

THE Bulletin



APRIL 2014 Volume 91, Number 2

ACA's Impact on Physicians

**GCMS Resolutions for
House of Delegates**

**We Want YOU for
Legislative Liaison!**

**Photo Spread
by Dr. Cyrus Farrehi**

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THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Dr. Cyrus Farrehi

Our Vision

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

Our Mission

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

PLEASE NOTE

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

THE BULLETIN

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ARE WE READY FOR THE BIG TRANSITION?

Healthcare providers must transition to ICD-10 on October 1, 2015. There will be no transition period or grandfathering at that point. A recent survey noted that most physicians are not ready for the transition. This transition from ICD-9 to ICD-10 is a major change that is going to affect every medical practice.

ICD-9 codes will not be accepted for services provided on or after 10/01/2015. Similarly, ICD-10 codes will not be accepted for services provided prior to 10/01/2015. Systems must accommodate both ICD-9 and ICD-10.

The ICD-10 codes are much more specific so before a code is assigned, clinical documentation must be present to support the specificity of the code. It is very important that physicians get themselves acquainted with the specific documentation required to justify the code used. Proper coding will require some proficiency in anatomy and physiology and staff who will be coding may need to take refresher course in anatomy and physiology. Unless the physicians and their office staff prepare for this change with an implementation plan, they may find themselves in a quagmire on 10/01/2015.

Before it is too late, physicians should take the necessary steps to acquaint themselves and their office staffs to have a smooth transition from ICD-9 to ICD-10. MSMS has several seminars dedicated to help physicians. GCMS is also planning its May 1 Dinner Business Meeting (see ad on page 21) to



Shafi Ahmed, MD

help physicians to understand the basic changes and to help them with tools to implement the changes in their offices. GCMS also regularly arranges office managers meetings to help them understand and to navigate through the ever changing requirements of medical practice.

If your office managers are not attending these meetings, encourage them to attend as they may find it very helpful in understanding these changes and preparing for these changes.

It is not very easy for you, as a busy physician, to keep up to date with all the changes that affect your practice. Your county Medical Society is always ready to help you and your practice to navigate through these changes.

Announcement

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

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SPARE THE ROD, SPOIL THE CHILD

So long as little children are allowed to suffer, there is no true love in this world.

Isadora Duncan (1877 – 1927)

Before one is allowed to drive an automobile, a training course is recommended and passage of a state mandated certification test is required. Flying an airplane necessitates a certain level of training and experience before one is licensed to take the controls unsupervised. Civilized society is much safer when important tasks are done by those that are qualified, certified, licensed, and reviewed, whether styling hair or doing brain surgery. But one of the most important jobs to both the community and the individual requires no previous experience or training, no licensing or certification, and there is really not even an age requirement. That is the task of parenting.

April is National Child Abuse Prevention Month. It is truly a sad commentary that we feel the need to designate a month to increase awareness of the preventable problem of child neglect and abuse. Children suffer from this hidden epidemic and increasing awareness of the public regarding the statistics, causes, effects, and solutions is the goal of this campaign. We all pay the price of this scourge but the toll on kids is shameful. The United States has one of the highest reported incidences of child abuse among developed nations.

Child abuse and neglect includes physical abuse, sexual predation, emotional and psychological trauma, and ignoring medical needs of the child. Abused children who grow up to be healthy, well-adjusted adults that do not abuse their own children have certainly beaten the odds. Most runaways, adolescent prostitutes, and teenage delinquents report having been victims of abuse as children. Signs of abuse are generally well known to medical personnel. Among them are unexplained fractures and contusions, especially in unlikely locations, repeated injuries, circular or donut-shaped burns from cigarettes or scalding, injuries in various stages of healing, and



Daniel Ryan, MD

unusual behavior such as aggressiveness or withdrawal. Parents will often be defensive or concoct an unlikely explanation for an injury.

Every day, four to seven children die from abuse and neglect. Incredibly, a majority of these kids are under four years old. This occurrence is not predicted by income level, race, religion, or ethnic or cultural groups. Abuse victims are likely to mistreat their own children and the sad cycle continues for generations. A high percentage of those in prison were abused as children, especially among women prisoners. Substance abusers were frequently neglected and/or

abused. The monetary costs, both direct and indirect, are estimated at \$124 billion annually. In this area, we are not immune. Just ask the pediatricians, emergency physicians, and pediatric intensivists. In Michigan, there were 34,000 confirmed cases of abuse and neglect in 2012, of which 2216 occurred in Genesee County.

In Genesee County, we are fortunate to have an advocate for abused children in The Whaley Children's Center. The Center is a place for sheltering, protecting and nurturing victimized kids. Their mission is to provide tools for children and families that have experienced trauma to reach their full potential. Dedicated staff and volunteers help the Center pursue its goals. Please take the time to send a generous donation to The Whaley Children's Center and support their fundraising activities throughout the year such as the Whaley Golf Classic in late summer and The World's Greatest Office Party in December. You can become directly involved by joining the mentoring program. Encourage your family, friends, and colleagues to do the same. A pipe dream would be that The Whaley Children's Center will someday have to discontinue operations because of a lack of clientele. Until that day, give until it feels good.

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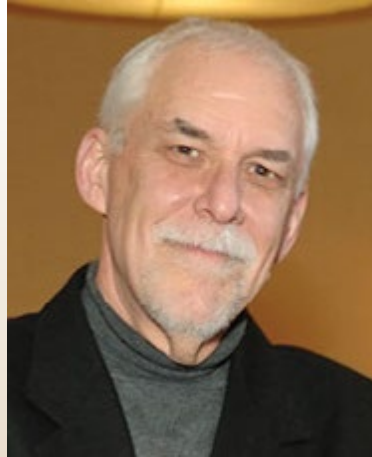
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WE WANT YOU FOR LEGISLATIVE LIAISON! YOU ASKED FOR IT, YOU GOT IT!

We are going through a revitalization period, and it is fun. We are seeing more and more residents and young physicians involved in our committees, at our events, and on our Board. We are also seeing new people take an interest in MSMS and the AMA. Each time we move through the process of adding new bright people to our leadership as our long-time leaders retire or move into other phases of life, it is absolutely thrilling. This is true, not only for me, as staff, but for the others involved, individuals on the Board and on committees. New people and new ideas, combined with folks with experience and savvy, maintain us in our position as a premier Medical Society.

Right now, we are focusing on our Legislative Liaison Committee. We have a core group of very focused, very dedicated members who have a strong



Peter Levine, MPH

interest in communicating GCMS and MSMS positions to our elected officials. We are looking for new individuals to participate in this process. Please consider this. The Legislative Liaison Committee meets on the first Monday of each month at 8 AM at the GCMS offices. Contact me to let me know if you are interested at plevine@gcms.org or 733-9925.


Finally, you asked for it you got it. Our Dinner Business Meeting on May 1 will revolve around ICD-10. We will have a faculty of Ron Rybar and Laura Lovett, from Ron Rybar Associates. They are reimbursement experts working both in the hospital and physician fields and their information will be of tremendous help to all of our members. Please come. Please bring your relevant staff. Please email Sherry at ssmith@gcms.org, or call 810.733.9923.

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WE WANT YOU FOR THE LEGISLATIVE LIAISON COMMITTEE!

**Young physicians - are you looking for
interchange with your legislators?**

**Seasoned physicians - would you like to help
bring GCMS and MSMS positions to the forefront?**

Become involved in the GCMS Legislative Liaison Committee!

Be a part of an elite group of communicators who meet
with our elected officials.

You are invited to engage in conversation with your legislators on the first
Monday of each month at 8:00am in the Rapport Conference Room at
the GCMS office.

You may contact Pete Levine at plevine@gcms.org or call **810.733.9925**,
if you would like to participate.

This is a valuable opportunity; don't let it go to waste!

What You're Not Hearing About...

The Impact of the Affordable Care Act on Physicians Need for Compliance Plans

*By: Laura Lovett, CPC, CPMA, CEMC,
Data Integrity & Compliance Consultant, The Rybar Group, Inc.*

The Affordable Care Act (ACA) will continue to evolve and morph over the coming months and years. We may not be able to foresee all the changes it will necessitate or predict the level of impact it will have on physician practices. Given the anticipated magnitude of the impact on the healthcare delivery system, we do have some general points of interest to consider.

While it is not within the scope of this article to present all the details, providers need to be fully aware of the fact that the ACA has granted additional powers to some government agencies and strengthened existing penalties in order to combat fraud and abuse. It has created screening steps for new provider or supplier enrollments and requires existing providers to revalidate their enrollment. Part of this process requires providers to have a compliance program. At this point in time, the specifics of what is required in those compliance programs and when they will need to be implemented has not been established. What was established though, is the increased amount of civil monetary penalties.

If a provider submits a claim for services not supported by documentation, it is considered a false claim. A provider may be charged with the False Claims Act even though he or she does not have knowledge that the claim is false. It is critical for providers to have compliance plans in place which helps mitigate the chance of a false claim as well as demonstrate that they are attempting to be in "compliance" in case a charge is brought.

The Office of the Inspector General provided guidance for voluntary compliance plans long before the ACA. For your own protection, it is important to develop and implement, at minimum, the auditing and monitoring portion of the OIG's recommended compliance plan. Once the official requirements for compliance programs mandated by the ACA are released providers will need to update their existing plans to cover all required elements.

The best way for providers to protect themselves is to Audit, Identify, Correct, Educate, and Repeat. The



government and other payers are continuously looking for ways to save money and identify potential fraud. One method is to stop paying for unsupported services. Reducing unnecessary and undocumented claims is a key component as a funding source for the ACA.

From a providers' perspective though, this means they must be extremely diligent in documenting all services clearly so they can be captured and submitted for correct reimbursement. If denials do occur, providers must be assertive and willing to go the extra mile by calling, sending appeals, and following up in order to receive the reimbursement they deserve. The likelihood of claim denial after an appeal is much reduced when documentation is precise and accurate. The best way to do this is by keeping close tabs on your documentation and coding as part of your compliance plan as well as staying abreast of the ever-evolving rules that apply to your services based on your payers. Compliance plans are a key component in this process.

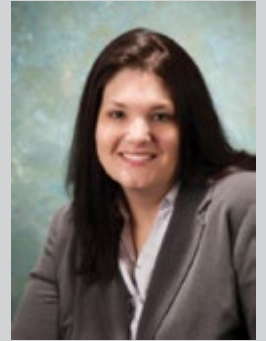
Laura Lovett is a Data Integrity & Compliance Consultant for The Rybar Group, specializing in the area of Professional Service Coding, Auditing and Education. She can be reached at 810.853.6173 or via email at LLovett@theybargroup.com



RONALD K. RYBAR,
FHFMA, CMPA
Founder and President
of The Rybar Group

You asked for it, you got it!
ICD-10 is right around the corner.
You're not ready.

**Join us for our
Business Dinner Meeting May 1, 2014**



LAURA LOVETT,
CPC, CPMA, CEMC
Consultant, Data Integrity
and Compliance

We polled the membership and the number one issue that we saw on each response was that of the topic of ICD-10.

Faculty will include Ron Rybar, BA, MBA, FHFMA, CMPA and Laura Lovett of Ron Rybar and Associates. Mr. Rybar is a healthcare finance expert. Clients range from hospital systems to physician practices. His specialties include reimbursement issues and engagements related to data integrity and compliance with federal and third party payer regulations. Laura Lovett, CPC, CPMA, CEMC is a consultant on data integrity and compliance. There is plenty to learn from their experience.

You will not get a better \$35 exposure to ICD-10. Remember when ICD-10 goes into effect, if you are not using it, you are not paid.

Please kindly submit your RSVP to this meeting very soon.

LOCATION:

Flint Golf Club
3100 Lakewood Dr,
Flint, MI 48507

COST:

\$35.00 Physicians, Spouses,
Practice Managers, Staff and Guests
\$25.00 Residents and Students

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

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Meeting

7:15 pm, Presentations

Please mail check with reservations to:

Genesee County Medical Society

4438 Oak Bridge Dr., Ste. B

Flint, MI 48532

Email or call Sherry at ssmith@gcms.org or 810-733-9923 for reservations or for more information.

Apr
GO



Photos by

Dr. Cyrus F



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CMS PHOTO ALBUM



arrehi





Genesee County Physicians – Here’s where to direct patients for assistance enrolling in the Health Insurance Marketplace:

www.gfhc.org/EnrollGenesee

Local health care organizations, including Hamilton Community Health Network, Genesee Health Plan, Genesee Community Health Center, Genesee County Health Department, and the Greater Flint Health Coalition are working together to offer free enrollment assistance to uninsured and other eligible Genesee County / Flint residents interested in purchasing health insurance through the federal health insurance marketplace – www.healthcare.gov.

Through these Genesee County partners, Health Insurance Marketplace enrollment assistance provided by Certified Navigators and Application Counselors is available at various locations on a weekly basis.

To better coordinate these opportunities for assistance to local residents, the Greater Flint Health Coalition’s Access Committee has developed a web-based calendar listing accurate and up to date information regarding the walk-in hours and appointments available at each location. This “Insurance Marketplace Enrollment Resources in Genesee County Calendar” can be viewed online at www.gfhc.org/EnrollGenesee.

Certified Navigators and Application Counselors at each site will not only assist local residents with their enrollment application, but can also help individuals determine what federal subsidy level they may qualify for.

Under the Affordable Care Act (“Obamacare”), the open enrollment period for the Health Insurance Marketplace will end March 31, 2014. For more information provided by the federal government on the Health Insurance Marketplace, visit www.healthcare.gov.



YOUR \$\$\$ AT WORK

- GCMS held Practice Managers sessions on IDC-10 and HIPAA Security
- GCMS planned it's May 1 Dinner Business Meeting on ICD-10
- GCMS Legislative Liaison Committee advocated GCMS and MSMS positions on several bills
- GCMS prepared and submitted three resolutions for MSMS House of Delegates
- GCMS delegation to MSMS IMG Section met with head of Governors office on Immigration
- GCMS helped several practices with specific issues

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- 4 General Offices
- X-Ray Area



SUITE A - MEDICAL AREA 2,786 SQ. FT.

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- Patient File/Storage (Sideways Sliding System)
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- 3 Restrooms
- Break Room
- Lab Room
- 1 General Office
- X-Ray Area



Contact: James Wascha or
Renee Waswick (810) 695-6153

e-mail: jw@waschalaw.com
or rwaswick@comcast.net



MAYOR'S WELLNESS CHALLENGE



APRIL 1st – APRIL 30th

WHAT IS THE COMMIT TO FIT! MAYOR'S WELLNESS CHALLENGE?

The 1st Annual *Commit to Fit! Mayor's Wellness Challenge* is a groundbreaking one-month health and wellness challenge to encourage individuals and local residents to practice healthy behaviors.

City of Flint Mayor Dayne Walling, in partnership with other local Mayors and public officials, is pleased to invite local residents to practice healthy behaviors throughout the month of April, earning prizes while connecting your community.



HOW TO PARTICIPATE, INCENTIVES, & PRIZES

All local residents and community members are encouraged to participate in one of two ways:

- **Online Challenge Tracking:** Track physical activity, servings of fruits & vegetables, and weight monitoring online at www.commit2fit.com throughout the challenge – those who achieve healthy goals will be eligible for a number of incentives. Visit www.commit2fit.com to view a complete list of the incentives and prizes that you could win – including gym memberships, gift cards and cash prizes!
- **Event Participation & Support:** A number of events will be held throughout Flint and Genesee County all month. All community members in attendance at each one of the fun, healthy activities will be entered into a drawing to win *Commit to Fit!* prizes.

HOW TO SIGN UP FOR THE CHALLENGE

Everyone is welcome to sign up for the *Commit to Fit! Mayor's Wellness Challenge* at www.commit2fit.com. Also, follow us on the *Commit to Fit!* Facebook & Twitter pages for challenge updates.

BONUS REGISTRATION PRIZE

Register by April 5th to be entered into a drawing for \$25 cash prizes!



CHALLENGE ACTIVITY CALENDAR

Healthy community activities will be held throughout the challenge for all those who live, learn, work, and play in Flint & Genesee County!

Mark your calendars for these healthy activities led by Flint Mayor Dayne Walling. Everyone who attends will have a chance to win a special prize!

- **Weigh-in with the Mayor:** Mayor Dayne Walling, public officials, and community residents will weigh-in together at City Hall at 2:00 pm on Monday, March 31st – All are invited!

- **Commit to Fit! Healthy Cooking Demonstration:** The Flint Farmers' Market will host a healthy cooking demonstration with Mayor Walling and community residents in attendance at 12:00 pm on Saturday, April 5th
- **Family Commit to Fit! Walk with the Mayor:** Mayor Dayne Walling invites residents and families to walk through the Flint community on the Flint River Trail, starting at Max Brandon Park on Monday, April 7th at 6:00 pm

Stay tuned for additional information on more events throughout the challenge!

APRIL 2014

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31 MARCH Mayor Weigh-in* 2:00 pm Flint City Hall	1	2 Free Fitness Class: Zumba Gold (Beginner) 5:30 pm Genesys Athletic Club	3 Free Fitness Class: Basic Yoga 6:45 pm Hurley Health & Fitness Center	4	5 Cooking Demonstration* 12:00 pm Flint Farmers' Market
7 Free Fitness Class: Drums Alive 5:30 pm UM-Flint Recreation Center Family Walk with the Mayor* 6:00 pm Max Brandon Park	8	9 Free Fitness Class: Zumba Gold (Beginner) 5:30 pm Genesys Athletic Club	10 Free Fitness Class: Basic Yoga 6:45 pm Hurley Health & Fitness Center	11	12
14 Free Fitness Class: Drums Alive 5:30 pm UM-Flint Recreation Center	15	16 Free Fitness Class: Zumba Gold (Beginner) 5:30 pm Genesys Athletic Club	17 Free Fitness Class: Basic Yoga 6:45 pm Hurley Health & Fitness Center	18	19
21 Free Fitness Class: Drums Alive 5:30 pm UM-Flint Recreation Center	22	23 Free Fitness Class: Zumba Gold (Beginner) 5:30 pm Genesys Athletic Club	24 Free Fitness Class: Basic Yoga 6:45 pm Hurley Health & Fitness Center	25 Hands On Healthy Eating Event 8:00 am-1:00 pm Flint City Hall & Hurley Medical Center Lobby	26
28 Free Fitness Class: Drums Alive 5:30 pm UM-Flint Recreation Center	29	30 Free Fitness Class: Zumba Gold (Beginner) 5:30 pm Genesys Athletic Club	1 MAY Final Mayor Weigh-in* 2:00 pm Flint City Hall		

*Mayor Dayne Walling will hold a drawing for all those who attend these events for the chance to win a Commit to Fit! Swag Bag.



MSMS IMG Annual Section Meeting

Immigration was the main topic of discussion at the annual meeting of the MSMS International Medical Graduates Section on Saturday, March 1, at MSMS Headquarters as the Section hosted the newly appointed Director of the Michigan Office of New Americans, Bing Goie. Mr. Goie, a Grand Rapids businessman, was appointed in February by Gov. Rick Snyder to help remove barriers to immigration for those who want to come to Michigan and help rebuild the state's economy, including physicians. Mr. Goie said he had been on the job for only one week at that point and that MSMS was his first speaking engagement, but he is committed to doing whatever he can to attract the best and brightest to help create jobs in Michigan.

Mr. Goie told the group that he would be testifying at the Michigan Competitiveness Committee in the House of Representatives on March 12 and would welcome input from the MSMS IMG Section to give to the Committee. The following letter was submitted to the Committee that day by MSMS IMG Governing Council chair Mouhanad Hammami, MD, of Detroit:

Thank you for the opportunity for the MSMS International Medical Graduates (IMGs) to tell our story about why our organization supports Governor Snyder's initiative to open Michigan's doors to the world with the Michigan

Office of New Americans.

The Michigan State Medical Society has a long history of advocating for international medical graduates. In fact, MSMS was the first state society to create an IMG Section, and was instrumental in the creation of the American Medical Association's IMG Section. IMGs are 26% of the U.S. physician workforce and almost 28% of the physician pipeline (residents and fellows). Additionally, IMGs are well-over 30% of primary care specialties.

Not only do we support Governor Snyder's plans to have a state-sponsored center for visas granted to immigrant investors through EB-2 and EB-5 Visas, but this office provides even further assistance when it comes to international physicians who also require visas to practice medicine in our underserved communities.

According to the 2012 report by the Educational Commission for Foreign Medical Graduates, Michigan is one of the top states in America that has the highest

J-1 Visa physicians. What do I mean by J-1 Visa Physicians? Each year, the Michigan Department of Community Health acts as the Interested Governmental Agency (IGA) for the Michigan State Conrad 30 Program and may sponsor up to 30 waiver applications for international medical physicians. In exchange for the waiver, the IMG



physician makes a commitment of three years of service in an underserved area specializing in primary care. In 2013, the State of Michigan received 56 applicants; however, 26 physicians were denied the waiver due to the limits of the Conrad 30 program.

We understand that some of these issues are federal; however, IMG physicians want to practice, invest, and build their families and medical practices in Michigan. The Michigan Office of New Americans is a great way to offer that additional assistance and provides both equal access and opportunity to make that dream become a reality.

Most recently, Director Bing Goei attended the MSMS IMG Section Governing Council Annual Meeting in East Lansing. We were able to have an open dialogue with regard to the hurdles physicians



face here in Michigan for both new comers and current physicians practicing medicine in our communities. It gave us great hope that we would continue to attract future physicians to this state, which we truly love and has provided us with such opportunity to establish our practices, treat our patients, and employ many people with healthcare jobs.

We want to thank the Michigan House of Representatives Competitiveness Committee for holding this hearing on such an incredibly important issue not only facing our state, but the nation as well. The Michigan State Medical Society International Medical Graduate Section Governing Council looks forward to continuing to be a partner in the reinvention of our great state.

We place your interests first and strive for your success and satisfaction above all.

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Thank You TO GCMS AND GCMSA

Dear Medical Community,

Peter and I recently returned from vacation to an epiphany. It was wonderful to have an opportunity to warm up if even for just a short time. Now that I am back, I have had a chance to talk to and exchange emails with some of our GCMSA members. I have to say the Genesee County Medical Society Alliance has come to mean so much to me. If it had not been for this Alliance, there would be many friendships I would have missed out on.

I look at the diversity within both the Medical Society and the Alliance and am amazed at the wonderful melting pot that we have right here in Genesee County, I can see how GCMS and GCMSA work so well together making Genesee County so well known around the country. We work together and we make a difference. I am so proud to be a member of the Alliance, which is such a great organization. I am enriched by what is going on here. If it were not for the Society and the Alliance, I would not see and know all the great people that make us what we are.

I see in the paper and in emails, some of the great things our members are doing to help Flint come back, returning to a force again in Michigan. They are not just doing this for the medical community, but for everyone living in Genesee



County. It is amazing! I hear about some of our members who are sick and could benefit from a phone call or a note in the mail showing that someone out there cares. Look how we are able to make a difference in the legislation that affects us all just because we work together.

We have joined with other organizations to help stop human trafficking, something I would not have even known about if it had not been for contact with Alliance members.

So many of our members have become best friends with people they would not even know had it not been for this fantastic group called the "Alliance." I used to tell Peter not to leave my side when we went to a function because I didn't know anyone. Now I call so many of these people friends.

I am blessed to be a part of this unique group and to be involved in these two organizations. I wanted to say these things and maybe have each of you think about what a great thing we have going here in Genesee County. I am not trying to make a pitch for membership, but just to say I love being a part of this large, warm, productive group. Please do not look at me as someone out there trying to collect your dues. Just look at me as another member who totally enjoys knowing you and caring about what happens to you. I genuinely care about you all.

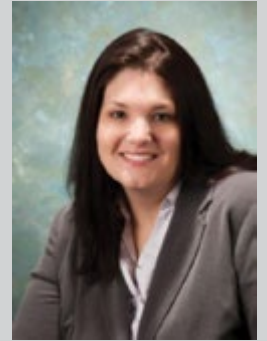
Cheryl Thoms
Past President, GCMSA

If you or someone you know would like to advertise in The Bulletin please contact Sherry Smith at ssmith@gcms.org or (810) 733-9923.





RONALD K. RYBAR,
FHFMA, CMAA
Founder and President
of The Rybar Group



LAURA LOVETT,
CPC, CPMA, CEMC
Consultant, Data Integrity
and Compliance

You asked for it, you got it!
ICD-10 is right around the corner.
You're not ready.

**Join us for our
Business Dinner Meeting May 1, 2014**

We polled the membership and the number one issue that we saw on each response was that of the topic of ICD-10.

Faculty will include Ron Rybar, BA, MBA, FHFMA, CMAA and Laura Lovett of Ron Rybar and Associates. Mr. Rybar is a healthcare finance expert. Clients range from hospital systems to physician practices. His specialties include reimbursement issues and engagements related to data integrity and compliance with federal and third party payer regulations. Laura Lovett, CPC, CPMA, CEMC is a consultant on data integrity and compliance. There is plenty to learn from their experience.

You will not get a better \$35 exposure to ICD-10. Remember when ICD-10 goes into effect, if you are not using it, you are not paid.

Please kindly submit your RSVP to this meeting very soon.

LOCATION:

Flint Golf Club
3100 Lakewood Dr,
Flint, MI 48507

COST:

\$35.00 Physicians, Spouses,
Practice Managers, Staff and Guests
\$25.00 Residents and Students

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

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Meeting

7:15 pm, Presentations

Please mail check with reservations to:

Genesee County Medical Society

4438 Oak Bridge Dr., Ste. B

Flint, MI 48532

Email or call Sherry at ssmith@gcms.org or 810-733-9923 for reservations or for more information.

Resolutions

There are three resolutions being taken to the House of Delegates on April 25-27. Members who wish to testify on behalf of these Resolutions are welcome to attend. You may contact Pete Levine for details.

The schedule of the House of Delegates may be found online at https://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/House_of_Delegates/Order%20of%20Business%202014%20HOD%20v4.pdf

**Registration begins Friday, April 25, 2014 from 5:00 – 8:00 pm
in the Presidential Foyer at The Henry, Dearborn.**

RESOLUTION

Title: Opposition to Any Legislation That Relaxes Smoking Regulations

Introduced by: Cathy Blight, MD, on behalf of the Genesee County Delegation

Original Author: Gerald Natzke, DO

WHEREAS, The health risks of smoking and of being subjected to secondhand smoke are well-known, and

WHEREAS, The state of Michigan has instituted legislation which bans smoking from public places including restaurants and institutions serving alcohol, and

WHEREAS, Legislation has been introduced which would relax smoking regulations, and

WHEREAS, It is the responsibility of the profession of medicine to protect the public from known health risks, and

WHEREAS, House Bill 5129 and any other possible future legislation designed to relax smoking regulations in any way would increase the health risks to the community, now

THEREFORE BE IT RESOLVED, That the Michigan State Medical Society and its component societies oppose any legislation that would relax smoking regulations in the state of Michigan.

RESOLUTION

Title: Support Anti-Human Trafficking Legislation in Michigan

Introduced by: Cathy Blight, MD, on behalf of the Genesee County Delegation

Original Author: Nita Kulkarni, MD

WHEREAS, Human trafficking in all its forms is slavery, and

WHEREAS, Human trafficking in all its forms creates serious public health concerns, and

WHEREAS, The laws of the state of Michigan are not restrictive enough to avoid and stop human trafficking, now

THEREFORE, BE IT RESOLVED That the Michigan State Medical Society and all County Medical Societies of Michigan support the anti-human trafficking legislative package of bills currently before the 97th Michigan State Legislature following appropriate review by the Michigan State Medical Society Legislation and Regulation Committee.

RESOLUTION

Title: Legislation to Change Grounds for Reunification in Michigan

Introduced by: Cathy Blight, MD, on behalf of the Genesee County Delegation

Original Author: Nita Kulkarni, MD

WHEREAS, Currently, Section 712A.19b of the Michigan Compiled Laws, lists reasons for termination of parental or guardianship rights, and

WHEREAS, Section 712A.19b of the Michigan Compiled Laws includes subsections that address physical or sexual abuse by a parent or the failure to prevent said physical or sexual abuse as grounds for parental termination, and

WHEREAS, There are many other appropriate causes to terminate parental or guardianship rights, and

WHEREAS, Updating Michigan Compiled Laws relating to grounds for termination of parental rights can be effectively done by updating them to include:

- Section 750.463g, which prohibits the “use of minor for child sexually abusive activity,”
- Section 750.462j, which prohibits “providing or obtaining labor or services by force, fraud, or coercion as crime,”
- Section 750.145a, which prohibits “accosting, enticing or soliciting child for immoral purpose”
- Section 750.145b, which prohibits prior conviction of “accosting, enticing or soliciting child for immoral purpose”
- Section 750.145d, which prohibits the “use of internet or computer system” in “committing, attempting to commit, conspiring to commit, or soliciting another person to commit” actions with a minor described previously as “accosting, enticing or soliciting child for immoral purpose”
- the perpetration of any of Michigan’s criminal sexual exploitation of children (CSEC) laws, and

WHEREAS, SB 589 is a proposed amendment to Section 712A.19b of the Michigan Compiled Laws, adding Section 750.145a, Section 750.145b, Section 750.145d, Section 750.462j, and Section 750.463, and

WHEREAS, Passage of this bill would mean Michigan’s’ commercial sexual exploitation of children (CSEC) laws will be grounds for termination of parental rights, and

WHEREAS, HB 4583 is a proposed amendment to Section 712A.19b, which states that “the sentencing court, without requiring a separate hearing on termination of parental rights, shall order termination of parental rights and order that additional efforts for reunification of the child with the parent not be made” upon sentencing for criminal sexual conduct or other sex crimes, and

WHEREAS, Upon the passage of both of these bills into law, the recommendations made by the Protected Innocence Challenge to the State of Michigan regarding termination of parental rights and the abandonment of reunification efforts will be met, and

WHEREAS, Convictions under these newly amended laws would establish grounds for termination of parental rights, both for children who are victims of trafficker-parents, as well as children of traffickers, now

THEREFORE, BE IT RESOLVED That MSMS aggressively pursue passage of SB 589 and HB 4583 or similar bills, which accomplish termination of parental and guardian rights for children who are victims of trafficker parents, as well as children of traffickers.

RESOLUTIONS

**Genesee County Medical Society
Board of Directors
February 25, 2014
Minutes**

*Shafi Ahmed, MD	Rima Jibaly, MD	Venu Vadlamudi, MD
*Qazi Azher, MD	*Gary Johnson, MD	*Tarik Wasfie, MD
Athar Baig, MD	Farhan Khan, MD	*John Waters, MD
*Amitabha Banerjee, MD	Samasandrapalya Kiran, MD	*Amanda Winston, MD
*Devinder Bhrany, MD	*Nita Kulkarni, MD	
*Cathy Blight, MD	Paul Lazar, MD	Staff:
Laura Carravallah, MD	Sreen Mannam, MD	*Peter A. Levine, MPH
*Ed Christy, MD	*Bobby Mukkamala, MD	
*Pino Colone, MD	Gerald Natzke, Jr., DO	Guests:
*Niketa Dani, MD	Venkat Rao, MD	*David Gordon, MD
*Deborah Duncan, MD	*Lawrence Reynolds, MD	*Susumu Inoue, MD
*Hesham Gayar, MD	Brenda Rogers-Grays, DO	
Walt Griffin	*Raymond Rudoni, MD	
*Mona Hardas, MD	*Daniel Ryan, MD	*in attendance
John Hebert III, MD	Elmahdi Saeed, MD	
Asif Ishaque, MD	Robert Soderstrom, MD	
Michael Jaggi, DO	*Peter Thoms, MD	

Introduction of New Board Members and Guests

Dr. Devinder Bhrany was introduced as a new board member.
Drs. David Gordon and Susumu Inoue were also introduced as guests.

Review of Minutes from the January 28, 2014 Board of Directors meeting.

Motion: that the minutes of the January 28, 2014 Board of Directors meeting be approved as presented. The motion carried.

Finance Report

Motion: that the budget-to-actual report for the period ending January 31, 2014 be approved as presented. The motion carried.

FarmRaiser proved to be a very nice fundraiser. \$750 was garnered for the Medical Society, with virtually no effort expended. The Board thanked Drs. Kulkarni and Mukkamala for bringing the idea to the Medical Society.

Membership

Drs. Mukkamala and Banerjee reviewed a list of unpaid members. They noted that emails and letters have been sent to each unpaid member.

Legislative Liaison

Dr. Cathy Blight reported that the Legislative Liaison Committee had met earlier in the month. She noted that, the topics were well covered, and the conversation and interchange were stimulating.

Directive: Staff was directed to put a notice in *The Bulletin* inviting people to attend Legislative Liaison Committee meeting.

Consensus: that new young members be invited to the Legislative Liaison Committee meetings.

Community & Environmental Health

Dr. Gary Johnson reviewed the upcoming Flint Science Fair and the need for judges. He invited everyone to participate.

He also noted that the Community Health Committee will be writing a series of 14 articles for *Innovative Health* magazine based on “The 14 things The Public Needs to Know to Avoid Illness and Death”.

Greater Flint Health Coalition Update

Dr. Laura Carravallah reviewed the first meeting of the Quality and Innovation Task Force of the Greater Flint Health Coalition. She reported that Chief of Staff, the VPMA's, and chief quality officers for the health systems and the third-party payers present for this meeting along with the Medical Society. She said that there would be opportunities to bring physicians into this process.

Dr. Lawrence Reynolds reported on the pending CHAP program. He noted that the Health Coalition is finished with the planning and is trying to raise funds to implement this children's health project.

The Cost Resource Planning Committee was reviewed by Dr. John Waters. He noted that substantial effort has been focused on developing a cogent snapshot of the community from a data perspective to see how serious problems are, at the moment, and in the future. He also noted that the e-cigarette issue has become a significant topic of discussion at the Coalition along with the lack of funding for community mental health.

District Directors

Dr. S. Bobby Mukkamala reported on the MSMS Board, which is focusing on a higher level of communication between the Michigan State Medical Society the Michigan Health and Hospital Association. He and Dr. Pino Colone, Speaker, also reported on changes to the House of Delegates. Dr. Colone noted that MSMS performed a survey on the House of Delegates and has implemented several major changes for the House which will allow it to run more smoothly. He noted that on Friday night there will be no quorum required because no activity will require votes. Reference committees will commence at 9 AM on Saturday. Afternoon sessions are being rearranged to make them more user-friendly. Late resolutions will be considered at the end of deliberations on Sunday. This is a significant effort to improve participation in the House of Delegates.

Presidents' Report

Dr. Shafi Ahmed reported on survey performed regarding Dinner Business Meeting topics.

Consensus: that the May Dinner Business Meeting involve an ICD-10 presentation.

Dr. Ahmed reported that the Human Trafficking Town Hall Meeting had great content. Attendance was approximately 75 people.

Dr. Ahmed reported that *Bulletin* articles have been reprinted in several other communication vehicles including *Healthcare Michigan* and *Innovative Health* magazine



Dr. Ahmed reported that the Executive Committee has decided to make *Healthcare Michigan* and *Innovative Health* subscriptions a member benefit.

Dr. Ahmed reported that letters have been sent to the legislative delegation in opposition to relaxation of smoking regulations and the use of tobacco funds for nonpublic health purposes. He also reported that on March 1, 2014 the IMG Section meeting will be held at MSMS with the head of a special governor's office on immigrant access to the state of Michigan making a presentation to the meeting.

Resolutions

Motion: that the resolutions entitled "Support Anti-Human Trafficking Legislation", "Opposition to any Legislation Which Relaxes Smoking Regulations", and "Legislation to Change Grounds for Reunification in Michigan" be approved as presented and submitted to the Michigan State Medical Society for consideration at the House of Delegates. The motion carried.

Directive: staff was directed to let the social work students who were so helpful developing human trafficking resolutions know of the date of the House of Delegates.

Consensus: that the Genesee County Medical Society give a heroes award every year.

Discussion of Genesee County Referral Patterns

Motion: to create a committee to look at data provided regarding out-referrals and determine what to do about it. Motion carried

Directive: the President was directed to establish a Data Review Committee, which will include Drs. Raymond Rudoni, Qazi Azher, Debra Duncan, and some members of the general membership to be determined.

Consensus: that sending a letter regarding referral data and a survey to the membership.

Adjournment

No further business appearing, the meeting was adjourned at 7:55pm.



April 16th is National Healthcare Decisions Day!



The Genesee County Medical Society, as a partner in the Greater Flint Health Coalition's Your Health Your Choice Advance Care Planning (ACP) Project, encourages everyone to participate in National Healthcare Decisions Day on Wednesday, April 16, 2014. National Healthcare Decisions Day is an opportunity for individuals to talk to others about their future healthcare decisions and to complete or review their advance directive.

Despite recent gains in raising awareness of the need for advance care planning, national studies indicate most Americans have not exercised their right to make decisions about their healthcare in the event they cannot speak for themselves. Locally, data collected by the Your Health Your Choice ACP Project shows that only 28% of individuals dying in a Genesee County hospital have an advance directive. The data does not indicate if the family is aware of the advance directive or if the document was used at the time of death. The Your Health Your Choice ACP Project is developing a community-wide system for Genesee County to assist residents with advance care planning and sharing their choices with those who might support or carry out the plan, including healthcare providers.

The Your Health Your Choice ACP Project has a number of downloadable resources for getting started at <http://www.gfhc.org/acp>. The Your Health Your Choice ACP Information Booklet explains why advance care planning is important and answers commonly asked questions. The Your Health Your Choice Planning Guide outlines what an individual should consider in reflecting on their future healthcare decisions. For those wishing to complete or review their advance directive, the Your Health Your Choice ACP Project has certified ACP facilitators available to assist them at no cost. For a facilitation appointment or for more information on advance care planning, individuals may call 810-232-2228 or email YHYC@flint.org.



Spread the word about the importance of advance care planning. If you don't have an advance directive, schedule an appointment to have a Your Health Your Choice facilitator assist you in preparing one.

PHYSICIAN EMPLOYMENT CONTRACTS: A REVIEW OF KEY PROVISIONS

By: R. Paul Vance

Regardless of the specific employment arrangement, a physician should always have a written employment contract which clearly outlines the parties' expectations and obligations. While the complexity of the contract may vary depending on the circumstances, some key issues must be addressed in all physician employment relationships. Below are some critical issues for physicians to consider, whether as employer or employee, as they engage in employment contract negotiations.

Compensation:

The physician employment contract should clearly specify the methodology for determining the amount of the compensation to be paid by the employer to the physician for his or her services. Compensation arrangements will vary depending on the physician's specialty and experience, the type of employer, the geographic area, and many other factors. Nonetheless, a clearly delineated explanation of compensation is paramount.

Compensation provisions most typically include a fixed base salary plus incentives approach or include a specific calculation or formula based upon production. A fixed base salary provision generally states the physician's annual compensation as a set amount that will be paid periodically throughout the employment period, regardless of productivity. In such instances, the employment contract will generally provide for a discretionary bonus in addition to the stated base salary amount. Under a productivity based compensation arrangement, the physician's pay is determined by performance factors such as the employer's charges and net or gross collections. Productivity based compensation will provide for a bonus payment if a certain level of productivity is achieved. The provision may also be structured to provide for increasing levels of compensation as greater levels of productivity are met by the physician.

As part of a compensation package an employer may also offer the employee-physician an opportunity to buy into the practice or become a shareholder after a certain period of time. This type of agreement, in

which the physician would be able to purchase shares in the employer's practice, may be part of the physician employment contract or set forth in a separate agreement.

Term and Termination:

The employment contract should have both a start and an end date which are referred to as the "term." Most contracts will either automatically renew at the end of each term, while others may have a specific renewal process. However, employment contracts may end before the expiration of the term based upon the language included in the "termination" section of the contract.

With this in mind, a physician employment contract generally may be terminated "for just cause" or "without cause." A termination "without cause" may be invoked by either party, for any reason, following a specified period of advanced notification, usually a period of 60, 90 or 180 days.

On the other hand, a termination "for cause" is immediate upon the happening of a very specific event. For cause termination usually allows the employer to immediately terminate the physician's employment if certain events occur, such as the physician losing his or her medical license, being convicted of a felony, loss of hospital privileges or loss of malpractice coverage. Employment contracts may contain a variety of other reasons why the contract may be terminated "for cause." Such clauses should be carefully negotiated by the parties. For example, broader reasons for termination will provide the employer with greater latitude to terminate the contract, such as failure to comply with the employer's policies, while more restrictive "for cause" provisions provide for more specificity and less interpretation by the parties.

Covenants Not to Compete:

Covenants not to compete contained in physician employment contracts typically prohibit a physician from establishing a practice or accepting other employment within a certain area for a certain period of time following termination of the employment

contract. In Michigan, covenants not to compete that prevent a physician from competing with his or her former employer after termination of the employment relationship are enforceable as long as they are “reasonable” as to duration, geographic location and type of employment.

Any physician entering into an employment contract which contains a covenant not to compete must be certain to read and understand the provision and be prepared to accept the consequences of its enforcement. Whether you are a physician or employer, it is important to carefully draft and negotiate the covenant not to compete provision to avoid any misunderstandings and to ensure its reasonableness. An unreasonable covenant not to compete can likely lead to problems for both parties, and issues surrounding covenants not to compete can be very costly to litigate.

Malpractice Insurance Coverage:

A clause regarding professional liability insurance coverage should be included in every physician employment contract, as most employers provide professional liability insurance while the physician works for the employer.

With this in mind, malpractice insurance coverage is usually purchased either on an “occurrence” basis (i.e., the claim is covered if the alleged malpractice occurred while the policy is in effect, regardless of when a claim is filed) or on a “claims made” basis (i.e., the policy must be in effect at the time the claim is brought). In the event the contract calls for claims made malpractice coverage, the employment contract should specify who will pay for malpractice coverage after the physician leaves. This is commonly referred to as “tail coverage.” Tail coverage provides for malpractice coverage for claims made after the liability policy has terminated. The employment contract should specify whether the employer will pay for tail coverage, the parties will split

the cost, or the physician will be solely responsible for purchasing tail coverage to insure against any gap in coverage. If the employer agrees to pay all or part of the tail coverage, such payment may be contingent upon the employee’s termination “without cause.” This ensures that the employee will bear the cost of coverage if he or she is terminated “for cause.” If the employer does not offer tail coverage, the physician should attempt to include the cost of purchasing tail coverage in the overall compensation package.

The above is by no means an exhaustive list of the key provisions contained within a physician employment contract. Whenever a physician employment contract is drafted and negotiated, both parties should consult their own attorneys for advice and counsel. For specific questions regarding negotiation and drafting of physician employment contracts you may contact the author at pvance@ccglawyers.com or 810-232-3141.

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HAPPY BIRTHDAY DOCTOR

APRIL

Devinder Bhrany, MD	1	Edwin Smith, MD	10	Gerald Cole, MD	22
Wayne Breece, MD	2	Dilraj Ghumman, MD	11	Louis Coriasso, MD	22
Vemblaserry Jayabalan, MD	3	Muhammad Jabbar, MD	11	Alan Weamer, MD	22
Kenneth Jordan, MD	3	Elisea Singson, MD	12	Thomas Bossi, DO	23
Wilbur Boike, MD	5	Jeffrey Diskin, MD	13	Donald Bryant, MD	24
Qazi Azher, MD	6	Huda Elhwairis, MD	13	Byron Schoolfield, MD	24
Carlo Dall'Olmo, MD	6	W. Archibald Piper, MD	13	Rima Jibaly, MD	26
Kurt Mikat, MD	7	Fook Kuet, MD	15	Nita Kulkarni, MD	26
Mohammed Shaik, MD	8	Don Rubino, MD	15	James Martin, MD	26
John Bauer, MD	9	M. Varkey Thomas, MD	15	Hesham Gayar, MD	28
Sherry Cavanagh, MD	9	Peter Thoms, MD	15	Ok Kang, MD	28
Gregorio Lecea, MD	9	Gurunanthan Palani, MD	19	Richard Prior, MD	28
Susan Smith, MD	9	Abdullah Raffee, MD	19	Mark Camens, MD	29
Byung Chang, MD	10	Sarah Sanche, MD	19	Angela Schultz, MD	29
Gautham Gadiraju, MD	10	Gregory Forstall, MD	21	Seif Saeed-Elasad, MD	30
Syed Sattar, MD	10				

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GCMS MEETINGS

— APRIL 2014 —

Bulletin Committee 4/2

7:30am, GCMS Office

Legislative Liaison Committee 4/7

8am, GCMS Office

Membership Committee 4/21

12pm, GCMS Office

Finance Committee 4/22

5:30pm, GCMS Office

Board of Directors 4/22

6pm, GCMS Office

Community & Environmental Health Committee 4/23

12:30pm, GCMS Office

Practice Managers 4/24

8am, GCMS Office

May 1st

Dinner Business Meeting

- ICD-10 -

Flint Golf Club



Genesee County Health Department

Mark Wajszak, M.P.H., Health Officer
Gary K. Johnson, M.D., M.P.H., Medical Director

March 20, 2014

Dear Colleagues:

The Michigan Communicable Disease Rule, Act No. 368 of the Public Acts of 1978, section 333.5111 of the Michigan Compiled Laws requires both laboratories and physicians to report persons with certain infections or conditions and diagnosed conditions or agents as suspect to the local health department.

The March 2014 issue of "The Genesee County Medical Society Bulletin" makes reference, on page 21, to the "Health Care Professional's Guide to Disease Reporting in Michigan." Following the listed link, one finds section C "Physician and Authorized Health Care Professional Reporting Requirements." It is to be noted that chlamydial (genital) and gonorrhea infections are required to be reported within 24 hours, unless noted, to the local health department, eg Genesee County Health Department.

All providers are required to completely fill out the "Confidential Venereal Disease Report & Laboratory Test Results" or V76 form.

It is critically important that a person diagnosed is treated. Treatment information is required in order for us to close the case. If a person is not treated, that information is needed as well.

Please find attached the V76 form that you are required to mail or fax to the Genesee County Health Department. All providers in Genesee County must confidentially fax the V76 form to (810) 257-3530 or mail to the Genesee County Health Department at 630 S. Saginaw St., Ste. 4, Flint, MI 48502. Attention: Adult Clinic.

Please call (810) 257-3155 with any questions.

Thank you for your cooperation in this manner.

Sincerely,

Gary K. Johnson, MD, MPH
Medical Director

attachment

R:\Groups\Adm\Medical Director & Coordinator\Provider Education\Reporting Letter 3-11-14.doc

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Confidential Venereal Disease Report & Laboratory Test Results (V76)

Patient Name:

 Last First Middle

 Address (Street & Number or PO Box) City/Town State Zip

 Date of Birth Sex Race Ethnicity Phone Number Medical Record Number

Race Group:	W-White	B-Black	A-Asian	AI-American Indian	AN-Alaskan Native	O-Other	U-Unknown
Ethnicity	H-Hispanic	R-Arab					

 Specimen Submitted By (Physician or Institution) Telephone Number

 Submitter Address Date Specimen Taken

 Laboratory Processing Specimen

Laboratory Finding (Tests Performed and Results) Date Reported: _____
 Positive Gonorrhea Urine Specimen Endocervical
 Positive Chlamydia Urethral Specimen Other: _____

Diagnosis and Treatment Information

Syphilis:

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary (Chancre Present) | <input type="checkbox"/> Latent (Duration Unknown) | <input type="checkbox"/> Neurosyphilis |
| <input type="checkbox"/> Secondary (Rash/Other) | <input type="checkbox"/> Late Latent (Over One Year) | <input type="checkbox"/> Congenital |
| <input type="checkbox"/> Early Latent (Under One Year) | <input type="checkbox"/> Late (With Manifestations) | <input type="checkbox"/> Not Infected (False Positive.) |

- Gonorrhea:** Uncomplicated PID Disseminated Ophthalmia/Conjunctivitis
Chlamydia: Uncomplicated PID Disseminated (Reiter's Syndrome) Ophthalmia/Conjunctivitis

Patient Treated? Yes No If Yes, specify drug, dosage, and date of treatment _____
 1 gm Zithromax 250 MG IM Rocephin
 100 mg Doxycycline bid X 7/10 days 2.4 million units Biellin L-A IM
 100 mg Doxycycline bid X 14/28 days Other _____

Attempt to contact patient: By Telephone By Letter

 Person completing the form **Please Mail or Fax form to:** Date Reported

 Telephone Number of Submitter

Genesee County Health Department
 630 South Saginaw Street, Suite 4
 Flint MI 48502
 Phone: (810) 257-3139
 Fax: (810) 257-3530

Check completeness and legibility of requested information and forward to your local Health Department. Venereal Disease and Chlamydia cases must be reported within 24 hours of diagnosis and discovery as outlined in section 5111 of Public Act 368 of 1978. Rules 325.172 and 325.173.DCH-0821E Rev 10/25/2013

