

THE Bulletin

July 2016 Volume 111, Number 28

**GCMS
ALLIANCE
ISSUE!**

**MEET YOUR
2016-17
GCMS
ALLIANCE
PRESIDENT**

**VETTED
LEAD
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MATERIALS**



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THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

Meet the GCMSA President	7
The Alliance Friendship Group	8
Geranium Luncheon Marks Leadership Changes	8
GCMSA Past President's	10
Genesee County Medical Society Alliance 2015-2016	12
Opinion Editorial In Response to Mlive Article	14
Legal Advisor: A Cautionary Tale	16
June Legislative Liaison Committee Meeting	18
A No-Cost Staffing Resource for Physicians Offices	19
Five GCMS Resolutions Passed	20
GCMS Board of Directors	22
Obituaries	24
Memorial Reflections	25
Fight Lead Poisoning with a Healthy Diet	27

REGULARS

President's Message	4
Director's Message	6
Classified	10
Your \$\$\$ at Work	17
Happy Birthday Doctor	36
GCMS Meetings	36

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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President's Message July 2016

I always look forward to the July issue of The Bulletin which, features the GCMS Alliance. The Alliance represents the best of us. They are out in the community doing wonderful things. When Dr. Blight became President of the Michigan State Medical Society, her theme was "this is no longer your grandfather's Medical Society." You can honestly say about the Alliance, "this is no longer your grandmother's Alliance." Just like the Medical Society is heavily integrated between men and women, the Genesee County Medical Society Alliance is also integrated between men and women. The challenge to the male members is, all of the leaders are women because none of the men step up. Step up! Join! There's no better investment of \$30!

While we in the Medical Society are subsumed by medical politics, medical economics, hassles, factors, etc., the Alliance is out in the community making us look good. Let's also not forget that they hold the President's Ball which is our largest annual fundraiser. Take a moment to think about all the fantastic things the Alliance does for us and join.



Pino Colone, MD

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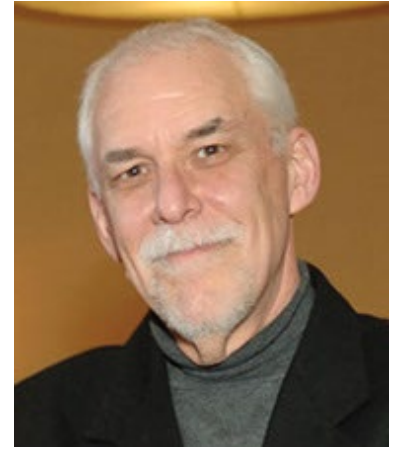
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THANK YOU TO THE ALLIANCE

Every year, the July issue of The Bulletin features the accomplishments of the Genesee County Medical Society Alliance. This year is no different. The GCMS Alliance remains a vibrant and wonderful organization. It is an organization that deserves support. The dues are negligible and its service to the medical community and to the community at large is incalculable. For \$30, one can join and support this wonderful organization. Please do. It helps kids with reading. It coordinates the Healing Hands Run/Walk on behalf of the Genesee County Free Medical Clinic, its primary fundraiser. The Alliance produces the Genesee County Medical Society President's Ball, which has become a major fundraiser for the Medical Society. (Don't forget our dues have not increased since 1989. That Ball helps!) But most of all, the Alliance provides a venue for collegiality among physician spouses. They support each other, in many ways, and enjoy each other in many subgroups of the Alliance. I would invite you to participate as a physician or a physician spouse, or at least to pay the dues. It merits support.



Peter Levine, MPH

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MEET THE PRESIDENT

MARIA ELENA McCANN

Maria McCann was born and raised in Genesee County, primarily in Flint Township. After graduating high school from Flint Powers, she became employed at McLaren Regional Hospital, working there for 14 years, while attending U of M-Flint, graduating from The Hurley School of Radiologic Technologists, and also working at Hurley Medical center as a CT Technologist. In 2004, she met her husband Dr. Michael L. McCann while he was completing a trauma fellowship at Hurley. They married that year and Maria resigned from McLaren. The following year, she resigned from Hurley as her husband completed his training, and they left Michigan for six years. Prior to moving back to Michigan, Maria became involved with the Ladies Auxiliary in Topeka KS, where she was to be President-



Maria McCann

Elect, until withdrawing to move back to Michigan. She is happy to be back with family and friends and currently works per diem at Hurley Medical Center, in the Radiology department. This is her four-year anniversary of joining the Genesee County Medical Society Alliance. She has served as Secretary, Co-President Elect, as well as 2015-16 Co-President alongside her sister, Raquel Yapchai, and is now prepared to take on the challenge of serving as President. She is looking forward to serving this term with her sister and the rest of the amazing board members. As President, Maria hopes to continue the traditions of this wonderful group of members and to keep its presence strong within the medical community.

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The Alliance Friendship Group

The Alliance Friendship Group was started in 2006 as a way of staying in touch with senior members. Sometimes they seem to get pushed aside for all the new things coming along and we wanted to have a special way for them to keep up with the goings on in the Alliance and with one another.

It is a wonderful group of ladies (and sometimes gentlemen) who meet every other month for lunch. We have no agenda except to gather and enjoy the camaraderie. No separate dues are required to join this group, we simply order off the menu and pay for

our own lunch at each meeting.

We are an active group! In fact, we have had as many as 20 or more in attendance at our lunches. We have lost some of our members along the way, but we continue to add new ones when they desire to join. We are always open to new members joining us. If you are age 55 or older, and would like to be put on our email list, please notify Cheryl Thoms at psclthoms@comcast.net. We welcome you to come and see for yourself if you would like to be a part of this special group of senior members!



Geranium Luncheon

**MARKS
LEADERSHIP
CHANGES**



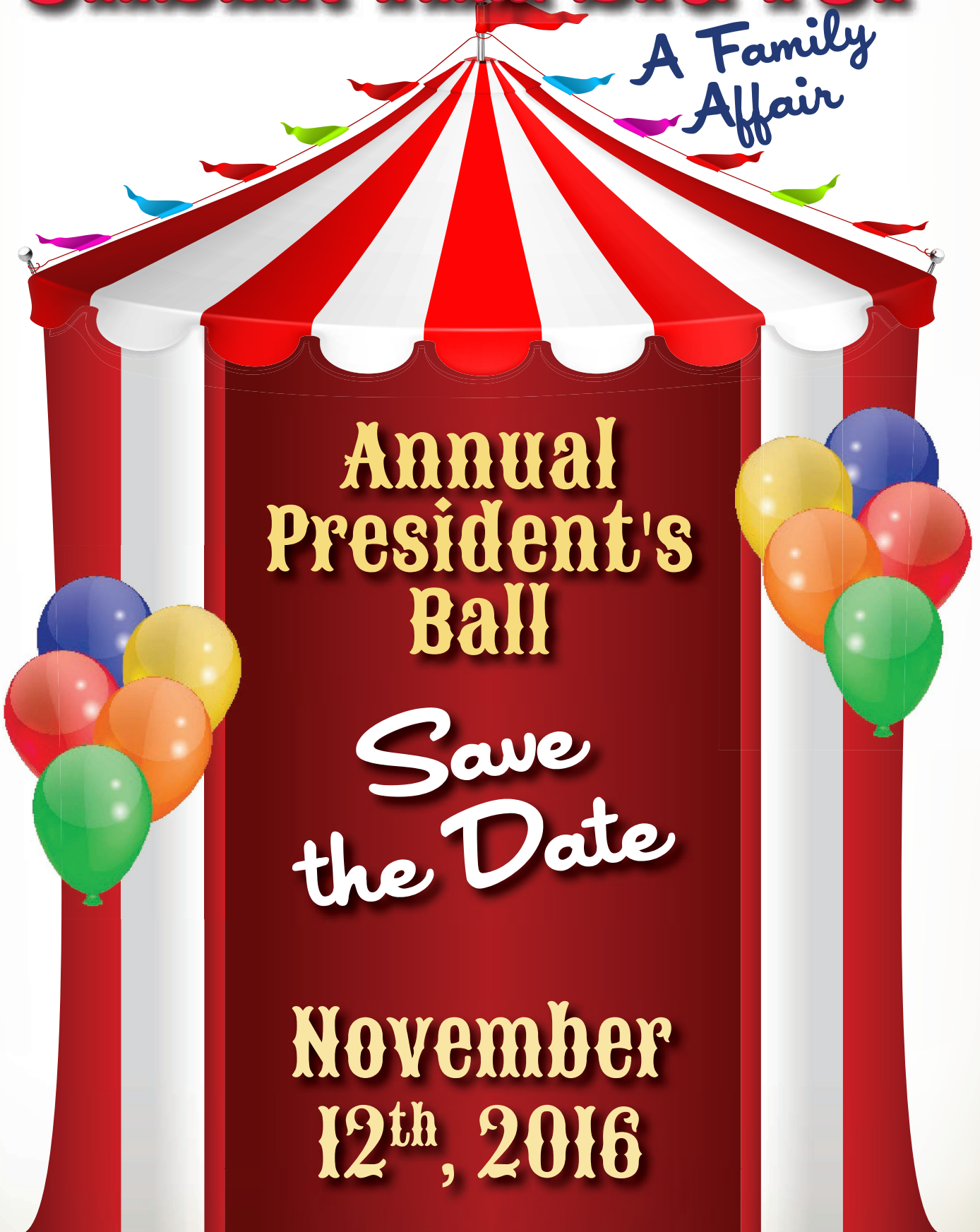
UNDER THE BIG TOP

*A Family
Affair*

Annual
President's
Ball

Save
the Date

November
12th, 2016





GCMSA PAST PRESIDENTS

Our GCMS Alliance has a wonderful group of Past Presidents who have contributed so much to the community to enhance the work that our spouses do. At a luncheon with 15 of these ladies, we listened to each tell of something from their year as President that contributed to our community. We began back in 1969 with Mary Lou Mathias. This group was very instrumental in projects such as immunization clinics for children, helping promote legislation on behalf of our spouses, promoting programs in the schools on Bullying and Hands are not for Hitting programs, setting up a place in the Sloan Museum for groups to attend classes on reproduction, and supporting, each year, the Women's Abuse Center, twice going in and adopting a room and painting, cleaning and buying new bedding, curtains and other things to help the ladies who have to have a

place to live. (We still support each year giving supplies needed to help as much as possible.) We have organized the Healing Hands 5k Run/ Walk to raise money for our Genesee County Free Clinic, had programs to inform others on the growing problem of Human Trafficking (with Past President, Jay Kommareddi, instrumental with the organization of a Task Force in our community as well as working on the state level to bring awareness and new laws to help those that have been taken into this horrible trafficking world). Some of our members have gone on to become State Presidents and several of our members are on the State MSMSA Executive Board still today. This is just the tip of the iceberg, but we continue today to do all that we can to promote a healthy and safe environment for all members of our community.

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GENESEE COUNTY MEDICAL SOCIETY ALLIANCE 2015-2016

The 2015-2016 Genesee County Medical Society Alliance year started off with the annual International Luncheon in September, graciously hosted by Randa Gayar. October followed with a Human Trafficking presentation chaired by Cheryl Thoms and Rosa Wang. As many of our members are involved with this epidemic, it is a large focus of ours, along with GCMS. The GCMSA also awarded \$250 in prize gift cards for the annual Peace Day Celebration, put on by the Genesee County Committee for Community Peace. This year prizes were given out for outstanding artwork representations of peace.

The month of November started off with the annual President's Ball for the GCMS. Our Alliance has had a longtime collaboration with the Medical Society on this elegant and fun celebration. The theme of the gala was "The Queen's Royal Ball," to honor and thank Dr. Deborah Duncan for her time and hard work during her term as the GCMS President and to welcome in Dr. Pino Colone. Later in the month was the general membership program for the Alliance, chaired by Raquel Yapchai and hosted by Velynda Makhene. This program was a book discussion on the heartwarming "Still Alice." This was chosen in order to recognize Alzheimer Awareness. The Year 2015 came to an end with our Children's Program, which is traditionally the December program, and was co-chaired by Jeanette Rivera and Sabita Tummala. The Hispanic Technology and Community Center of Greater Flint was the chosen charity. This is a center that runs almost solely off of donations to help those from the Hispanic community that have fallen through the cracks or do not qualify for other community aid programs. Our Alliance members were able to sponsor a total of 37 children with much needed basic items and gifts. Co-chair of this event and longtime member Jeanette Rivera

was also able to achieve a Christmas dinner grocery donation, from the St. Luke's New Life Center. The way everyone came together, giving to others, was a wonderful way to get into the holiday spirit.

In January, we had to cancel the monthly Board meeting, due to inclement weather, but we were able to

squeeze in a general membership program. A precious metal and jewelry sell-back luncheon was the event, chaired and hosted by Maria McCann. It proved to be lots of fun and even quite lucrative for some.

There was no official program for February, but we were able to close out the Drs. and Their Families Make a Difference in Michigan drive. An official deadline was established and items were collected and delivered to the Safe House of the Flint YWCA. Once again, our members stepped up and we were able to deliver a trunk load of items ranging from personal hygiene products, baby items, and laundry supplies. The staff at the YWCA were very grateful and happy with the wide range of items delivered.

March was celebrated with a High Tea at the Historic Holly Hotel. This event was well attended and chaired by Raquel Yapchai. In April, we were looking forward to a chocolate making and decorating program, hosted by Sue Lauber. However, this had to be canceled due to unforeseen circumstances. The annual Geranium Luncheon at Warwick Hills Golf and Country Club traditionally concludes our season in May and was chaired by Amita Desai. The new Board members were also inducted in at this event. 2016-2017 board members: President, Maria McCann. Co-Presidents Elect, Subhadra Aysola, and Dr. Barina Zado. returning Secretary, Tinsi Olds and returning Treasurer Feroza Raffee.

In addition to all the fun we had, we must formally recognize and praise some of our hardest working members. Jay Kommareddi and Susan Soderstrom were both nominated for the Sybyl Award. This award is given out to community members for their outstanding work and efforts of volunteering throughout the community. Jay Kommareddi was chosen as one of the recipients. We were also thrilled to see that Jay was appointed by Governor Snyder to the Human Trafficking Health Advisory Board. This Board is responsible for collecting and analyzing information concerning medical and mental health services that are available to human trafficking survivors. We are so proud of our members and happy to be affiliated with them.

As I write this, looking back on the year as Co-President with my sister, Raquel Yapchai, I feel like it was a good year. Due to the fact that Raquel and I are still fairly new members to the Alliance, we were both apprehensive about taking on the job. We are so thankful for all the help and last minute advice given along the way from the more seasoned members. We could never



have gotten through the year without all of your help. We also would like to give a big thank you to Pete Levine and Sherry Smith. Pete, thank you for your support, advice and always an open ear, to help us figure it all out. Sherry, thank you for your exceptional organization and helping us stay on track. The longer that we are members, we continue to meet more people and make new friends. It has been such a pleasure to be part of this great group of diverse and fun ladies. It is also heartwarming to be a part of an organization that has the ability to do some good things in a community that has seen better times. With that being said, the success of what we do has to be a group effort, and our membership numbers continue to decline. I would like to ask everyone to think about rejoining and participating in some of our events for this upcoming year. In order to make sure we are reaching everyone, we will go back to traditional mailings for upcoming programs. The renewal forms were already sent out, so I hope everyone has received them. We also plan to draft an updated Member Directory this year. We will be sending out forms to fill so that we have accurate contact information for everyone. As always, you can stay up to date with the Alliance on the Facebook page as well as the website gcmsalliance.org

Genesee County 2015-2016 Co-Presidents
 Maria McCann and Raquel Yapchai

Announcement

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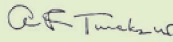

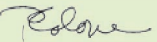


*Medical Society
 Foundation
 Capital Campaign*

The Medical Society Foundation is engaged in a capital campaign. With a goal of \$2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society's charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society's efforts on behalf of a safer flint water supply, human trafficking prevention advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,

		
Allen F. Turcke, MD President Medical Society Foundation	Deborah Duncan, MD Immediate Past President Genesee County Medical Society	Pino Colone, MD President Genesee County Medical Society

Opinion Editorial in response to MLive article:

“PLUMMETING VACCINATION WAIVERS A VICTORY, BUT BILLS THREATEN PUBLIC HEALTH”

Jan 28, 2016

Vaccines have been praised as one of the 10 greatest public health achievements in the 20th century and for children born between 1994-2013, vaccines will prevent over 300 million preventable diseases and over 700,000 early deaths in the United States¹. Therefore, I agree with the MLive article entitled “Plummeting vaccination waivers a victory, but bills threaten public health” and its stance on the legislation proposed by Republican state representatives Thomas Hooker, Ray Franz, Ken Goike, Triston Cole, Joel Johnson and Gary Glenn. The proposed bill would essentially dispose of the state policy that the Michigan Department of Health and Human Services established in 2014, which requires parents to sit down with a local health worker before obtaining a vaccination waiver for their child and therefore reversing the policy’s success thus far. The number of immunization waivers requested by parents dropped about 40 percent which equates to about 8,000 children statewide in Michigan after the changes mandating health education prior to religious and philosophical exemption were enacted².

States that offer nonmedical vaccination waivers and allow for waivers to be easily accessed have higher exemption rates³. Furthermore, a high rate of nonmedical exemptions increases vaccine preventable disease breakouts among both vaccinated and unvaccinated children, which puts children at increased risk.

Therefore, I support the 2014 Michigan Department of Health and Human Services policy that requires parents or guardians who request a nonmedical immunization waiver for their child to complete a mandatory health education class from a county health department regarding the benefits of vaccination and the risks of disease before obtaining such waiver.

Myah Ray
MD Candidate 2017
Michigan State University College
of Human Medicine
Genesee County Medical Society

¹ Hill HA, Elam-Evans LD, Yankey D, Singleton JA, Kolasa M. National, State, and Selected Local Area Vaccination Among Children Aged 19-35 Months - United States, 2014. *Morbidity and Mortality Weekly Report*. 2015; 64(33):889-896.

² Higgins, L. More Michigan Parents Willing to Vaccinate Kids. *Detroit Free Press*. January 28, 2016. <http://www.freep.com/story/news/education/2016/01/28/immunization-waivers-plummet-40-michigan/79427752/>. Accessed February 18, 2016.

³ Omer SB, Pan WY, Halsey NA, et al. Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies With Pertussis Incidence. *JAMA*. 2006;296(14):1757-1763. doi:10.1001/jama.296.14.1757.



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The following topics are tentatively scheduled and subject to change

July Topic:

No Meeting in July
Happy Summer!

August Topic:

To Be Determined

Light breakfast available – coffee, tea, yogurt, fruit cups and granola bars

Genesee County Medical Society | Rapport Conference Room
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YOUR \$\$\$ AT WORK

- GCMS intervened on behalf of several physicians regarding assignment of patients by third-party payers which caused interruption of the doctor-patient relationship
- GCMS held Practice Managers Meetings on insurance issues for physician offices
- GCMS wrote proposals for support of its community health-based activities
- GCMS continued to meet regarding treatment and follow-up issues relating to the lead crisis
- GCMS led the process of developing community-wide legionella guidelines
- Five GCMS resolutions were submitted to the AMA House of Delegates and all passed as a single, combined resolution



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JUNE LEGISLATIVE LIAISON COMMITTEE MEETING



The Legislative Liaison Committee met on June 6th with Representative Phil Phelps in attendance, as well as staff from Congressman Kildee and Representative Faris' office, along with Joe Neller, MSMS staff.

The Committee talked at length about the importance of graduate medical education funding, the Committee's pleasure at the decision by the legislature not to split mental health services off from the Medicaid program, and the apparent positive moves being made to update the Michigan Automated Prescription System (MAPS). Joe Neller from Michigan State Medical Society staff noted that MSMS and the State of Michigan are looking for practices who would be willing to pilot the MAPS program.

It was reported that there are bills mandating that physicians check the MAPS program on every visit with patients. MSMS is opposed to this because the MAPS is a broken system and there are many patient visits that do not require a review of prescription history.

The Committee also discussed the issue of certified nurse anesthetist, anesthesiology assistant, and physician assistant scope of practice. It was noted that there is a push from the Veteran's Administration as well as in the Michigan Legislature to allow nurse anesthetists' to practice independently. MSMS and Genesee County Medical Society are opposed to a healthcare team not led by physicians.

It was noted that the bill has been introduced into the Michigan House which will make it illegal for the State of Michigan to have any environmental

restrictions which exceed federal restrictions. MSMS and GCMS noted its opposition to those bills.

Dr. Blight reported that GCMS staff will contact Gary Jones of Congressman Kildee's staff to line up a summer Washington Update meeting. There will be no other meeting Legislative Liaison Committee meeting until October.

Did you recognize...
Rama Rao, MD



A NO-COST STAFFING RESOURCE FOR PHYSICIANS OFFICES



The May 26th Practice Managers meeting revolved around the Flint Healthcare Employment Opportunities Program (FHEO). This is a terrific staffing resource for physicians' offices and clinics to use for employment help. Penny Poplar, Greater Flint Health Coalition Program Director for the FHEO Program provided an overview of services which are available at no cost to physician's offices.

The June session will focus on Insurance 101 for the physician's office. The August practice manager session will revisit the Medicaid drug formulary to provide feedback to Molina and McLaren Health Plan as the formulary problems will have arisen by the time.



UNDER THE BIG TOP

A Family Affair

Save the Date

November, 12 2016



5 GCMS Resolutions Passed as One at 2016 AMA House of Delegates

The American Medical Association at its June 14 annual meeting consolidated five GCMS-offered resolutions on the Flint Water Crisis into one omnibus recommendation.

The Reference Committee heard overwhelming support for the intent of Resolutions 409, 413, 414, 415 and 416 in response to the contamination of drinking water in Flint. There was some support for referral of these resolutions for further study. The Council of Science and Public Health proposed a substitute resolution that addresses the gaps in the Lead and Copper Rule and captures the intent of all the proposed resolutions, reported the AMA.

"We must do everything in our power to ensure that another Flint-like water crisis never happens again. To truly ensure that our nation's water supply is safe and free of lead, we are calling for measures to actively monitor the drinking water within our communities, require timely notification to the public when lead levels are high, and completely move away from a lead-based plumbing infrastructure," said incoming AMA President Andrew Gurman, MD.

To improve public access to testing data on water lead levels so that consumers can take appropriate precautions to protect their health, the AMA adopted new policy advocating for state and federal laws, including updates to the Environmental Protection Agency's (EPA) Lead and Copper Rule, requiring timely reporting on a publicly-accessible website of all public water system testing results. The policy also supports state and federal laws to completely remove lead service lines and plumbing materials that come in contact with drinking water.

The specifics of the recommendation on Safe Drinking Water are:

-AMA support for updates to the U.S. Environmental Protection Agency's Lead and Copper Rule as well as other state and federal laws to eliminate exposure to lead through drinking water by:

- (1) Removing, in a timely manner, lead service lines and other leaded plumbing materials that come into contact with drinking water;
- (2) Requiring public water systems to establish a mechanism for consumers to access information on lead service line locations;
- (3) Informing consumers about the health-risks of partial lead service line replacement;
- (4) Requiring the inclusion of schools, licensed daycare, and health care settings among the sites routinely tested by municipal water quality assurance systems;
- (5) Improving public access to testing data on water lead levels by requiring testing results from public water systems to be posted on a publicly available website in a reasonable time-frame thereby allowing consumers to take precautions to protect their health;
- (6) Establishing more robust and frequent public education efforts and outreach to consumers that have lead service lines, including vulnerable populations; and
- (7) Requiring public water systems to notify public health agencies and health care providers when local water 18 samples test above the action level for lead.

The consolidated resolutions included:
-Resolution 409, which asked that the

AMA work with the Environmental Protection Agency to shorten and streamline the Lead and Copper Rule compliance deadline requirements in the Safe Drinking Water Act with the goal of avoiding unnecessary multi-year periods and other prolonged compliance deadlines, while maintaining reasonableness in review of circumstances on a case-by-case basis.

-Resolution 413, which asked that the AMA pursue lead-free standards at the federal level that are actually lead-free, for all plumbing related to drinking water.

-Resolution 414, which asked that the AMA strongly advocate that the United States of America end the man-made scourge of lead in drinking water by taking swift action to support the replacement of lead plumbing throughout our country.

-Resolution 415, which asked that the AMA lobby at the federal level for the following mandates: (1) that all schools and registered daycare sites be among those sites routinely chosen by municipal water quality assurance testing as part of the Safe Drinking Water Act enforcement; and (2) in cases where there are abnormal test

results 37 from water testing at schools and registered daycare sites, that those sites continue to be tested repeatedly until results return to normal.

+Resolution 416, which asked that the AMA lobby at the federal level for legislation, regulations, and/or policies that would: (1) require all municipal water test results performed by municipal, city, county, district or state agencies to be posted on a publicly available website within seven business days of their receipt; (2) require all communicable disease reports performed by city, county, district or state agencies to be posted on a publicly available website within seven business days of their receipt; (3) require reports of sewage overflows to be posted on a publicly available website within four hours of the receipt of such reports; (4) create and make available a real-time alert system for all water test results, which exceed federal, state, or local standards within a person's designated zip code(s), to which the public could subscribe; and (5) create and

make available a process in which all collected test results related to the quality of water that are excluded from final data analysis are annotated and explained.


Medical Society Foundation Capital Campaign





The Medical Society Foundation is engaged in a capital campaign. With a goal of \$2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society's charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society's efforts on behalf of a safer flint water supply, human trafficking prevention advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,


Allen F. Turcke, MD
President
Medical Society Foundation


Deborah Duncan, MD
Immediate Past President
Genesee County Medical Society


Pino Colone, MD
President
Genesee County Medical Society

Genesee County Medical Society
Board of Directors
April 26, 2016 - Minutes

I. Call to Order

The meeting was called to order at 6:30pm, by Pino Colone, MD, President, in the Rapport Conference Room.

II. Review of Minutes

Motion: that the minutes of March 22, 2016, Board of Directors meeting be approved as presented. The motion carried.

A) Community & Environmental Health Report

Lead Treatment Update

Dr. Natzke reported that the Committee is now meeting every two weeks and is very close to a consensus on chelation. Drs. Reynolds and Carravallah attended a national meeting on the subject, and an NIH study is being considered.

B) Skin Concerns

Dr. Soderstrom reported that there have been a lot of complaints about skin issues. 300 individuals of been interviewed with over 100 screened. Stasis dermatitis is the primary diagnosis so far. It is unknown if it is truly water related because there is no obvious connection. The elephant in the room is the TTHM's which had been known to be in the water previously.

Consensus: that the Medical Society needs to tell the public that we do not know if it's safe to bathe.

It was noted that coordination of efforts is extremely difficult at the governmental level. The non-governmental organizations are doing most of what can be done.

Consensus: that a letter should be sent to the President, noting that the Medical Society is looking at a situation that no other community has faced. There is a need for consistent messaging

Motion: that the content of the letter should be established at the MSMS House of Delegates meeting with the delegates present. Key points being: a registry, legionella, organic testing for skin related issues, and chelation. The motion carried.

C) Finance Report

Motion: that the Budget-to-Actual report for the period ending February 29, 2016 be approved as presented. The motion carried.

Directive: staff was directed to ask for donations from other medical societies and our members for the GCMS efforts on behalf of the Flint Water Crisis issue.

Genesee County Medical Society
Board of Directors
April 26, 2016 - Minutes

D) Legislative Liaison Report

Dr. Cathy Blight reported that the Legislative Liaison Committee met on March 7th, and discussed a variety of issues relating the scope of practice, etc.

E) Greater Flint Health Coalition Report

John Waters reported that the State Innovation Model grant has been received.

Pete Levine reported that there still is a seat open on the GFHC Quality and Innovation Task Force for GCMS representation.

F) Presidents' Report

Dr. Colone reported the interventions by Medical Society staff and leadership on several issues including water. He noted that staff is putting in an unsustainable level of activity due to the Flint Water Crisis.

Dr. Colone reminded Board members that the May 5th General Membership Dinner Business Meeting will be on the topic of "Resetting the Legionella Mindset".

III. Other Business to Report

Disciplinary Action by LARA

Levine noted that a probably former member has had his license suspended for over six months by the Michigan Department of Licensing and Regulatory Affairs. He noted that it has been so long since something like this has happened, that he is seeking input from the Board about whether to forward a letter summarily suspending the members' membership.

Directive: staff was directed to suspend membership for the individual who has had his license suspended.

IV. Adjournment

No further business appearing, the meeting was adjourned at 8:00pm.



Paul H. Karr, Sr., MD

Dr. Paul Karr, Sr. passed away on May 29, 2016.

Dr. Karr was born in Flint and graduated from Flint Central high school. He attended Princeton University, graduating with a degree in engineering. He attended medical school at University of Pennsylvania. Dr. Karr returned to Flint to perform an internship at Hurley Hospital. He opened his practice in 1961, and later served two years in the United States Army. He had many hobbies including photography, astronomy, genealogy, and playing bridge. Dr. Karr played a critical role in the early years of the Genesee County Free Medical Clinic where he served as Assistant Medical Director. He received the Doctors and Their Families Make a Difference Award from the Michigan State Medical Society in 1997, and was declared a Hero of Medicine for service to the community by the Genesee County Medical Society in 1999



Charles K. Safley, MD

Dr. Charles Safley, passed away on May 22, 2016 following a short battle with pancreatic cancer. He is survived by his wife, Ellen.

Dr. Safley was born on February 20, 1945 in Indianola, Mississippi. He grew up in Jackson, Mississippi. He loved music and had a wide and varied taste in musical genres; he loved Bluegrass, Blues, James Brown, as well as Classical and Symphonies. Upon graduation from Murrah High School, Dr. Safley obtained a BS from Vanderbilt University and a MD from the University of Mississippi Medical School. Following his orthopedic residency at the Medical College of Virginia, he came to Flint to begin his orthopedic practice. In 1995, he joined Family Orthopedic Associates and spent a total of 38 years caring for patients, training resident orthopedic surgeons and developing close personal friendships with his partners and colleagues. At the height of the Medical Liability Crisis, Dr. Safley served as Chair of the GCMS Professional Liability Committee.



Memorial Reflections

Dr. Barina Zado

I am very sad to hear of the passing of some very good people who were also good doctors, who I had the pleasure of working with. Dr. Jack Price was a passionate physician. Dr. Sylvia Doyle was a great educator who I had the privilege of watching teach residents at the old St. Joe's hospital. Dr. Doyle was a very kind, intelligent and knowledgeable woman. What a loss.

I remember Dr. Charles Safley as a very honest and hard-working man. I used to refer patients to him and he always took good care of them.

Yes, I am sad, I cried a little, but there is nothing wrong with that. These are people I cared for and have good memories of, and who contributed good things to our community. They will be missed.

I pray that their families find peace in their hearts during this difficult time, and send them my sincere condolences.

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Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

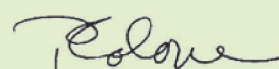
Sincerely yours,



Allen F. Turcke, MD
President
Medical Society Foundation
Deborah Duncan, MD



Immediate Past President
Genesee County Medical
Society
Pino Colone, MD



President
Genesee County Medical
Society



Fight Lead Poisoning with a Healthy Diet

Lead Poisoning Prevention Tips
for Families



Download additional Information by clicking on the links below

ADDING PHOSPHATE
to Flint Water



HEALTHY LIVING
Stress and your child



DO'S AND DONT'S
of Rashes



HEALTHY LIVING
Stress and emotional eating



KEEP YOUR PET
Safe from lead



Lead and a Healthy Diet

What You Can Do to Protect Your Child

Lead's Effects on the Body

Lead is a poisonous metal that our bodies cannot use. Lead poisoning can cause learning, hearing, and behavioral problems, and can harm your child's brain, kidneys, and other organs. Lead in the body stops good minerals such as iron and calcium from working right. Some of these effects may be permanent.



Lead Awareness and Your Child

Children with lead poisoning usually do not look or act sick. The only way to know if your child has lead poisoning is by getting a blood test.

Ask your doctor or health care provider to test your child under six years of age at least once a year.

Lead Hazards

Where is Lead Found?

Main Sources of Lead

Lead-based paint is a hazard if it is peeling, chipping, chalking, or cracking. Even lead-based paint that appears to be undisturbed can be a problem if it is on surfaces that children chew or that get a lot of wear and tear. The older your home is, the more likely it is to contain lead-based paint.

Contaminated dust forms when lead paint is dry-scraped or sanded. Dust can also become contaminated when painted surfaces bump or rub together. Lead chips and dust can gather on surfaces and objects that people touch or that children put into their mouths.

Lead poisoning occurs **without** any **obvious symptoms** and **harms**



your child's body.

Contaminated soil occurs when exterior lead-based paint from houses, buildings, or other structures flakes or peels and gets into the soil. Soil near roadways may also be contaminated from past use of leaded gasoline in cars. Avoid these areas when planting vegetable gardens.

Other Sources of Lead

- Contaminated drinking water from older plumbing fixtures
- Lead-based painted toys and household furniture
- Imported lead-glazed pottery and leaded crystal
- Lead smelters
- Hobbies
- Folk remedies like azarcon and pay-loo-ah
- Cosmetics like kohl and kajal

Do not store **food** in **glazed pottery** from foreign countries.

A circular target symbol with a bullseye in the center, overlaid on the text.

Please direct patients to
www.flintcares.com



Meal and Snack Ideas

Tips to help you and your children plan meals and snacks

Breakfast

Oatmeal swirlers
Sliced banana
Orange juice

-or-

Cheese omelet
Applesauce
Low-fat milk

-or-

French toast
Orange sections
Low-fat milk

Lunch

Grilled cheese & tomato
Coleslaw
Low-fat milk

-or-

Tuna salad sandwich
Cranberry juice
Pear slices

-or-

Pizza bagel
100% fruit juice
Fresh or canned peaches
Low-fat milk

Dinner

Sloppy joes
Watermelon
Low-fat milk

-or-

Macaroni and cheese
Stewed tomatoes
Melon slice

-or-

Chicken stew
Rice
Strawberries

Between meals offer small snacks such as:

Cereal with low-fat milk, whole wheat crackers with cheese, apple or pear slices, oranges or bananas, raisins, yogurt, frozen fruit juice pops, and fruit smoothies.

Many of the foods listed in this brochure can be bought with food vouchers from the WIC program. To find out more about WIC, call your child's pediatrician or visit www.fns.usda.gov/wic



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regarding Flint water issues

Oatmeal Swirlers • Makes 4–6 servings

1 1/2 cups of quick cooking oats
1/3 cup of peanut butter
1/3 cup of fruit jelly or jam

Steps:

- Follow the package directions to cook oats.
- Spoon peanut butter and jelly on top of cooked oatmeal.
- Stir and spoon into bowls.
- Serve with low-fat milk.



French Toast • Makes 4–6 servings

3 eggs, beaten
1/2 cup of low-fat milk
Vegetable oil
6 slices of bread
Cinnamon
2 bananas, sliced

Steps:

- Mix eggs and milk.
- Lightly coat pan with vegetable oil. Use medium heat.
- Dip bread into egg mixture, so that bread is covered.
- Brown one side of bread in pan.
- Sprinkle top with cinnamon.
- Turn over bread and brown the other side. Top with sliced banana.
- Serve with low-fat milk.

Cheese Omelet • Makes 2–3 servings

3 eggs
1 tablespoon of low-fat milk
Vegetable oil
3 tablespoons of cheese

Steps:

- Mix eggs and milk in a bowl.
- Lightly coat pan with vegetable oil. Use medium heat.
- Add egg mixture and cook.
- When omelet is cooked on the bottom, add cheese.
- When cheese is melted, fold omelet in half.
- Top with salsa if you like.
- Serve with toast, fruit, and low-fat milk.

Grilled Cheese & Tomato Sandwich • Makes 1 serving

2 slices of bread
2 slices of American cheese
1 slice of tomato
Vegetable oil

Steps:

- Make sandwich using bread, cheese, and tomato.
- Lightly coat pan with vegetable oil.
- Brown sandwich on both sides over low heat to melt the cheese.
- Serve with low-fat milk or fruit juice.



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Tuna Salad Sandwich • Makes 2 servings

4 slices of bread
1 can of water packed tuna
4 teaspoons of low-fat mayonnaise
Onion and celery, chopped

Steps:

- Mix tuna with low-fat mayonnaise, onion, and celery.
- Try your sandwich with cheese and tomato.
- Serve with low-fat milk.



Pizza Bagels • Makes 2–3 servings

1 bagel
2 tablespoons of tomato sauce
Garlic, basil, or oregano
2 tablespoons of cheddar cheese or part-skim mozzarella

Steps:

- Preheat oven to 400 degrees.
- Slice open a bagel and place on a flat pan.
- Add tomato sauce, seasonings, and cheese.
- Bake for 3 minutes or until cheese melts.
- Serve with fruit juice.

Sloppy Joes • Makes 4–6 servings

1 pound of lean ground beef, turkey, or chicken
1 small onion, chopped
1/2 green pepper, chopped
1 cup of tomato sauce
Your choice of seasonings
5 hamburger buns or pita pocket breads

Steps:

- In a pan, cook lean ground meat, onion, and green pepper until meat is well done.
- Drain fat.
- Stir in tomato sauce and seasonings.
- Cook for 5 to 10 minutes.
- Spoon into hamburger bun or pita.
- Serve with fruit juice.



Baked Macaroni and Cheese • Makes 3–5 servings

4 cups of cooked macaroni
3 cups of grated cheddar cheese
2 tablespoons of margarine
2 tablespoons of flour
Vegetable oil
2 cups of low-fat milk
Salt and pepper

Steps:

- Preheat oven to 375 degrees. Lightly coat casserole dish with vegetable oil.
- Mix cooked macaroni with grated cheese and pour into casserole.
- Melt margarine in a pan. Remove from heat, stir in flour. Return to heat.
- Add low-fat milk slowly, stirring until smooth.
- Season with salt and pepper to taste.
- Pour over macaroni. Stir.
- Cover. Bake for 30 minutes.
- Uncover and bake for another 15 minutes.

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Chicken Stew • Makes 6–8 servings

3 pounds of frying chicken, cut up into small pieces
Vegetable oil
1 medium onion, chopped
1 stalk of celery, chopped
28 ounce can of stewed tomatoes
Poultry seasoning

Steps:

- Lightly coat pot with vegetable oil. Use medium heat.
- Cook chicken until it is well done.
- Add can of stewed tomatoes.
- Add vegetables and seasoning.
 - Cover and cook over low heat for 30 minutes.
 - Serve with rice or noodles.

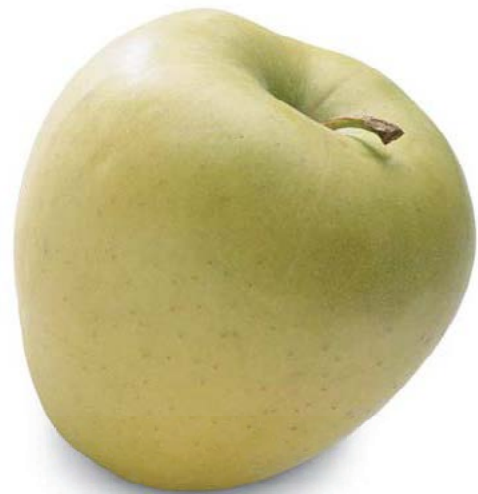
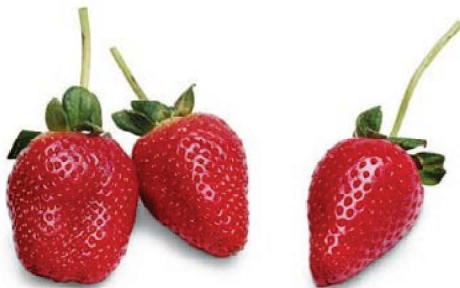


Banana Strawberry Smoothie • Makes 2–3 servings

1 cup of low-fat milk
1 cup of fresh or frozen strawberries, mashed
1 ripe banana, mashed

Steps:

- Mix all together in a blender or use a wire whisk.
- Eat as a snack or for dessert.



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Regularly Eat Healthy Foods

Children with empty stomachs absorb more lead than children with full stomachs.

Provide your child with four to six small meals during the day. The following nutrients can help protect your child from lead poisoning:



Iron-Rich Foods

Normal levels of iron work to protect the body from the harmful effects of lead. Good sources of dietary iron include:

Lean red meats, fish, and chicken

Iron-fortified cereals

Dried fruits (raisins, prunes)

Calcium-Rich Foods

Calcium reduces lead absorption and also helps make teeth and bones strong. Good sources of dietary calcium include:

Milk

Yogurt

Cheese

Green leafy vegetables (spinach, kale, collard greens)



Vitamin C-Rich Foods

Vitamin C and iron-rich foods work together to reduce lead absorption. Good sources of vitamin C include:

Oranges, orange juice

Grapefruits, grapefruit juice

Tomatoes, tomato juice

Green peppers

A healthy diet can help

protect
your **child**
from the harmful effects
of lead.



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Simple Steps You Can Take

to Protect Your Family from Lead Hazards

If you think your home has high levels of lead:

- Make sure your children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Get your children tested for lead, even if they seem healthy.
- Get your home tested for lead if it was built before 1978. Call **1-800-424-LEAD** for more information.
- Always wash your hands before eating.
- Wash children's hands, bottles, pacifiers, and toys.
- Do not use imported pottery to store or serve food.
- Let tap water run for one minute before using.
- Use only cold water for making your baby's formula, drinking, and cooking.
- Regularly clean floors, windowsills, and other surfaces using wet methods that control dust.
- Wipe or remove shoes before entering your house.
- If you rent, it is your landlord's job to keep paint in good shape. Report peeling or chipping paint to your landlord and call your health department if the paint is not repaired safely.
- Take precautions to avoid exposure to lead dust when remodeling or renovating.
- Don't try to remove paint yourself!



For more information on childhood lead poisoning prevention:

Call

- Your child's pediatrician
- The National Lead Information Center
1-800-424-LEAD (424-5323)
- U.S. Environmental Protection Agency's (EPA) Safe Drinking Water Hotline
1-800-426-4791



Visit

- EPA Lead Program Web site
www.epa.gov/lead
- U.S. Centers for Disease Control and Prevention (CDC) Web site
www.cdc.gov/nceh/lead
- U.S. Department of Housing and Urban Development (HUD) Web site
www.hud.gov/offices/lead

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to Flint Water



HEALTHY LIVING
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DO'S AND DONT'S
of Rashes



HEALTHY LIVING
Stress and emotional eating



KEEP YOUR PET
Safe from lead



HAPPY BIRTHDAY DOCTOR

JULY

Katikuti Dutt, MD	1	Lawrence Irish, MD	17
Barina Zado, MD.....	1	Peter Rydesky, MD	17
Louise Desgranges, MD.....	1	Christopher Goltz, MD.....	19
Tarik Wasfie, MD.....	1	James Vyskocil, MD	21
John Hebert, III, MD	1	Shihab Rabh, MD	21
Leo Mercer, MD.....	2	Orestes Iung, MD	22
John Morrison, DO	2	Farhan Khan, MD	22
John Waters, MD	3	Allen Turcke, MD	24
Glen Sullenger, MD.....	6	E. Grant Murphy, MD.....	25
Purushottam Naik, MD	7	Jae Kim, MD.....	25
Kamal Hasan, MD	7	Jon Santiago, MD.....	25
Amro Sheta, MD	7	Lauren O'Connell, MD.....	25
James Gibbons, MD	8	Dong Whan Oh, MD	25
Fikria Hassan, MD	9	James Knaggs, MD	26
Bhadrabala Ganatra, MD	9	David Strahle, MD.....	27
Niketa Dani, MD	9	Edward Holden, MD.....	27
Kathleen Justice-Kirtek, MD.....	10	Eyassu Habte-Gabr, MD	28
AppaRao Mukkamala, MD	14	Seann Willson, MD	28
Adebayo Akindele, MD	14	Robert Cross, MD	29
Frederick VanDuyne, MD	15	Rachel Young, DO	31
Koteswara Vemuri, MD	15		

GCMS MEETINGS

— July 2016 —

Community & Environmental Health Committee, 7/13

12:30pm, GCMS Offices

2016 Ball Committee, 7/19

12pm, Taboon-Flint

Legislative Liaison Committee/ Washington Update with Congressman Dan Kildee, 7/20

8:00am, GCMS Offices

Finance Committee

Recessed in July

Board of Directors

Recessed in July

Community & Environmental Health Committee, 7/27

12:30pm, GCMS Offices

Practice Managers Recessed in July

GCMS Town Hall Dinner Meeting “What is New: The Payer's Perspective & What it Means to Physicians”

September 8, 2016

Flint Golf Club

[CLICK TO REGISTER](#)



President's Ball

November 12, 2016

6 o'clock pm

Genesys Conference & Banquet Center

[CLICK TO REGISTER](#)





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Information Regarding the ACIP Vote to Not Recommend LAIV Flu Vaccine for 2016-2017 Season

What Providers Need to Know for the Influenza Season

The Advisory Committee on Immunization Practices (ACIP) has voted that Live Attenuated Influenza Vaccine (LAIV), also known as the "nasal spray" flu vaccine, should not be used during the 2016-2017 flu season. ACIP continues to recommend annual flu vaccination for everyone 6 months and older.

Key Facts

- Based on CDC data, LAIV did not demonstrate enough evidence of effectiveness to warrant a recommendation.
- Preliminary estimates of vaccine effectiveness for LAIV among children 2 through 17 years during the 2015-2016 season was 3%, compared to Inactivated Influenza Vaccine (IIV) at 63%.
- The reason for decreased effectiveness with LAIV is currently unknown.
- The change in the ACIP recommendation is an example of using new available data to ensure public health actions are most beneficial.
- Final recommendations will be published in a CDC *Morbidity and Mortality Weekly Report* (MMWR) in late summer or early fall.

Provider Information

- Based on manufacturer projections, health officials expect that supply of IIV for the 2016-2017 season should be sufficient to meet any change in demand resulting from the ACIP recommendation.
- The Michigan Department of Health and Human Services (MDHHS) is working with CDC to ensure that the Vaccines for Children (VFC) supply is adequate.

MDHHS is actively seeking more information. As it becomes available, further updates will be sent. Questions? Contact Jalyn Ingalls, Influenza Epidemiologist, at IngallsJ@michigan.gov.



Revision date: 6/27/2016

Update: CDC's Advisory Committee on Immunization Practices (ACIP) voted in favor of an interim recommendation that live attenuated influenza vaccine (LAIV), also known as the "nasal spray" flu vaccine, should not be used during the 2016-2017 flu season. ACIP continues to recommend annual flu vaccination, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone 6 months and older. The ACIP vote follows data showing poor or relatively lower effectiveness of LAIV from 2013 through 2016.

Summary Key Points:

- Influenza causes substantial illness and death every year.
- Flu vaccines are the first and best way to prevent influenza.
- While how well flu vaccines work can vary from year to year, there are years of data showing that people who get vaccinated are, overall, better off than people who do not get vaccinated.
- Flu vaccines prevent flu illnesses, doctor's visits and hospitalizations.
- CDC presented data showing vaccine effectiveness for nasal spray vaccine among children 2 years through 17 years during 2015-2016 was 3 percent (with a 95 percent Confidence Interval (CI) of -49 percent to 37 percent). This estimate means no protective benefit could be measured.
- In comparison, flu shots IIV had a vaccine effectiveness estimate of 63 percent against any flu virus among children 2 years through 17 years with a 95 percent CI of 52 percent to 72 percent. (This estimate indicates flu shots provided measurable protection.)
- The disappointing LAIV VE data from 2015-2016 follows two previous seasons (2013-2014 and 2014-2015) showing poor and/or lower than expected vaccine effectiveness (VE) for LAIV.
- It's disheartening to see data suggesting that one flu vaccine is not working as well as expected, but fortunately, flu shots did perform well last season, offering substantial protection against influenza.
- Today's ACIP vote underscores the importance of ongoing efforts to measure and evaluate the effectiveness of public health interventions, including VE studies, which can have significant implications for public health policy.
- The change in the ACIP recommendation is an example of using new data to hone public health practice to be most beneficial.
- Today's ACIP vote may have implications for vaccine providers who have already placed flu vaccine orders for the 2016-2017 season.
- Vaccine manufacturers have projected that as many as 171 million - 176 million doses of flu vaccine will be made available for the 2016-2017 season.
- LAIV accounts for up to 14 million of those doses (about 8% of the total supply of flu vaccine).
- Based on manufacturer projections, health officials expect that supply of IIV for the 2016-2017 season should be sufficient to meet any increase in demand resulting from the ACIP recommendation, though providers may need to check more than one supplier or purchase a flu vaccine brand other than the one they normally select.
- Providers who have purchased or pre-ordered vaccine will need to consult with the manufacturer or vaccine distributor.
- Overall VE (all ages, all flu viruses) for IIV was 49 percent (CI 41 percent to 56 percent) indicating that millions of people were protected against flu last season.

Additional Key Points

- On June 22, 2016, CDC's Advisory Committee for Immunization Practices (ACIP) was presented with vaccine effectiveness (VE) data from 2015-2016, including for the live attenuated influenza vaccine (LAIV), or Flumist Quadrivalent, also known as the "nasal spray vaccine."
- ACIP then reviewed previous VE data related to LAIV and IIV and subsequently discussed changes to the U.S. 2016-2017 seasonal influenza vaccine recommendations based on these data.
- CDC's Advisory Committee on Immunization Practices (ACIP) voted in favor of an interim recommendation that live attenuated influenza vaccine (LAIV), also known as the "nasal spray" flu vaccine, should not be used during the 2016-2017 flu season.
- ACIP is a panel of immunization experts that advises CDC.
- ACIP's recommendations must be reviewed and approved by CDC's director before it becomes official CDC policy.
- The final annual recommendations on the prevention and control of influenza with vaccines will be published in a CDC Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports, usually in late summer or early fall.
- LAIV is the only non-injection based flu vaccine currently available on the market.
- Vaccine manufacturers have projected that as many as 171 million - 176 million doses of flu vaccine will be made available for the 2016-2017 season.
- LAIV accounts for up to 14 million of those doses (about 8% of the total supply of flu vaccine).
- These projections reflect the possible doses of vaccine that manufacturers can produce, and actual supplies of vaccine may be lower.
- Health officials expect that supply of IIV for the 2016-2017 season should be sufficient to meet any increase in demand resulting from the ACIP recommendation, though providers may need to check more than one supplier or purchase a flu vaccine brand other than the one they normally select.
- The reason for the poorer overall performance of LAIV compared to IIV over the last few flu seasons is not well understood.
- CDC conducts vaccine effectiveness (VE) studies each season to measure the benefits provided by flu vaccination.

A Summary of Vaccine Effectiveness Data for LAIV during 2015-2016

- During the 2015-2016 season, VE data provided by the U.S. Flu VE Network indicated that LAIV offered no significant protection against the predominant flu virus [i.e., influenza A (H1N1)pdm09] among study participants age 2 through 17 years of age.
 - Preliminary estimate of VE for LAIV against any virus was 3% (95% CI -49% to 37%), and for IIV was 63% (95% CI 52% to 72%).

ACIP Meeting June 22, 2016
Influenza Session: **Key Points**

- Preliminary estimate of VE against A(H1N1)pdm09 virus for LAIV was -21% (95% CI -108% to 30%), and for IIV it was 65% (95% CI 49% to 76%).
- For influenza B viruses, preliminary estimate of VE of LAIV among children aged 2 through 17 years was -4% (95% CI -141% to 55%) for Yamagata-lineage viruses, and 31% (95% CI -62% to 70%) for Victoria-lineage viruses.
 - In contrast, VE of IIV was 64% (95% CI 31% to 81%) for Yamagata-lineage viruses, and 56% (95% CI 29% to 72%) for Victoria-lineage viruses.
- There was evidence that VE for IIV was statistically better than LAIV for influenza A(H1N1)pdm09 virus but not for influenza B viruses (lineages combined); VE for influenza A (H3N2) viruses could not be assessed due to too few infections.

Background: LAIV and ACIP recommendations

- LAIV (i.e., the nasal spray vaccine) is currently approved for use in healthy, non-pregnant people 2 through 49 years of age.
 - For more information on LAIV, including groups recommended to receive it or not receive it and other considerations, see <http://www.cdc.gov/flu/about/qa/nasalspray.htm>.
 - LAIV is manufactured by MedImmune, LLC, which is a subsidiary of AstraZeneca.
- LAIV was initially licensed in 2003 as a trivalent (three-component) vaccine for use among healthy, non-pregnant persons 5 through 49 years of age, and ACIP recommended its use in this age group from 2003-2007.
- On September 19, 2007, MedImmune received approval from the Food and Drug Administration (FDA) to expand the use of FluMist (LAIV) to include healthy children aged 2-4 years (i.e., 24-49 months).
- In 2012, a quadrivalent (four-component) formulation of LAIV was licensed, and it replaced the trivalent formulation in the United States beginning during the 2013-2014 season.
- From 2003 through the 2012-2013 season, ACIP and CDC expressed no preference for LAIV or inactivated influenza vaccine (IIV), otherwise known as the “flu shot.”
- For the 2014-2015 season, the ACIP and CDC issued a preferential recommendation for the use of LAIV, when immediately available, for healthy children 2 through 8 years of age, to be implemented as feasible for the 2014-2015 season but not later than the 2015-2016 season.
 - This recommendation was based on the “Grading of Recommendations, Assessment, Development, and Evaluation” (GRADE) framework.
 1. The GRADE framework was adopted by the ACIP in October 2010. It provides a standardized and explicit process for developing ACIP recommendations with the goal of enhancing transparency, consistency and communication.
 2. The GRADE framework was designed to help the ACIP systematically assess the type or quality of evidence about a vaccine’s expected health impacts and the balance of health benefits and risks, along with the values and preferences of people affected, and

health economic analyses. It groups evidence into four categories, with the order reflecting the level of confidence in the estimated effect of vaccination on health outcomes.

3. For more information on the GRADE framework, see

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6118a3.htm>

- The research-related justification for the LAIV preferential recommendation for healthy children 2-8 years old when immediately available relied predominantly on data from two randomized control trials of LAIV and IIV among young children which measured superior efficacy of LAIV (1,2). These studies were conducted during the 2002-2003 and 2004-2005 flu seasons, respectively.*

1. Ashkenazi S, Vertruyen A, Aristegui J, Esposito S, McKeith DD, Klemola T, et al. Superior relative efficacy of live attenuated influenza vaccine compared with inactivated influenza vaccine in young children with recurrent respiratory tract infections. *Pediatr Infect Dis J*. 2006 Oct;25(10):870-9.
2. Belshe RB, Edwards KM, Vesikari T, Black SV, Walker RE, Hultquist M, et al. Live attenuated versus inactivated influenza vaccine in infants and young children. *The New England journal of medicine*. 2007 Feb 15;356(7):685-96.

* Both of these studies were conducted prior to the 2009 H1N1 pandemic when the H1N1pdm09 virus first emerged and began circulating. In addition, during these early studies it is likely that most children were flu vaccine naïve (previously unvaccinated) at the time LAIV was given, as opposed to recent seasons during which many children getting LAIV have been previously vaccinated.

- In February 2015, the ACIP and CDC did not renew the preferential recommendation for LAIV over IIV for children 2 through 8 years of age.
 - This decision was informed by VE data for the 2013-2014 and 2014-2015 seasons.
 - Results showed poor vaccine effectiveness (VE) of LAIV against influenza A(H1N1)pdm09, which was the predominant virus that season for children 2 through 17 years of age (1).
 1. Grohskopf LA, Sokolow LZ, Olsen SJ, Bresee JS, Broder KR, Karron RA. Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2015-16 Influenza Season. *MMWR Morbidity and mortality weekly report*. 2015 Aug 7;64(30):818-25.
 - The 2013-2014 season was the first H1N1 predominant season since the 2009 pandemic
 - It was hypothesized that the reduced effectiveness of LAIV against the influenza A (H1N1)pdm09 virus was due to reduced vaccine stability of the LAIV vaccine virus, A/California/2009/(H1N1), caused by a single amino acid mutation (1).
 1. Cotter CR, Jin H, Chen Z. A single amino acid in the stalk region of the H1N1pdm influenza virus HA protein affects viral fusion, stability and infectivity. *PLoS Pathog*. 2014 Jan;10(1):e1003831.
 - As a result, a new H1N1 vaccine virus (A/Bolivia/559/2013) was used in LAIV formulations for the 2015-2016 season.

ACIP Meeting June 22, 2016
Influenza Session: **Key Points**

- However, despite the change in the H1N1 virus component of the LAIV vaccine, VE data for the 2015-2016 season found that LAIV was less effective than IIV among study participants aged 2-17 years. Similar to the 2013-2014 season, influenza A (H1N1)pdm09 viruses also circulated predominantly during the 2015-2016 season.
- More information about past LAIV VE data is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm>

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| <input type="radio"/> I am in my third year of practice post-residency. | <input type="radio"/> I am in full, active practice. |
| <input type="radio"/> I have moved into Michigan; this is my first year practicing in the state. | <input type="radio"/> I am a resident/fellow. |

Male Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ MD DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable) _____

Job Title: _____

W Phone _____ W Fax _____ H Phone _____ H Fax _____

Mobile: _____ Email Address _____

Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

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*Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

*Birth Date: ____/____/____ Birth Country _____ MI Medical License #: _____ ME #: _____

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Residency Program _____ Program Completion Year _____

Fellowship Program _____ Program Completion Year _____

Hospital Affiliation _____

• Primary Specialty _____ Board Certified: Yes No

• Secondary Specialty _____ Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

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, have you been the subject of any disciplinary action by any medical society or hospital staff?: Yes No

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I agree to support the 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: _____

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