.

YOUR \$\$\$ AT WORK

- S** GCMS completed strategic plan
- S** GCMS fostered new relationship between third party payers and specific practices with problems
- S** GCMS held practice managers session on “how to be a great biller”
- S** GCMS participated in Greater Flint Health Coalitions strategic planning process
- S** GCMS provided advice to two other counties on organizational issues
- S** GCMS Board received presentation from Greater Flint Health Coalition on Health Information Exchange



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HEALTH CARE FRAUD: THE ESCALATING PRICE OF “WEAVING A TANGLED WEB”

By: Glenn M. Simmington, Cline, Cline & Griffin

Three federal statutes, enacted at different times, have combined to produce a sort of “inflationary progression” when it comes to the potential penalties for engaging in deceptive practices that fall under the general rubric of “health care fraud.”

18 USC Section 1035, entitled “False statements relating to health care matters,” became effective on August 21, 1996. By its terms, this statute makes criminal the “knowing and willful” falsification, concealment, or covering up (by trick, scheme, or device) of “any material fact,” and further proscribes the making (orally or in writing) of “any materially false, fictitious, or fraudulent statements or representations,” if made “in connection with the delivery of or payment for health care benefits.” Further, under the penalty provision of Section 1035, knowing and willful violators “shall be fined . . . or imprisoned not more than five years, or both.”

Although the language of Section 1035, on its face, is fairly specific, it could conceivably be read as referencing single individuals, only, (“‘whoever’ . . . falsifies, conceals,” etc.). It must be emphasized, however, that another, more general statute, 18 USC Section 371, can, where applicable, widen its scope. (Section 371, entitled “Conspiracy to commit offense or to defraud United States,” was originally passed in 1948, and

was most recently amended in 1994, some two years prior to the enactment of Section 1035.) The Section 371 “conspiracy” statute makes clear that, “[i]f two or more persons conspire either to commit any offense against the United States, or to defraud the United States, or any agency thereof in any manner or for any purpose,” and such persons then “do any act to effect the object of the conspiracy,” those persons can be federally charged both with violating the underlying offense, and with conspiring to commit that underlying offense. (Emphasis added.) Persons found to have violated Section 371, moreover, “shall [also] be fined . . . or imprisoned not more than five years, or both.”

Although, under standard, constitutional double jeopardy principles, the Government is permitted to seek and obtain separate convictions for even a single act that violates both statutes, it is also the case that, as a general rule, the prison sentences imposed for such separate convictions will run concurrently, one with the other. The standard of proof required of the Government to obtain a conviction for conspiracy, however, (i.e., for an agreement between two or more persons to commit a federal offense), can be much lower than the level of proof required to establish a violation of the “underlying” federal offense. In other words, in order for the Government to obtain a

conviction for the violation of an underlying, substantive offense, it must be able to prove the knowing and willful commission of the act that constitutes the offense, (e.g., the falsification, the concealment, etc.), whereas the Government can prove a Section 371 conspiracy charge by merely showing that the accused “agreed” with another person to commit a federal offense, and then did “any act to effect the object” of that agreement. (Emphasis added.)

In the context of federal “health care fraud,” therefore, since the passage of Section 1035 in 1996, health care providers (and others) who (1) intentionally engage in the making of false statements relating to health care matters, who (2) knowingly falsify, conceal, or cover up any material fact relating to health care records, or who (3) enter into illegal agreements to do either, have been subject to the possibility of being sentenced to five years of incarceration in a Federal Bureau of Prisons facility.

However, with the passage of 18 USC Section 1519, (in July, 2002), the Federal Government has “upped the ante” for engaging in such deceptive practices. Entitled “Destruction, alteration, or falsification of records in Federal investigations and bankruptcy,” Section 1519 is only one of a number of provisions enacted by the United States Congress (and signed by the second President Bush) as a part

of the Sarbanes-Oxley Act. As its lengthier title suggests, Section 1519 has broad application, to “federal investigations” of various kinds. For present purposes, however, it is sufficient to note that its application extends to federal health care fraud investigations, (e.g., under both Medicaid and Medicare laws). Setting aside its statutory title, however, the specific language of Section 1519 not only criminalizes the knowing alteration, destruction, mutilation, etc., of “any record, document, or tangible object with the intent to impede, obstruct or influence [an] investigation,” but also criminalizes such behavior when it is undertaken with the intent to impede, obstruct, or influence the “proper administration of any matter within the jurisdiction of any department or agency of the United States.” (Emphasis added.)

Consequently, even before any particular investigation is actually launched, any person who knowingly engages in deception with respect to the creation or keeping of health care records having a federal law connection, (i.e., who “alters, destroys, mutilates, conceals, covers up, falsifies, or makes a false entry in [such a record]”), can later be charged with violating 18 USC Section 1519. Worse, whereas Section 1035, either applied alone, or enforced in conjunction with the conspiracy statute, Section 371, provided for “only” five years of imprisonment upon violation, Section 1519 quadruples the potential length of imprisonment by stating that “[violators] shall be fined [or] imprisoned not more than 20 years, or both.”

Moreover, just as persons accused of violating Sections 1035 and 371 can, without running afoul of their constitutional double jeopardy rights, be charged with (and convicted of) separate “counts” in a federal

indictment, it is also constitutionally permissible to charge such persons with an additional, separate count of records destruction, concealment, or falsification under Section 1519. Where the facts appear to warrant, in other words, the Government can have “three bites at the apple,” in terms of seeking the conviction and incarceration of an accused citizen, even if all three theories of liability are based upon essentially the same behavior. (See *United States v. Mermelstein*, 407 F.Supp.2d 242 [E.D.N.Y. 2007].)

Conclusion: In addition to various civil and administrative penalties, (e.g., possible fines, potential National Practitioner Data Bank “adverse action” reports, and the threat of “death penalty” exclusions from Medicaid and Medicare program eligibility), health care providers who are accused of

either making false statements or engaging in records falsification, destruction, etc., whether they do so before or after a federal investigation has been started, face the threat of incarceration for up to 20 years, (depending, of course, on how egregious the statutory violation[s] involved). Further, given the relatively low threshold of evidence required for the Government to prove a conspiracy charge, even “minor players” (e.g., billing personnel, insurance company representatives, etc.) who become knowing participants in any act that violates Sections 1035 or 1519, “shall be fined or imprisoned,” under the conspiracy provisions contained in 18 USC Section 371.

Indeed, these various statutes promise a tangled (and punitive) web for those who would practice to deceive.

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PRACTICE MANAGERS

PRACTICE MANGER'S LEARN ALPHABET SOUP OF QUALITY INCENTIVE PLANS

The March practice manger's meeting revolved around explaining the different quality and incentive programs in which physicians are able to participate. The session also explained many of the programs which physicians would need to participate in order to achieve the quality incentives available to them via several payers. Kristen Schluckbier from the Medical Advantage Group served as faculty. Of most interest was the complex explanation which she provided which allowed practice managers to understand how participating in one incentive program could qualify them for others, without significant extra expenditure of resources by the practice.

The next practice mangers session will revolve around the issue of "how to be a great biller." Physicians are encouraged to send both their practice managers and their billers to these sessions. The speakers will include a cross section of faculty representing insurers, Michigan Billers Association, and hospital billing specialists.



**Check Out Our Website
www.gcms.org**

GENESEE COUNTY MEDICAL SOCIETY DINNER BUSINESS MEETING

Thursday, May 3, 2012

A Town Hall Meeting on

The Future of Michigan State University College of Human Medicine

Flint, Michigan - Campus

Michigan State University will be expanding its medical school in Flint in dramatic ways. In addition, it will be housing the public health component of its medical school here. The University is committed to this community and is actively seeking input from the physician community. Come to hear their plans and ideas regarding Public Health Research, the MPH program (including practicum students and outreach), the medical school expansion, and the big picture for the University in Flint. Come also to provide feedback to them. Speakers for this meeting will include Leslie Johnson, Program Coordinator for the Program in Public Health, Jerry Kooiman, Assistant Dean for External Relations, MSU College of Human Medicine, Jeffrey Dwyer, MD, PhD, Associate Dean for Research and Community Engagement, MSU College of Human Medicine, and Dean Sienko, MD, MPH, Associate Dean for Public Health and Preventive Medicine, MSU College of Human Medicine.

Please also come to hear an update on the GCMS strategic plan, which is designed to maintain this organization as Michigan's most productive county society. Please invite your colleagues and spouses.

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



\$30 - GCMS Members, Spouses &
Their Practice Managers
\$20 - Residents & Students
\$50 - Non-Members &
Non-member Practice Managers

FLINT GOLF CLUB

3100 Lakewood Dr., Flint, MI 48507

6 p.m. - Registration & Social Hour
6:30 p.m. - Dinner
7 p.m. - Meeting
7:15 p.m. - Presentations

Please mail check with reservations
to: Genesee County Medical Society
4438 Oak Bridge Dr., Ste. B
Flint, MI 48532

Call Sheree at 810-733-9923 or
email at sayres@gcms.org for
more information.

HAPPY BIRTHDAY DOCTOR

MAY

Saed Sahouri	1	Jennifer Klock	11	Anton Chivu	19
Felipe Videla	1	Hytham Fadl	12	Allan Ippolito	20
Denny Martin	1	Clifford Cox	13	William Bowling	20
Matthew Sardelli	1	Mehmet Agabigum	13	Rudolf Goetz	22
Alvin Judd	2	Neil Friedman	14	Susumu Inoue	23
Shivani Choudhary	2	Edwin Gullekson	14	Michael Giacalone, Jr.	24
Mohamadalli Amlani	5	Lawrence Reynolds	14	Jeffrey Ledis	24
Sylvia Kosciolek	5	Mohamed Khedr	14	Manoochehr	
Venkata Puttagunta	5	Marta Bonkowski	15	Abadian-Sharifabad	25
William Lo	5	Maurice Chapin	15	Manisha Kia	26
Melissa Hamp	6	Paul Morin	15	Shaheen Mohammed	26
Jeffrey Mitchinson	6	William Thompson Jr	15	F. Michael Jaggi	27
Genevieve Sierminski	7	Mustafa Akpinar	16	Barry Dewitt	29
Dong-Wha Ohm	7	Michael Danic	16	Virgilio Bonet	29
Douglas Vanbrocklin	7	Gerald Fulton	17	Siva Talluri	30
Christopher Murray	7	Paul Lazar	17	James Aills	30
Halina Kusz	8	Crumsan Nundkumar	18	Caroline Mathew	31
Linval Fleetwood	8	Christopher Tykocki	18	Jagdish Shah	31
Manilal Mewada	9	James Walter	19	Michael Sorscher	31
Ronald Hunt	10	Paul Adams	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.

FULL-TIME PHYSICIAN 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 Sheree at sayres@gcms.org or (810) 733-9923.



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**MICHIGAN STATE
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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!