



THE Bulletin

August 2014 Volume 91, Number 8

Updated Community Health Data

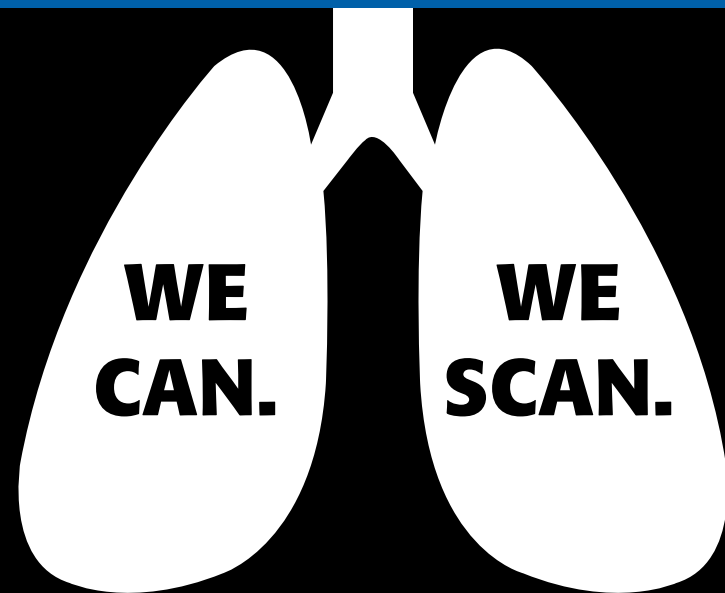
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THE BULLETIN is published monthly by
The Genesee County Medical Society.

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ASSOCIATE EDITOR Peter Thoms, MD

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Cathy Blight, MD
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Pino Colone, MD
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John Hebert III, MD
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Gerald Natzke, Jr., DO
Raymond Rudoni, MD
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August 2014 Volume 91, Number 8

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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GCMS PROVIDES DATA TO PHYSICIANS

This issue of The Bulletin features a special report that provides critical information to physicians. It is extracted from the 2013 Community Data Scorecard Report of the Greater Flint Health Coalition. This report was recently given to the Board of Directors of the Greater Flint Health Coalition.


It juxtaposes the environmental and social determinants of health, against local clinical data, and the health status and health behaviors of the community.

The report dramatically shows, that the breakdown of factors which impact morbidity and mortality levels are 50% social, economic and physical environmental factors, 20% clinical care, and 30% health behaviors. The bottom line is that this community's statewide ranking is 16th in clinical care, 77th in terms of health behaviors, 73rd in terms of social and economic factors, and 78th in terms of physical and environmental factors.

Please take the time to review the data, as it is of real importance to your practice.



Shafi Ahmed, MD



You are cordially invited to the
Health Systems Update
September 4, 2014
GCMS General Membership Meeting

Physicians and spouses of GCMS and GCMSA and other interested professionals are invited to hear the Presidents of our three health systems provide an update on current and future directions.

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Business Meeting

7:15 pm, Presentations

Location:
Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

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

Presentations by:

Betsy Aderholt, President of Genesys Regional Medical Center,

Don Kooy, President of McLaren Flint, and

Mike Burnett, Vice President for Service Line Development, on behalf of

Melany Gavulic, President of Hurley Medical Center.

This is a unique opportunity to hear directly from the leaders of our three local health care systems about decisions that impact physicians and their patients, and to interact directly with them.

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A man's accomplishments in life are the cumulative effect of his attention to detail.

John Foster Dulles (1888 – 1959)

It is midsummer and there are no flowers adorning the walkway. The dandelions are high, the grass unmowed, and the shrubbery untrimmed outside a local restaurant. Navigating around it is certainly surprising, and quite unfortunate, to see other business owners/managers neglecting the exterior appearance of their place of business. Don't they ever take the time to examine their establishment from the customer's perspective? Even some physician's offices are not immune. Both the outside and inside of our offices need to project an image of organization, concern, and care that patients absorb and contributes to the overall perception of confidence and competence that patients want.



Daniel Ryan, MD

Most physicians use a private entrance and never come into the office through the same door used by patients. They never sit in the waiting room chairs, (or wait in the sitting room chairs), use the patient wash room, thumb through the magazine selection, and assess the lighting and overall ambience of the office décor. If they did, some changes would likely be in the offing, at least one would hope in many cases.

There are plenty of consultants out there that are willing to remodel, redecorate, and reconfigure your office space for a tidy fee. But many helpful tips can be gleaned from throw-away periodicals and Internet sites. Many suggestions are common sense, (which, by the way, is uncommon) and others are quite creative. For example, the majority of doctor's waiting rooms have one or more televisions blasting CNN, talk shows, game shows, or some other annoying programming throughout the day. But a squawk box in your office may be a negative factor. A Dutch study in 1994 found that patients who watched television in the waiting room perceived the wait time as longer than those who did not watch. Many offices offer beverages such as coffee, tea and soft drinks to waiting

patients. Be prepared to spend money on products, cups, cream, sugar etc. and be prepared for the inevitable spills that occur.

The washroom needs to be inspected frequently for general cleanliness, paper towels, toilet tissue, and soap. One inspection per day or less often is not adequate to insure order as people tend to trash public restrooms. Free Wi-Fi is expected by computer using patients, even the geriatric set these days. Consider redecorating with carpet, paint and paper, window treatments and furniture about every 10 years as an office needs a fresh look just like our homes. It is worth the expense and inconvenience.

The magazine selection needs to be current and varied. Old magazines look ratty and become stale. Many doctor's offices are subscribing to local and national newspapers such as The Wall Street Journal or The New York Times because many patients prefer reading a newspaper to a magazine. Table lamps are more pleasing than stark overhead fluorescent lighting. Tasteful artwork is easier on the eyes than medical-themed posters. Plants should be real and well-tended. Dead or dusty artificial plants are disgusting. Aquariums are popular but the expense of maintenance must be considered.

The exterior appearance of an office needs to be welcoming and inviting. A pot or two of colorful flowers costs little and pays dividends. Clean, clear walkways with unbroken concrete and easy wheelchair access are essential. Windows should be cleaned regularly.

A typical busy physician's day is consumed with patient care issues and there is often little time to deal with the appearance of our offices. However, many of these tasks can be delegated to a competent office manager with direction from the boss. First impressions are critical and close attention to all of these details enhances the patient experience and the practice of medicine.

SAVE THE DATE!

Looking ahead... Although it seems like only a few short weeks ago that we were welcoming Dr. Shafi Ahmed as our incoming President, we are swiftly approaching the

GCMS/GCMSA 2014 President's Ball.

The event will be held at the Genesys Banquet and Conference Center on November 15.

Make plans now to attend, you won't want to miss it!



If you or someone you know would like to advertise in The Bulletin

please contact Sherry Smith at ssmith@gcms.org or Call (810) 733-9923.

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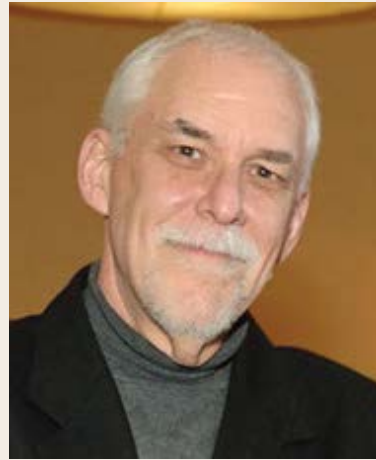
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CONSOLIDATION IS RAMPANT

It's happening quietly, but the face of health care in Michigan is radically changing. While it is obvious to those of us on the inside, consumers might be stunned if they were to pay attention to the branding changes for large numbers of hospitals in the state. Most recently, the new system entitled Beaumont Health was created out of the former Beaumont Health System, Oakwood Health Care, and Botsford Health Care. Also, recently, the Together Health Network was created when Trinity Health and Ascension Health got together.



Peter Levine, MPH

The amount of brainpower that it takes to run a group of 10 hospitals is substantial. The amount of concern over the satisfaction of each individual patient, as one might find in the physician practice, is simply absent.

It is very important for the public to understand that issues of resource allocation, statistical significance of positive and negative outcomes, population-based patient satisfaction, and the broad perception of their brand are the critical elements to hospital

systems' futures. Add to that the highly sophisticated approaches to insurance contracting, planning to outthink the future of health care delivery legislation (which is constantly changing), and holding together a medical staff, and you have a lot of people pulling together to achieve corporate goals.

Compare this to the amount of energy that each individual physician puts into his or her practice. When the individual physician, in independent practice, is the CEO, Chief Financial Officer, and the Chief Piecemeal Operator, the resources brought to bear on planning pale in comparison to these health systems. Is it any wonder that physicians are affiliating in such large numbers with POs, hospital contracting subsidiaries, and other settings that allow them to share in contracting and administrative planning?

Is it any wonder that the complexity of all of this is not understood by the public at large? Who can possibly understand the idiosyncrasies being created by new reforms established at the federal and state levels? Who can understand the pressures placed on one's physician to respond to all the stimuli? Who can really figure out how this will impact our care?

When a patient goes to the doctor or to a hospital, all they are thinking about is getting better. Things

like food become important. Things like pain control are important. Easy access to the different stages of care is important.

Patient care, not the bottom line, should always be our primary concern. To accomplish this, the complex systems need to be reduced to navigable pathways.

These roads will be rocky. We all need to strap on our thinking caps to help make this transition process go easier. We need to find ways to work together as part of the health care "system," and as health care consumers.

Unfortunately, the power and the money is residing in large systems and insurance companies. My personal hope is that the soul is not entirely taken

out of health care. At least, from the physicians' and allied personnel's perspective, their original purpose of going into these fields was to help patients. From the patient's perspective, that is all that matters. I hope these large systems can accommodate the patients' needs in ways the patients can appreciate. I hope that at some point the public will engage in a non-partisan manner to help shape the future of health care. The ACA is the law of the land. Politics needs to be removed from the system development process. Health care is too important to all of us as consumers, to allow politics to control how it shakes out.

Look around Michigan:

McLaren Health Care is now an 11 hospital system.

St. Joseph Mercy Health System is 11 hospitals.

Trinity Health has 10 hospitals in Michigan.

Henry Ford Health System is six hospitals.

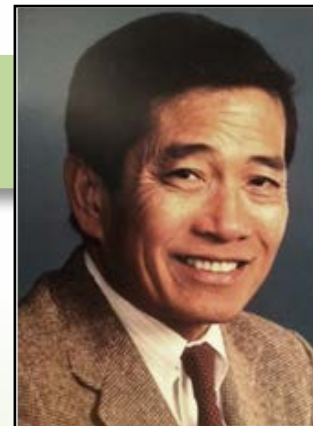
St. John Providence Health System is six hospitals.

Spectrum Health is nine hospitals.

What does this really mean to a consumer?

Well, the first thing is that the warm-fuzzy is disappearing from health care. The frank truth is that health care is a major industry. It is not a public utility, but it is a highly regulated, highly complex set of services that comes together into what the general public knows as "health care." Oddly enough, the general public often does not understand that health care insurance and health care delivery are two different industries. Many people refer to their health insurance as health care. The frank truth is that the reason the health care industry is centralizing is to deal with economies of scale, to reduce cost, to improve quality and outcomes, to increase value for insurance companies, and to spread positive brands in an appeal to public perception.

OBITUARIES



Nicholas Velarde, MD

1934 - 2014

On July 7, Nicholas Velarde, MD passed way at his home in Petoskey at the age of 80. Dr. Velarde was born in the Philippines. He attended medical school at the University of the Philippines, receiving his Doctor of Medicine degree in 1957. His residency in neurology was performed at Albany Medical Center and Wayne State University. His neurosurgery residency was performed at Ottawa General Hospital. His neuropathology residency was performed the University of Toronto.

Dr. Velarde was a member of the Genesee County Medical Society, Michigan State Medical Society, and the AMA, as well as the American Academy of Neurology.

HAPPY BIRTHDAY DOCTOR

AUGUST

Vamsi Korrapati	1	Louinda Zahdeh	11	Fidel Seneris	18
Scott Plensdorf	1	Frazer Wadenstorer	12	Lavanya Cherukuri	19
Amanda Winston	2	Abed Kanzy	12	Khalid Latif	20
John Schultz	2	Daniel Tismal	13	Cheng-Yang Chang	20
Leo Madarang	2	Anup Sud	13	Esther Kisseih	21
Jennifer DeAnna	2	Gary Rudder	13	Colleen Overdorf	22
Hossam Hafez	2	Edward Christy	13	Liza Weathersby	22
Harvey Olds	3	Mohammed Saleem	14	Gandhi Lanke	23
Christopher Sweet	4	Cinthia Elkins	14	Kashif Khan	23
Ann Burton	4	Robert James	14	Marcos Machado	24
Silpa Ramireddy	5	Ayman Tadros	15	Ayman Khafagi	24
Venkat Rao	5	Deborah Duncan	15	James Rogers	25
Brian Nolan	6	Rakesh Gaddam	15	Gary Johnson	26
Kimberly Pummill	8	Larry Young	16	D.V. Pasupuleti	27
Paul Musson	8	Carlos Petrozzi	16	Farhood Farahmand	27
Zouheir Fares	8	Rebecca Baumbach	16	Michael Kirby	28
Sreenivas Mannam	10	Iqbal-Husein Allarakhia	17	Jack Portney	29
Melvyn Wolf	10	Cathy Blight	17	Orlando Filos	29
Natalie Debernardi	10	Kevin Bur	17	Lisa Guyot	31
James Forshee	10	Francisco Terrazas	18	Kavitha Kesari	31

Come This Saturday and Bring Your Family!!!

You're invited to spend a day at the

FLINT CULTURAL CENTER

with the

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Reserve the day!

August 2, 2014

10am – 2pm

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 Longway Planetarium, last show begins at 3:30 pm
 Flint Institute of Arts, open until 5:00 pm
 Sloan Museum, open until 5:00 pm
 Buick Gallery, open until 5:00 pm
 Flint Public Library, open until 6:00 pm

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SLATE OF NOMINEES FOR GCMS OFFICES 2014-2015

The Following SLATE OF NOMINEES FOR GCMS OFFICES 2014-2015 was presented to the Board of Directors on May 27 for approval and is published for members review in the August Bulletin:

PRESIDENT – ELECT:

Pino Colone, MD

SECRETARY:

Qazi Azher, MD

DELEGATES:

Qazi Azher, MD

Amitabha Banerjee, MD

Cathy Blight, MD

Ed Christy, MD

Pino Colone, MD

Deborah Duncan, MD

Hesham Gayar, MD

John Hebert, MD

Nita Kulkarni, MD

Dan Ryan, MD

ALTERNATE DELETATES:

Sunil Kaushal, MD

Rama Rao, MD

Venkat Rao, MD

Lawrence Reynolds, MD

FINANCE COMMITTEE:

Lawrence Reynolds, MD

Raymond Rudoni, MD

INTERNATIONAL MEDICAL GRADUATES DELEGATION:

Shafi Ahmed, MD

Abd Alghanem, MD

Sara Ali, MD

Qazi Azher, MD

Amitabha Banerjee, MD

Rao Botta, MD

Edward Christy, MD

Hytham Fadl, MD

Hesham Gayar, MD

Ayman Haidar, MD

Mona Hardas, MD

Asif Ishaque, MD

Rima Jibaly, MD

Sunil Kaushal, MD

Samasandrapalya Kiran, MD

Sreen Mannam, MD

Vijay Naraparaju, MD

Sayed Osama, MD

George Predeteanu, MD

Rama Rao, MD

Venkat Rao, MD

Jagdish Shah, MD

Jawad Shah, MD

Hemant Thawani, MD

Tarik Wasfie, MD

Sania Zainuddin, MD

YOUNG PHYSICIANS SECTION:

Nateen Mahotra, MD – Delegate

A.J. Srivastava, MD - Alternate delegate

PRESIDENTIAL CITATION FOR LIFETIME COMMUNITY SERVICE:

Rima Kudish, MD

PRESIDENTS FOR A DAY:

Donald Canada, MD

Jagdish Shah, MD

MSMS COMMUNITY SERVICE AWARD:

Gerald Natzke, DO



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SAVE THE DATE!!!

GCMS/GCMSA 2014 President's Ball

The event will be held at the

Genesys Banquet and Conference Center

on

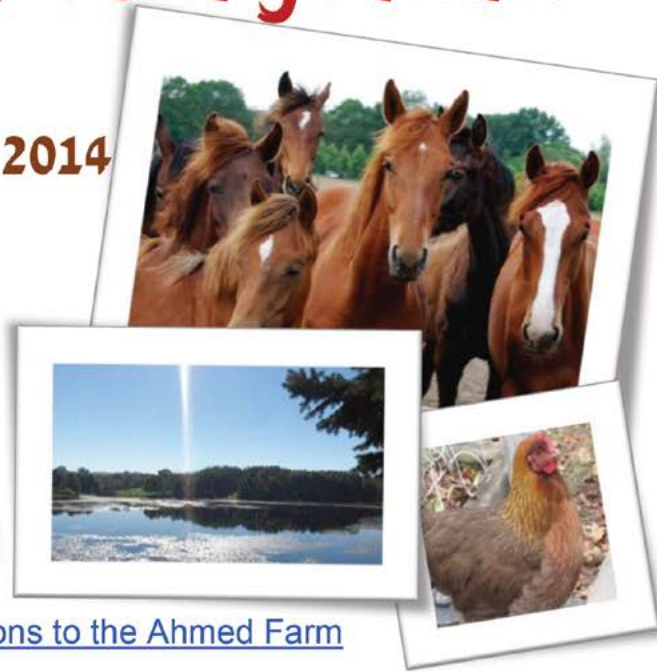
November 15

*Make plans now
to attend,
you won't want
to miss it!*



Bring your spouse or significant other and your kids to the GCMS/GCMSA Family Picnic!

Come have a blast on Saturday, August 23, 2014 12pm to 4pm at The Ahmed Farm 171 Barron Road Ortonville, MI 48462



[Click here for directions to the Ahmed Farm](#)

- - Food and drinks will be provided - -

Your kids will enjoy petting farm animals and being led on horses!

Please RSVP by 8/16/2014



to Ruqsana Polly Ahmed 810-516-0350

ruqsanaahmed@hotmail.com

or Sherry Smith 810-733-9923

ssmith@gcms.org

*Shafi Ahmed, MD
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*Robert Soderstrom, MD

*Peter Thoms, MD
Venu Vadlamudi, MD
*Tarik Wasfie, MD
*John Waters, MD
*Amanda Winston, MD

Staff:
*Peter A. Levine, MPH

Guest:
*Ruqsana Ahmed
*Gwen Reyes, MD

*in attendance

The meeting was called to order at 6:00PM in the Rapport Conference Room by Shafi Ahmed, MD, President.

Motion: that the minutes of the April 22, 2014 Board of Directors meeting be approved as presented. The motion carried.

Dr. Shafi Ahmed introduced Mrs. Ruqsana Ahmed, the newly installed President of the GCMS Alliance. Mrs. Ahmed reviewed the schedule of Alliance activities for the coming year and noted that one special event will be a picnic scheduled for August 23, 2014 at the Ahmed farm in Ortonville.

Motion: that the budget-to-actual report for the period ending April 30, 2014 be approved as presented. The motion carried.

Dr. Banerjee reported that the residents and young physicians' event will be held at the Cultural Center on either August 9 or August 2. The timing of that event will be determined by Thursday of this week.

Motion; that the request for retirement status, effective December 13, 2014, for Dr. Charles Safley be approved as presented. The motion carried.

Dr. Cathy Blight reviewed the Legislative Liaison Committee meeting of May, and the issues covered in that session. She also reviewed several fundraisers which are being held by local members for political candidates.

Drs. Gary Johnson and Gerald Natzke noted that a special issue of The Bulletin is being proposed to involve healthy recipes. There are also efforts to meet with The Flint Journal to propose articles on healthy restaurant foods as opposed the current focus on tacos, pizza and donuts. Also being discussed by the committee are landfill issues.

Various members of the Board reviewed the activities of the Health Coalition relating to its Quality and Innovation Task Force, Advance Care Planning Program, Cost and Resource Planning, and Board of Directors activities. Drs. Mukkamala and Waters reviewed MSMS's assertive opposition to the current initiative to study efficiency of rapid diagnostic testing by pharmacists. This interferes with the practice of medicine and is beyond the scope of pharmacies. The Board congratulated Drs. Rudoni and Colone on their handling of the House of Delegates as Vice Speaker and Speaker. They also noted that Senator Jim Ananich's Senate Bill 648 has passed which would forgive debt for residents who work in Michigan in underserved areas.

Pete Levine noted that the June issue of The Bulletin will focus primarily on the issues associated with out-of-region hospital admissions for Genesee County residents. The July issue is dedicated to the Alliance. The August issue will resolve around communitywide health data provided by the Health Coalition.

Dr. Robert Soderstrom, GCMS Nominating Committee Chairman, reviewed the Slate of Officer Nominees proposed by the Nominating Committee.

Motion: that Dr. Venkat Rao and Dr. Lawrence Reynolds be re-nominated as Alternate Delegates and that Dr. Rama Rao and Dr. Sunil Kaushal be nominated as Alternate Delegates. The motion carried.

Motion: that Drs. Pino Colone, Amitabha Banerjee, Hesham Gayar, Cathy Blight, Ed Christy, John Hebert, Qazi Azher, Dan Ryan, Deborah Duncan be re-nominated as Delegates, and that Dr. Nita Kulkarni be moved from Alternate to Delegate. The motion carried.

Motion: that Dr. Lawrence Reynolds and Dr. Raymond Rudoni be re-nominated to serve on the GCMS Finance Committee. The motion carried.

Motion: that Dr. Qazi Azher be re-nominated to serve as GCMS Secretary. The motion carried.

Motion: that the entire slate of International Medical Graduate Delegates be re-nominated with the addition of Dr. Rama Rao. The motion carried.

Motion: that the Young Physician Delegation include Dr. Nitin Malhotra as Delegate and Dr. Ajay Srivastava as Alternate Delegate. The motion carried.

Motion: that Dr. Rima Kudish be nominated for GCMS President's Hero of Medicine Award. The motion carried.

Motion: that Dr. Gerald Natzke be nominated for the Michigan State Medical Society Community Service Award. The motion carried.

Motion: that Dr. Jagdish Shah and Dr. Donald Canada be nominated for the President for a Day Award. The motion carried.

Motion: that Dr. Pino Colone be nominated for GCMS President-Elect. The motion carried.

Motion: that the GCMS Presidential Citation name be changed to the GCMS President's Hero of Medicine Award. The motion carried.

Directive: Staff was directed to correspond with MSMS, nominating Dr. Amanda Winston to serve on the Residents and Fellows Sections Governing Council if possible.

Dr. Shafi Ahmed reported that staff presented along with Greater Flint Health Coalition staff on the topic of childhood obesity at a special MSMS conference on the same topic.

Dr. Ahmed reported that the House of Delegates was extremely successful for the Genesee County Medical Society with all resolutions passing, all candidates reelected, and both the speaker the vice speaker serving illustriously on behalf of our county.

Dr. Ahmed reported that the April practice managers' session was entitled, "The Affordable Care Act. What's Going on with Your Practice?" The May session revolved around GHP and Healthy Michigan update, how to get paid for seeing your patients. These were extremely well attended

May Dinner Business Meeting on ICD-10 – Dr. Ahmed reported that, although only about 75 people were in attendance at the May dinner business meeting session on ICD-10, it was a very well done meeting. He noted that in the June issue of The Bulletin, a brief synopsis of the speaker's comments will be included

Dr. Ahmed noted that GCMS and the Health Coalition co-hosted a terrific session on shared medical appointments. Seven practices were in attendance, several of which are likely to start providing shared medical appointments.

Dr. Ahmed reviewed a letter from Dr. Venu Vadlamudi, thanking GCMS for its support and good work. He noted that he would be leaving the community.

Motion; that the nomination of Dr. Venkat Rao to the ECFMG Board by the MSMS IMG section be supported. The motion carried.

The next meeting of the GCMS Board of Directors will take place on June 24, 2014.

No further business appearing, the meeting was adjourned at 7:45pm.

Respectfully submitted,

Peter Levine, MPH
Executive Director

Do what I did...



Ken Steibel, M.D.

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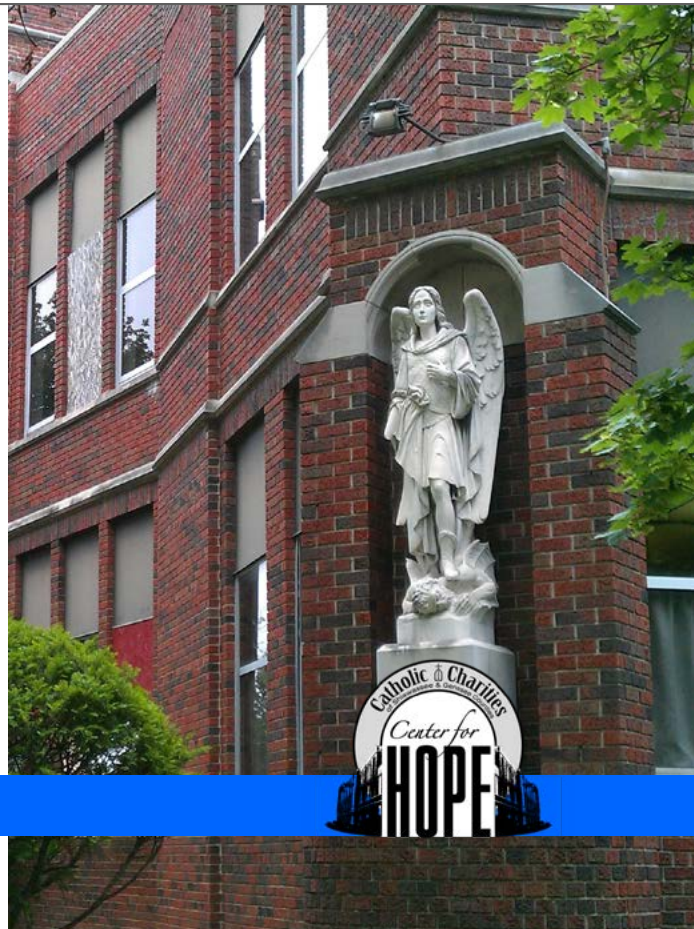
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- Clothing
- Toiletries
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**SAVE
THE
DATE!!!**

**GCMS/GCMSA
2014
President's Ball**
The event will be
held at the
**Genesys Banquet
and Conference
Center**
on
November 15.

Make plans now
to attend, you won't
want to miss it!

Issues Of Serious Concern For Medical Practices!

*Don't let your practice manager
miss these important meetings!*

August Topic:
The focus will be PQRS

Presenter:
MSMS staff,
and experts from
other key entities



Held 4th Thursday
of each month from
8am to 10am.

Genesee County Medical Society
Rapport Conference Room
4438 Oak Bridge Drive, Suite B
Flint, MI 48532

Light breakfast available
(coffee, tea, fruit cups, granola bars)

August

GCMS PHOTO ALBUM



Photos by
Dr. Cyrus Farrehi

August

GCMS PHOTO ALBUM



Photos by
Dr. Cyrus Farrehi



SAVE THE DATE!

Looking ahead...

GCMS/GCMSA 2014 President's Ball

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you won't want to miss it!



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METROPOLITAN BUILDING

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SUITE B - MEDICAL AREA 3,378 SQ. FT.

- Patient Seating/Child Area
- Reception/Clerical Work Area
- Back Area Clerical Work Station
- 6 Exam Rooms, Fully Plumbed
- 3 Restrooms
- Break Room
- 4 General Offices
- X-Ray Area



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

- Patient Seating Area
- Reception/Clerical Work Area
- Patient File/Storage (Sideways Sliding System)
- 6 Operatories, Fully Plumbed
- 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 rwswick@comcast.net

ALLOWABLE CHARGES FOR PROVIDING MEDICAL RECORDS

By Timothy H. Knecht, Esq. Cline, Cline & Griffin, P.C.

The State of Michigan dictates how much physicians can charge to provide copies of medical records to a patient or to a patient's representative. Records can only be released to either a patient or a patient's authorized representative. Allowable charges are as follows:

- A. Initial Fee of \$23.42 per request for a copy of the record.
- B. Charges for paper copies are as follows: \$1.17 for the first 20 pages; 59 cents per page for pages 21-50; 23 cents per page for pages 51 and over.
- C. If the medical record is in some form or medium other than paper (electronic medical records), you may charge the actual cost of preparing a duplicate. Michigan Law does not define what "actual cost" includes. A good rule of thumb to follow would be make sure you do not charge more for producing a copy of an electronic medical record than you would for producing a paper copy of the same medical record.
- D. You can charge postage or shipping costs which you actually incur to provide the records.
- E. You can charge any actual costs you incur in retrieving medical records that are Seven (7) years old or older and not maintained or accessible on site.

You can refuse to provide a copy of all or part of a medical record for a patient or for his or her authorized representative until the applicable fee is paid. You cannot charge a greater fee than the fee allowed by this law.

You cannot charge any fees or any costs for providing a medical record to an indigent individual or if a patient's representative claims that the patient is indigent. You may require the patient or his or her authorized representative to provide proof that the patient is the recipient of assistance or is otherwise indigent. You only have to provide one set of records free of charge to a medically indigent person. Any subsequent requests for records for the

same person are subject to the fees stated in this article.

If a patient requests a copy of his or her own medical records, you cannot charge the patient the initial \$23.42 fee. You can charge the patient all the other fees allowable by this particular law.

The amounts you can charge are updated annually by the State of Michigan Department of Community Health. A copy of the 2014 updates appears following this article. That update also contains a link to the complete Medical Records Access Act if you care to look at it.

As always, if you have any questions, please feel free to contact the undersigned.

PREPARED BY:
 Timothy H. Knecht
 Cline, Cline & Griffin,
 P. C. 503 S. Saginaw Street, Suite 1000
 Flint, MI 48502 • (810) 232-3141

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STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

2014 MEDICAL RECORDS ACCESS ACT FEES (In Accordance with the Consumer Price Index)

The Medical Records Access Act, Public Act 47 of 2004, MCL § 333.26269 (the Act), states that if a patient or a patient's authorized representative requests a copy of all or part of the patient's medical record, the health care provider, health facility, or medical records company to which the request is directed may charge the patient or the patient's authorized representative a fee. The Act requires the Department of Community Health to adjust on an annual basis the fees prescribed by the Act by an amount determined by the state treasurer to reflect the cumulative annual percentage change in the Detroit consumer price index.

In compliance with the Medical Records Access Act, I, James K. Haveman, Director of the Michigan Department of Community Health, recognize the State Treasurer's certification of the annual percentage increase in the Detroit Consumer Price Index for the 2014 calendar year. Accordingly, I have adjusted the fees by the cumulative annual percentage change as follows:

Year	Initial Fee (333.26269(1)(a))	Per page for the first 20 pages (333.26269(1)(b)(i))	Per page from pages 21-50 (333.26269(1)(b)(ii))	Per page for pages 51+ (333.26269(1)(b)(iii))
CY 2014	\$23.42	\$1.17	\$0.59	\$0.23

NOTE: A 'patient', as defined by this rule, shall not be charged the initial fee for the patient's own medical record. However, a patient can be charged the other permitted fees (e.g. the per page fees).


 James K. Haveman, Director


 Date

See the complete Medical Records Access Act at:
<http://legislature.mi.gov/doc.aspx?mcl-Act-47-of-2004>

“Helping Adolescents Cope with Loss”



2014 Hospice Teleconference

When: September 24, 2014

Time: 8:00 a.m. Registration
8:30 a.m.-12:30 p.m. Program
(Full breakfast available beginning at 8:00)

Where: Genesys Banquet Center
805 Health Park Boulevard
Grand Blanc, MI

Sponsored by: Gentiva Hospice, Genesys Hospice, Heartland Hospice, McLaren Hospice, Brown Funeral Home, Hill Funeral Home and Reigle Funeral Home.

Funded by a grant from the Community Hospice Foundation Fund of the Community Foundation of Greater Flint.

For reservations or further information, contact Audrey Charlton @
Gentiva Hospice 810-733-7250

3 CE Credits Available

YOUR \$\$\$ AT WORK

- GCMS created a Slate of Nominees for officer positions.
- GCMS hosted Practice Manager session on HIPAA compliance.
- Construction started on rental space in the Medical Society building
- GCMS continued participation in Advance Care Planning Project of the Greater Flint Health Coalition.
- Community & Environmental Health Committee leaders met with Flint Journal editorial staff regarding content.
- GCMS and GCMSA members hosted several fundraisers for political candidates.
- GCMS leaders continued to communicate with elected officials regarding opposition to expansion of scope of practice for allied health professionals.
- GCMS completed planning for August 2 event for young physicians, residents, students, and their families.

**SAVE THE DATE!
LOOKING AHEAD...**

GCMS/GCMSA 2014 President's Ball.
The event will be held at the
Genesys Banquet and Conference Center
on **November 15.**

Make plans now to attend,
you won't want to miss it!

ROSTER ADDENDUM:

GCMS was recently made aware that Dr. Pongchayut Surapipith was not listed in the 2013-2014 Roster. Although retired, Dr. Surapipith is a long-time member in good standing and we extend our sincere apologies for this mistake. Please make note of the following information.

Pongchayut Surapipith, MD
7145 Granada Dr.
Flint, MI 48532

GCMS MEETINGS

— August 2014 —

**Event for Residents, Students
and Young Physicians**

8/2 - 10am Flint Cultural Center

Legislative Liaison Committee

Recessed in August

Bulletin Committee

8/6 - 7:30am, GCMS

**2014 Past President's
Ball Committee**

8/6 - 12pm, GCMS Office

Finance Committee

8/26 - 5:30pm, GCMS Office

Board of Directors

8/26 - 6pm, GCMS Office

**Community & Environmental
Health Committee**

8/27 - 12:30pm, GCMS Office

Practice Managers

8/28 - 8am, GCMS Office

Looking Ahead:

GCMS General Membership Meeting
September 4, 2014 - Flint Golf Club
Make plans now
to attend this informative meeting!

CLASSIFIEDS

READY TO MOVE IN 4,500 SQ. FT.

Custom designed physician office. Available for rent or purchase in Stone Bridge office complex off Linden Rd. across from Genesee County Medical Society. New roof and heating/cooling.
Contact 810-610-0965

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.**

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4520 Linden Creek Pkwy, Ste. F, Flint, MI, 48507
Price negotiable. We are looking to move out within the next three months.

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



Greater Flint Health Coalition Community Data Scorecard 2013



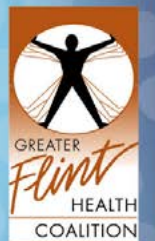
The following charts represent critical information that was presented to the Greater Flint Health Coalition Board of Directors earlier this year. It represents the Community Data Scorecard which should be of use in planning the future of your practice.

Any commentary in response to this material is, of course, appreciated.

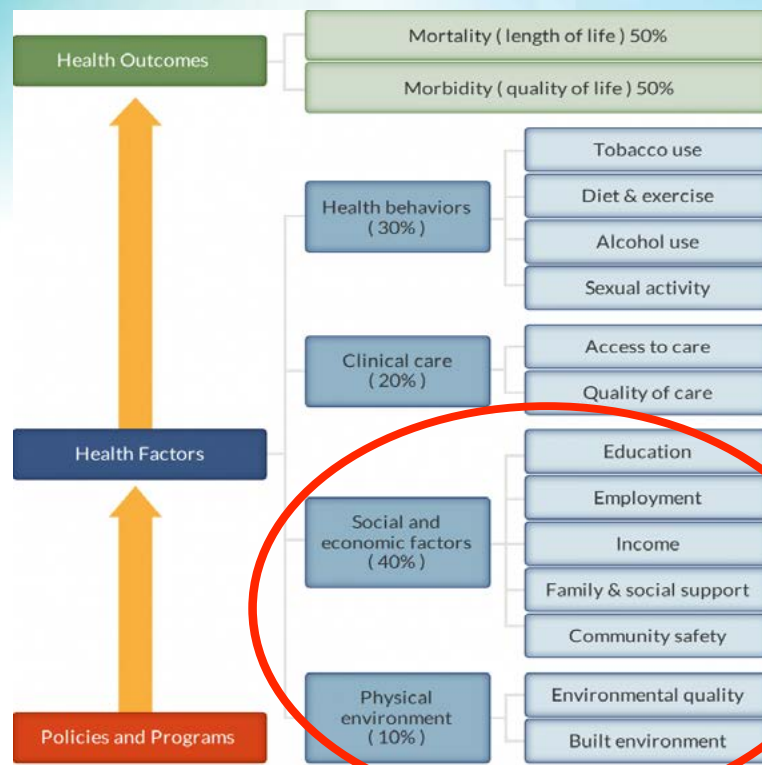
The August issue will contain information relating to social determinants in terminal factors for health, as well as major health care access in cost trends. The September issue will contain major healthcare status trends and some conclusions.

GFHC Community Data Scorecard

Environmental Factors & Social Determinants of Health



GFHC Community Data Scorecard



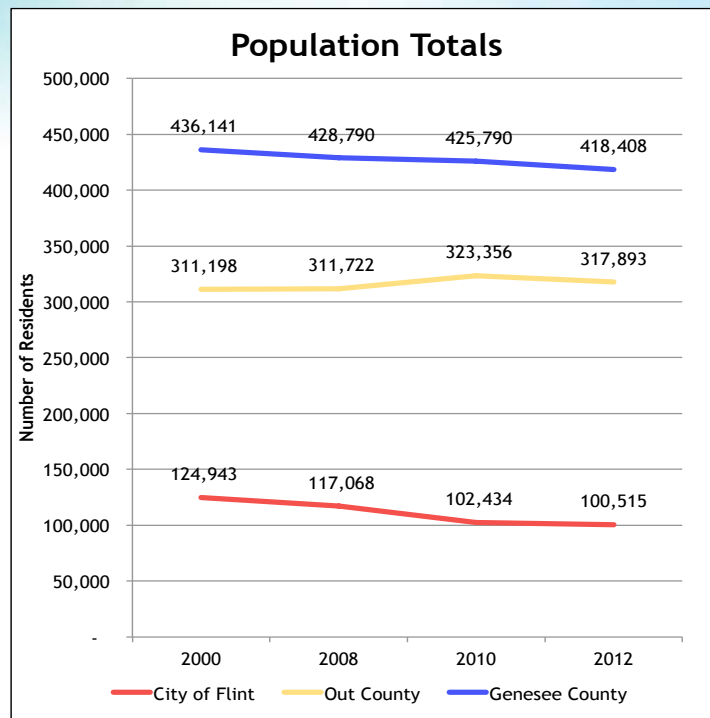
Environmental Factors & Social Determinants of Health

County Health Rankings model ©2012 UWPHI

2

DEMOGRAPHICS – Social Determinants of Health

POPULATION DECLINE

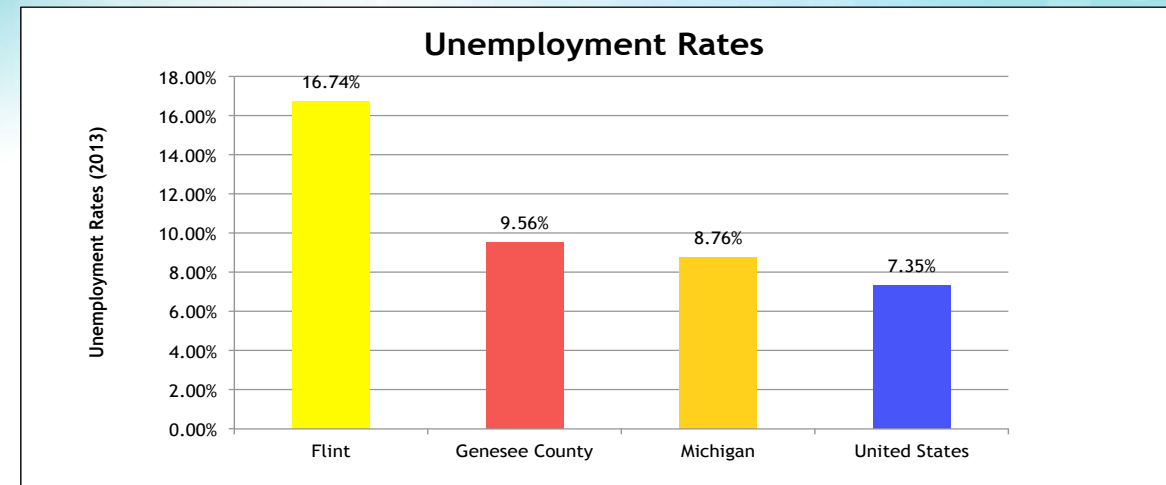


- Decrease in the total population for the City of Flint & Genesee County, although the “Out County” population has increased
 - NOTE: In 2010 39.4% of employees who worked in Genesee County lived outside of the County
- It is also an aging population: Median Age has increased from 35.0 years in 2000 to 39.4 years in 2012 (a 12.5% increase in age in just 12 years)

3

DEMOGRAPHICS – Social Determinants of Health

UNEMPLOYMENT & POVERTY



- The unemployment rates in Flint and Genesee County are significantly higher than the State and National rates
- This local/regional employment disparity has been present since 2008

SOURCE: Bureau of Labor Statistics

4

DEMOGRAPHICS – Social Determinants of Health

POVERTY AND SOCIAL SUPPORT FOR CHILDREN

Economic Security and Family Networks

	2008	2009	2010	Michigan County Rank in 2010	Michigan Average in 2010
Child Poverty	29.5%	30.5%	30.9%	67 of 81	25%
Children eligible for FAP (Food Assistance Program)	40.6%	38.5%	37.8%	75 of 81	20%
Confirmed Victims of Child Abuse/Neglect Ages 0-17 (per 100,00 children)	21.6	21.4	21.4	53 of 81	14.6
Children in out-of-home Care (per 100,00 children)	8.4	6.9	5.8	46 of 81	5.9

Potential Impact on Community's Health
 Impoverished children are at significantly higher risk for poor health outcomes and poor educational outcomes

NOTE: This is Genesee County data

5

EDUCATION

Education Outcomes of Children

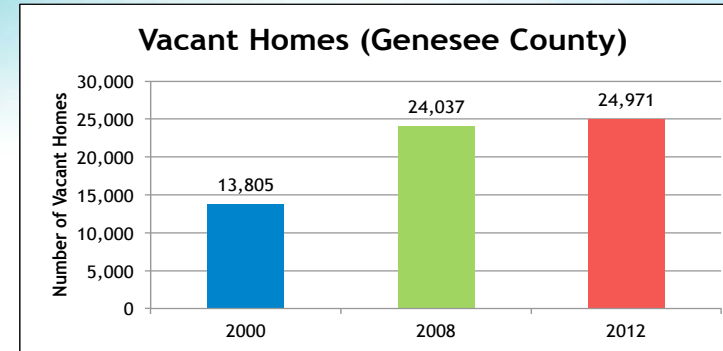
	2008	2009	2010	Michigan County Rank in 2010	Michigan Average in 2010
4 th Grade Reading: Not Proficient at Basic Level	39.4%	34.5%	33.1%	60 of 81	34.0%
8 th Grade Math: Not Proficient	78.6%	78.4%	76.8%	69 of 81	69.0%
Not Meeting Expectations on MI Merit Exam - Reading	48.7%	51.2%	47.1%	56 of 81	47.3%
Students Not Graduating High School on Time	29.2%	28.4%	30.1%	80 of 81	25.7%

Potential Impact on Community's Health

Poor educational proficiency and outcomes negatively impacts child health outcomes and behaviors (and the outcomes and behaviors of that child throughout the course of his or her lifetime)

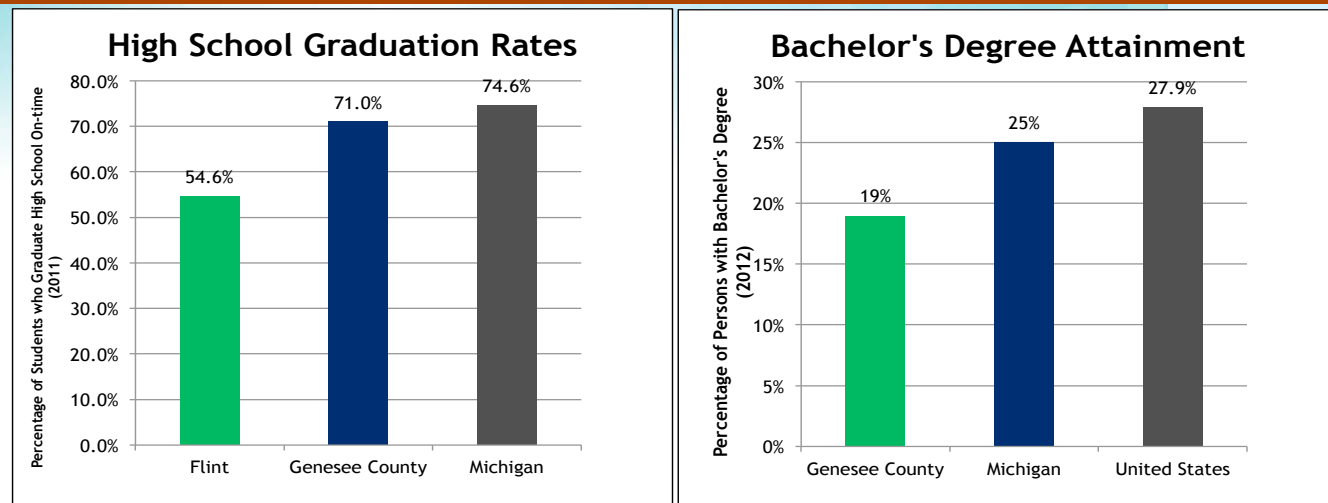
NOTE: This is Genesee County data

HOUSING UNITS & BLIGHTED PROPERTY



- Number of vacant homes in Genesee County increased approximately 80% from 2000-2008, and has remained stable from 2008-present
- Average home values in Genesee County have decreased from \$129,300 in 2007 to \$84,100 in 2012 (a 53.7% decrease in 5 years)
- 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
- The City of Flint’s revenue from property tax, income tax, and state-shared revenue has decreased \$19.2 million from 2006 – 2011

EDUCATION



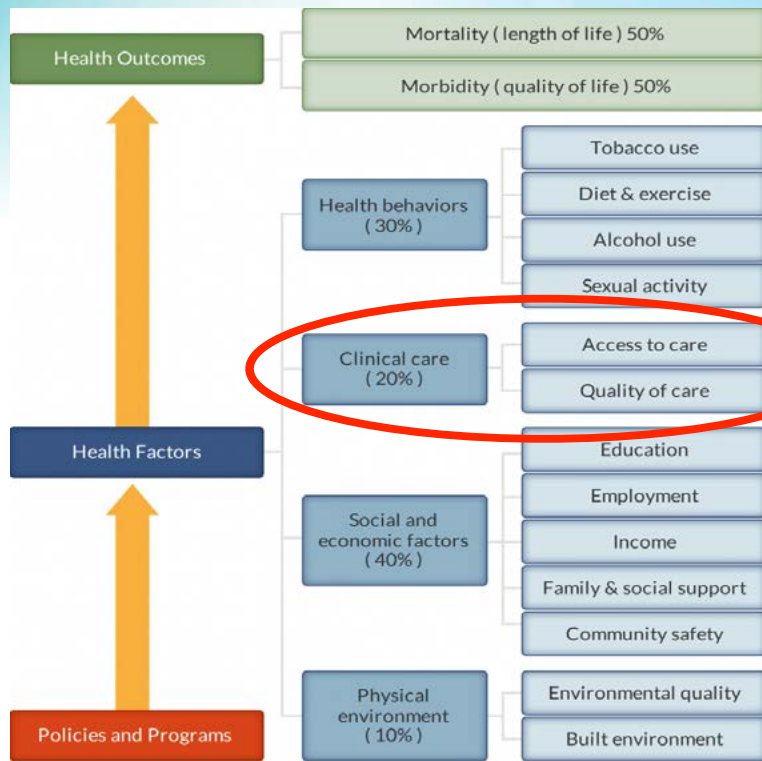
- Genesee County’s educational attainment is significantly lower than the State of Michigan and the United States
 - For reference, Oakland County’s bachelor degree attainment is 42.4% while Saginaw County’s is 18.6%
- Educational Achievement is highly correlated with health outcomes

GFHC Community Data Scorecard

Major Healthcare Access & Cost Trends



GFHC Community Data Scorecard



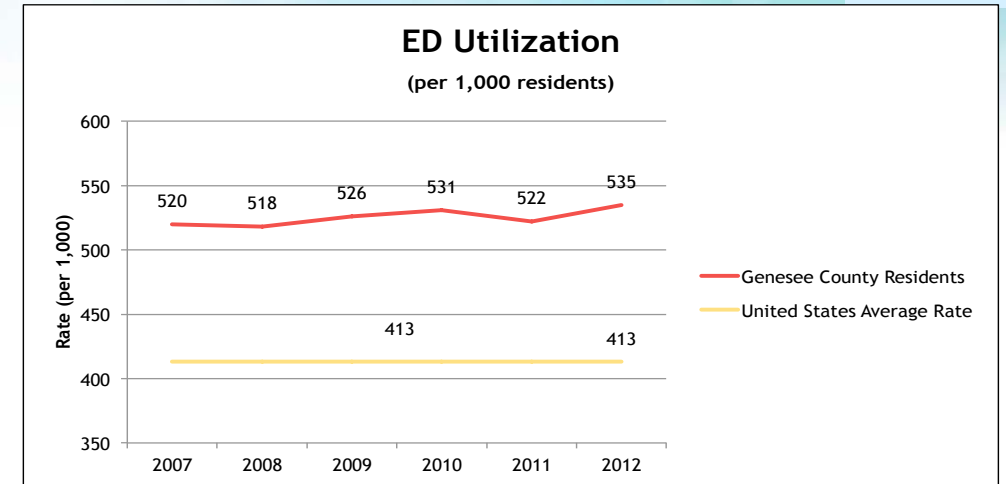
Healthcare Access, Quality, and Cost Trends

County Health Rankings model ©2012 UWPHI

10

HEALTHCARE – Access & Cost EMERGENCY DEPARTMENT UTILIZATION

- ED Utilization Rates have remained steady from 2007 – 2012
- ED Utilization Rates are significantly higher than the national average

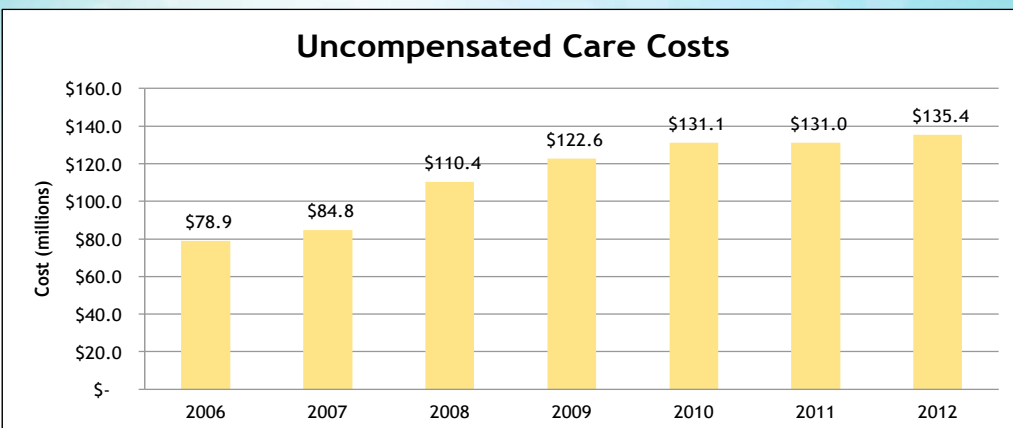


Potential Impact on Community's Health

Over utilization of the emergency department indicates inefficient use of the healthcare delivery system, increasing total costs of care

12

HEALTHCARE – Access & Cost UNCOMPENSATED CARE COSTS FOR HOSPITALS



NOTE: This includes combined data from Genesys Health System, Hurley Medical Center, and McLaren-Flint

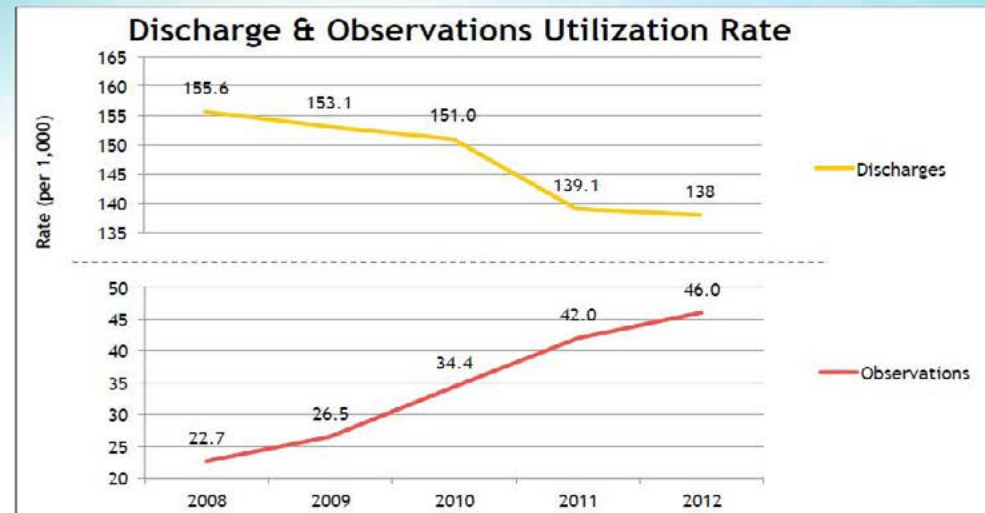
- Uncompensated care costs have risen over 70% from 2006 to 2012
- Indicator will be closely monitored in future years to determine the impact of Healthy Michigan

Potential Impact on Community's Health

As the value of uncompensated care has increased over 70% since 2006, this places increased strain on local hospitals due to uncompensated care cost

11

HEALTHCARE – Access & Cost HOSPITAL OBSERVATIONS UTILIZATION



- Total Discharges have decreased from 2008-2012
- Total Observation Rates have nearly doubled from 2008-2012
- Due to shift in payment, trends relate to how reimbursement is provided to hospitals

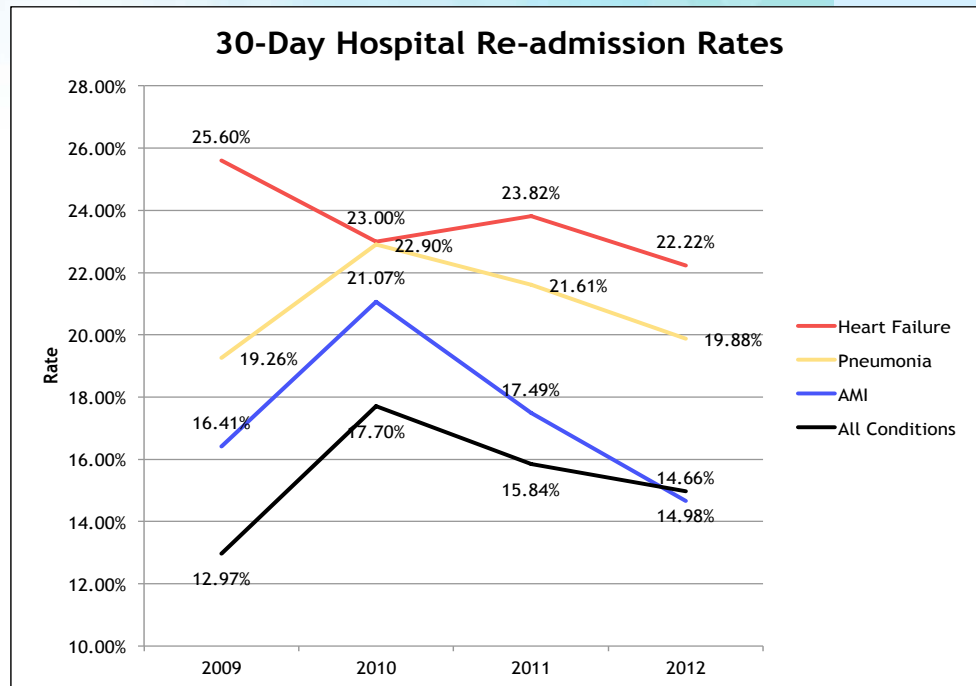
Impact on Community's Health

This can be attributed to a strategic shift of increasing observation utilization and decreasing discharges

13

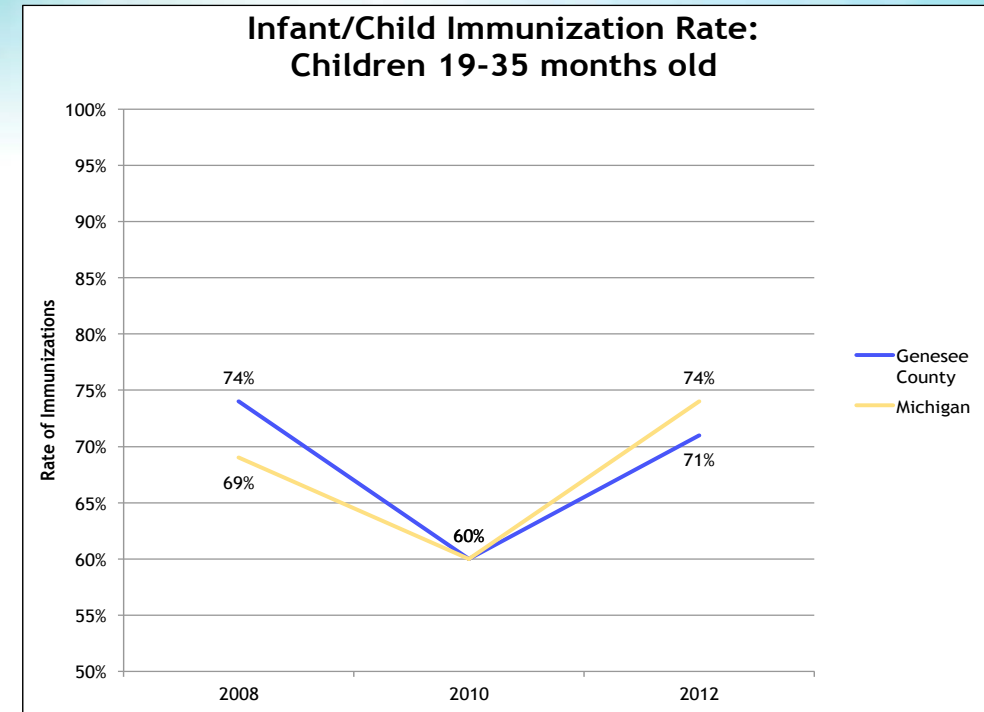
HEALTHCARE – Quality & Cost HOSPITAL RE-ADMISSIONS

- This includes aggregate data from Genesys Health System, Hurley Medical Center, and McLaren-Flint
- Shown here are the top three causes of re-admissions as well as the overall re-admission rate for all conditions
- Medicare began penalizing hospitals for 30-day re-admissions in late 2012



14

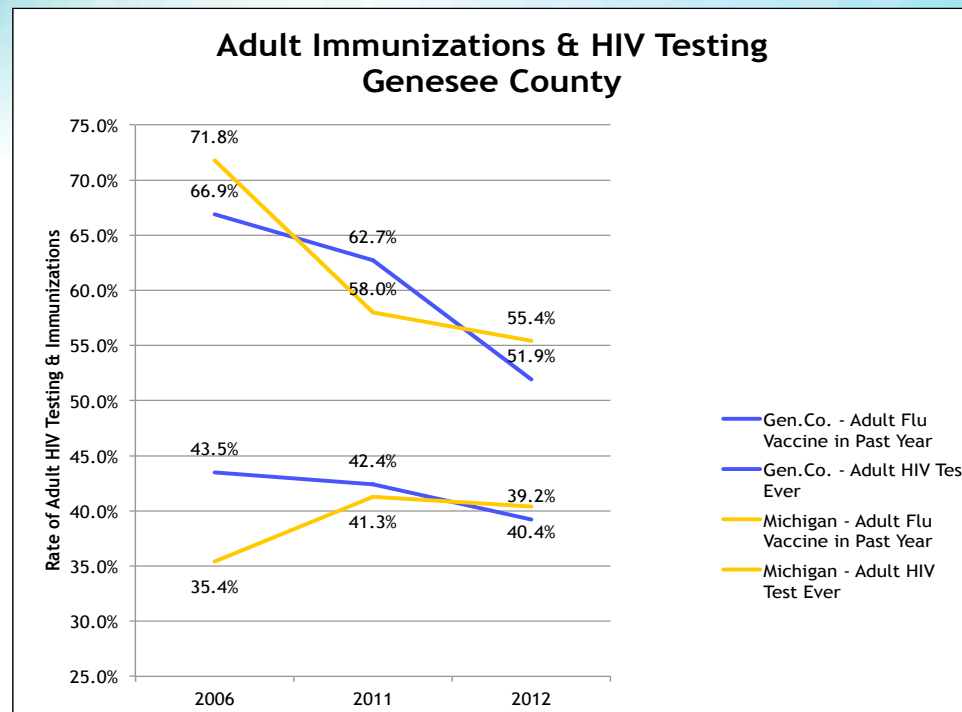
QUALITY & SCREENING CHILD IMMUNIZATIONS



- The child immunization rate has dropped slightly from 2008 – 2012 (from 74% - 71%)
- Source: Michigan Care Improvement Registry (MCIR)

16

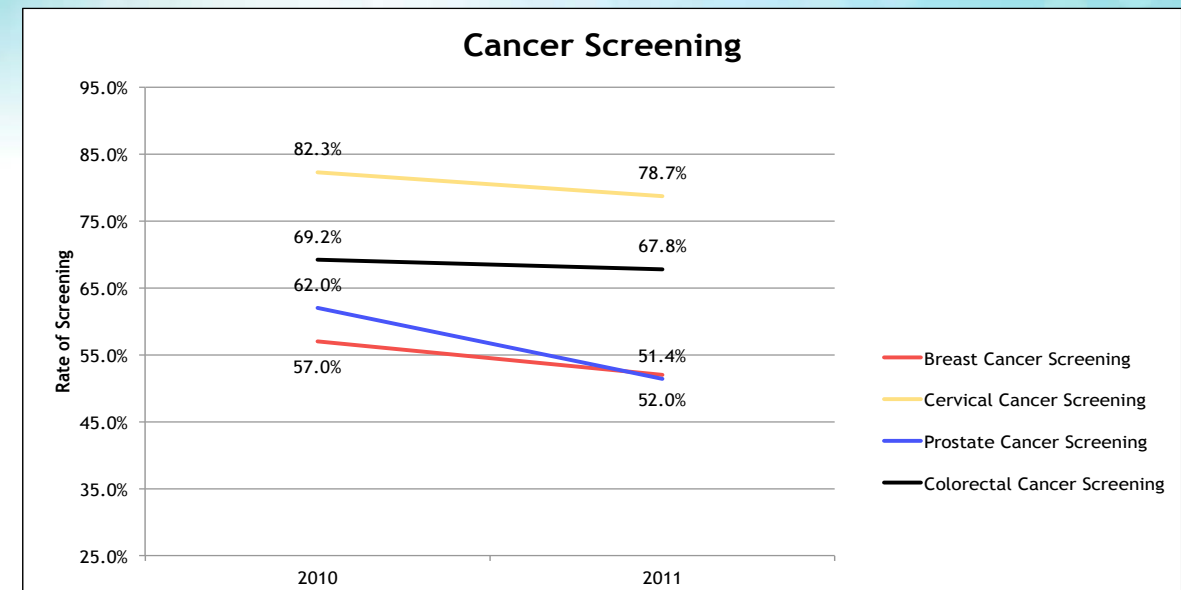
QUALITY & SCREENING IMMUNIZATIONS & HIV TESTING



- Adult flu vaccinations have declined significantly from 2006 – 2011
- Adults with an HIV test have shown a small decline from 2006 – 2011
- Data is self report from MiBRFSS

15

QUALITY AND SCREENING CANCER SCREENING

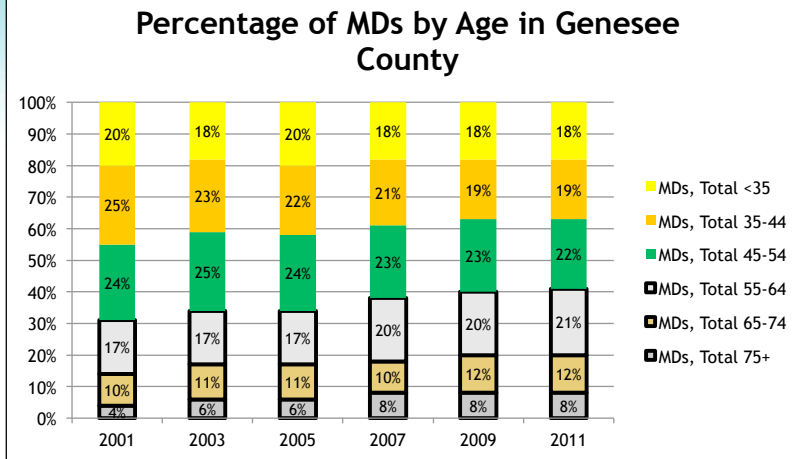


- Cancer screenings have decreased slightly from 2010 – 2011
- Data is self report from MiBRFSS

17

HEALTHCARE – Access

AGING PROVIDER POPULATION



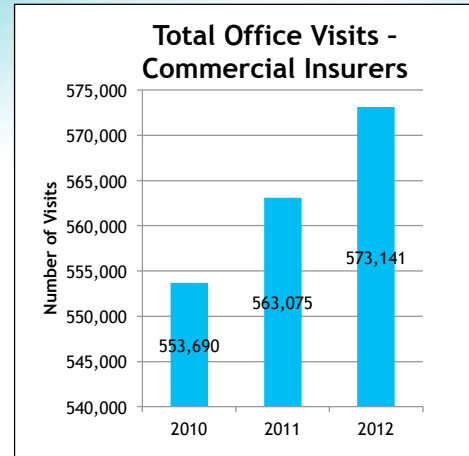
- MDs age 55+ have increased from 28% to 41% of all MDs
- MDs ages 54 and younger have decreased from 72% to 59% of all MDs
- Nationally, physicians age 55+ make up only 37.6% of the U.S. physician population
- In the State of Michigan, 24% of physicians plan to stop practicing in the next 1-5 years

NOTE: DO/Osteopath data is not available for Genesee County
 SOURCE: HRSA Area Resource File

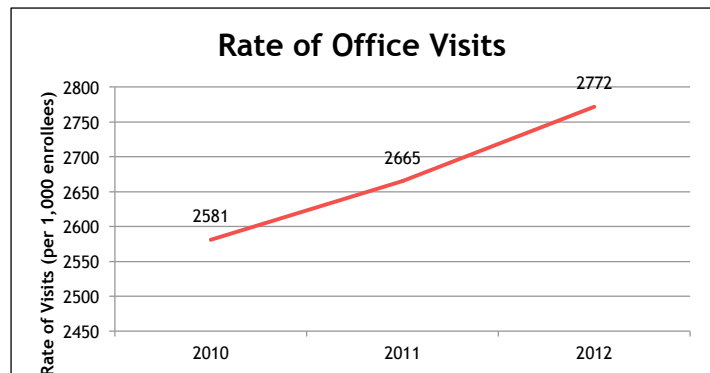
Potential Impact on Community's Health
 With aging physician population, provider shortage is possible in the near future
 If provider shortage occurs, access to care will be decreased

HEALTHCARE – Access

INCREASED DEMAND FOR SERVICES



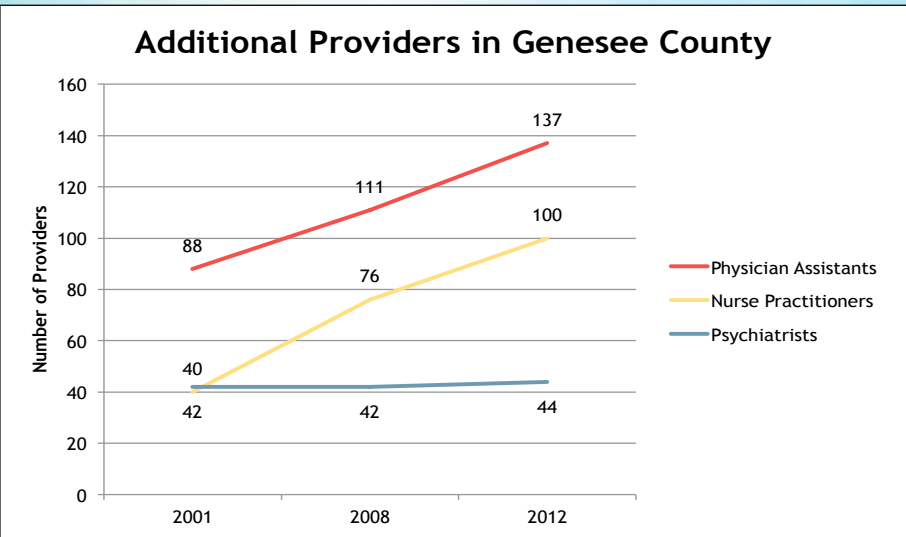
- Total office visits have increased significantly despite a drop in total Commercial Insurer Enrollment
 - Rate of office visits has increased 7.4% in the past two years
- Notable Service Increases are shown below (from 2010-2012):
 - 11.5% increase in rate of Radiology services
 - 10.32% increase in Dialysis services
 - 13.9% increase in Psychiatric services



Potential Impact on Community's Health
 Represents Rising Demand for Services due to an aging, sicker population with increased prevalence of chronic diseases

HEALTHCARE – Access

CHANGING PROVIDER POPULATION



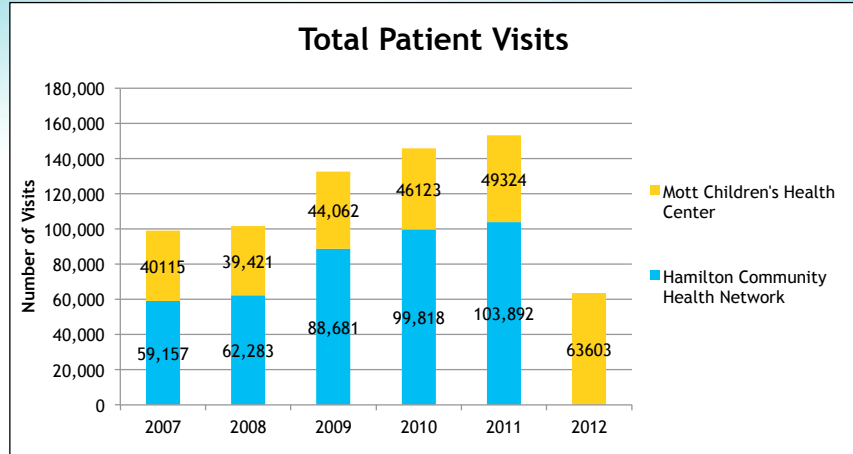
- The number of "physician extenders" in Genesee County continues to increase

SOURCE: HRSA Area Resource File

Potential Impact on Community's Health
 With aging physician population and ACA/Medicaid Expansion/Healthy Michigan, additional physician extenders may be needed to provide care

HEALTHCARE – Access

INCREASED DEMAND FOR SAFETY-NET SERVICES



- There is over a 50% increase in total patient visits for Mott Children's Health Center from 2007 - 2012
- Total patient visits have increased 75% for Hamilton Community Health Network (data for 2012 not yet available)

Potential Impact on Community's Health
 Represents Rising Demand for Safety-net Services among all safety-net providers, demonstrating decline in access to coverage
 Acknowledges need to maintain safety-net services/providers



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

HOME ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

PRACTICE NAME _____
Office Fax Number

EMAIL ADDRESS _____ For mailing, please use (check one): Office address Home address

BIOGRAPHICAL DATA Sex: Male Female Birth Place _____ Date of Birth _____
Month Day Year

Maiden Name _____ Spouse's Name _____

Languages Spoken _____

Government Service (check one): Military National Health Service Beginning Date _____ Completion Date _____

EDUCATION (please complete or attach CV)

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED	
			Beginning	Ending
College/University _____	_____	_____	_____	_____
Medical School _____	_____	_____	_____	_____

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE
_____	_____	_____
_____	_____	_____

License: MI # _____ Date Issued _____ ECFMG # _____

License held in other states/countries (list states or countries) _____

PROFESSIONAL DATA

Present Type of Practice (check appropriately):

OFFICE BASED: Solo Hospital Based Teaching Research Government
 Group Practice Name _____ Other (specify) _____

Specialty(ies) _____

Board Certifications (list specialties & dates) _____

Present Hospital Appointments (list dates) _____

Practice History _____

Previous Medical Society Membership (list dates) _____

Specialty Society Memberships _____

Within the last five years, have you been convicted of a felony crime?..... Yes No If YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?..... Yes No If YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?..... Yes No If YES, please provide full information.

I agree to support the GENESEE COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date _____



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