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THE Bulletin

MAY 2010 Volume 86 Number 5

**New York Times
Interviews Members**

Smoking Ban in Effect!

**Resolutions for
House of Delegates**

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The Genesee County Medical Society.

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MAY 2010 Volume 86 Number 5

THE 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.

PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

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HEALTH CARE REFORM – IT WILL HELP OUR PHYSICIANS AND OUR PATIENTS

There is going to be approximately one trillion extra dollars added to health care to cover poor and uninsured patients. Our community, with a lot of uninsured people, will benefit from this coverage and the extra dollars.

Medicare payment changes

- 10 percent incentive payments for primary care physicians. All physicians in family medicine, internal medicine, geriatrics and pediatrics whose Medicare charges for office, nursing facility and home visits comprise at least 60 percent

of their total Medicare charges will be eligible for a 10 percent bonus payment for these services from 2011-16.

- 10 percent incentive payments for general surgeons performing major surgery in health professional shortage areas.

- 5 percent incentive payment for mental health services. For 2010, Medicare will increase payment for psychotherapy services by 5 percent.

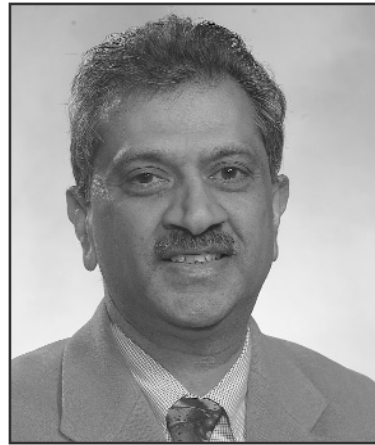
- Medicare quality reporting incentive payments extended. Incentive payments of 1 percent in 2011 and 0.5 percent from 2012-2014 will continue for voluntary participation in Medicare's Physician Quality Reporting Initiative (PQRI).

Medicaid payment changes

Separate legislation, the Health Care Education Affordability Reconciliation Act (H.R. 4872), would raise Medicaid payments to family medicine physicians, general internists and pediatricians for evaluation and management services.

Administrative simplification

Beginning in 2010, national rules will be developed



Venkat K. Rao, MD

and implemented between 2013 and 2016 to standardize and streamline health insurance claims processing requirements.

Employer requirement to offer coverage

Employers with 50 employees or less, who represent the vast majority of physician practices are exempt from this requirement of offering health insurance coverage to their employees.

Medical liability protection and grants

The Secretary of Health and Human Services (HHS) is authorized to award five-year demonstration grants to states to develop, implement and evaluate alternative medical liability reform initiatives, such as health courts and early offer programs.

Preventive and screening benefit expansions

Beginning in 2010, Medicaid will be required to cover tobacco cessation services for pregnant women. In 2011, cost-sharing for proven preventive services will be eliminated in Medicare and Medicaid. Medicare payments for certain preventive services will be increased to 100 percent of payment schedule rates (that is, co-payments will be eliminated).

Medicare prescription drug coverage

Medicare patients whose prescription expenses reach the so-called Medicare Part D coverage "doughnut hole" (\$2,700 to \$6,150) in 2010 will receive a \$250 rebate. During the next 10 years, the beneficiary co-insurance rate for this coverage gap will be narrowed in phases from the current 100 percent to 25 percent in 2020.

Check Out Our Website www.gcms.org



NEW YORK TIMES Comes to Genesee County

In mid-March, a New York Times reporter, Kevin Sack came to Flint to spend several days researching the impact of the Medicaid crisis on this community. Mr. Sacks' article was featured in the New York Times on March 15, 2010.

URL for this article is:
www.nytimes.com/2010/03/16/health/policy/16medicaid.html?scp=2&sq=Medicaid&st=cse

Mr. Sack interviewed many GCMS members including Drs. S. Bobby Mukkamala, Nita Kulkarni, and Saed Sahouri. Also interviewed were Peter Levine, and other members of the community at-large.

The discussion of the article will be featured in an upcoming issue of Michigan Medicine. Thanks to everyone who made Mr. Sacks' visit a welcoming and positive experience.

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TO GET A LIFE, GET SOME HOBBIES

“Those who make the worst use of their time are the first to complain of its brevity.”
 – La Bruyere (1645-1696)

Many physician colleagues who are nearing a traditional retirement age may now be ready to make the move. The time may seem right, the stars are aligned, full speed ahead.

The stimulus to retire is generated by multiple factors, both external and personal. Some cite a gradual declining satisfaction with the practice of medicine. The pressures of running a small business such as increasing overhead, decreasing reimbursements, and the threat of lawsuits are important issues. Frustration with medical insurance plans and government regulations that constrain autonomy by controlling access to tests, procedures, and referrals is common. There can be a perception of loss of professional prestige, control, and identity caused by factors such as an increase in the number and general acceptance of non-physician health care providers or direct-to-patient marketing programs by pharmaceutical companies. Patient loyalty can be fragile if their health plan changes and they have to switch doctors.

Personal reasons for retirement include the desire for more personal time and freedom to pursue avocations and hobbies, family issues, changes in health status, or diminishing skills associated with aging. Other physicians would never consider retiring because they love their patients and their practice and plan to do it until they are carried out of the office feet first. More power to them.

The precipitous stock market drop of 2007-2008 is only a vague memory (to some) as the market has recovered considerably. Retirement nest eggs have rebounded nicely, in general. Soon to be retired physicians put lots of time and effort into planning most every aspect of the change from active practice to retirement, from socking away enough capital to arranging a smooth transition of their practice to younger colleagues. But some of us do not spend enough time deciding what to do with all the new found leisure time. That should just take care of itself, right? But retirement planning is useless unless



Daniel Ryan, MD

you know just what you want to do with that time.

Supreme Court Justice Robert H. Jackson (1892-1954) once told an audience of high school students and their parents, “Your job today tells me nothing of your future – your use of your leisure today tells me just what your tomorrow will be.” Doctors often spend so much of their lives being educated, being trained, and then practicing their craft that they may not ever take the time to pursue interests outside of their medical career. It can be a huge shock when retirement arrives and they do not have enough

interesting activities to fill up the day.

Last month's issue of *The Bulletin* included an article by Dr. Robert Michels about his hobby of growing bonsai. We often publish travelogues written by our members, such as the wonderful article on Lake O'Hara and the Canadian Rockies by Dr. John Love in February's issue. The variety of hobbies and pastimes of our membership is astounding. The key is to find activities that get you excited and get into them. You know what they say about all work and no play. If you think other members of the society would find your hobby or travels of interest, please submit an article for consideration. These items add a great deal to our magazine and are enjoyed by all.

GCMS MEETINGS - MAY 2010

5/3, 8 a.m. - Legislative Liaison @ GCMS

5/5, 7:30 a.m. - Bulletin Committee @ GCMS

5/17, 12 Noon - Membership Committee @ Grill of India

5/25, 5:15 p.m. - Finance Committee @ GCMS

5/25, 6 p.m. - GCMS Board of Directors @ GCMS

5/26, 12:30 p.m. - Community & Environmental Health Committee @ TBA

5/27, 8 a.m. - Practice Managers @ GCMS



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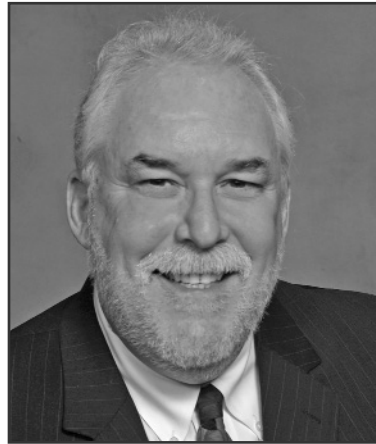
HEALTH REFORM TOWN HALL, THE MSMS SECTION MEETINGS, THANKS TO DR. GULLEKSON

Dr. Edwin Gullekson has served three terms representing Genesee and Shiawassee County on the MSMS Board. Nine years is a long time to drive back and forth to Lansing multiple times a year carrying the message from what he refers to as "the passionate medical society." He has done a superb job with this as he has with everything that he has ever done. He will be missed on that Board. His quiet wisdom has long been recognized by the leadership of MSMS. His passion for GCMS positions and advocacy for his peers is legendary. I would personally like to thank Dr. Gullekson for all he has done in that role. Dr. Venkat Rao will continue as District Director for his third term. Our newest District Director will be S. Bobby Mukkamala, MD, effective at the end of the House of Delegates.

Don't forget to come to the general membership town hall meeting of May 6 on The Federal Health Reforms which passed so recently. This should be a very interesting meeting with speakers talking about issues that will be faced by the physician community.

The health reform battle was particularly ugly, and reflected the deep divisions of partisan politics. There is no question that all the votes that took place on this issue were taken without significant understanding of the issues by those who had to vote. When legislation is 2,700 pages, who had time to read it before voting on it? How did people analyze this bill?

Much change is in the wind, but one thing is sure, this community has done and will continue to do a superb job of caring for patients. This community will continue to have a superior group of health care providers, especially physicians, and our members will continue to lead.



Peter Levine, MPH

The recent MSMS Joint Section meeting which included significant GCMS representation from the International Medical Graduate, Young Physicians & Residents & Fellows sections was, as always, fun. It is enjoyable to watch people enthusiastically wrestle with issues, and attempt to develop new ways to empower your physician community to do "the right things." Two out of the three sections which met at MSMS Headquarters, were chaired by GCMS members. The Young Physicians Section was chaired by Nita Kulkarni, MD, whose term as chair has now expired. The International Medical Graduate Section was chaired by Shafi Ahmed, MD, who has another year to serve.

Issues raised at those section meetings will be dealt with at the MSMS House of Delegates, which is the main venue where physicians wrestle with issues and develop policy for the coming year. While GCMS usually has a full delegation, there are plenty of opportunities for members to attend and participate if they desire. Please let me know if you would enjoy doing so.

ATTENTION!

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

PRACTICE MANAGERS MEET WITH BLUE CROSS



In March the GCMS Practice Managers met with Blue Cross Blue Shield of Michigan to discuss their credentialing process.

Tina Gach reviewed how to use Blue Cross communications vehicles to make practices tasks easier.

Kate Simon gave a brief overview of VEBA, which is a health care trust for UAW retirees. She also spoke on Patient Centered Medical Home.

Catherine Ferrara spoke on what credentialing is and how to enroll. Her presentation was very informative and the Practice Managers had questions answered by all three BCBS representatives. If the panel couldn't answer, they promised to get back with each person individually.

Please send your Practice Manager to these meetings. They provide opportunities to have your manager meet with insurance companies to solve problems for you.

15TH ANNUAL HEALING HANDS 5K RUN/WALK

to benefit The Genesee County Free Medical Clinic

Organized by: Genesee County Medical Society Alliance & Pi Delta

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Saturday, May 15, 2010

9 a.m.

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MY LAST DISTRICT DIRECTORS REPORT

This will be my last report as District VI Director. I have served approximately 11 years.

MSMS is a large organization dedicated to the physicians of this state. It is not a union, although some physicians wish it was. Obviously we cannot form a union. At times I have wished we had a closed shop, like a union. Those of us that have paid dues and have been active in the organization that has tirelessly advocated for physicians, achieved benefits for the non-members as well as the members.

I don't have time to lobby in Lansing daily, MSMS does. I don't have time to lobby in Washington daily, the AMA does. When we think of the Physician Tax proposed by the state again and again, and the failure of the Federal government to fix the SGR, while dangling the 21 percent cut in Medicare payments before physicians, it doesn't take a genius to see the value of organized



*Edwin M. Gullekson, MD
District VI Director*

medicine. At McLaren we enroll the residents in GCMS and MSMS as part of orientation day. They are told why this is valuable to them and to their patients.

Many of the resolutions (100 or so) brought to the House of Delegates every year (at the end of April-first of May) are referred to the MSMS Board. The membership of the Board is based on the county membership in MSMS. Currently the Board has 40-plus members. Too large? At times I have thought so but maybe we need every voice we can get in today's medical world.

But don't rely on District Directors to spread the word along. Every one of you can visit www.msms.org daily and send emails to your representatives and senators on a regular basis. It is very easy to do. Congress may not read every word or email but they certainly see the stack of email. No email - no interest - right?

I wish to thank each of you for your support. I have been honored representing each of you, on the MSMS Board.

Announcement

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Dear Members of the Genesee County Medical Society

A historic event occurred on December 18, 2009 when Michigan joined 37 other states in passing smoke-free workplace legislation! The voice of the public on this issue has been very clear and the Legislature responded. The bill signed by Governor Jennifer M. Granholm created Michigan Public Act 188 of 2009, known as the Dr. Ron Davis (the late AMA President) Smoke Free Air Law. We can finally ensure that employees in Michigan are able to earn their paycheck without risking their health from the dangers of second-hand smoke. I commend my colleagues on both sides of the aisle for working together to make Michigan's restaurants and bars smoke free.

Secondhand smoke is classified as a Group A carcinogen by the U.S. Environmental Protection Agency. Exposure to secondhand smoke can cause or exacerbate a wide range of health problems, including cancer, respiratory infections, and asthma, according to the American Lung Association (ALA). The ALA reports that secondhand smoke is responsible for approximately 3,400 lung cancer deaths and 46,000 heart disease deaths in adult nonsmokers in the United States each year, and that nonsmokers exposed to secondhand smoke at work are at an increased risk for health problems.

Yet the passage of this legislation did not happen easily. It took years of tireless advocacy and persistence from many people, like you, who began this fight before my tenure in the House of Representatives. I thank you and everyone who helped make this law a reality.

I am pleased to send you this commemorative photograph taken during the bill signing on December 18, 2009 at the smoke-free Michigan Brewing Company in Lansing, Michigan. On May 1, 2010 when the law takes effect, I hope you can look at this photo and be very proud of the significant role that you played in helping to achieve this victory. Please accept this as a token of my sincerest appreciation for all of your efforts. Feel free to share it with others who would like a copy as well, in recognition of their tireless support and advocacy.

Sincerely,
Lee Gonzales
State Representative
49th District



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.

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Dr. Stephen Morris received his medical degree from the University of Michigan in 1975. He did his residency at Fitzsimons Army Medical Center, Tripler Army Medical Center, and St. Mary's Health Center. Dr. Morris is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD

LEAD ALERT

Genesee County Health Department

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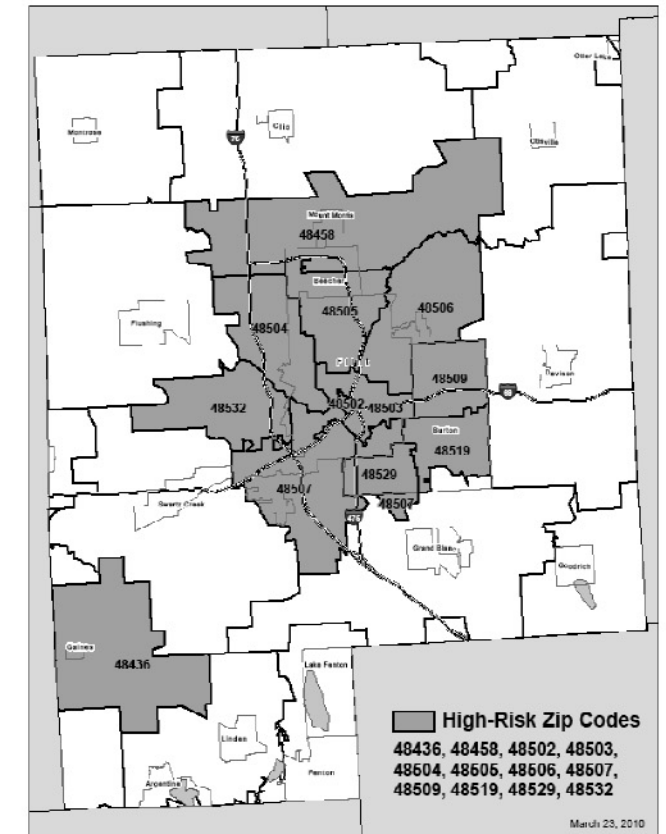
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For more information about your Genesee County Childhood Lead Poisoning Prevention Program visit WWW.GCHD.US or call 810-257-3833

2010 GCMS Resolutions for MSMS House of Delegates

Ban Smoking in Cars with Children on Behalf of the Genesee County Delegation

Amitabha Banerjee, MD

RESOLVED: That MSMS pursue passage of a law banning smoking in cars containing children.

Change Medicare Yearly Checkup Requirements

Shafi Ahmed, MD via IMG Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek alterations of the Medicare rules to allow yearly checkups with a grace period of 30 days to allow for the various fluctuations in individuals' schedules.

Oppose Discrimination in Residency Selection Based on the Location of Medical School

Venkat Rao, MD via IMG Section

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby the Accreditation Council of Graduate Medical Education (ACGME) to include the names of the candidates' medical schools in their list of discriminations prohibited.

Standardization of Billing Codes and Language

Cyrus Farrehi, MD on behalf of the Genesee County Delegation

RESOLVED: That MSMS ask the AMA to pursue federal regulation be pursued requiring all health insurance companies to use precise, uniform language and codes in the claims process.

Quality Measures and Planning for Third-Party-Payers

Cyrus Farrehi, MD on behalf of the Genesee County Delegation

RESOLVED: That health insurance companies including Medicare and Medicaid be required to publicly post data regarding time intervals between the moment a claim is declared clean, and delivery of payment to the physician; and be it further

RESOLVED: That data on payment intervals be available publicly in aggregate form for research and planning purposes.

MSMS Support of FDA Approval of Generic Biologics

Prasad Kommareddi, MD on behalf of the Genesee County Delegation

RESOLVED: That the Michigan State Medical Society adopt a policy that supports Food and Drug Administration approval of generic biologics.

Health Hazards of Herbal Medicines and Dietary Supplements Including Medicines with Asian Patents on Behalf of the Genesee County Delegation

Qazi S. Azher, MD on behalf of the Genesee County Delegation

RESOLVED: That MSMS and the AMA advise the Food and Drug Administration (FDA) to mandate steps to assure the safety of herbal medicines and dietary supplements including medicines with Asian patents, and be it further

RESOLVED: that MSMS ask the AMA to recommend to the FDA that scientific research and clinical trials be required prior to the introduction of such therapeutic agents or dietary supplements in the United States, to ensure the safety of the public health and be it further

RESOLVED: that MSMS ask the AMA to ask the FDA to mandate that all of the ingredients be displayed on the containers of all herbal and dietary supplements, in the English language, as required for allopathic medications.

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10 a.m. - 2 p.m.

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MSMS Joint Section Meeting

The Genesee County delegation in attendance at the MSMS Joint Section meeting in early March was far and away the largest delegation. Representing Genesee County were: Drs. Shafi Ahmed, Venkat Rao, Mona Hardas, Rima Jibaly, Amitabha Banerjee, Nita Kulkarni, S. Bobby Mukkamala, Venu Vadlamudi, Sam Kiran, and Pino Colone (who attended as Vice Speaker).



The Young Physicians, International Medical Graduate and Residents and Fellows Sections met together at the beginning part of the meeting to hear an update on various MSMS initiatives, and then broke into sections. Fifty percent of the Young Physicians Section Delegation and 50 percent of the Residents and Fellows Section were from Genesee County. Dr. Nita Kulkarni chaired the Young Physicians Section and Dr. Shafi Ahmed chaired the International Medical Graduates Section. Dr. Venu Vadlamudi was elected Chair of the Residents and Fellows Section and also to the MSMS Board. The International Medical Graduate Section dealt with multiple resolutions. The Young Physicians and Residents and Fellows Sections worked on organizational issues.

Dr. Nita Kulkarni finished her term as chair of the Young Physicians Section, and will remain on the Governing Council as past-chair. Dr. S. Bobby Mukkamala will remain an At-Large member. Dr. Sunita Tummala was reelected as Alternate Delegate. In the International Medical Graduate Section, Dr. Shafi Ahmed will continue as chair. Dr. Amitabha Banerjee was reelected as AMA Delegate. Dr. Mona Hardas was elected as an At-Large Member of the Governing Council. Dr. Rima Jibaly continues to serve as an At-Large Officer as well. Dr. Venkat Rao will continue his term as Delegate to the AMA.

Resolutions brought to the International Medical Graduates Section include a reintroduction of two resolutions brought last year, the first entitled: Oppose Discrimination in Residency Selection Based on the Location of Medical School and the second; Change Medicare Yearly

Checkup Requirements. New resolutions brought to the IMG Section included: The Cost of Defensive Medicine, Liability Exemption, and Ban Smoking in Cars with Children. Those resolutions are published in this issue of The Bulletin. For those interested in learning about medical politics, the Joint Section meetings are an excellent place to cut teeth and to learn about such things. Please contact Pete Levine or one of the delegates to one of the MSMS sections if you would like to become involved.

2010-2011 IMG Governing Council List

Chair: Shafi J. Ahmed, MD
 Delegate to AMA: Amitabha Banerjee, MD
 Venkat K. Rao, MD
 At-Large Officers: Rima Jibaly, MD
 Mona Hardas, MD

2010-2011 Young Physician Section Governing Council List

Alternate Delegate: Sunita Tummala, MD
 At-Large Officer: S. Bobby Mukkamala, MD
 Past Chair: Nita Kulkarni, MD



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HIPAA REFRESHER: The Deceased Patient's Medical Records

By: R. Paul Vance, Esq.

Early this year a Michigan hospital made headlines for, among other things, denying the release of medical records to a wife whose husband suffered an unexpected death. The wife of the deceased brought her husband to the hospital's emergency room after he suffered a sudden heart attack. The patient arrived to the hospital unconscious and died shortly thereafter. The patient's wife sought to obtain her husband's medical records but hospital personnel, citing the Health Insurance Portability and Accountability Act (HIPAA), told her that because her husband did not specifically designate her as a person to whom information could be released, they could not comply with her request. Weeks later the hospital complied with the request for records, along with a letter of apology.

Determining the appropriate release of a deceased patient's medical records can be complex. As most are aware, the protections of HIPAA extend a person's privacy rights into death and health care facilities must release medical records to those who have been appointed as personal representative by the deceased patient. However, when a patient dies without having named a personal representative or did not execute a HIPAA release, the release of the patient's medical records can become much more complicated. In this regard, HIPAA defers to state law to determine access to medical records in instances where the patient is deceased. To put it another way, HIPAA leaves it up to each state to determine who has the legal right to access a decedent's protected health information.

Michigan takes a broad approach to the disclosure of a deceased patient's medical records. Michigan's counter-part to HIPAA, the Medical

Records Access Act, provides for the release of a patient's medical records to his or her "authorized representative" which is defined as "a person empowered by the patient by explicit written authorization to act on the patient's behalf to access, disclose, or consent to the disclosure of the patient's medical record." MCL 333.26263(a). However, if the patient is deceased, Michigan law allows for the release of a deceased patient's medical records to his or her personal representative, and his or her "heirs at law" including but not limited to, his or her spouse, and the beneficiary of the patient's life insurance policy. MCL 333.26263(a)(ii).

Health care facilities in Michigan should recognize the far-reaching implications of the statute, as it is much

less restrictive than one may assume. On its face, Michigan's statute expanding the release of a deceased patient's records to the "heirs at law" could conceivably extend numerous degrees consanguinity. Interestingly, the Michigan statute offers no definition of an "heir at law" and does not provide any guidance on how a health care facility should determine whether the requesting party is truly an heir at law


Michigan's Estates and Protected Individuals Code ("EPIC") defines an heir as the person who is entitled to the decedent's property under the laws of intestate succession. However, it seems unreasonable to expect a health care facility to review EPIC or research a patient's family history to identify an heir at law before providing protected health information. But verifying who is an heir at law can be a problem even without having to research a patient's family tree. For example, is a marriage certificate sufficient for release of records when the requesting party is the deceased patient's spouse? How would a recent divorce impact the validity of the marriage certificate and the determination of whether the spouse is an "heir at law?" In addition, a deceased patient who was unmarried and had no children could present various issues. Could the deceased patient's sibling or step-child request the patient's records? Is the sibling an heir at law? Is the step-child an heir at law?

To alleviate some of these issues and maintain compliance with state and federal law, it is recommended that a health care facility request the patient to identify his or her personal representatives upon admission. If a patient has not declared an executor of his or her estate or personal representative, a HIPAA authorization form may be filled out during or just after patient registration which specifically identifies who can access the patient's medical records before and after their death. The health care facility should also verify the identity of a person requesting the protected health information as well as their authority to have such access. This could include a requirement that the person requesting the medical records present a court-authorized document showing that they have authority to access the information requested.

In addition to the suggestions noted above, a health care facility should consider developing an affidavit for the requesting party to sign which states the person requesting the medical records of a deceased patient is the patient's "heir at law." You should also require that the affidavit be notarized. Such an affidavit would evidence good faith, affirmative steps on behalf of the health care facility to verify the identity of the requesting party and their right to the information requested. Still, not every scenario can be anticipated. When you are faced with a situation where it is unclear whether you can or should provide a patient's protected health information to a third party, consult with your attorney before making any determinations.

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

MINUTES

Motion:

That the GCMS continue to provide plaques to the Flint Area Science Fair. The Motion Carried.

Motion:

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

Motion:

That the issue of approval of the mortgage renewal be referred to the Executive Committee for action upon hearing back from other bank alternatives. The Motion Carried.

Motion:

That all requests for membership be approved as presented

Requesting reinstatement:

Wilbur Boike, MD

Requesting Membership:

M. Luay Alkotob, MD

Hurley Residents Requesting Membership:

Cecily Clark-Ganheart, MD

Shahzad Faisal, MD

Sanar F. Kashan, MD

Akram Mohammed, MD

Vidya Pai, MD

Mohammed A.A. Sharif, MD

Usama M. Younis, MD

Fikre Degefu, MD

Abdulla A. Hafeez, MD

Naga P. Meka, MD

Vinod K. Nagabhairu, MD

Samer Saleh, MD

Gopesh K. Singh, MD

The Motion Carried.

Motion:

That S. Bobby Mukkamala's name be submitted to the Michigan State Medical Society as nominee for the District 6 Director slot. The Motion Carried.

Motion:

That the resolution entitled, "Quality Measures and Planning for Third Party Payers" be approved for submission to the House of Delegates. The Motion Carried.

Motion:

That the resolution entitled, "Standardization of Billing Codes and Languages" be forwarded to MSMS for approval. The Motion Carried.

Motion:

That the resolution entitled, "MSMS Support of FDA Approval for Generic Biologics" be approved for submission to MSMS. The Motion Carried.

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- § GCMS staff and members along with MSMS staff met with non-members regarding joining
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- § GCMS served as a meeting place for several physician groups performing strategic planning
- § GCMS continues to hold Practice Managers meetings on a regular basis around critical office issues
- § GCMS renegotiated its mortgage at significant savings for the membership
- § GCMS helped the IMG, YPS and Fellows and Residents Delegation to MSMS Sections and prepared for the House of Delegates





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Mohamadalli Amlani	5	Christopher Tykocki	18
Sylvia Kosciolk	5	James Walter	19
Venkata Puttagunta	5	Paul Adams	19
William Lo	5	Anton Chivu	19
Melissa Hamp	6	Allan Ippolito	20
Jeffrey Mitchinson	6	William Bowling	20
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Linval Fleetwood	8	Tushar Rajji	25
Manilal Mewada	9	Manisha Kia	26
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