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GENESEE COUNTY

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JUNE 2010 Volume 86 Number 6

Bulletin

Read by 96% of GCMS members.

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Our Vision

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

Our Mission

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

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 (USPS 552-820)

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FEDERAL HEALTH SYSTEM REFORM LEGISLATION PASSED - JOB UNFINISHED FOR PHYSICIANS

Because of the health system reform package, 32 million uninsured Americans will gain access to coverage. In addition, competition and choice will be improved in the insurance marketplace. Prevention and wellness initiatives will be enhanced, and administrative burdens will be reduced. There will also be greater accountability and transparency for insurance companies. Individuals who already have insurance will no longer have to worry about lifetime caps on coverage or policy cancellation, and children can now stay on their parents' policies until age 26. With regard to medical liability, the legislation acknowledges that the current system is broken and provides funding to test reforms

Medicare payment changes include a number of payment improvements for physicians:

is not fixed. Some physicians feel we didn't get much

but there is a lot to embrace in the new law.

such as health courts and early disclosure laws. The SGR

- 10 percent incentive payments for primary care physicians.
- 10 percent incentive payments for general surgeons performing major surgery in health professional shortage areas.
- 5 percent incentive payment for mental health services.
- Geographic payment differentials. Physicians in 56 localities in 42 states will benefit from these geographic payment adjustments.



Venkat K. Rao, MD

• Medicare quality reporting incentive payments extended. Incentive payments of 1 percent in 2011 and 0.5 percent from 2012-2014 will continue.

MEDICAID PAYMENT

A raise in Medicaid payments to family medicine physicians, general internists and pediatricians for evaluation and management services to at least Medicare rates in 2013 and 2014.

ADMINISTRATIVE SIMPLIFICATION

Beginning in 2010, national rules will be developed and implemented between 2013 and 2016 to standardize and streamline health insurance claims processing requirements. Physicians should benefit from the changes.

EMPLOYER REQUIREMENT TO OFFER COVERAGE

A range of small business tax credits for employers contributing at least 50 percent of the costs of coverage for their employees will also be established, with credits phasing out as firm size and average employee wages increase

The new law should represent only a first step toward long-needed reforms, not the last one. The new law does not repeal the flawed Medicare physician payment formula (SGR). This has been a burning issue for doctors for years. The AMA and all of us must not relent until SGR is permanently repealed. Please continue calling your senator and congressman to fix SGR.

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LETTER TO THE EDITOR

Dear Dr. Ryan,

Recently, I saw a deaf patient in my office. Her original office bill was \$200. The insurance company paid \$106.79. At that time I did not know that she was deaf so we did not have an interpreter available for her. I know the Americans with Disabilities Act requires that physicians provide an interpreter for this situation.

The next time she was seen in the office I billed \$185 for her office visit. We were paid \$35.48. At that visit, we provided an interpreter. The interpreter was here for the duration of the office visit and we were invoiced \$119.80. The interpretation fee was \$100 and the mileage expense was \$19.80.

The third time I saw this patient the office charge was \$65. Health Plus paid \$19.10. We provided an interpreter and the interpreter's fee was \$127.

The total bill for interpretation fees was \$246.80. My reimbursement for the care of this patient was \$164.37.

The initial fee from the Communication Access Center for the Deaf and Hard of Hearing always included a least two hours for the visit and a mileage expense as well.

Needless to say, I have no desire whatsoever to discriminate for any patient's care. It does place a financial burden on the physician to take care of a deaf patient if an interpreter has to be hired.

I have talked to some other physicians and they tell me that they really try to avoid taking care of deaf patients because of these outrageous fees assessed by the Communication Access Center for the Deaf and Hard of Hearing. If a doctor does not have someone who can sign he/she will lose money seeing these patients.

What I would like to submit is that the Genesee County Medical Society set up a group of interpreters who can sign for these deaf patients. I think this would do two things; it would give this Communication Access Center for the Deaf and Hard of Hearing a little competition, and I think it would provide a valuable service and help keep costs down.

I would like to have the board examine this and I would be happy to come and talk to them. I am going to include the invoices from the Communication Access Center for the Deaf and Hard of Hearing and will of course comply with the HIPAA regulations so that the patient's privacy is protected. These are truthful and accurate financial statements. If there are any questions please call me.

Sincerely yours, Larry Pack, M.D.

EDITORIALLY SPEAKING

ON YOUR MARK, GET SET, GARDEN

All gardeners live in beautiful places because they make them so.

– Joseph Joubert (1754 - 1823)

It's a welcome miracle that happens every spring around here. The world turns, the days lengthen, the temperature moderates, the ground thaws, and before our very eyes the earth comes alive again. Most of the flowering trees, along with the daffodils and tulips, have faded as you read this but springtime still has lots of beauty to display before the summer solstice rolls around again, and every avid gardener revels in its glory. Humans prefer to be in control and the tendency to shape and beautify our surroundings through gardening is a great way to harness this proclivity.

Most gardeners do it for the sheer joy and satisfaction the activity brings. But you may not know that there is an entity known as social and therapeutic horticulture. Horticultural therapy is a process that uses plants and gardening activities to improve people's social, educational, psychological, and physical adjustments to a multitude of physical, mental, and emotional ailments. By both passive and active involvement, gardening is used by trained professionals to meet clinically defined goals for program participants. A recent story on an evening network news show demonstrated how involving prison inmates in gardening programs improved their sense of well-being and self confidence, resulted a greater ability to cooperate with fellow inmates and staff, and lessened the incidents of violence in the prison.

Horticultural therapy is used for those recovering from serious illness or trauma, physical and mental disabilities, the elderly and/or those suffering from various forms of dementia, and substance abusers. Patients in mental hospitals and prison inmates have benefitted from gardening therapy through increased ability to make decisions, improved self control, and improved interpersonal relationships. It can impart a



Daniel Ryan, MD

lifetime skill along with a sense of responsibility and work ethic that may never have been developed at home.

One cannot ignore the health benefits of being outdoors in the fresh air such as improved physical fitness and better weight control. A little Vitamin D from sun exposure (limited, of course) is an added benefit. Most, but not all, humans seem drawn to interaction with nature and being out-of-doors in the garden (away from the television, computer, cell phone, etc.) can reduce stress, lower blood pressure,

and fight depression. It can create feelings of contentment and tranquility, appreciation of time and life, and a sense of peacefulness. There is no drug than can top that!

A beautiful flower garden brings joy not only to the gardener but also to any passers-by. Would the dozens of local garden tours be so popular if this were not the case? A well organized and maintained vegetable garden delivers a sense of satisfaction along with delicious, nutritious, fresh, and unadulterated produce for the table.

For persons with disabilities there are many special gardening tools, kneelers, and wheeled stools available that can ease the task of planting and weeding in the garden. Also, raised beds and container gardens can be a great solution for those with physical or space limitations.

Gardening is a lifetime pursuit that can be both solitary and social. Garden clubs abound, both for the generalist and the specialty gardener. It seems every flower has its aficionados. So, as soon as you finish reading this month's Bulletin, get outside in the spring air and start working on or in your own garden, no matter the size or type. Your body and mind will thank you for it.

6 JUNE 2010 The GCMS Bulletin



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A VERY PRODUCTIVE TIME FOR GCMS

This has been a time of remarkable productivity for the society. We were able to help a patient suffering from a very serious illness which was declared a preexisting condition. That situation was reversed to the benefit and relief of the patient, as well as the physicians involved. The value probably exceeded our whole approved budget. We endeavored to help a group having a problem with retroactive payments. And we saw the Greater Flint Health Coalition Board of Directors approve

the Timely Payment Task Force recommendations to pursue a course which would have standardization of billing requirements by third-party payors.

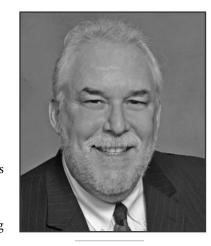
It looks like the 3 percent tax on gross physician's receipts has been pushed aside again. That alone will pay every member's dues for many years! Please let non-members know.

I am always so proud of the Genesee County Delegation over the

GCMS HAS TWO ENDORSED SERVICES:

THE EMERGENCY MEDICAL Centre of Flint. Please contact Joanne Pratt at 810-232-6101.

PPI COMMUNICATIONS
PHYSICIANS
ANSWERING SERVICE
Please contact Debbie Green
at 810-733-9921.



Peter Levine, MPH

course of the Michigan State Medical Society House of Delegates. This is a fantastic group which consistently achieves remarkable results on behalf of this tiny little county on a statewide basis. GCMS has 18 delegates, and they work hard. Everything is coordinated by the deft political hand of Dr. Cathy Blight, Chair of the Delegation.

We all owe a debt of gratitude to Dr. Edwin Gullekson who has now completed 11 years of service on the MSMS Board. He has served well.

distinction every year on reference committees. The article about the House of Delegates elsewhere in this issue describe who was on the reference committees, but each year Genesee County members are sought after

Our members serve us with

each year Genesee County members are sought after because of their dedication and focus to serve on reference committees.

Announcement

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

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PRACTICE MANAGERS LEARN ABOUT PORI AND E-PRESCRIBING



In late April, the GCMS meeting for Practice Managers revolved around a presentation by MSMS Staffers on PQRI and e-prescribing. There will be a second session on PQRI and e-prescribing at the May Practice Managers meeting. The faculty for the April meeting included; Stacie Saylor and Stacey Hettiger, MSMS staff. The May session will feature a presentation by Jill Young. Future presentations will cover bench marking, streamlining and revenue enhancement for the office setting. Members are invited to send their Practice Managers to these meetings by responding to Marcia Gzym at mgzym@gcms.org or 733-9923.

ATTENTION!

If you know of potential sponsors or advertisers to support the Genesee County Medical Society please contact Marcia at 810-733-9923.

GCMS MEETINGS - JUNE 2010

6/2, 7:30 a.m. - Bulletin Committee @ GCMS
6/7, 8 a.m. - Legislative Liaison @ GCMS
6/21, 12 Noon - Membership Committee @ Grill of India
6/22, 5:15 p.m. - Finance Committee @ GCMS
6/22, 6 p.m. - GCMS Board of Directors @ GCMS
6/23, 12:30 p.m. - Community & Environmental
Health Committee @ TBA
6/24, 8 a.m. - Practice Managers @ GCMS

FIND ANSWERS ABOUT SMOKE-FREE IMPLEMENTATION; PUSH FOR MEDICARE REFORM

MSMS and other supporters of smoke-free air can finally breathe easy now that the "Dr. Ron Davis Smoke Free Air Law" took effect on May 1. (The law was named after the late Ronald M. Davis, MD, a longtime smoke-free air advocate.) With this new law, Michigan finally became the 38th smoke-free state and is protecting most Michigan workers from the dangers of secondhand smoke.

To explain the implementation of the new law, the Michigan Department of Community Health (MDCH) is providing resources and support

through its website (www.michigan.gov/smokefreelaw) and toll-free hotline (866-59-SMOKE or 866-597-6653). Information includes exemptions allowed; frequently asked questions; tools for business owners; and tobacco dependence treatment information.

Michigan's law will be one of the country's strongest and will include all workplaces, except Detroit casino gaming floors, existing cigar bars and tobacco specialty shops, home offices, and work vehicles. As a priority of our Future of Medicine initiative, MSMS was a member of the Campaign for Smokefree Air, a coalition of more than 250 organizations that fought tirelessly for several years to pass this law.

For more information, contact Rebecca Blake at MSMS at 517-336-5729 or rblake@msms.org.

PERSISTANCE IS ESSENTIAL: SIGN PETITION TO STOP THE 'MEDICARE MELTDOWN'

On the heels of the smoke-free air success, MSMS is fighting 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.

Congress just passed major health system reform legislation without solving the Medicare problem. MSMS



Venkat Rao, MD District VI Director

joined a grassroots coalition with the other 49 state medical societies to gather one million signatures on a petition to send to Congress and the President. The goal is to compel Congress to fix the flawed payment formula that threatens care for Michigan's 1.4 million Medicare recipients, including senior citizens and people with disabilities, and more than 96,000 military family members covered by TRICARE.

"We urge our colleagues and patients to sign this petition now to send a message to Congress that they must stop the pending Medicare cut and

permanently fix the flawed formula," said MSMS President Daniel B. Michael, MD, a Wayne County neurosurgeon. "Otherwise, we all know someoneparents, grandparents, family or friends-who may have difficulty getting the health care they need.

"The Medicare payment formula is a problem because declining reimbursements are forcing more and more Michigan physicians to limit the number of Medicare patients they can accept and still keep their doors open," continued Doctor Michael. "This means reduced access to health care for our patients who often need it most."

MSMS believes the only acceptable solution is for Congress to repeal the flawed Medicare sustainable growth rate (SGR) formula and replace it with a stable, fair funding mechanism that reflects the true cost of providing care.

MSMS urges you to invite your patients to join the grassroots effort to save Medicare by signing the online petition (www.msms.org/medicaremeltdown). Congress must stop the Medicare meltdown so patients can choose their doctors and their doctors can stay in the program.

For more information about MSMS Medicare advocacy efforts, contact Colin Ford at MSMS at 517-336-5737 or cford@msms.org.

ACHIEVEMENT: GETTING YOUR REVENUE CYCLE TO FOLLOW DOCTOR'S ORDERS

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AMA TRUSTEE EXPLAINS HEALTH REFORM AT TOWN HALL



In early May, the GCMS Town Hall meeting was held on Federal Health Reforms. The meeting featured a presentation by Dr. Peter W. Carmel, Trustee of the AMA. Dr. Carmel explained details of the Federal health reforms of interest to physicians and their practices. He also explained in detail the process the AMA went through in its consideration of endorsement of the legislation which ultimately passed. Sponsors for the evening included: American Physicians Assurance, Emergency Medical Centre of Flint, MSMS Physicians Insurance, Physicians Programs, Inc., PNC Bank (formally National City Bank), ProAssurance, and Quest Diagnostics.

Drs. AppaRao and Sumathi Mukkamala had conferred upon them the MSMS Community Service Award for their US and overseas charities. Featured in the introductions were Dr. Sumathi Mukkamala's development of an orphanage in India, and Dr. A. Mukkamala's local work on behalf of the medically indigent, and overseas development of a medical school and hospital.

Minutes of all of the meetings were approved. Membership category changes were all approved as requested including:

Requesting Membership: M. Luay Alkotob, MD Requesting reinstatement: Wilbur Boike, MD, Denny Martin, DO, Shaheen Mohammed, MD, Fengxia Qiao, MD, Nikhil Vora, MD

Requesting Change from Active to Retired: Louise Desgranges, MD, Philip H. Hardy, MD, Alvin Judd, MD, Daniel L. Walter, MD

Requesting Transfer of Membership: Stephen A. Morris, MD

Requesting Change of Membership from A-PIT to Active: Shivani Choudhary, MD, Hytham Fadl, MD, Mohamed A. Khedr, MD

Hurley Residents Requesting Membership: Cecily Clark-Ganheart, MD, Fikre Degefu, MD, Shahzad Faisal, MD, Abdulla A. Hafeez, MD, Sanar F. Kashan, MD, Naga P. Meka, MD, Akram Mohammed, MD, Vinod K. Nagabhairu, MD, Vidya Pai, MD, Samer Saleh, MD, Mohammed A.A. Sharif, MD, Gopesh K.



Singh, MD, Usama M. Younis, MD.

Flint Mayor Dayne Walling provided a brief overview of the attempts to make Flint a sustainability community and thanked physicians for their work.

The presentation by Dr. Carmel proved to be highly entertaining, and also extremely stimulating. A discussion ensued for an extended period of time.

Dr. Carmel reviewed in detail the items within health reforms that AMA supports. He also listed the items that AMA opposes, the components that are problems and components which are improvement resulting from the legislation. He also described the

accomplishments of the AMA during the process and areas where the AMA was not able to accomplish what it needed to. Dr. Carmel noted that between now and the next presidential election, the AMA must restructure its relationship with physicians and must heal the schism between proceduralists physicians and non-proceduralist physicians.

The morning following the Dinner Business meeting, Dr. Carmel met with a small group to discuss AMA's future, and the needs of this community in detail. The discussion was extremely lively.



Dr. Gullekson Completes MSMS Board Service

At the House of Delegates in May, Dr. Edwin Gullekson completed his third three year term as District Director representing Genesee and Shiawassee Counties (MSMS District VI) on the MSMS Board of Directors. Dr. Gullekson was well know for his advocacy of GCMS's positions which are often complex and very forward thinking. He will be sorely missed in that role. Dr. Venkat Rao will continue his service representing MSMS District VI on the Board of MSMS for one more term. He was reelected at the House of Delegates for his third term. Dr. S. Bobby Mukkamala, was elected for his first term as District VI Director, replacing Dr. Gullekson. The maximum full terms that a District Director can serve is three three-year terms.







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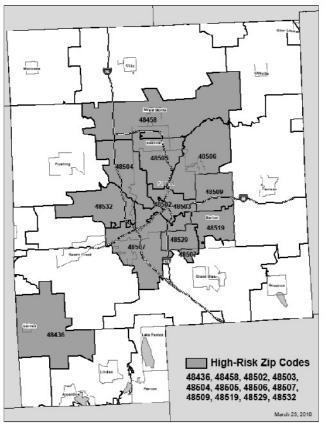
LEAD ALERT

Genesee County Health Department

is Collaborating with; Local and State Governmental Agencies, Non-Profit Agencies, Health Care Providers and Interested Citizens to ELIMINATE LEAD POISONING in OUR COUNTY.



- * LEAD POISONING remains the #1 environmental health hazard for CHILDREN UNDER THE AGE OF 6.
- COMPROMISED HIGH RISK-CHILDREN are living and spending time in these zip code areas. 48436, 48458, 48502, 48503, 48504, 48505, 48506, 48507, 48509, 48519, 48529, 48532.
- * The ONLY way to tell if a child is lead poisoned is to do a BLOOD LEAD TEST.
- * CMS (Centers for Medicare and Medicaid Services) requires that all children receive A SCREEN-ING BLOOD LEAD TEST AT AGE 12 AND 24 MONTHS.



For more information about your Genesee County Childhood Lead Poisoning Prevention Program visit WWW.GCHD.US or call 810-257-3833

14 JUNE 2010 The GCMS Bulletin

MSMS HOUSE OF DELEGATES

In May, the Genesee County Medical Society Delegation to the MSMS House of Delegates swarmed into the Ritz Carlton. GCMS had a full delegation of 18 as well as three members representing specialty societies. The delegation came armed with five resolutions from the county, five resolutions that came through the International Medical Graduates Section, one from the Michigan Allergy and Asthma Society, three from the Michigan College of Physicians, and one from the Residents and Fellows Section, and one Board action from last year revisited by the House this year.

The resolved sections of the resolutions are contained in a separate article in this issue.

GCMS was very broadly represented on reference committees; Raymond Rudoni, MD Chaired the Committee on Medical Care Delivery, Hesham Gayar, MD served on the Legislation Committee, Gerald Natzke, DO and Debra Duncan, MD served on the Public Health Reference Committee, Shafi Ahmed, MD serving on the Scientific and Education Affairs Committee, John Waters, MD served on the Committee on Ways and Means Committee, Cyrus Farrehi, MD on the Committee on Rules and Order



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of Business. Dr. S. Bobby
Mukkamala was elected to his first
term as District VI Director to serve
on the MSMS Board. Dr. Venkat
Rao was elected to this third and
final term as District Director
serving on the MSMS Board. Dr.
Edwin Gullekson completed his 11
years on the MSMS Board and was
universally complimented for his
excellent service.

Dr. Cathy Blight was reelected as an AMA Delegate. Dr. Pino Colone was reelected as Vice Speaker of the MSMS House of Delegates. Fifty-year awards were given to: Daniel Anbe, MD, Ishwar Dass, MD, Abdul Hassan, MD, Robert Joynt, MD, Paul Karr, Sr., J. Bernard Sloan, MD, James Rosario Villareal, MD, Virgilio Villarreal, MD, and Daniel Zelko, MD. Life Memberships were given to: Evelyn D. Alumit, MD, Jagdish B. Bhagat, MD, Eyassu Habte-Gabr, MD, Susumu Inoue, MD, and Chandulal B. Malde, MD. Retired Memberships were conferred on: Louise Desgranges, MD, Goivanni DiGiannantonio, MD, Cyrus Farrehi, MD, Elisea N. Singson, MD, Daniel L. Walter, MD, and Alan P. Weamer, MD.

Those assembled heard a presentation by Senator Debbie Stabenow regarding Health Reforms



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MSMS HOUSE OF DELEGATES

and the Inability of Congress to pass an SGR fix. Also heard from was Tim Skubick, Senior Capitol Correspondent and host of Public Television's *Off the Record* about handicapping the 2010 elections.

GCMS members representing you at the House of Delegates included: Drs. Shafi Ahmed, Suresh Anné, Qazi Azher, Amitabha Banerjee, Cathy Blight, Laura Carravallah (representing the American College of Physicians), Gail Cookingham (representing the Michigan Allergy & Asthma Society) Deborah Duncan (representing the Michigan Academy of Family Physicians) Edward Christy, Pino Colone, Cyrus Farrehi, Hesham Gayar, Mona Hardas, Rima Jibaly, Samasandrapalya Kiran, Screen Mannam, S. Bobby Mukkamala, Gerald Natzke, Raymond Rudoni, John Waters, AppaRao Mukkamala, Edwin Gullekson, Nita Kulkarni, Venkat Rao, and Venu Vadlamudi.

Dr. Venkat Rao was elected to serve on the MSMS Board's Crime Committee.

Of the 11 resolutions taken to the House of Delegates four passed, two were referred to the Board, four were no action, and one was disapproved.









2010 MSMS House of Delegates GCMS Resolution Results

RESOLUTION & NUMBER

3-10A Food & Drug Administration approval of

Generic Biologics

Results: Referred to Board

4-10A Ban Smoking in Cars with Children

Results: Adopted

5-10A Standardization of Billing Codes & Language

Results: No Action

6-10A Quality Measures & Planning for 3rd Party Payers

Results: No Action

7-10A Health Hazards of Herbal Medicines &

Dietary Supplements
Results: No Action

52-10A Liability Exceptions

Results: Preexisting Policy Disapproved

53-10A Cost of Defensive Medicine

Results: No Action

57-10A Oversight of Homeopathic Products

by FDA

Results: Adopted as Amended

62-10A Change of Yearly Checkup Requirements

Results: Adopted

63-10A Oppose Discrimination in

Residency Selection

Results: Referred to Board

43-09A A Duplication of Certification of

Need Process

Results: Adopted

43-10A Equality in Medical Licensure

Results: Adopted as Amended

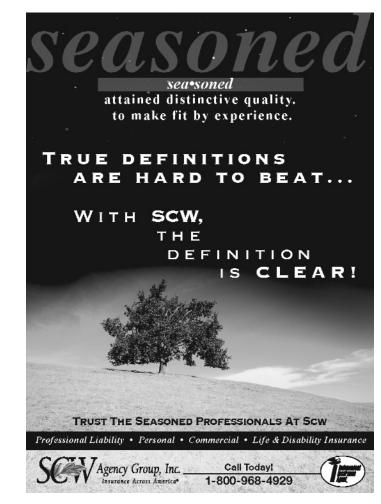


Legislative Liaison Committee Discuss MSMS House of Delegates

In early May the Legislative Liaison Committee met to discuss actions taken by the MSMS House of Delegates over the previous weekend. Legislators present included: Senator Deb Cherry, and Representatives Woodrow Stanley, Richard Hammel, and Jim Slezak, as well as Richard Malone from Congressman Kildee's office.

Dr. Cathy Blight reviewed the actions ranging from banning smoking in cars with children to provision of tax credits for physicians who see indigent patients. The House also approved a resolution which would allow physicians to apologize without prejudice to patients following a outcomes which are not positive.

The Committee also discussed the state budget at length.







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ATTENTION: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 or call 733-9923. Thank you.

PLEASE DONATE

When you are mailing donations, please do not forget the Medical Foundation. Your donations help fund charitable activities of the Genesee County Medical Society. Please call Peter Levine for more information on how you can make a difference in our community at (810) 733-9925, or send donations to the GCMS office: 4438 Oak Bridge Dr., Ste. B, Flint, MI 48532



"DULCINEA . . . THE MIRROR DON'T ALWAYS TELL THE TRUTH"

By José T. Brown, Cline, Cline & Griffin

One of my favorite stories and musicals is the story of Don Quixote and the Man of LaMancha. Don Quixote saw things quite differently than most. Many Spaniards thought that he was crazy. Maybe he was. Don Quixote saw windmills as evil giants. Don Quixote turned a barber's basin upside down, pulled it down like a baseball cap, and called it a golden helmet. Don Quixote believed his old horse, the nag Rocinante, was a trusted stallion. He thought the old Inn was a castle and its Inn Keeper a Lord. He saw Aldonza, the Inn's prostitute, as a virtuous lady, pure and radiant. Aldonza protests and tells him that she was born poor on what she calls her dung heap and that she will die on one too. Don Quixote doesn't hear a word she tells him, he refuses to believe her and calls her Dulcinea.

Don Quixote saw things as they were intended, not as what they have become. Don Quixote's constant debates with his best friend Sancho Panza, helps the reader to understand there is virtue in honest discourse.

Most recently, the national health care insurance package raises tort reform again as a relevant topic. Tort reform will be the subject of national impact and part of the legislation. Here in Michigan tort reform has resulted in significant decreases in civil litigation. Many of the federal reforms are already in place here in Michigan. But more still can be done by Michigan legislation to help physicians. This is not more tort reform, but rather, legislation as "recognizing the obvious."

There are two areas of pending legislation which help physicians in Michigan. As the Chairperson of the Negligence Law Section of the State Bar of Michigan (50% Don Quixotes v. 50 percent Sancho Panza), I keep close watch on legislative sausage

being made in Lansing. As a defense lawyer I urge GCMS's support for two items of legislation: 1). Immunity for special volunteer physicians; and 2). "I'm Sorry" legislation.

Presently, House Bill 4829 sponsored by Representative Tom Pierce (formerly from Flint) and its genesis via the Committee for Health Policy would diminish the criteria under which a retired physician providing medical care under a special volunteer license has immunity from liability in a civil action for negligence or malpractice. This would encourage more volunteer medical care. This would affect the Genesee County Free Medical Clinic, and many free clinics throughout the State. Currently, a physician who

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provides medical care under a special volunteer license is not liable in a civil action for personal injury or death proximately caused by the professional negligence or malpractice if a physician providing the care if both of the following apply:

- 1. The care is provided at a health facility or agency that provides at least 75 percent of its care annually to medically indigent individuals; and
- 2. The physician does not receive and does not intend to receive compensation for providing the care.

House Bill 4829 changes the first condition providing a retired physician would retain immunity from civil actions when volunteering at a health facility or agency that provided at least 60 percent of its annual care to medically indigent individuals. This would encourage many physicians to volunteer and not to be worried about tail coverage.

Another solid piece of legislation to help physicians is the "I'm Sorry" bill which would allow a physician to apologize to patients for bad outcomes due to medical treatment. Presently, many physicians are advised not to apologize to their patients. This advice is premised on the thought that an apology could be construed as an admission of liability and be used against you in litigation. This is wrong. Patients want to hear from their doctors, and doctors should not be afraid to be candid yet compassionate. The "I'm Sorry" law would make these conversations transparent and not an

admission of liability. That is, a physician would have the ability to sympathize and express compassion, "I'm sorry about your outcome", to their patients without the conversation be construed as an "admission of liability." I have met with GCMS President, Venkat Rao, to discuss this issue. Additionally, I have researched the "I'm Sorry" resolution which has been adopted by the Michigan State Medical Society in May. In addition, I will have lunch with Colin Ford, the Legislative Liaison from the Michigan State Medical Society. It is my belief that effective discussions with patients, many of whom perceive a bad outcome as being a victim of malpractice, are productive and minimize the emotional sting. This does not necessarily prevent hard feelings, but it does promote honesty and a continued trusting

relationship with your patients.

I would highly recommend the Josie King Story as told by her surviving mother, Sorrel King, as a model for disclosure to patients. Sorrel King has become an advocate for transparency and disclosures in medicine. The disclosure model developed by John Hopkins University has recently been adopted at the University of Michigan. It is referenced in the Josie King Story. Disclosure and transparent discussions have been effective in many of my bad outcomes (not necessarily malpractice) at Memorial Healthcare Center in Owosso. Many patients seek redress through the legal system when they are harmed, but forego redress if the doctor apologized and is honest in their assessment of a bad outcome. This maybe very difficult and many times overwhelming to discuss a bad outcome, but an ostrich with its head buried in the sand doesn't work. There is only one way to restore trust with your patient, and that is to exercise sympathy and compassion for the outcome, without necessarily admitting malpractice. It may not seem productive to hold difficult conversations in times of distress, but that is exactly the way to turn Aldonza into Dulcinea.

Look at it like Don Quixote; a caterpillar is not necessarily a creepy crawly hairy bug, but it can be a pure and radiant, it can become a butterfly, it can become Dulcinea. A crazy windmill fighter convinced her that the mirror doesn't always tell the truth.



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Genesee County Medical Society Board of Directors Meeting – March 23, 2010

MINUTES

Motion:

That the Budget Report for the period ending February 23, 2010 be approved as presented. The Motion Carried.

Motion

That the Genesee County Medical Society Board of Directors affirms the Genesee County Medical Society Executive Committee action to enter into a mortgage with Chase Bank in the amount of \$680,000. The Motion Carried.

Motion:

That the Finance Committee look at comprehensive suggestions for where GCMS can cut costs after GCMS is made aware of the abilities of PPI and EMC to respond to GCMS request for payment. The Motion Carried.

Motion:

That all requests for membership be approved as presented

Requesting Hardship: Peter Mikelens, MD

Requesting Lifetime to Lifetime Retired: Daniel L. Walter, MD

Requesting Transfer of Membership: Stephen A. Morris, MD

The Motion Carried.

Motion:

That a letter be send to the Genesee Health Plan noting that the Genesee County Medical Society has grave concerns about the decision to send lab services from Genesee County to Quest Laboratories. It was also noted that lab services should be provided locally with local funding used for local businesses. The Motion Carried.



Resident New Member:

McLaren Resident: Mehvish Jawaid, MD

ATTENTION!

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YOUR \$\$\$ AT WORK

GCMS was able to work through a process with a third-party payer to arrange to have a patients illness paid for following a rejection for a complicated highly resource intensive illness

GCMS worked with a third-party payor to have a primary care physician reaffiliated

GCMS attended MSMS House of Delegates with full delegation on behalf of Genesee County

GCMS worked to achieve retroactive payment for a group

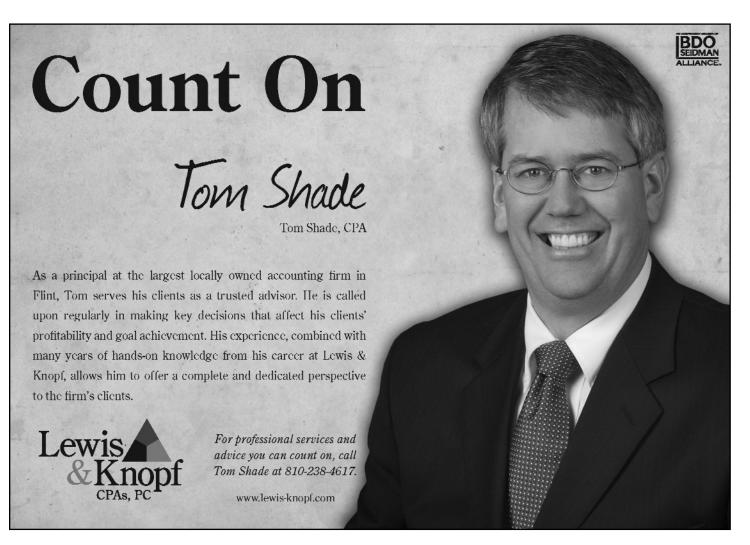
GCMS booked AMA Trustee for a discussion on the AMA position on Health Reform

GCMS held a Town Hall on Health Reform featuring AMA Trustee

GCMS achieved passage by the Greater Flint Health Coalition of a position paper on Standardization of Billing Requirements by Third-party Payors

GCMS working with other organizations to achieve incentives for physicians practicing in Genesee County





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Anthony Miltich	1	Gary Keoleian	15
Siva Sankaran	1	Walid Abuhammour	16
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T Trevor Singh	3	Peter Mikelens	16
Ernesto Duterte	4	Mattie Scott	16
Sudarsan Misra	4	Edmund Louvar	17
Vivekanand Palavali	4	Lucille Saha	17
Mischa Pollard	4	Madhusudana Tummala1	
Yazdi Sidhwa	5	Yahya Osman-Malik	18
Brian Bhagat	6	Marc Silver	18
Edilberto Moreno	7	Peter Boyer	19
Athar Baig	8	Jose Lopez	19
Syed Karim	9	Ronald Sparschu	21
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1.	MSMS insures all types of groups. MSMS insures only physician groups. While other agents insure grocery stores and muffler shops, MSMS specializes in the needs of physicians.	□True	False
2.	MSMS has higher rates than other agents for Blue Cross Blue Shield. Absolutely false. BCBSM rates are the same for all chamber and association groups. If someone shows you a lower rate, it is for less coverage.	□True	False
3.	MSMS has no advantages over other agents. Among other advantages, MSMS can offer your spouse a group-like product (spousal continuation) if a member passes away. Other agents offer only individual policies with little or no prescription drug coverage. MSMS can also offer physicians a separate plan for employees in small groups.	□True	False
4.	MSMS groups must call BCBSM directly to solve claims issues. MSMS has a staff of dedicated customer service representatives who will act as your advocate in issues of claims and billings.	□True	False
5.	MSMS does not offer benefits management services. MSMS has qualified benefits managers to handle all of your needs in HRA, HSA and FSA. MSMS offers FREE COBRA administration to its groups of 20 or more.	□True	False
6.	There is no better deal than MSMS. Nobody can give you the service, the choices and the expertise that MSMS gives its members.	True	☐ False

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