THE Bulletin

APRIL 2013 Volume 90, Number 4

Updated Info From Community Scorecard

Medicare Cuts Due to Sequestration

Who is Your Judge?

Butts Cleaned Up

GENESEE COUNTY MEDICAL SOCIETY
Organized Medicine's Leading Edge

THE BULLETIN is published monthly by
The Genesee County Medical Society.

This publication designed and edited by
NATINSKY Publishing Network
www.natinskypublishing.com (248) 547-9749

APRIL 2013 Volume 90, Number 4

THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

REGULARS

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.

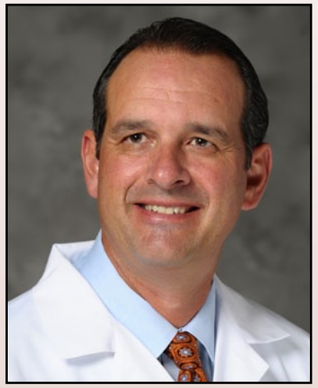
THE BULLETIN
Published by the Genesee County Medical Society Publication Office
4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-6260 Fax (810) 230-3737

By subscription $60 per year. Member subscription included with Society dues. Contributions to *THE BULLETIN* are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in *THE BULLETIN* are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

PRESIDENT'S MESSAGE

THE PROBLEM: PRIMARY CARE PHYSICIAN WORKFORCE SHORTAGES

THE SOLUTION: EXPANDING SCOPE OF PRACTICE?



Ray Rudoni, MD

Quite the conundrum! A serious workforce and patient access situation is upon us! The problem has been studied, published, and discussed (as it was in JAMA, December 2012) and yet short and long term solutions remain politically and economically divisive. Many believe the answer to the Primary Care Physician Workforce shortages today and in the future can be addressed with a quick fix by allowing non-physicians (physician extenders) to expand their scope of practice and provide services independently of physicians. This is absolutely, without a doubt, the wrong solution, and has the potential to create greater challenges than those we face today.

I offer my disclosures: my wife Paula is a practicing family physician, which may somewhat skew my opinions. In addition, I have worked side-by-side with PAs and NPs in the Emergency Department and Emergency Observation setting for over 20 years, and truly believe they have a valuable place in a setting which allows them to practice WITHIN their scope and along side a physician as PART OF THE HEALTH CARE TEAM. I have found their contributions to be extremely important, and I have a profound respect for the many physician extenders I have both worked with and learned from.

The PCP workforce shortage can be easily understood by reviewing objective and somewhat shocking data provided by the Council on Graduate Medical Education, again taken from JAMA, December 2012:

- PCP workforce must increase from 32% to 40% of practicing physicians in order to address patient demand.

- In 2012, of the 23,000 US and IMG medical school graduates, 46% matched to Family Practice, Internal Medicine and Pediatrics.

- Upon residency completion in 2015, only 20% will practice in the primary care office setting, i.e., many will choose fellowships and hospitalist positions etc.

- Overall by 2020 some estimate our nation will be short 91,000 physicians overall.

The supply and demand curve is clearly distorted so what can be done? There are as many potential solutions, some are acceptable and some are not.

Payment reform directed to increase PCP reimbursement is already in play. We have seen such examples in the BCBSM Patient Centered Medical Home, the BCBSM Physician Group Incentive Plan initiative, and the ACA's recent Medicare payment for Medicaid patients, (reimbursement parity) which will occur this year and next. Though the later seems to have received a lot of praise and is viewed as a step to promote growth and retention in the PCP workforce, this federal program has a shelf life of two years, then what?

How about training more PCPs and providing incentives to stay in under-served areas? Step one is obvious and there must be an increase from Medicare, the deep pockets in graduate medical care (GME) funding, to increase GME positions. In 2012 the federal government contributed $9.5 billion to fund 110,000 resident slots at 1,100 teaching hospitals. Unfortunately, any political attempt to increase funding and GME spots was recently placed on hold and placed at the 1996 level of 98,000. The president and Congress must address this mismatch and if successful it is simply not enough to train more PCPs. We must find creative methods to keep them practicing in the office and in geographic locations where they are needed. Incentivise the positions so they can compete financially with positions in more desirable locations. Incentive methods can include Medical School debt assistance, increased reimbursement, lower fixed costs (markedly reduced malpractice premiums, or EMR assistance) or a combination of all the above. If we need more PCPs, we need a fairer and more attractive playing field.

If the federal and state governments are truly concerned with this national health care dilemma, then hard financial and political decisions are required. The answer to PCP shortages, and access limitations, is not to allow those who did not obtain a medical degree along with post-graduate residency training, to practice independently. Though I imagine some politicians and insurance companies might find this solution financially attractive, I am very concerned that our patients will not receive the best medical care they deserve from those without the training and expertise of our profession. I am also convinced that any scope expansion decisions will not increase the physician extender workforce in under-served areas. I expect our physician extender colleagues will converge on the same populated areas physicians are working, driven by economic decisions.

In closing, this discussion is never an easy one, but unfortunately it must be heard. I have nothing but true respect and admiration for our physician extender colleagues who work every day with physicians as invaluable members of the health care team, but I remain skeptical and unconvinced that expanding their scope of practice outside this arena is the answer to our workforce and access challenges. Our patients deserve primary medical care from primary care physicians. Other solutions seem short-sighted and, frankly, unsafe.

As always, I welcome your comments: Raymond.Rudoni@McLaren.org.

Mandatory Payment Reductions in the Medicare Fee-for-Service (FFS) Program – "Sequestration"

The Budget Control Act of 2011 requires, among other things, mandatory across-the-board reductions in federal spending, also known as sequestration. The American Taxpayer Relief Act of 2012 postponed sequestration for two months. As required by law, President Obama issued a sequestration order on March 1, 2013. The Administration continues to urge Congress to take prompt action to address the current budget uncertainty and the economic hardships imposed by sequestration.

This listserv message is directed at the Medicare FFS program (i.e., Part A and Part B). In general, Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a 2 percent reduction in Medicare payment. Claims for durable medical equipment (DME), prosthetics, orthotics, and supplies, including claims under the DME Competitive Bidding Program, will be reduced by 2 percent based upon whether the date-of-service, or the start date for rental equipment or multi-day supplies, is on or after April 1, 2013.

The claims payment adjustment shall be applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.

Though beneficiary payments for deductibles and coinsurance are not subject to the 2 percent payment reduction, Medicare's payment to beneficiaries for unassigned claims is subject to the 2 percent reduction. The Centers for Medicare & Medicaid Services encourages Medicare physicians, practitioners, and suppliers who bill claims on an unassigned basis to discuss with beneficiaries the impact of sequestration on Medicare's reimbursement.

Questions about reimbursement should be directed to your Medicare claims administration contractor. As indicated above, we are hopeful that Congress will take action to eliminate the mandatory payment reductions.

EDITORIALLY SPEAKING

HOSPICE; A VALUABLE ASSET FOR END-OF-LIFE CARE

Death plucks my ears and says, " Live - I am coming".
Virgil (70 - 19 B.C.E.)

Daniel Ryan, MD

In his book entitled How We Die, Dr. Sherwin Nuland says that, "Death belongs to the dying and those who love them. Though it may be sullied by the incursive havoc of disease, it must not be permitted to be further disrupted by well-meant exercises in futility." The growth of hospice care in the past 30 years in this country has helped return control of the process of dying to patients and families.

Specialized care for the terminally ill was an obscure aspect of the health care system in this country when the first hospice was begun in New Haven, Connecticut in 1974. The modern hospital had become the center of birth and death, events that were once commonplace in the home, and family members were often relegated to the role of guests or observers. Direction of an important part of our lives was shifted from the family to physicians and nurses. There was a growing movement to return some measure of involvement to families.

The term hospice can be traced to the middle ages when monks provided hospitality to weary travelers, a place of shelter and comfort on their long journey. The name was first applied to the care of dying patients in Lyon, France in 1842. The modern movement to provide care directed to the terminally ill was started by Dame Cicely Saunders in 1967 with the founding of St. Christopher's Hospice in London.

Today, hospice is no longer necessarily a place, but a philosophy and ideal for directed care of illness that is life limiting. Most hospice patients actually are tended to in their own home, or the home of a relative or friend. Treatment is also provided in hospitals, nursing homes, and long-term care and assisted living facilities. Some hospices do provide residential units.

Medicare has covered hospice services since the benefit was made permanent in 1986. Most states also provide coverage through Medicaid. Private insurers, Blue Cross/Blue Shield, and most HMOs also provide hospice coverage, which has allowed for the rapid growth of the hospice movement from a largely volunteer-based system into large corporate providers, both non-profit and for-profit, with paid staff and standardization of care policies.

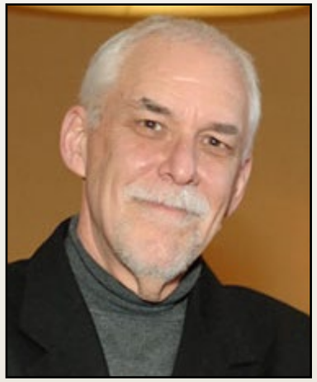
To be eligible for hospice care, certain criteria must be met. The patient's physician must certify that the patient is expected to live less than six months if the illness runs its natural course. Aggressive treatment must not be providing improvement or relief. The patient and family must understand that the focus of care is on comfort and not cure. However, patients can be discharged from hospice care if they show improvement and standard medical treatment can resume.

About one in four patients who die receives some level of hospice treatment. There are more than 3,200 hospice organizations in the United States and 100 in Michigan, the largest being Hospice of Michigan, which provides care for about 25% of hospice patients in our state.

Confronting end of life care issues is unavoidable aspect of every physician's experience, whether it involves patients, family members, or even ourselves. We can be grateful that hospice care is a part of modern medical philosophy and treatment.

EXECUTIVE DIRECTOR'S MESSAGE

PARTICIPATION ENCOURAGED



Peter Levine, MPH

The Genesee County Medical Society Board of Directors would like to let members know that its meetings are open to them. Board meetings are held on the fourth Tuesday of all months with the exception of July and December at 6 p.m. If you would enjoy coming to see what is discussed or to provide input, you are most welcome to do so. If you would like to attend a Board meeting, please let me know by responding to plevine@gcms.org. You will be very impressed by the breadth of issues discussed and also the depth of discussion at each meeting.

In May we will be holding a dinner business meeting focusing on stealing and embezzlement in the medical practice. Everyone is encouraged to attend.

We are always looking for people to write on interesting topics in the GCMS Bulletin. It is fun to do and quite enjoyable for our members to read. You can write about trips, reflections on medicine, reflections on practice, the medical family or hobbies, anything that you might enjoy.

The Genesee Health Plan recently gave a very nice award to Dr. Laura Carravallah for her work in support of the Genesee Health Plan millage renewal. She did this work on behalf of the GCMS Board and really knocked herself out doing so. It is always fun to watch one of our leaders get recognized for the work that they do on behalf of physicians and their patients.

This issue contains more snippets of data from the Greater Flint Health Coalition's community data scorecard. Perhaps most profound in the report is an increase shown in uncompensated care which is up 60% in the period 2006-2011. There is plenty of other juicy data contained in this issue of *The Bulletin* so take a look.

Check Out Our Website: www.gcms.org

MSMS DISTRICT VI UPDATE

GREETINGS FROM YOUR DISTRICT DIRECTORS!

S. Bobby Mukkamala, MD
District VI Director

I am happy to report that the Universal Prior Authorization bills that you may have heard about a while ago are far from dead. In fact, they are out of committee and action is expected soon in Lansing. I feel like Dorothy imagining Oz when I think about how much better things could be if we just had one form to fill out to get prior authorization for medications.

The bills to restructure Blue Cross are moving through the legislative process. I, personally, am very happy that the transition is being contemplated carefully so as to make sure that we are not creating more problems by making this switch.

As I write this our legislators are quickly trying to decide about whether to go with the will of our president and governor regarding expanding Medicaid by accepting the federal dollars that are part of health care reform. While there are pros and cons, it seems that the more it gets pondered, the more people are convinced that it would be foolish not to do so.

At our recent MSMS board meeting, we heard about how the state is approaching the health insurance exchange issue. We were informed about the role of the feds and the role of the state in educating and enrolling people and navigating through this new insurance structure. I was pleasantly surprised at the level of MSMS engagement on this issue. As I write this though, I just read that the state senate has decided not to participate in the exchange. Now we are in a holding pattern regarding Medicaid expansion.

So, as we work in our office and hospitals, the world of health care turns around us. Our county and state medical societies are involved in all the key conversations that will shape our future and for that I am thankful.

GCMS MEETINGS

– APRIL 2013 –

4/3 – 7:30 a.m. Bulletin Committee @ GCMS
4/23 – 5:15 p.m. Finance Committee @ GCMS
4/23 – 5:30 p.m. District Directors Briefing @ GCMS
4/23 – 6 p.m. GCMS Board of Directors @ GCMS
4/24 – 12:30 p.m. Community & Environmental Health Committee @ GCMS
4/25 – 8 a.m. Practice Managers @ GCMS
4/26-4/28 MSMS House of Delegates @
The Amway Grand Plaza, Grand Rapids
5/2 – 6 p.m. General Membership/Dinner Business Meeting @
Flint Golf Club

Legislative Liaison Meets with Delegation

In March, the Legislative Liaison Committee met with Senator Dave Robertson, Representative Jim Ananich and Tim Sneller of Representative Charles Smiley's staff to discuss scope of practice issues and Blue Cross mutualization. There was also an extended discussion about the future of health care in the community. Members wishing to attend Legislative Liaison Committee meetings are welcome to do so. Meetings are held on the first Monday of most months at 8 a.m. Please contact Becky Doty at bdoty@gcms.org if you are interested in being added to our notification list. There will be no meeting in April of the Legislative Liaison Committee.

GENESEE COUNTY CANNOT BECOME HEALTHIER WITHOUT CHANGES TO PHYSICAL ENVIRONMENT, SOCIAL ISSUES, HEALTH OFFICIALS SAY

By Sarah Schuch and as seen on MLive

GENESEE COUNTY, MI – Genesee County residents can dedicate more time to diet and exercise, but without improvements to the social, economic and physical environment the overall health of the community will not improve, health officials say.

The county ranked 80 out of 82 counties – one county had no data – in the state for overall health, according to the fourth annual County Health Rankings which were released Wednesday, March 20, by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Genesee County is the third unhealthiest county, dropping three spots from last year, when it had the ranking of 77 out of 82.

"It is much the same of last year. It is sort of what we expected to see at this point," said Kirk Smith, CEO of the Greater Flint Health Coalition. "The reality is we may get worse before we get better, even if that's hard to believe. The issues are a bit more complex and they are interconnected."

Poor health behaviors are one thing, but community aspects -- poverty, violence, unemployment rates and the physical environment -- will continue to hold the community back if nothing is changed, Smith said.

When looking at physical environment, which includes access to recreational facilities, limited access to healthy foods and use of fast food restaurants, Genesee County ranked 76 out of 82 counties, a significant drop from 67 last year.

Genesee County ranks 73 out of 82 counties in social and economic factors, including unemployment, child poverty, inadequate social support and violent crime rate. That improved slightly from last year's ranking of 75.

Read the complete county ranking report here: http://www.countyhealthrankings.org/app/michigan/2013/genesee/county/outcomes/overall/snapshot/by-rank).

Smith said the Flint's focus on a new master plan is a great start, but it's not happening fast enough.

Flint Mayor Dayne Walling said although he is not surprised by the numbers, they still are troubling. The city's comprehensive master plan will try and put strategies into place to tackle public safety and economic and social factors that play into the rankings. There are also committees that focus on public health, safety and welfare, as well as parks and open space.

"The conditions in Flint neighborhoods were created over a number of decades. The purpose of the long-term master plan is to get strategic investments so we can improve those conditions," Walling said. "This (report) should also send a message to the state and federal governments that there needs to be investments in our community to reverse these trends."

It's important to know that the rankings do not focus on current information, Smith said, but data does create tension, which creates action.

The 2013 rankings look at years 2008 through 2010, while the 2012 rankings looked at years 2006 through 2008.

"We can't rely on hospitals to make everyone healthy. It's also business leaders, educators, government policy makers that have a role to play. This really needs to be elevated on their radar," Smith said. "What we know here is access to healthy foods is an issue. Access to places for people to be safe and active is an issue."

Genesee County's strength is in clinical medical care, where it ranks 18 out of the 82 counties. But having good hospitals and good physicians isn't enough when the rest of the physical environment is falling apart, Smith said.

The issue needs to be addressed in neighborhood, church, government, education and business groups, Smith said. Resources need to be shared. And it's important to support groups like the Genesee County Land Bank, which is working to clean up the communities, he said.

"It really starts with collaboration," Smith said.

Patrick Remington, associate dean for Public Health at the University of Wisconsin School of Medicine and Public Health spoke on how rankings affect health care and public policy during a teleconference Wednesday morning.

"We've seen that the rankings are changing the conversation about health in communities from one that has been focused mostly on health care or treating diseases to one that focuses on how where we live can promote health and prevent diseases," he said.

THE BIGGER PICTURE

The County Health Rankings data look at multiple health factors that influence overall health, measuring things such as alcohol use, diet and exercise, education, smoking and sexually transmitted infections.

Many of the categories saw little change in Genesee County, if any at all, from last year's report. But some stood out with some differences.

The 2013 data showed 666 cases of sexually transmitted infections for every 100,000 people, compared to 725 in 2012. The patient-to-physician ratio was 1,093:1 for the 2013 data and 934:1 in 2012.

Unemployment went to 10.9 percent in this year's data from 13.7 percent listed in the report last year.

Looking at only one category, however, does not show the true nature of the county's health status, health officials said.

"When you look at the studies, it's a combination of factors," said Mark Valalcak, health officer for the Genesee County Health Department. "It's very similar to the previous year and I think it's reflective to the general economy."

The county still sees problems with obesity and smoking, Valacak said. Community groups should continue to put an emphasis on encouraging people to be more physically active.

In Genesee County, 36 percent of adults are obese, which is higher than the national average of 25 percent. And 23 percent of Genesee County residents smoke every day or almost every day.

Continued on pg 14.

County Health Rankings & Roadmaps
A Healthier Nation, County by County

Genesee (GE)

	Genesee County	Error Margin	Michigan	National Benchmark*	Rank (of 82)
Health Outcomes					80
Mortality					79
Premature death	9,009	8,689-9,330	7,254	5,317	
Morbidity					81
Poor or fair health	18%	16-20%	14%	10%	
Poor physical health days	4.2	3.8-4.6	3.5	2.6	
Poor mental health days	4.1	3.6-4.5	3.7	2.3	
Low birthweight	10.2%	9.9-10.5%	8.4%	6.0%	
Health Factors					75
Health Behaviors					77
Adult smoking	23%	21-26%	20%	13%	
Adult obesity	36%	33-39%	32%	25%	
Physical inactivity	30%	28-33%	25%	21%	
Excessive drinking	16%	14-18%	19%	7%	
Motor vehicle crash death rate	13	11-14	11	10	
Sexually transmitted infections	666		500	92	
Teen birth rate	46	45-47	32	21	
Clinical Care					18
Uninsured	12%	11-13%	14%	11%	
Primary care physicians**	1,093:1		1,271:1	1,067:1	
Dentists**	1,759:1		1,626:1	1,516:1	
Preventable hospital stays	65	62-67	70	47	
Diabetic screening	86%	84-88%	86%	90%	
Mammography screening	70%	67-72%	67%	73%	
Social & Economic Factors					73
High school graduation**	72%		74%		
Some college	62%	60-63%	64%	70%	
Unemployment	10.9%		10.3%	5.0%	
Children in poverty	31%	27-35%	25%	14%	
Inadequate social support	24%	21-27%	20%	14%	
Children in single-parent households	41%	39-43%	33%	20%	
Violent crime rate	783		497	66	
Physical Environment					76
Daily fine particulate matter	10.8	10.7-11.0	9.9	8.8	
Drinking water safety	0%		1%	0%	
Access to recreational facilities	7		9	16	
Limited access to healthy foods**	9%		6%	1%	
Fast food restaurants	56%		49%	27%	

* 90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years due to changes in definition.
Note: Blank values reflect unreliable or missing data

2013

"We need to work hard with the physician community to see that when they are making a recommendation for someone to stop smoking, they are making a connection with classes," he said

The same goes for encouraging physical activity and getting into schools for nutrition education, he said. But it also comes down to residents having access to the fresh fruits and vegetables.

"Looking at what communities don't eat five (servings of) fruits and vegetables and that corresponds with those that don't have access," Valacak said. "We have to make some environmental improvements within our communities."

If residents can't afford a gym membership, but don't feel safe exercising on their sidewalks, that's an issue, Valacak said. And some communities don't have sidewalks.

"This is Vehicle City and we've built an auto culture here where we drive to the store. Planning needs to look at how you can design your communities to be better communities," he said.

Amy Krug, president and executive director of Priority Children, said a focus also needs to be on the younger generation with programs like preschool and head start.

Putting resources into the younger generation will benefit the entire community in the long-term outcome, she said.

"There are so many really great programs in our community. There are a lot of people working to make sure resources are being used and families are getting help. There are still needs in our community that need to be met," Krug said. "It's impacting the whole community. It's really not an us/them issue."

Programs and agencies in the county have already started to look into what they can do, to meeting families in need where they are, but that is something that needs to be continued in the future, Krug said.

The rankings and data released Wednesday should not be a surprise, but community members need to remember to work together, Krug said.

"We are an incredibly resilient community. We have been through some really, really tough times, but we hang in there," she said. "When there's poor health, it's not due to one factor."

It's a big problem that's going to take time to correct, Krug said. But in the meantime community members throughout the county need to start thinking about what they can do to help on their street, in their church, in their workplace and in the community.

Article Link: http://www.mlive.com/news/flint/index.ssf/2013/03/genesee_county_cannot_become_h.html
Chart Link: http://www.countyhealthrankings.org/app/michigan/2013/genesee/county/outcomes/overall/snapshot/by-rank

GOVERNOR SIGNS MALPRACTICE BILL

Governor Snyder held a ceremonial bill signing in early March for tort reform bills (SB 1115 and 1118) that were officially signed into law in January. Representing MSMS in the photo: MSMS State & Federal Government Relations Senior Director Colin Ford (far left); MSMS Chief Operating Officer Ben Louagie (3rd from left); MSMS President-elect Kenneth Elmassian, DO (4th from left); MSMS Immediate Past President Steven Newman (5th from left); MSMS Treasurer Venkat Rao, MD (6th from left); and MSMS Chief Public Policy & Legislative Affairs Steve Japinga (2nd from right).

Genesee County Medical Society
General Membership Meeting

THURSDAY, MAY 2, 2013

A Town Hall Meeting on

STEALING AND EMBEZZLEMENT IN MEDICAL OFFICES

Faculty: Jeff Holt, Healthcare Business Banker, PNC Bank
Anita Abrol, CPA, Principal, Lewis & Knopf, CPAs, P.C.
Walter P. Griffin, Attorney at Law, Cline, Cline and Griffin

This is a serious problem. Over 60% of practices, big and small, are impacted by embezzlement and stealing. Come and hear how it is done, how to reduce your chances for losses, and how to react to it. This session is designed for physicians, practice managers and spouses. Interested guests are also invited. This faculty is made up of key individuals who have years of experience in this field. There will also be local physician input into how this problem impacted them. It is a session which you will not regret spending your time on.

A brief synopsis of the Michigan State Medical Society House of Delegates actions will also be provided.

Sponsored by: ModuleMD, PNC Bank

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

$35.00 GCMS Members, Spouses and their Practice Managers
$25.00 Residents and Students
$55.00 Non-Members and Non-Member Practice Managers

RESERVATIONS REQUIRED BY APRIL 25, 2013

Flint Golf Club
3100 Lakewood Drive, Flint, MI 48507
6 p.m. Registration and Social Hour
6:30 p.m. Dinner - 7 p.m. Meeting - 7:15 Presentations

Please mail check with reservations to:
Genesee County Medical Society
4438 Oak Bridge Drive, Suite B, Flint, MI 48532

Email Becky at bdoty@gcms.org for reservations or more information.

YOUR $$$ AT WORK

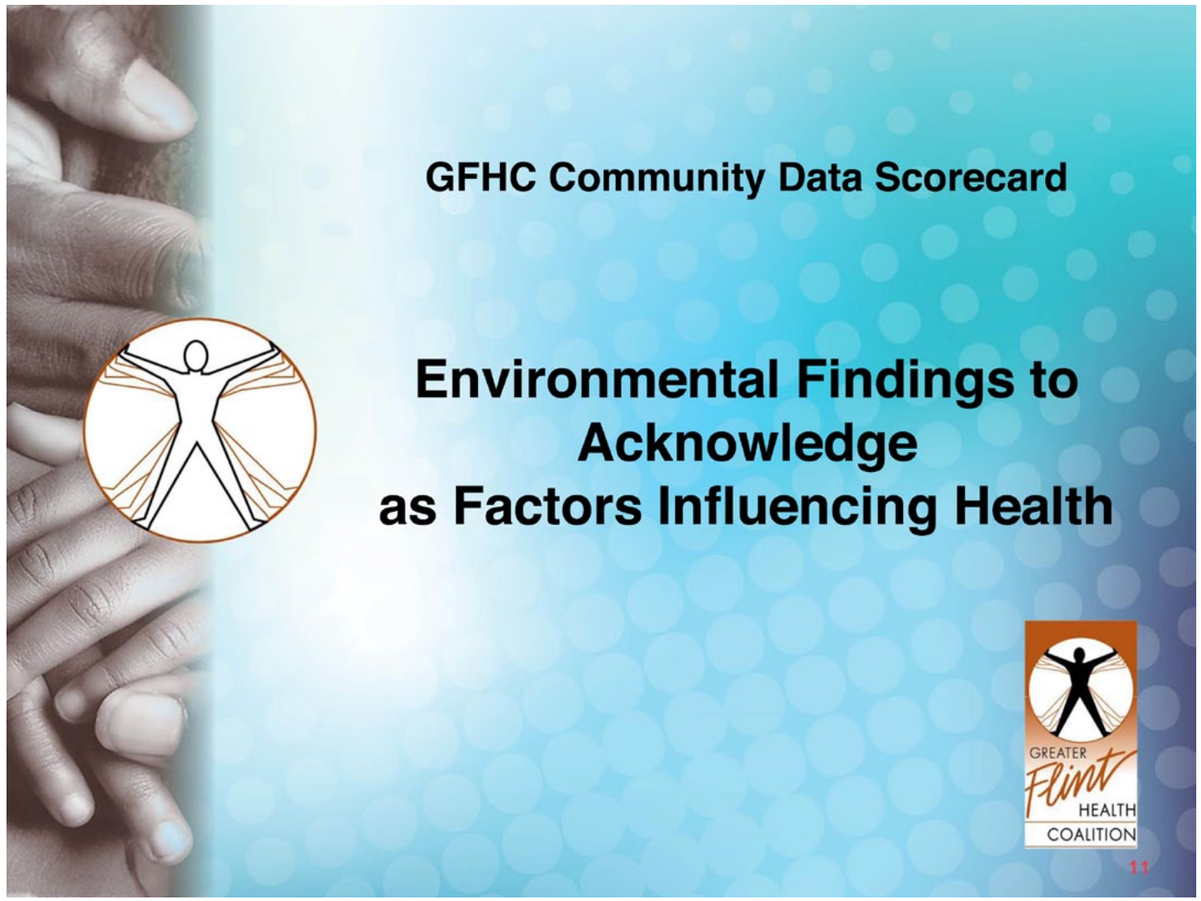
- GCMS staff helped several practices with internal problems
- GCMS leaders met with legislators on several issues of critical import to the medical community and their patients
- GCMS staff met with 30 practices on Commit to Fit!
- Governor signs Malpractice Bill
- GCMS Practice Managers meeting held with Genesys PHO staff
- GCMS Practice Managers meeting held on Meaningful Use: Stage 2 and RAC Audits
- GCMS Board planned May Town Hall on embezzlement in the medical practice

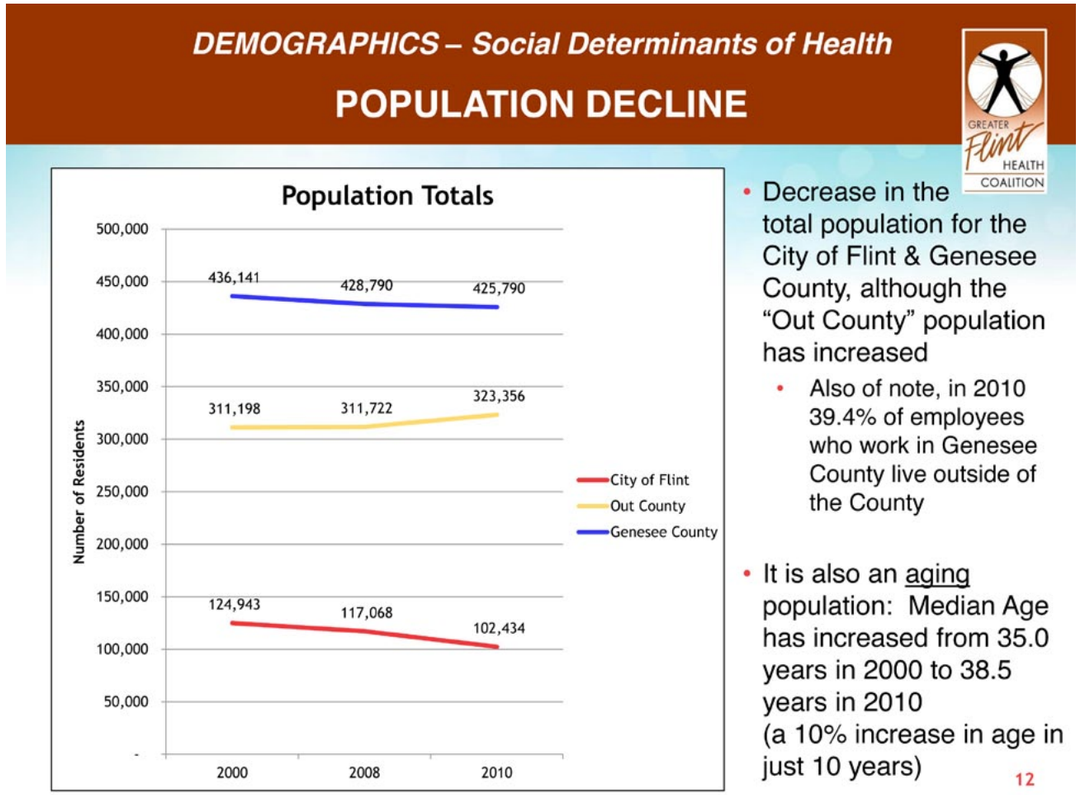
GFHC COMMUNITY DATA SCORECARD REPORT

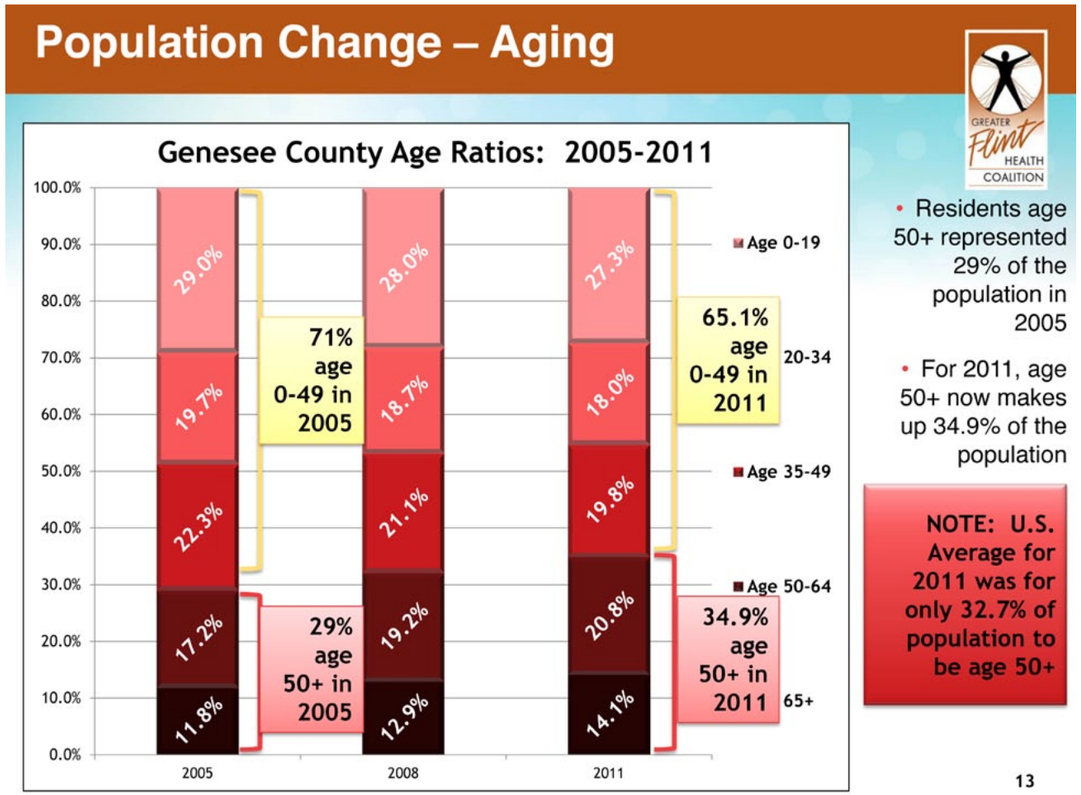
DEAR READERS,

The Editorial Board of The Bulletin would like to provide a series of charts which were developed by the Greater Flint Health Coalition showing the data trends and projected community health issues for Genesee County. The data is amassed from myriad local, state and national sources and is a first rate compendium. Rather than overwhelm you with material, we will provide it in logical sections. In this issue we have provided several chats from the Environmental Findings to Acknowledge as Factors Influencing Health. Next month we will cover the Major Healthcare Access and Cost Trends.

Daniel Ryan, MD, Editor







DEMOGRAPHICS – Social Determinants of Health

CHILD SOCIOECONOMIC STATISTICS

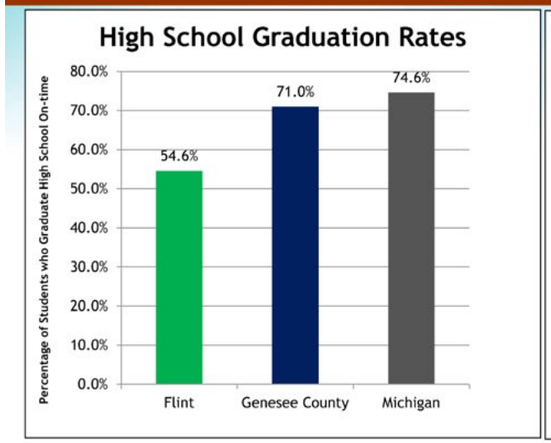
Economic Status & Well-Being	2006	2007	2008	2009	2010
% of Children Receiving FAP (Food Assistance Program)	29.1%	29.3%	32.0%	37.7%	38.5%
% of Children Ages 0-19 Owed Child Support	29.2%	31.0%	32.5%	32.0%	35.2%
% of Children in Poverty	25.4%	24.6%	23.3%	29.5%	30.5%

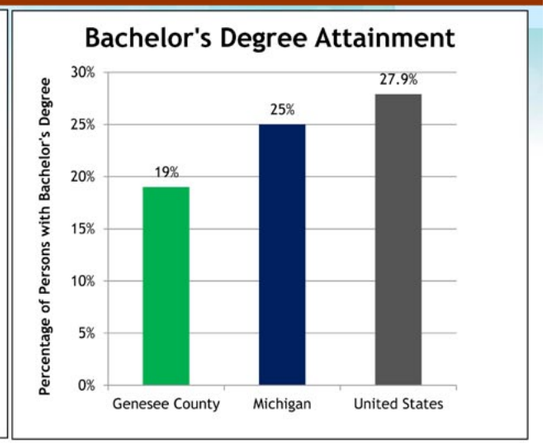
- *NOTE: All statistics shown here rank Genesee County 70th or worse out of 81 Michigan Counties ranked*

15

DEMOGRAPHICS – Social Determinants of Health

EDUCATION



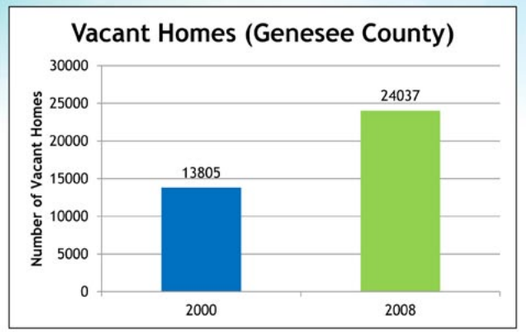


- Genesee County's educational attainment is significantly lower than the State of Michigan and the United States
  - For reference, Oakland County's bachelor degree attainment is 42.4% while Saginaw County's is 18.6%
- Flint high school graduation rates are 20% lower than the State average

16

DEMOGRAPHICS – Social Determinants of Health

HOUSING UNITS & BLIGHTED PROPERTY

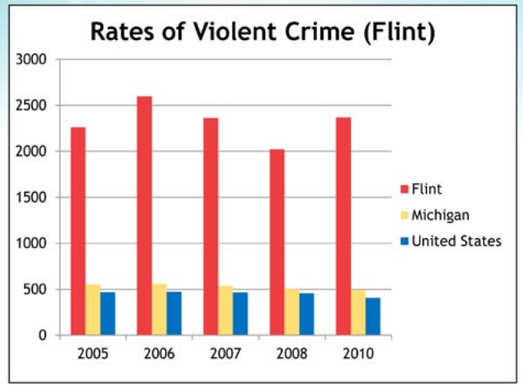


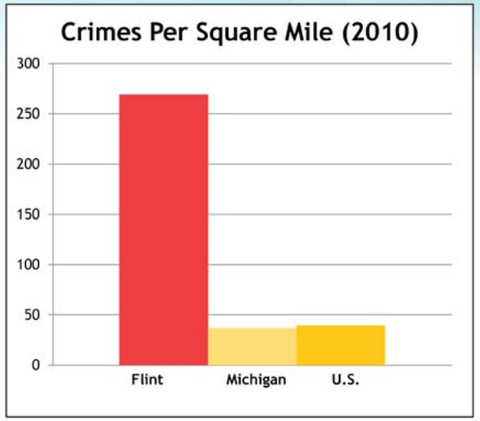
- Number of vacant homes in Genesee County has increased 74% since 2000
- Blighted Property within the City of Flint is significant
  - 35% of all property in Flint is "abandoned"
  - Total of about 20,000 blighted parcels
  - 12,000 vacant lots

17

DEMOGRAPHICS – Social Determinants of Health

CRIME RATES



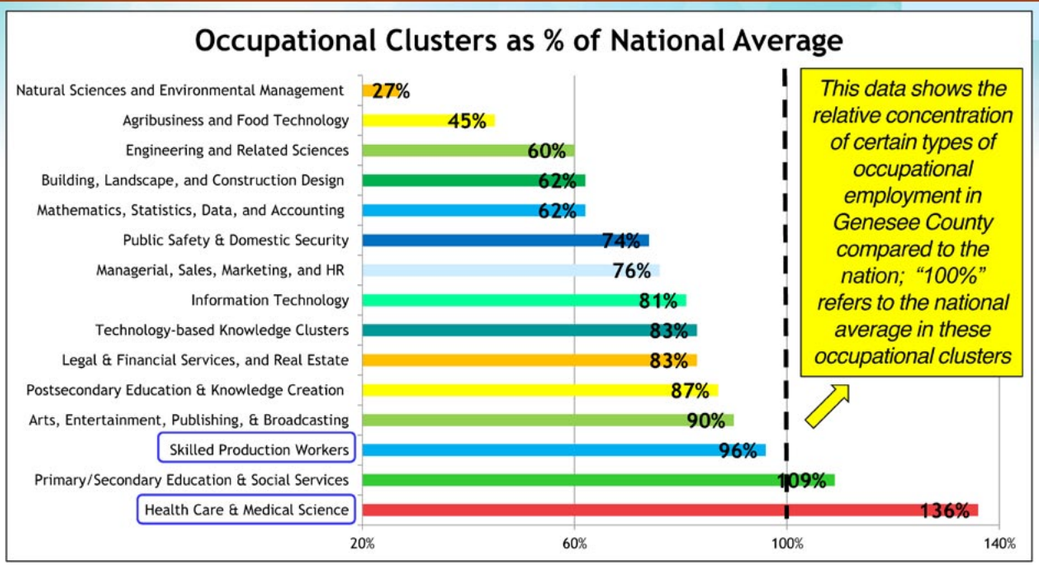


- Violent Crime Rate remains significantly higher than State and National Averages
  - In 2010-2012, 1 out of every 585 Flint residents was the victim of a homicide
- The number of crimes (violent crimes & property crimes) per square mile is over 600% higher in the City of Flint than the State or Nation

18

DEMOGRAPHICS – Social Determinants of Health

EMPLOYMENT SECTORS & TRENDS



- The Health Care & Medical Sciences is up from 118% in 2001
- The Skilled Production Workers is down from 128% in 2001

19

APRIL 25TH PRACTICE MANAGERS MEETING

Presenting will be Stacey Hettiger, Manager, Health Care Delivery, Michigan State Medical Society

Her topics will include a medical records update. A lot has changed, in the legal and regulatory field relating to medical records, in recent years in the medical practice setting. This is the single most complained about issues from the patients' perspective. Please be sure to attend for a major tune-up on this critical issue. These are topics of immediate use to your medical practice.

Practice managers and members, please RSVP to Becky Doty at bdoty@gcms.org to reserve your spot as soon as possible! Seating is limited!

Thursday, April 25, 2013
8-10 a.m.
Rapport (GCMS) Conference Room
4438 Oak Bridge Drive, Suite B
Flint, MI 48532

PRACTICE MANAGERS

PRACTICE MANGERS MEET WITH GENESYS PHO LEADERS

In late February the GCMS practice managers group met for the third in a series of meetings with POs and PHOs from this region. This session focused on an open discussion with the Genesys PHO. Presenters included Michael James, CEO of the Genesys PHO and Candace Jones, Vice President of Physician Services at the PHO. They presented on what was new at the Genesys PHO as well as in the pioneer ACO. The presentation was highly informative and the discussion animated. Physicians wishing their practice managers to attend these meetings are welcome to add their practice managers' names to the list. Please address those updates to Becky Doty at bdoty@gcms.org.

Attention: All readers of the bulletin

GCMS Staff is ready to come to your office to place these Commit to Fit! posters in your exam rooms and waiting areas. Contact Nick Bendall today to have them delivered and to see the other materials which you and your staff can use to improve outcomes and fitness. Nick can be reached via email at nbendall@gcms.org or via cell at 517-243-2008.

Brochures

Local practices, physicians, and medical office staff are at the forefront to helping our patients, residents, and community in developing necessary healthy lifestyles. The Commit to Fit! program is aimed at doing just that, and provides free resources that can increase the efficiency and practicality of prescribing physical activity, nutritional counseling, and smoking cessation to patients. These materials (shown below) include brochures, posters, healthy living prescription pads, pocket cards, and even free exercise and nutrition classes.

Healthy lifestyle pocket cards

Health behavior Rx pads

commit2fit.com

Cigarette Butts and the Environment

Did you know that Cigarette butts are the most common form of litter? The Smoke-Free Multi-Agency Resource Team (SMART) facilitated a cigarette butt and trash clean up event at the Mill Street Clio City Park on November 15th, 2012, in support of the American Cancer Society's GREAT AMERICAN SMOKEOUT. Volunteers collected five bags of cigarette butts during the one-and-a-half-hour clean up.

In addition to the health hazards associated with smoking and exposure to second hand smoke, cigarette butts are an environmental hazard. They contain chemicals such as cadmium, arsenic and lead that are partially filtered out during smoking. When butts are discarded, these chemicals leak into the environment, contaminating our waterways and land. Eighty percent of discarded butts on the ground find their way into our water systems and impact the quality of our drinking water. Filters are composed of cellulose acetate and can take up to 10 years to completely break down.

Cigarette butts also pose a threat to children and wildlife. A study on the effects of ingesting cigarette butts on children showed that 1/3 of the children had symptoms such as vomiting, nausea, flushing, gagging, and lethargy, and half of those had to be taken to a health care facility. Every year over 500 children are taken to the emergency room for accidentally swallowing cigarette butts. Littered filters have been found in the stomachs of fish and birds that mistake them for food.

Health Advocates across Michigan are working to influence policy makers to enact smoke-free Parks and Beaches policies. So far, 23 jurisdictions have policies to restrict or prohibit tobacco use in their parks. We are so pleased that the Genesee County Medical Society has endorsed the SMART Coalition's resolution to prohibit tobacco use in parks and beaches, and that it is taking a resolution to the Michigan State Medical Society House of Delegates asking MSMS to do the same, and to ask the AMA to propose a national policy of a similar nature.

Volunteers will conduct another cigarette butt clean up at Clio City Park in support of Earth Day on April 22nd from 3:00-4:30PM. For more information on this issue you may contact Ann Goldon at the Genesee County Health Department (810) 341-5898 or agoldon@gchd.us.

Winter 2013

EPI NEWS

VOL. 1 NO. 1

A Publication of the Genesee County Health Department

Gonorrhea In Genesee County

Sexually transmitted diseases (STDs) continue to be a major public health problem across the United States. Every year it is estimated that there are 19 million new infections and over half of them occur in people aged 15 to 24 years old.[1] Annually, the direct medical costs of STDs in the United States are $17 billion.[1] Consequently, STDs have been termed the 'hidden epidemic' as their rates continue to rise in contrast to other communicable diseases. Michigan and Genesee County are not exceptions from these trends. Michigan ranks among the top fifteen states with the highest occurrence of STDs in the United States. Within Michigan, these rates are driven by a handful of high incidence counties including Wayne, Oakland, Genesee, and Kent Counties.

Two STDs, chlamydia and gonorrhea, top the list of most reported communicable diseases. The Centers for Disease Control (CDC) report an 8% increase in chlamydia and a 4% increase gonorrhea since 2010. Though rates remain at near historic lows nationally, this is the second consecutive year of increase for gonorrhea. [1] Nonetheless, both these diseases are believed to be considerably under-diagnosed and under-reported. This is in part because the majority of those who are at highest risk, people aged 18-44, have never been tested for any STD other than HIV.[2] As a result, it is estimated there are up to twice as many gonorrhea and chlamydia infections occurring throughout the United States.[1]

Like the national trends, Genesee County has seen an increase in chlamydia and gonorrhea cases since 2010. However, in Genesee County there have been very significant increases in the total number of gonorrhea cases each year since 2010. Gonorrhea is currently our greatest focus of concern related to sexual health in Genesee County.

From 2010 to 2011, there was a 33.4% increase in the number of gonorrhea cases. During this period, there was a 30% increase in cases among African Americans and a 92% increase in Caucasians. This pattern of increase does not continue in 2012. The number of gonorrhea cases increased substantially from 584 to 916 in African Americans and remained steady with a small increase from 211 to 216 cases in Caucasians.

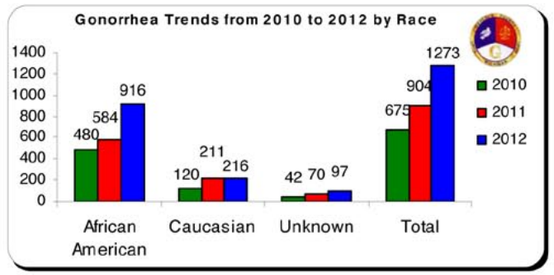


Figure 1: 2010-2012 Gonorrhea Cases in Genesee County by Race

Substantial disparities are seen between races in Genesee County. Gonorrhea rates are higher in African Americans than Whites. Accurate STD rates for other racial groups in Genesee County are not known because of the small number of reported cases. Biases in reporting of cases may lead to an overrepresentation of minorities among the reported cases. Reporting of race and other patient demographics is more complete from the public sector than from private providers which make these trends more accurate for populations served by public clinics such as minorities. Similar percentages and distributions of incomplete race reporting are seen across the nation, but these racial disparities are real and are also observed nationally.

In order to accurately define risk groups and guide public health efforts, health care providers must ensure complete and timely STD reporting. This involves providing those who submit reports to public health, including laboratories, all the information required to be submitted on the reporting form. Continued and precise surveillance allows awareness of the true impact of STDs and further knowledge of STD risk factors.

The purpose of this quarterly newsletter is to inform the community and health care providers in Genesee County about disease trends in the County. We welcome any comments or questions. Contact:
Suzanne Cupal, MPH, Epidemiologist, at
(810) 768-7970, or email
scupal@gchd.us
Visit our website at
http://www.gchd.us

Genesee County Health Department
Mark Valacak, MPH, Health Officer · Gary K. Johnson, MD, MPH, Medical Director
630 S. Saginaw Street, Suite 4, Flint, MI 48502

[1]CDC- Trends in Reportable STDs in the US, 2011
[2]American Sexual Health Association – STD/STI Facts

Similar to the rest of the United States, the burden of sexually transmitted infection is greatest in those 15-24 years of age. Furthermore, the distribution across age groups for gonorrhea infections is disproportionately larger in females aged 15-24 years old. Overall, gonorrhea infection rates are 2.2 times higher in women of all ages compared to men. The distribution of gonorrhea cases by age and gender for 2012 can be seen in Figure 2.

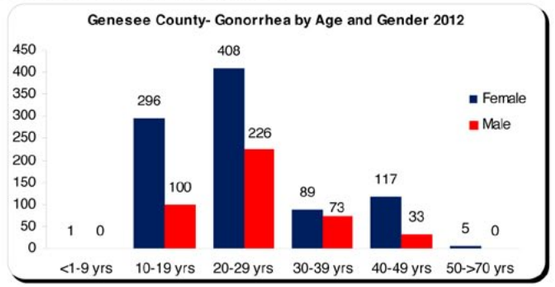


Figure 2: Genesee County Gonorrhea Cases by Age and Gender

Based on local reporting, the burden of disease, is greatest among African America women. In 2012, 565 African American women were infected with gonorrhea compared to 176 Caucasian women. The disparity in cases by race and gender is greater in men. In 2012, 355 African American men were infected with gonorrhea compared to 41 Caucasian men.

Treatment guidelines for gonorrhea were updated by the CDC in August of 2012.[3] The bacteria have grown resistant to every drug used to treat it over time leaving only one class of antibiotics, cephalosporins, to effectively treat the disease. New evidence from CDC's Gonococcal Isolate Surveillance Project (GISP) suggests that the oral cephalosporin, cefixime, is becoming less effective in treating gonorrhea. CDC no longer recommends cefixime as an effective treatment for gonorrhea. Only injectable ceftriaxone in combination with one of two oral antibiotics, either azithromycin or doxycycline, is to be used for treatment of gonorrhea.

To further guard against the threat of drug resistance, providers should closely monitor for ceftriaxone treatment failure. Patients who have persistent symptoms should be retested with a culture-based gonorrhea test and the patient should return one week after re-treatment for another culture test ensuring the infection is fully cured. Providers should report any suspected treatment failure to local or state public health officials within 24 hours in order to help ensure that any potential resistance is recognized early and provide cultures to test for decreased susceptibility from any patients with suspected or documented gonorrhea treatment failures.

Several clinical strategies are recommended by the CDC for the prevention and control of STDs including identification of asymptomatically infected persons and effective diagnosis, treatment, and counseling of infected person.[4] The CDC screening recommendations are in the box below.

CDC Screening Recommendations[4]

- **Annual chlamydia screening for all sexually active women age 25 and under, as well as older women with risk factors such as new or multiple sex partners.**
- **Yearly gonorrhea screening for at-risk sexually active women (e.g. those with new or multiple sex partners, and women who live in communities with a high burden of disease).**
- **Syphilis, HIV, chlamydia and hepatitis B screening for all pregnant women and gonorrhea screening for all at-risk women at the first prenatal visit to protect the health of mothers and their infants.**
- **Screening at least once a year for syphilis, chlamydia, gonorrhea and HIV for all sexually active gay men, bisexual men and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3 to 6 month intervals). In addition, MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.**

Genesee County Medical Society Board Meeting

February 26, 2013 - MINUTES

Khalid Ahmed, MD
*Shafi Ahmed, MD
Abd Alghanem, MD
Suresh Anné, MD
Qazi Azher, MD
Amitabha Banerjee, MD
Jagdish Bhagat, MD
*Cathy Blight, MD
*Laura Carravallah, MD
*Edward Christy, MD
*Pino Colone, MD
*Niketa Dani, MD
Deborah Duncan, MD
Hesham Gayar, MD
Daniel Gutteridge, MD-Resident
Mona Hardas, MD
John Hebert, III, MD
F. Michael Jaggi, DO
Rima Jibaly, MD
Gary Johnson, MD
*Farhan Khan, MD
Samasandrapalya Kiran, MD
*Nita Kulkarni, MD
*Paul Lazar, MD
Sreenivas Mannam, MD
AppaRao Mukkamala, MD
*S. Bobby Mukkamala, MD
Gerald Natzke, Jr., DO
*Venkat Rao, MD
*Lawrence Reynolds, MD
Brenda Rogers-Grays, DO
*Raymond Rudoni, MD
*Dan Ryan, MD
*Jagdish Shah, MD
Jawad Shah, MD
Robert Soderstrom, MD
Kenneth Steibel, MD
*Peter Thoms, MD
Venu Vadlamudi, MD
Tarik Wasfie, MD
John Waters, MD

Guests & Staff:

Jonathan Hartman – CC&G
*Timothy Knecht – CC&G
*Peter Levine, Staff
Nick Bendall, Staff

**In attendance*

I. Call to Order:
The meeting was called to order at 6:00 p.m. by Raymond Rudoni, MD, President in the Rapport Conference Room.

II. Review of Minutes:
Motion: That the Board of Directors meeting minutes of January 22, 2012 be approved as presented. The Motion Carried.

III. Reports:
A) Finance Committee Report:
1. Budget to Actual Report for the period ending January 31, 2013
Motion: That the Year Budget to Actual Report for the period ending January 31, 2012 be approved as presented. The Motion Carried.

B) Legislative Update:
1. Legislative Liaison Committee Meeting of February
Dr. Cathy Blight reported that the Dayne Walling (Mayor of Flint), Pam Farris, and Jim Ananich attended the Legislative Liaison Committee meeting and discussed committee appointments, Blue Cross mutualization, J-1 visa waivers and scope of practice as well as liability and access issues. Also discussed was Mr. Ananich's physician retention legislation and patient right-to-know legislation which came about as the result of a GCMS resolution.

2. New Legislators' Reception
Dr. Rudoni reported that the new legislators' reception was held at the Michigan State Medical Society and was well attended by GCMS members. They met with Representative Jim Ananich .

C) Membership Committee Report:
Dr. S. Bobby Mukkamala reviewed the former members upon which the committee is concentrating.
Directive: Staff was directed to contact Dr. Oliver Hayes at Genesys regarding Genesys resident memberships.

D) Community & Environmental Health Committee Report:
1. Resolution in Support of Tobacco-Free Parks and Beaches in Genesee County, Michigan and the United States
Motion: That the Resolution in Support of Tobacco-Free Parks and Beaches in Genesee County, Michigan and the United States be approved for submission to the Michigan State Medical Society House of Delegates. The Motion Carried.

2. McLaren institutes nicotine tests for job applicants
The Board discussed McLaren's recent actions to require nicotine testing of all job applicants including residents.

E) President's Report:
1. February Dinner Business Meeting
Dr. Rudoni reported that the February Dinner Business Meeting was terrific. Colin Ford did a nice job of presenting the political world in which physicians are living.
Consensus: That GCMS Alliance Board, in an effort to work together more closely, be invited to plan some joint meetings.

Consensus: That a Survey Monkey be performed to see what members would like for meetings and that a prize be provided for responding to the survey monkey.

2. Meeting with The Flint Journal
Dr. Rudoni reported that he and Pete Levine had met with The Flint Journal health writers and Community Editor, Bernie Eng. The meeting was very positive and resulted in an immediate article entitled, "Genesee County Health Officials Give 14 Actions for Residents to Live Longer Healthier Lives". .

F) District VI Directors Report:
Dr. S. Bobby Mukkamala reported that the Blue Cross mutualization bill is moving forward. The governor is focusing on mental health at this point as well.

G) Greater Flint Health Coalition:
Dr. Waters reported that there is a new Commit to Fit! campaign with free health classes being offered.

H) AMA Update:
The National Advocacy Conference was held recently where it was reported by Dr. Blight that the cost of repealing the SGR has decreased.

IV. New Business:
A) May Dinner Business Meeting Topic Ideas:
Dr. Rudoni reported that Peter Levine has been working on the development of a seminar on best practices to avoid having your office staff stealing from you.
Consensus: To hold the May Dinner Business Meeting on the topic of fraud, stealing and embezzlement in the medical practice setting using case studies involving local doctors.
Dr. Kulkarni noted that she has a case that she is very aware of and will contact that physician about allowing his case to be discussed.

B) House of Delegates Campaign Updates:
Dr. Rudoni reported that Dr. Pino Colone will be running for Speaker. Dr. Rudoni will be running for Vice Speaker.

C) AMA Delegate:
Drs. S. Bobby Mukkamala and Pino Colone are running. Dr. Shafi Ahmed is running for AMA IMG Section Governing Council.
Consensus:That a letter of support of Dr. Raymond Rudoni be sent to all Delegates, signed by Dr. Carravallah as Immediate Past President.

V. Next Meeting:
The next meeting of the Genesee County Medical Society Board of Directors will take place on March 26, 2013 at 6:00 p.m. The combined District Directors Briefing and Board meeting will take place on April 23, 2013 with the Briefing taking place first at 5:30 p.m.

VI. Adjournment:
No further business appearing. The meeting was adjourned at 7:30 p.m.

Reflections

of a Primary Care Doctor Regarding Integrative Medicine

By Radhika Kakarala, MD

I have been an outpatient primary care physician for 18 years. While a lot of that time has been joyful, I have had my share of patients who continued to have uncontrolled medical problems despite my best efforts. A few years ago, I was looking for more comprehensive ways of improving my health as well as that of my patients. The answer came to me in the form of "Isha Yoga and meditation." Since trying this, the beneficial effects on my overall well-being and that of several of my patients, are astounding and worth sharing.

Like most physicians, I never really scheduled any time to take care of myself and I paid the price. I am a recovering "stressahocholic" and a victim of "burnout syndrome." About 9 years ago, I had the insight that I didn't want to ride my life like a high speed roller coaster. Until then, I wasn't smart enough to pay attention to the 100% diagnostic accuracy of the finger pointing test of blaming everyone and everything for my problems. While vacationing in Hawaii shortly thereafter I remember watching a man who was standing up paddle boarding for hours with minimal effort. No matter how the ocean waves crashed around him, he maintained his balance. It was at that time my quest to find a tool that would enable me to keep my balance while riding the highs and lows of life began.

When I came back to work, a friend told me about a talk on wellness that Sadhguru, who is the founder of the Isha Foundation, was giving in March of 2004. I was inspired by his talk and practiced the yoga and meditation religiously for 10 months. My severe seasonal allergies completely aborted and I became very good at stand up paddle boarding.

I then got slowly sucked into the daily grind and found reasons why I didn't have time to do it. BIG MISTAKE!! Before I knew it eight years went by, and. I was carrying my baggage on my back again and letting it weigh me down. A friend suggested doing a free online guided meditation called "Isha Kriya" (www.ishakriya.com.) I started doing that regularly, and then took the next level course called "inner engineering" which incorporates yoga and meditation. I practice these everyday. I now pull my baggage whether it's a carry-on or a suitcase much more effortlessly with wheels rather than carry it on my back. There is a little bit of distance between me and my baggage and that helps me remember that I am not my baggage. I have a better understanding of the concept of "loving detachment" and this is enabling me to care more deeply about my patients than before. I have a better awareness of my own implicit biases and see people for who they really are, instead of who I think they are. I am also able to find effective solutions to decrease my moral distress that comes from situations in which I felt powerless. I love the time that I spend with my patients and coworkers. I can better sense their unmet and unasked needs and offer them solutions not only to heal their body and mind but more importantly their soul.

If you invest 15-30 minutes a day in improving your wellness, and your whole day goes better, what would you call that intervention in QI terms? It's a low effort/high yield intervention. How do I know that the results of my n of 1 trial are accurate you ask?

The comments from my family members such as "you don't get bent out of shape over little things," "you are more laid back," "you are serene" "I am glad that we had this important conversation, without getting upset with each other" validate the results.

But the astute researchers among you might question whether my results are due to some confounding factors in my life that lead to the results. Besides n of 1 trial also limits generalisability.

I would now like to tell you some of the sharings from my patients, so that you can decide whether there is generalisability to this experiment.

"There may be pain but there need not be suffering," how is that possible?

CHRONIC PAIN –"Pain won the battle. Let me try to explain how the Isha Kriya has helped in the aspect of pain. First, I had to realize that this was something that truly existed in my body. I had to get in harmony with the pain and stop fighting against it. I'm learning that I have to think happiness and wellness to be well. I can truly say that after 15 days of using this method, I can feel a difference in my overall well-being. The biggest difference is the joy and happiness that I feel."

PANIC ATTACKS – "The daily Isha Kriya with Sadhguru has helped me focus and relieve stress. I find it is very easy to make the time to do this daily. Throughout my day any time I get stressed out, or feeling overwhelmed, I simply state that I am not this body, I am not this mind silently and almost instantly I feel an improvement in my mood."

WEIGHT GAIN – "I am doing the Isha Kriya meditation every day. Ironically, it has been motivational which seems counter- intuitive. I seem to be taking more control over how I organize my day and a better sense of how much I can accomplish- reducing stress. It has helped with my resolve to stick to a diet and exercise plan that will get me the results I want."

DEPRESSION & FAMILY STRESSORS – "It has changed my perspective for sure. I only have control of ME!"

How does meditation really help? Perhaps an explanation from one of my patients might help in shedding light on this issue "When I do meditation, I feel like my body and mind step out of the out of the way and give a chance for my soul to heal!"

"THERE MAY BE PAIN BUT THERE NEED NOT BE SUFFERING."

"THE DAILY ISHA KRIYA WITH SADHGURU HAS HELPED ME FOCUS AND RELIEVE STRESS."

WHO IS IN CHARGE ANYWAY?

By Barbara J. Hunyady, Esq., Cline, Cline & Griffin, P.C.

Every day we are affected in some way by the rulings our highest courts have made over the years. Everything from our constitutional rights, how our businesses must be run, what we can be sued for, and who we can marry is shaped by the decisions that are issued by the Justices of our Michigan Supreme Court and United States Supreme Court. Do you know who is making these decisions for you? A survey conducted by FindLaw reported that two-thirds of people polled were unable to name at least one US Supreme Court Justice. Less than 1 percent were able to name all nine. This alarming statistic and the recent changes on the bench prompted this refresher course on our justices.

MICHIGAN SUPREME COURT

Chief Justice Robert Young, Jr. has been on the Supreme Court since 1999. He is a 1977 Harvard Law School graduate. Justice Young was in private practice for 15 years at Dickinson, Wright, Moon, Van Dusen & Freeman, and served as vice president, secretary, and corporate counsel to AAA of Michigan. In 1995 Governor Engler appointed him to the Michigan Court of Appeals, 1st District. In 1999, Governor Engler appointed Justice Young to the Michigan Supreme Court. He has been re-elected for his subsequent terms.

Justice Michael Cavanagh has been on the Supreme Court since 1982. He is a 1966 University of Detroit Law School graduate. Justice Cavanagh was a Court of Appeals research attorney, City Attorney for Lansing, and was in private practice for four years as a partner at Farhat, Burns, and Story, P.C. In 1973 he was elected to the 54-A District Court in Lansing, in 1975 he was elected to the Michigan Court of Appeals, and in 1982 Justice Cavanagh was elected to the Michigan Supreme Court, and was re-elected in his subsequent terms. He served as the Chief Justice of the Supreme Court from 1991 until 1995.

Justice Stephen Markman has been on the Supreme Court since 1999. He is a 1974 graduate of University of Cincinnati Law School. Justice Markman served as a legislative assistant in the U.S. House of Representatives, Chief Counsel of the U.S. Senate Subcommittee on the Constitution, and Deputy Chief Counsel of the U.S. Judiciary Committee. He served as the Assistant Attorney General of the United States and later as the United States Attorney in Michigan based on nomination by President George H.W. Bush. He was in private practice for two years at Miller, Canfield, Paddock & Stone. In 1995 Governor Engler appointed him to the Michigan Court of Appeals. In 1999, Governor Engler appointed Justice Markman to the Michigan Supreme Court, and he has been re-elected in subsequent terms.

Justice Mary Beth Kelly has been on the Supreme Court since 2010. She is a graduate of the University of Notre Dame Law School. She was in private practice as a commercial litigation attorney and a partner at Dickinson Wright and an adjunct professor at University of Detroit-Mercy Law School. In 1999 she was appointed to the Wayne County Circuit Court by Governor Engler, and in 2002 the Michigan Supreme Court appointed her as Chief Judge of the Wayne Circuit Court. In November 2010 she was elected to the Michigan Supreme Court.

Justice Brian Zahra has been on the Supreme Court since 2011. He is a 1987 graduate of University of Detroit Law School. He served as a Federal Law Clerk to Judge Zatkoff for two years and then entered private practice at Dickinson, Wright, Moon, Van Dusen & Freeman, where he remained for 5 years. In 1994 he was appointed to the Wayne County Circuit Court by Governor Engler and in 1998 he was appointed to the Michigan Court of Appeals by Governor Engler. Justice Zahra was appointed to the Michigan Supreme Court in January 2011 by Governor Snyder.

Justice Bridget Mary McCormack recently took the bench with the Supreme Court; she was elected in the November 2012 general election and her term started in January 2013. She is a 1991 graduate of New York University Law School. She practiced with the Legal Aid Society and later at the Office of the Appellate Defender, both in New York. In 1996 she became a faculty fellow at Yale Law School and in 1998 she joined the faculty at the University of Michigan Law School. There she taught criminal law, legal ethics, supervised the General Litigation Clinic, and created numerous other clinics at the Law School. In 2002 she was made Associate Dean for Clinical Affairs.

Justice David Viviano is the newest member as he was appointed by Governor Snyder on February 27, 2013, in place of Diane Hathaway, the former Justice who left the Court just prior to pleading guilty to a felony charge of bank fraud and currently has a suspended law license. Justice Viviano is a graduate of the University of Michigan Law School. He was in private practice with Dickinson Wright PLLC in Detroit and Jenner & Block LLC in Chicago before co-founding the firm of Viviano & Viviano, PLLC. In 2006 he was elected to the Macomb County Circuit Court. Justice Viviano will serve until 2014 when a special election will be held to complete the final two years of Hathaway's term.

UNITED STATES SUPREME COURT

Chief Justice John Roberts, Jr. was born in New York and is a 1979 graduate of Harvard Law School. He served as a law clerk to two U.S. Supreme Court Justices, served as a Special Assistant to the U.S. Attorney General, and Associate Counsel to President Ronald Regan, and with the U.S. Department of Justice. He was nominated by President George W. Bush and has been on the Court since 2005.

Justice Antonin Scalia was born in New Jersey and is a graduate of Harvard Law School. He was in private practice for six years and then became a law school professor, teaching at the Universities of Virginia and Chicago, Georgetown, and Stanford. He served as general counsel to several federal government agencies before being appointed Judge of the United States Court of Appeals for the District of Columbia Circuit in 1982. President Reagan nominated him for the Supreme Court, and he took his seat in 1986.

Justice Anthony Kennedy was born in California and is a graduate of Harvard Law School. He was in private practice in California and later began teaching constitutional law at the McGeorge School of Law, University of the Pacific. He has served on numerous advisory committees for the federal government. He was appointed to the United States Court of Appeals for the Ninth Circuit in 1975. President Reagan nominated him for the Supreme Court, and has been with the Court since 1988.

Justice Clarence Thomas was born in Georgia and is a 1974 graduate of Yale Law School. He served as Assistant Attorney General of Missouri, and later worked as an attorney with the Monsanto Company. He was as a Legislative Assistant with Senator Danforth until he took the position as Assistant Secretary for Civil Rights, U.S. Department of Education, and later as Chairman of the U.S. Equal Employment Opportunity Commission. Justice Thomas was nominated for the Court by President Bush in 1991.

Justice Ruth Bader Ginsburg was born in New York and attended Harvard Law School and graduated from Columbia Law School. She served as law clerk for a federal judge and later took a position with Columbia Law School and Rutgers University School of Law. She served as legal counsel to the ACLU and in 1980 was appointed Judge of the United States Court of Appeals for the District of Columbia Circuit. She was nominated by President Clinton and she took her seat in 1993.

Justice Stephen Breyer was born in California and is a Harvard Law School graduate. He served as a Supreme Court law clerk, as a Special Assistant to the Assistant U.S. Attorney General for Antitrust, as an Assistant Special Prosecutor of the Watergate Special Prosecution Force, as Special Counsel of the U.S. Senate Judiciary Committee and as Chief Counsel of the committee. He was a law professor at Harvard and at law schools in Australia and Rome. He served as Judge of the United States Court of Appeals for the First circuit before being nominated to the Supreme Court by President Clinton in 1994.

Justice Samuel Anthony Alito, Jr. was born in New Jersey. Before taking the bench, he was a Special Assistant to the Assistant U.S. Attorney General for Antitrust, an Assistant Special Prosecutor of the Watergate Special Prosecution Force, Special Counsel of the U.S. Senate Judiciary Committee, Chief Counsel of the committee. He was appointed to the United States Court of Appeals for the Third Circuit in 1990. In 2006 President George W. Bush nominated him for the Supreme Court.

Justice Sonia Sotomayor was born in New York and is a 1979 graduate of Yale Law School. She served as Assistant District Attorney in the New York County District Attorney's Office and later entered private practice where she litigated international commercial matters. In 1991, President George H.W. Bush nominated her to the U.S. District Court, Southern District of New York. She also served as a judge on the United States Court of Appeals for the Second Circuit. In 2006 President Barack Obama nominated her for the Supreme Court.

Justice Elena Kagan was born in New York and is a 1986 Harvard Law School graduate. She served as a federal court of appeals and U.S. Supreme Court law clerk. She was briefly in private practice before she became a law professor. She served in the Clinton Administration as Associate Counsel to the President and then as Deputy Assistant to the President for Domestic Policy. She became Dean of Harvard Law School and later was nominated by President Obama as the Solicitor General of the United States. In 2010 President Obama nominated her to the Supreme Court.

Check Out Our Website
www.gcms.org

Announcement

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

For details, contact:

POTTER & ROOSE INSURANCE
810-767-8590

Providers of insurance for the GCMS
& its members for 50 years.

906 Mott Foundation Bld., Flint, MI 48502

CLASSIFIEDS

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

PHYSICIANS NEEDED
at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. Contact Pete Levine at 810-733-9925.

If you or someone you know would like to advertise in *The Bulletin* please contact Becky Doty at bdoty@gcms.org or (810) 733-9923.

HAPPY BIRTHDAY DOCTOR

APRIL

Devinder Bhrany	1
Muhammad Jabbar	1
Gail Dawson	2
Vemblaserry Jayabalan	3
Kenneth Jordan	3
Wilbur Boike	5
Imad Issawi	5
Qazi Azher	6
Carlo Dall'Olmo	6
Kurt Mikat	7
Mohammed Shaik	8
John Bauer	9
Gregorio Lecea	9
Susan Smith	9
Byung Ho Chang	10
Syed Sattar	10
Edwin Smith	10
Elisea Singson	12
Jeffrey Diskin	13
Huda Elhwairis	13
W Archibald Piper	13
Fook Cheung Kuet	15
Don Rubino	15
M Varkey Thomas	15
Peter Thoms	15
Abdullah Raffee	19
Gregory Forstall	21
Gerald Cole	22
Louis Coriasso	22
Alan Weamer	22
Thomas Bossi	23
Donald Bryant	24
Ziyadeh Khoury	25
Rima Jibaly	26
Nita Kulkarni	26
James Martin	26
Hesham Gayar	28
Ok Kyun Kang	28
Richard Prior	28
Mark Camens	29
Sunita Tummala	29
Seif Saeed-Elasad	30

MICHIGAN STATE MEDICAL SOCIETY
120 W. Saginaw, Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762

State and County Medical Society Membership Application

GENESEE COUNTY MEDICAL SOCIETY
4438 Oak Bridge Dr., Suite B
Flint, MI 48532
810-733-9923

Please PRINT or TYPE

FULL NAME _____ (Last) _____ (First) _____ (Middle Initial) MD or DO (Circle One)

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 _____

AMA AMERICAN MEDICAL ASSOCIATION

WHEN COMPLETED, please mail to MSMS or Genesee County Medical Society, or FAX to 517-336-5797. THANK YOU!

PHYSICIANS NEEDED AT THE EMERGENCY MEDICAL CENTER OF FLINT

Various shifts are available for part-time. Full time may be an opportunity as well.

Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care, much like family practice.

Hours of operation:

12-9 pm, 7 days a week, closed on major holidays

Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

Contact Joyce Ashe at 810-2322710 or Pete Levine at 810-7339925.