

# THE Bulletin

OCTOBER 2012 Volume 88, Number 10



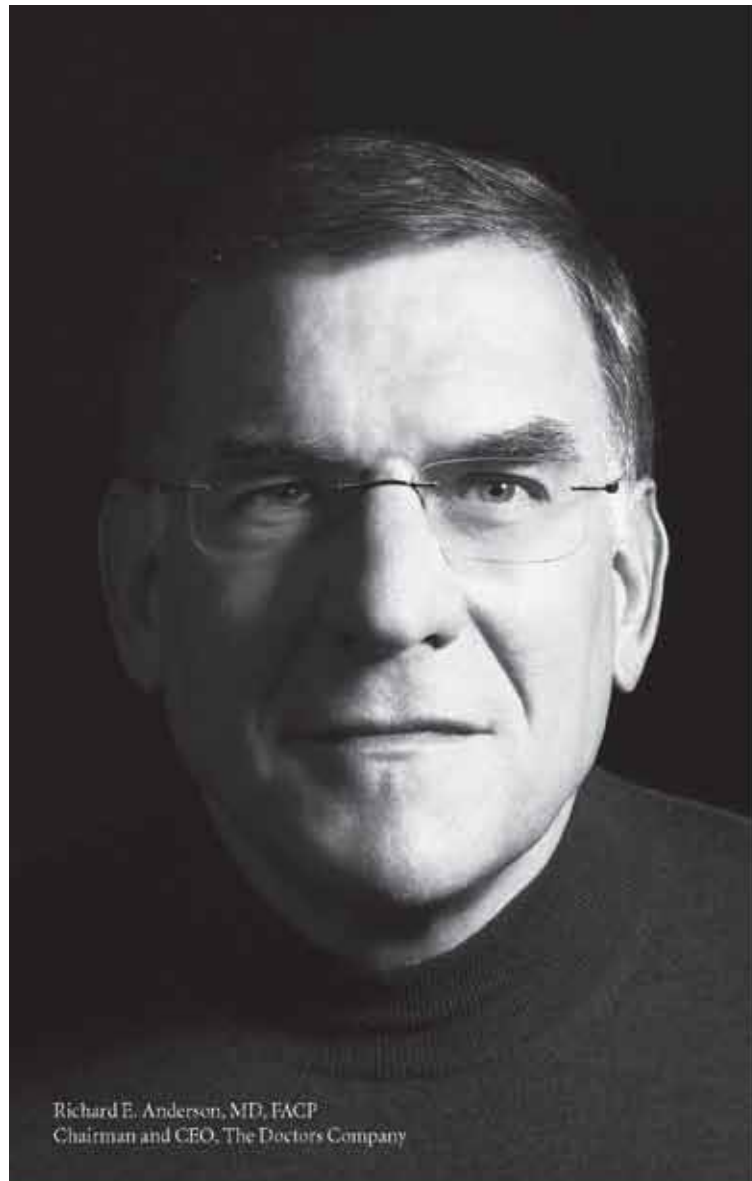
**DO YOU  
RECOGNIZE  
THESE DOCTORS?**

**TORT REFORM  
UPDATE**

**INVITATION TO BALL**

**GROUP MEDICAL  
APPOINTMENTS  
UPDATE**

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# THE Bulletin

Read by 96% of GCMS members.

## FEATURE ARTICLES

<i>MSMS Committees</i>	11
<i>MSMS Tort Reform Update</i>	12
<i>Medical Group Visits</i>	16
<i>The More Things Change...</i>	19
<i>Do You Recognize These Doctors?</i>	20
<i>Town Hall On Elections</i>	23

## REGULARS

<i>President's Message</i>	4
<i>Editorially Speaking</i>	6
<i>Director's Message</i>	8
<i>MSMS District Update</i>	10
<i>Legislative Liaison</i>	25
<i>Legal Advisor</i>	26
<i>New Members</i>	27
<i>Board Meeting Minutes</i>	28
<i>Your \$\$ At Work</i>	31
<i>GCMS Meetings</i>	33
<i>Happy Birthday, Doctor</i>	34
<i>Classifieds</i>	34

### 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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# GENESEE HEALTH PLAN MILLAGE RENEWAL THIS NOVEMBER!

On November 6, we will have many choices. One of the most important is the renewal of the funding (one mill) for the Genesee Health Plan (GHP).

Last year Genesee was ranked the sixth lowest county overall in the County Health Rankings (7th percentile). While all other measures were below the 20th percentile, Clinical Care in our county was ranked at 88 percentile in our state. While we have wonderful medical resources here, this ranking was mostly based on the access to physician visits and screening provided to otherwise uncovered patients by the Genesee Health Plan.

This innovative program is not insurance – it is a health plan that provides a formal agreement between physicians, nurses and pharmacists to provide coordinated basic health care to patients who are pre-screened as falling below a set income level and not otherwise eligible for insurance. GHP currently provides basic health services, including doctor visits, x-rays, cancer screenings and prescription drugs to approximately 25,000 adults in our county. In addition, it provides assistance with care management, low-cost eyeglasses, and used medical equipment. And no public money is used for its administration, which is solely funded by grants and donations.

I believe the humanitarian imperative to renew this millage is obvious. Since its inception 10 years ago, GHP has facilitated care for more than 60,000 of our neighbors in this county. While physicians have historically provided charity care, this was restricted by the Balanced Budget Act of 1998, in which private insurance companies lobbied hard to require physicians to charge the same fee to all payers, including patients who do not have insurance. Insurance companies then negotiate a lower payment (despite a higher charge), leaving patients without insurance to pay the highest



*Laura A. Carravallab, MD*

possible fee – or feel that they are dependent on charity. By accepting the patients with GHP, physicians and other health providers are able to legally contribute to the care of those less fortunate. Perhaps more importantly, it provides a SYSTEM of care, in which the physician and patient can be assured that when a patient is sent to a health care provider that accepts GHP, the patient will get the agreed-upon services without complication. This preserves the dignity of the patient, and significantly decreases the effort otherwise required by physician offices to arrange each individual piece of

care for patients who are uninsured.

In addition to compassionate considerations, there are also very practical reasons to renew this millage: It saves money. Since this program was started the plan has achieved the following results for its recipients: Emergency room visits (the most expensive form of care) are down 51 percent, inpatient hospital visits have been reduced by more than 15 percent, mammograms and preventative screenings for women have quadrupled, and exercise and healthy eating have increased by 57 percent. Considering our dismal ratings in the health rankings and the cost of the complications of chronic disease, we can't afford not to fund it.

Please don't forget to vote, and please also urge your colleagues, family and patients (and their families) to renew funding for this effective and necessary health plan.

I want to let our members know how great the Genesee County Medical Society is. The scope of our activity, the consistency of our leadership locally, and at the state and national level are without parallel. Your elected and volunteer leaders, as well as your committee members and chairs are very dynamic. I would like to thank them all. Until one is president, it is hard to realize the breadth of what they all do.



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# PLEASE STAY AWAKE LONG ENOUGH TO READ THIS

*When we are tired, we are attacked by ideas we conquered long ago.*  
 – Friedrich Nietzsche (1844-1900)

Today, we exist in a sleep-deprived world. What may be surprising is that it is not just an adult problem, kids are vulnerable too. It is often said that children are not just miniature adults and this is especially evident when it comes to the need for adequate sleep, and the types of problems that can arise when this need is not met. Newborns need up to 16 hours of sleep every 24 hours and even 10 year olds should sleep at least 10 hours each night. But 2 out of 3 children under age 10 experience some type of chronic sleep disorder. Trouble sleeping at night can lead to behavioral problems during the day. Also, school performance can be negatively affected. Another issue associated with inadequate sleep in children is a mis-diagnosis of attention deficit/hyperactivity disorder (ADHD).

The diagnosis of ADHD rose 22% in the United States from 2003 to 2007. Symptoms of sleep deprivation often overlap those of ADHD and many children saddled with diagnosis of ADHD are actually sleep deprived. Adults who do not get adequate sleep may exhibit drowsiness and be sluggish while children often have the exact opposite reaction and can become wired, moody, obstinate and aggressive. They can have difficulty focusing on a school task, sitting quietly at their desk, and interacting appropriately with teachers and other children in the classroom and on the playground. Drug treatments for ADHD such as Concerta, Adderall, and Ritalin, can cause insomnia creating a snowballing sleep deprivation problem. Children who lose even as little as one-half hour of normal sleep caused by a dysomnia such as obstructive sleep apnea or just staying up past their normal bedtime with video games and television can exhibit behavioral



*Daniel Ryan, MD*

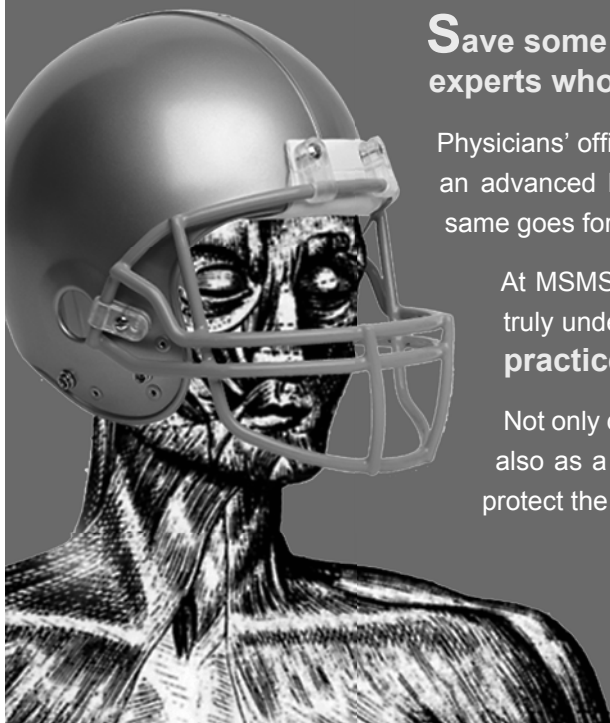
problems which mimic ADHD.

Parents are often ignorant of the normal sleep requirements of their children. The pediatrician might be unaware that a sleep disorder exists because he or she depends on the parent to bring the symptoms to their attention. Many parents are under the assumption that their snoring child is in the middle of a deep and sound sleep and may even find the snoring to be amusing and cute. But snoring can be the indicator of poor quality sleep with an alteration in the normal sleep-wake cycle

leading to changes in mood and energy levels. Snoring can be caused by chronic sinus congestion or enlarged tonsils and adenoid tissue resulting in obstructive sleep apnea. The NIH is sponsoring an ongoing study called the Childhood Adenotonsillectomy Study that is exploring the effect of surgically removing tonsils and adenoids on the health and behavior of 400 children. In other cases, sleep deprivation in kids is the result of nightmares, night terrors, and even sleep walking.

There are several established techniques that can improve a child's chances for a night of long and sound sleep. A regular bedtime without significant nightly variation, no caffeine in food or drinks (chocolate or soda) less than 6 hours before bedtime, a dark, quiet, comfortable bedroom without television, music devices, and video games, and a warm bath or bedtime story can all help significantly. Actually, this is good advice for adults too. Good sleep habits should be a priority for all our patients and may help eliminate or alleviate many chronic health problems. Of course, we physicians should practice what we preach. You are getting very sleepy!

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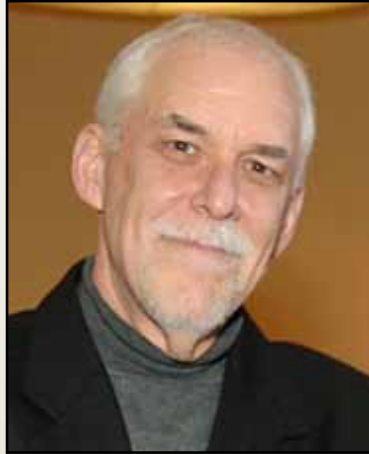
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# MDPAC ENDORSEMENTS, LIABILITY UPDATE, SLEEP REQUIREMENTS, AND THE BALL!

This issue of *the Bulletin* is replete with interesting information. Unlike the last two issues which focused around specific topics, this one has a variety of features.

If you're considering volunteering at the Genesee County Free Medical Clinic or any other free clinic, you will get a lot of good information to help with that decision in the article entitled "Protection from Liability for Volunteer Physicians" by Jonathan Hartman of Cline, Cline & Griffin. Dr. Dan Ryan's editorial on staying awake and sleep requirements for children is very interesting. We have a tort reform update from MSMS staff, and a reprint of a similar



*Peter Levine, MPH*

piece from 1971! We also are reviving an old feature, "Do You Recognize This Doctor?" Have fun with it!

Don't forget the Ball on December 1! It will be a blast. Put it on your calendar and contact Becky Doty regarding your ability to attend. The theme is "Rock of Ages" and you can dress accordingly!

Finally, by the time this is published, the tort reform legislation in the Michigan Senate will not have passed. Please make contacts with legislators asking them to support the legislation. This is something

all physicians, medical families, patients, health care workers and everyone but plaintiffs' attorneys should support!

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# DISTRICT DIRECTORS BRIEFING

Hello Members! Welcome to another briefing from your District 6 Directors.

One of the main efforts of your MSMS at this time is the re-election of Justices Markman and Zahra and election of Judge O'Brien to the open seat for the Michigan Supreme Court. If you have been reading the Bulletin this is not new information for you, but it certainly merits repeating!

In the past several years our precious tort reform laws have been eroded and weakened. The best stopgap measure to further weakening is to retain / elect the above people. If we fail in this effort, there is no doubt in my mind that we will see drastic changes to our tort reform. It is also possible that the new court without the above members could find such reforms unconstitutional as has happened in neighboring states.

<http://www.madisonrecord.com/news/224572-strong-reaction-follows-medical-malpractice-reform-overturn>

Should such a thing occur we would certainly return to the days of skyrocketing liability costs and a very litigious malpractice climate (as if it wasn't bad already!)

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



**S. Bobby Mukkamala, MD**  
*District VI Director*

So please look for ways to support Markman, Zahra, and O'Brien between now and the election and remember them in the ballot box!

Since I last wrote to you, CMS has released its final requirements that we need to meet to qualify for the next round of incentive payments for EHR use. They can be found here:

[http://www.ofr.gov/OFRUpload/OFRData/2012-21050\\_PI.pdf](http://www.ofr.gov/OFRUpload/OFRData/2012-21050_PI.pdf)

As I mentioned a while back, MSMS is an excellent resource and is very well staffed with personnel who have an in depth understanding of how this incentive works. They were very useful to me when my own office applied for the initial incentive payment. They continue to be a great member resource in this regard. So don't delay and start the process in your office of getting the 90-day data together so that you can reap the benefit of the incentive payment (\$18,000 per physician in the office this year!)

## *Announcement*

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*GCMS members wishing to serve on MSMS committees are welcome to do so. Please do not hesitate to contact Pete Levine regarding your interest. The list below includes those GCMS members currently serving on MSMS committees.*

Dan Ryan, MD, Editor

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Raymond R. Rudoni, MD

Task Force on a Patient Focused Compensation System

Edward Christy, MD

Robert M. Soderstrom, MD

Committee to Review the MSMS Policy Manual

Pino D. Colone, MD



# MSMS Tort Reform Update

By Stacey Sellek and Andrew Schepers

Physicians, residents, medical students, Alliance members, medical group managers, MSMS staff, and other supporters attended a four-hour, standing-room only committee hearing on July 18 about the “Patients First Reform Package,” a.k.a., tort reform bills. However, after four hearings, the Senate Insurance Committee still hasn’t voted on the bills.

Despite the lack of a vote, MSMS and supporters succeeded in emphasizing key points, such as the impact of these bills on physician supply and patient access, the lack of “blanket immunity” in these bills for physicians, and the difference between liability cases with merit and those without.

**“Physicians are continuously striving to improve patient safety and health care quality.”**

MSMS President John G. Bizon, MD, a Calhoun County otolaryngologist, testified alongside his daughter, Catherine A. Burtrum, DO, a Kent County general surgery resident. “Even when every effort is made to take variables into account, a patient may endure a bad outcome that has nothing to do with negligence,” Doctor Bizon explained to the Committee. “These bills seek to build on tort reforms passed in 1993 to balance patient access to the courts with protection for physicians against meritless cases.”

MSMS Board member Cheryl Gibson Fountain, MD, a Wayne County obstetrician/gynecologist, directly correlated tort reform with access to quality health care by explaining what happened prior to 1993 tort reforms being passed. “Physicians were leaving the metro Detroit area in large numbers, and obstetrical care was nearly impossible to find for pregnant moms living inside the city,” she said. “My experience in Detroit is particularly alarming because I see firsthand that when physicians retire in underserved areas, they simply can’t find younger physicians to take over their practice.”

MSMS Immediate Past President Steven E. Newman, MD, an Oakland County neurologist, directly addressed claims made by bill opponents. “We do NOT seek blanket immunity from any act or omission; we are asking for the same standard of negligence that applies to attorneys to be applied to physicians,” he clarified.

“Physicians are continuously striving to improve patient safety and health care quality,” Doctor Newman said, citing his own experience as an advisor to the Greater Detroit Area Health Council. “Michigan physicians are national leaders in multiple areas of quality improvement and reduction of medical errors. In other words, prior tort reforms have enhanced—not hindered—the efforts of Michigan physicians to improve quality and safety for our patients.”

Former Michigan Supreme Court Justice Cliff Taylor, and MSMS Legal Counsel Patrick J. Haddad, JD, testified on behalf of MSMS, as well.



**“As physicians, we have so many unknowns coming our way...**

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- The Development Fund is an unrestricted fund that allows the AMA Foundation to respond quickly to issues as they arise or provide support in areas of greatest need.
- The Scholars Fund distributes approximately \$500,000 annually in tuition assistance to medical students across the country. Gifts to this fund can be designated to specific U.S. medical schools.

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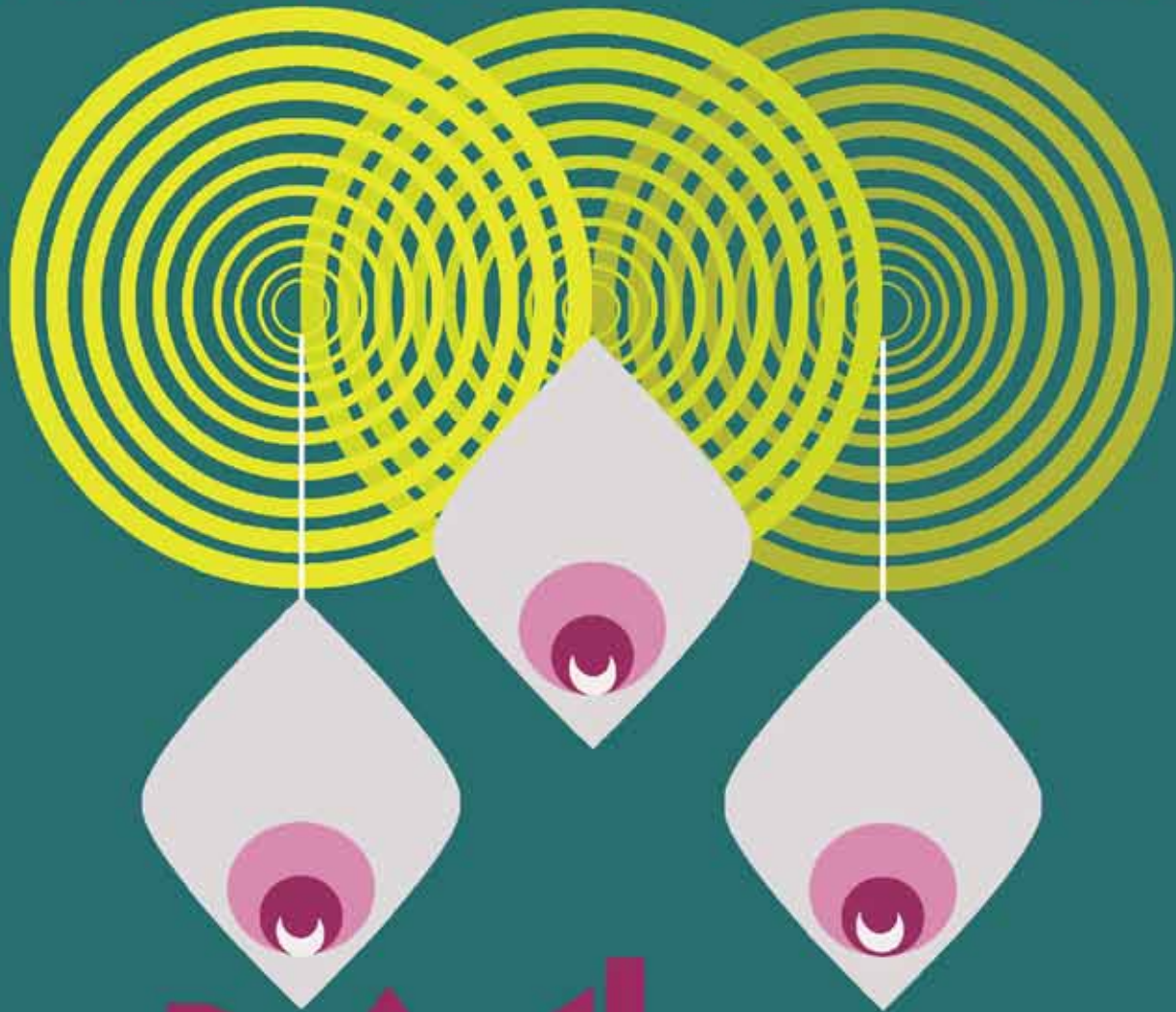
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# MEDICAL GROUP VISITS: A Practice-Level Strategy to Address National Healthcare Reform Transformation

Physicians across the United States have been anxiously following national health care reform and its passage into law. The news media has highlighted major provisions of the Affordable Care Act including:

- 32 million citizens will gain access to health care coverage by 2019;
- Medicaid will expand and reimbursement for primary care services will increase;
- Many primary care physician (PCP) payments will become outcome-based.

Medical group visits provide physicians a simple, evidence-based strategy for seeing more patients, capitalizing on improved reimbursement for primary care services, and improving patient outcomes without major costs or changes to practice procedures. Medical Group Visits have demonstrated improved patient outcomes related to glycated hemoglobin A1c (HbA1c), blood pressure, cholesterol, and body mass index (BMI); decreased emergency and urgent care utilization; decreased hospitalization rates; improved health behaviors and self-efficacy; and improved medication adherence.

In Genesee County, a number of practices and provider groups have implemented diabetes group visits and successfully duplicated the patient outcome improvements found in the medical literature. The following two graphs illustrate the improvements achieved by McLaren-Flint Family and Internal Medicine Residency Programs' diabetes group visit patients in controlling their HbA1c and reducing low-density lipoprotein (LDL) levels.

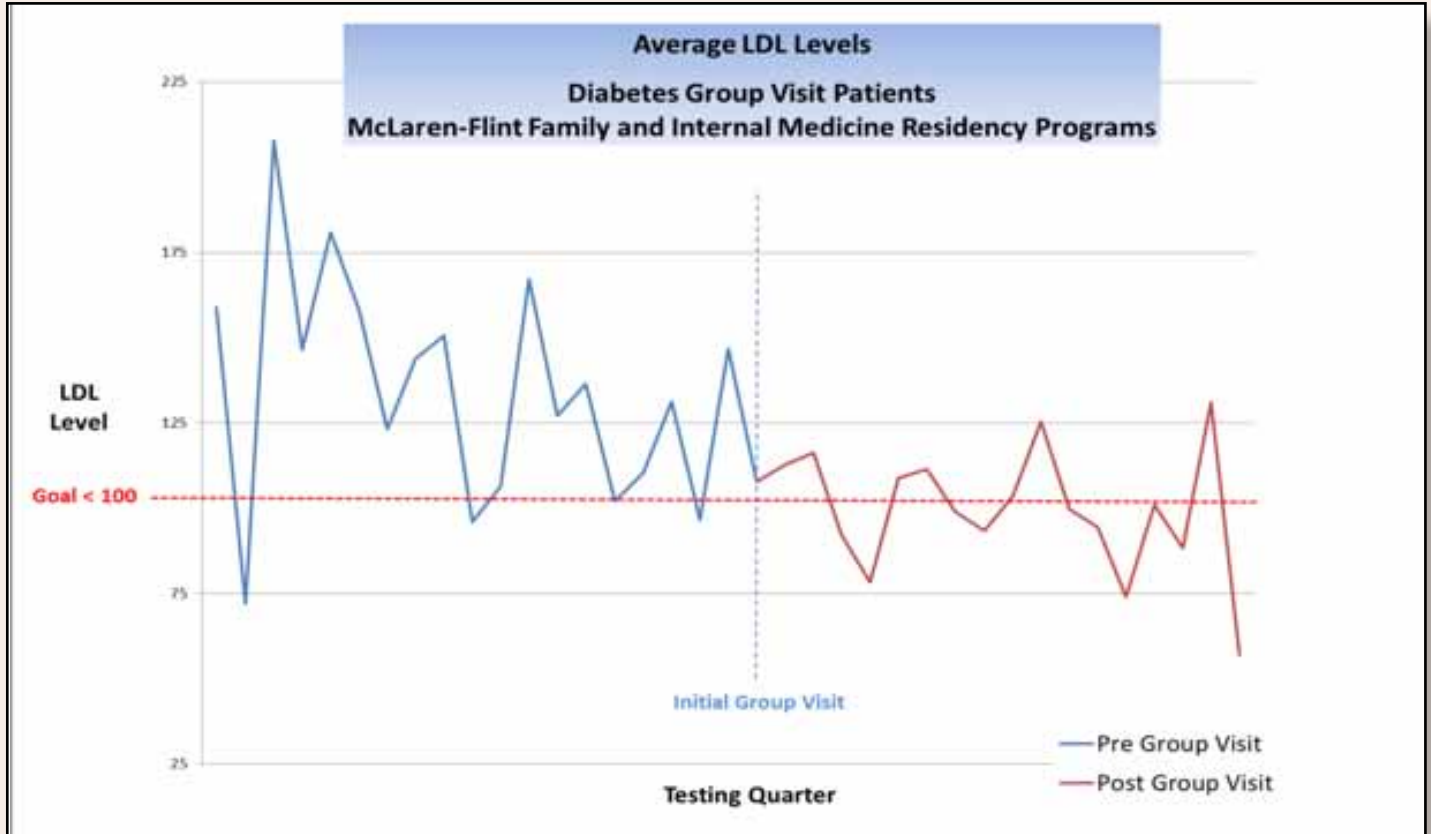
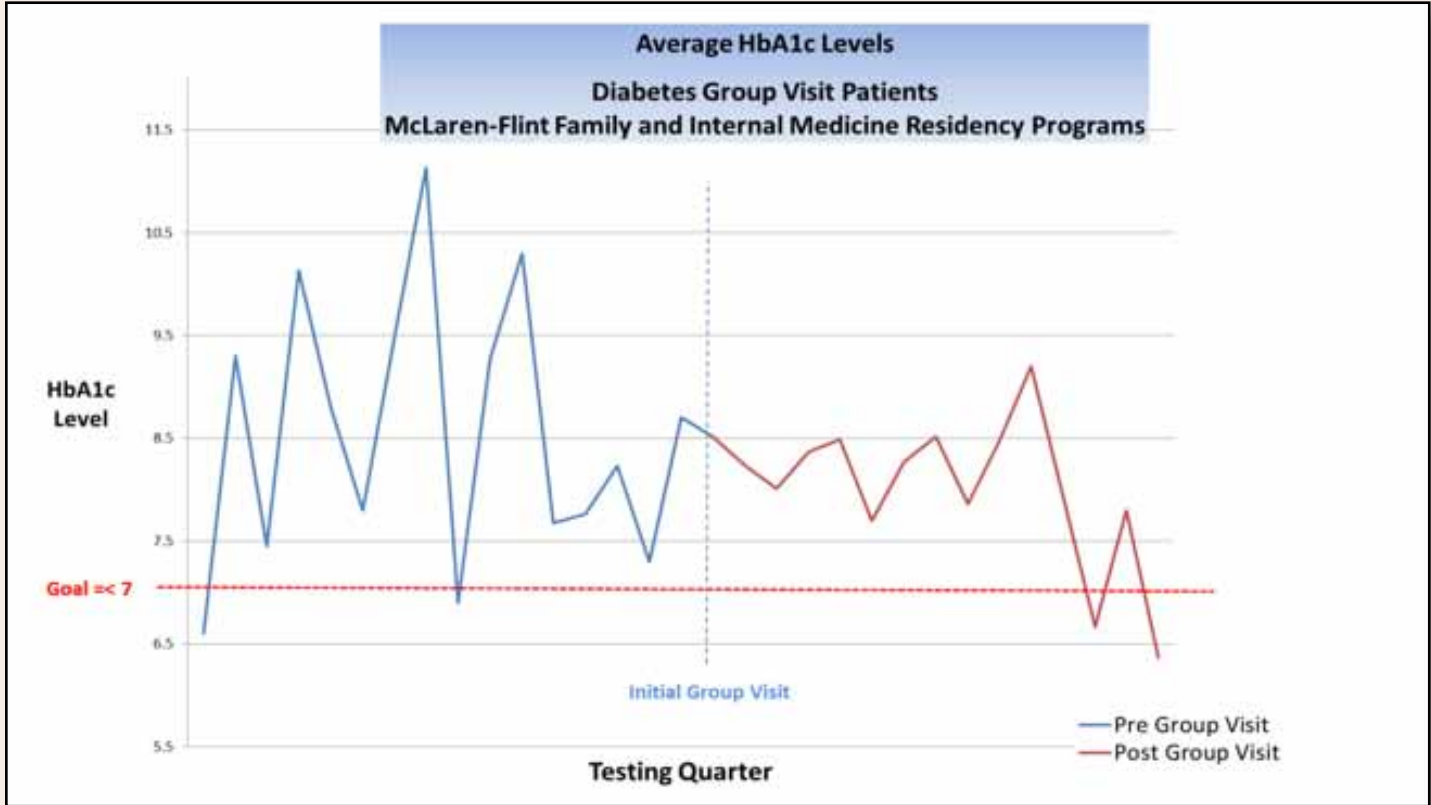
HbA1c and LDL measurements are two important outcome measures for diabetic patients. Higher HbA1c levels have been associated with cardiovascular disease, kidney disease, and eye damage. As diabetic patients

have a two- to four-fold greater risk of heart attack or stroke than non-diabetics, it is important to reduce any contributing factor such as LDL. In addition to outcome-based reimbursement, these measurements are being utilized for publicly accessible physician rating systems such as the one being developed by the Blue Cross Blue Shield Association.

Medical group visits allow PCPs to spend more time with their patients focusing on chronic disease management, patient-centered education, and health promotion in a relaxed atmosphere that engages patients to manage their own health and care.

The Greater Flint Health Coalition's Group Visit Project has resources available to assist PCPs with incorporating the group visit model of care into their practices. A 20-page Medical Group Visit Implementation Guide is available at no cost and may be acquired by contacting the Greater Flint Health Coalition at (810) 232-2228 or [gfhc@flint.org](mailto:gfhc@flint.org). A downloadable version of the Guide is also available by selecting the Diabetes Group Visit Project under the Current Programs tab on the Greater Flint Health Coalition's website at [www.gfhc.org](http://www.gfhc.org).

All interested physicians are invited to attend the next Medical Group Visit Physician Educational Event scheduled for November 1, 2012 from 3:00 PM to 5:30 PM at the Sarvis Center in Flint, Michigan. Edward Shahady, M.D., a national expert on the group visit model of care will be the keynote speaker. Dr. Shahady has promoted group visits as part of the Florida Diabetes Master Clinician Program. To register for the event please see the accompanying invitation or contact the Greater Flint Health Coalition at (810) 232-2228 or [gfhc@flint.org](mailto:gfhc@flint.org).





# CALL TO PRIMARY CARE PHYSICIANS AND MEDICAL RESIDENTS:

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*Dr. Shahady will demonstrate the effectiveness of the  
group visit model in treating chronic conditions  
such as diabetes and how this evidence-based best practice  
can be implemented in any primary care practice.*



*November 1, 2012  
3:00 p.m. – 5:30 p.m.  
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**Sponsored by the Greater Flint Health Coalition and  
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**SPACE IS LIMITED – RSVP TODAY!**

I will be attending the November 1<sup>st</sup> Group Visit Education Event

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***Who else should attend: Residency Program Faculty, Nurse Practitioners,  
Primary Care Practice Managers, Nurses, and Medical Assistants, Quality  
Improvement Leaders from insurers and Physician Organizations***

Program has applied for approval of 2.5 AMA PRA Category 1 Credit™  
and 2.5 AOA Category 2-B physician CMEs



# The More Things Change...

## Liability Claims “Threaten Care,” Surgeons Say

*Previously published in the February 1971 GCMS Bulletin.*

The increasing number of medical malpractice claims is “seriously threatening the quality of surgical care and increasing its costs to patients,” the American College of Surgeons warned.

The college said it was issuing one of its rare public statements on medical problems because of the “increasingly serious situation regarding professional liability insurance.”

The statement, approved by the Regents of the College, said some surgeons “feel compelled to treat patients under a concept which stresses avoidance of litigation rather than the application of their best clinical judgment.”

“Instead of attempting procedures which may cure the patient, but have a higher risk of failure and exposure to the threat of a lawsuit, some surgeons may prefer to use standard, proved conservative methods which might bring relief to the patient, but will not cure him,” the college said.

The rash of malpractice suits also has driven other surgeons to another “extreme,” according to the college.

To protect themselves against possible litigation, the surgeons are being forced to order costly tests and elaborate x-rays which under normal conditions would not be required, it was reported.

“It is not generally appreciated by the public that hazards are inherent even in well-established surgical procedures,” the statement continued. “The practice of medicine is a combination of art and science. Even though medicine is a science as highly advanced, a precise result in treatment never can be guaranteed.

“Although the physician may demonstrate the highest possible knowledge and skill so that a jury would not be expected to find fault with his actions, it still might find against the doctor, simply because the doctor has insurance and the patient had a bad result.”

The college also noted the steep rise in liability insurance premiums and the increasing difficulties many surgeons face in obtaining insurance.

“The Regents of the American College of Surgeons believe the problem extends beyond the profession and requires increased public awareness for its solution,” the statement concluded.





# Do You Recognize These Doctors?

*(Photos from April 1971)*

1-Rosie Lumaque

2-Duane Bailey

3-Minoo Chinoy

4-Robert Ormond

5-Fikria Hassan

6-Eleuterio Lumaque

7-Heedong Park



The Genesee County Medical Society  
and the  
Genesee County Medical Society Alliance cordially invite you to the

# Presidents' Ball

**SATURDAY**  
**12.01.2012**  
6:30 PM COCKTAIL HOUR  
7:30 PM DINNER  
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\*ALL SPONSORSHIP LEVELS RECEIVE ACKNOWLEDGEMENT IN THE PROGRAM AND THE PODIUM. GCMS WILL PLACE ADS AT ITS DISCRETION UPGRADING TO PREMIUM PLACEMENT IF POSSIBLE.



# TOWN HALL HELD



# ON ELECTIONS

On September 6, 2012, the Flint Golf Club hosted the GCMS Dinner Business Meeting and Town Hall on the elections.

Guests for the evening included Joshua Richmond, MSMS Director of Membership and Political Fundraising, six MSU medical students, Dr. Rao Mushtaq, a Resident, Dr. Lawrence Reynolds, President of the Michigan Academy of Pediatrics, and Becky Doty, GCMS Executive Secretary. Also in attendance were Oya Agabigum, President of the GCMS Alliance, and Matt McDowell of the Doctors Company, the sponsor for the evening.

## ***THE FOLLOWING MOTIONS WERE PASSED:***

**Motion:** That the minutes of the May 3, 2012 Dinner Business Meeting, the May 22, 2012 Board of Directors Meeting, and the June 26, 2012 Board of Directors Meeting be approved as presented. The Motion Carried.

**Motion:** That all membership applications be approved as presented. Requesting Membership: Babatunde Almaroof, MD, Sam Hamade, MD, Leena Jindal, DO, Manish Khare, MD, Miriva Magar, MD; Requesting Reinstatement: Manoochehr Abadian-Sharifabad, MD, Yasir Babiker, MD, Ann Y. Burton, MD, Shivani Choudhary, MD, Jamal Hammoud, MD, Yogesh Jagirdar, MD, Leroy Johnson, MD, Richard J. Kovan, MD, Michelle A. Kreft, DO, Ramotsumi Makhene, MD, Faisal M. Mawri, MD, Michael McCann, DO, Sara Margaret W. Pendleton, MD, Fengxia Qiao, MD, Gary Roome, MD, Peter M. Rydesky, MD, Elna N. Saah, MD, Lucille E. Saha, MD, Anju Sawni-Sikand, MD, Mohammad J. Tabbah, MD, Burhan M. Tajour, MD, Sunita Tummala, MD, Koteswara Rao Vemuri, MD, Louinda Zahdeh, MD; McLaren Residents Requesting Membership: Paul Charpentier, MD, Farhood Faramand, MD, Rakesh Gaddam, MD, Rey Anthony Garibay, MD, Nagachandra Kiran Dharmavaram Harirao, MD, Gandhi Lanke, MD, Harish Madala, MD, Lakshmi Narasimhasai Anjani Mahabashya, MD, George Makhoul, MD, Jose Manuel, Jr., MD, Shams Mistry, MD, Maureen Muke, MD, James Ostrander, MD, Suba Pathmanathan, MD, Jeffrey Peck, MD, Vaneet Rai, MD, Michael Oliver Roxas, MD, Nishkarsh Saxena, MD, Francisco Terrazas, MD, Vaishali Thudi, MD; MSU Medical Students Requesting Membership: Brian Tesler. The Motion Carried.

**Motion:** That the entire Board of Directors Slate be approved as presented. President-Elect: Shafi Ahmed, MD; Secretary: Jagdish Shah, MD; Delegates: Qazi Azher, MD, Amitabha Banerjee, MD, Cathy Blight, MD, Edward Christy, MD, Pino Colone, MD, Deborah Duncan, MD, Hesham Gayar, MD, John Hebert III, MD, Sreenivas Mannam, MD, and Jawad Shah, MD; Alternate Delegates: Venkat Rao, MD and Lawrence Reynolds, MD; Finance Committee: AppaRao Mukkamala, MD and Raymond Rudoni, MD; International Medical Graduates Delegation: Shafi Ahmed, MD, Abd Alghanem, MD, Sarah 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, Sreenivas Mannam, MD, AppaRao Mukkamala, MD, Vijay Naraparaju, MD, Sayed Osama, MD, George Predeteanu, MD, Venkat Rao, MD, Jagdish Shah, MD, Jawad Shah, MD, Hemant Thawani, MD, Tarik Wasfie, MD, and Sania Zainuddin, MD; Young Physicians Section: Sunita Tummala, MD – Delegate; Michael Kia, DO – Alternate Delegate; Presidential Citation for Lifetime Community Service: S. Bobby Mukkamala, MD. The Motion Carried.

The evening's speaker was Josh Richmond who directs the MSMS Membership Department as well as MDPac.

Mr. Richmond reviewed the November election races. In addition to reviewing the presidential race and the Affordable

*Continued.*



# TOWN HALL HELD ON ELECTIONS

*Continued from page 23.*

Care Act implementation, he also covered the United States Senate power balance and races. The most critical election in the State of Michigan is the Supreme Court race for physicians. Judges Zahra and Markman have been endorsed by MDPac. There will be one more endorsement following the Republican Convention.

Mr. Richmond reviewed Senate Bills 114-118, which are the important tort reform package. They are of absolutely critical import. Trial attorneys are fighting this with great intensity and are fully engaged. Physicians and their families also need to be engaged.

A full slate of endorsements will be published by MDPac in October. Dr. Carravallah reminded everyone of the importance of supporting the Genesee Health Plan Millage Renewal.



# Legislative Liaison

---



In late August, the Legislative Liaison Committee met with Congressman Dale Kildee for his final Washington Update. Chris Ludwig from Senator Debbie Stabenow's office and Representative Charles Smiley were also present. Congressman Kildee reported that he has been providing Washington Updates since he arrived in Congress 36 years ago, and 12 years before that while serving in the State Legislature. Congressman Kildee discussed the healthcare reform legislation situation at length. He noted that the State of Michigan is still in flux in terms of what to do about expansion of the state Medicaid program. He also outlined the differences between the Democratic and Republican positions on how to proceed with who will pay for the \$700 million per year in cuts which must be made to accomplish the reform plan.

Mr. Kildee was extremely complimentary of the Genesee County Medical Society and its Legislative Liaison Committee which has interfaced with him for nearly half a century. He stated that he knows of no other legislative liaison activities which are as effective as Genesee County Medical Society's. He described the politics in Washington which has kept the SGR issue from being solved long-term.

Dr. Cathy Blight, Chair of the Legislative Liaison Committee presented Congressman Kildee with a clock noting the appreciation that the Medical Society feels towards his years of service.



# PROTECTION FROM LIABILITY FOR VOLUNTEER PHYSICIANS

*Jonathan M. Hartman, Esq., Cline, Cline & Griffin, P.C*

“Free” or donated medical care is increasingly a necessity, often the sole option, for those less fortunate in many communities including ours. This is true especially in light of our nation’s delicate economic situation, characterized by mass layoffs and the decline of employer-paid health insurance. Two primary categories of physician volunteerism are protected under Michigan law. The distinction drawn between the two categories is based primarily on whether the circumstance under which the care is provided constitutes an emergency. Both are addressed herein below.

Michigan law affords protection from civil liability, often referred to as immunity, to volunteer physicians providing care in a variety of circumstances. Notably, however, immunity in certain contexts is not an absolute protection against liability. Rather, statutory immunity merely provides an absolute defense to a claim of professional negligence. In other words, the volunteer physician can still get sued for (gross) negligence. This distinction is often confused.

In particular, Michigan law allows informed practitioners who render “free” care to do so in a relatively worry-free manner. Specifically, the law, in pertinent part, reads:

A licensee who provides to a patient nonemergency health

care that the licensee is licensed to provide, and who receives no compensation for providing, is not liable in a civil action for damages for acts or omissions, unless the acts or omissions were the result of gross negligence or reckless behavior including that intended to harm the patient.

Thus, potential pitfalls do exist for the unwary or misinformed. In particular, the limitation on liability only applies if (1) the care is provided at a “free clinic” or as a result of a specialty referral from a “free clinic” or volunteer physician, and (2) only if the patient (before care is rendered) is provided with and signs a disclosure form that both describes the immunity afforded the provider and the fact that the care is free and that no compensation will be sought. Significantly, however, “free” surgical procedures that customarily require more than a local anesthetic are not protected. MCL 333.16277.

Moreover, exceptions to such protections also exist. For example, Michigan’s Public Health Code carves out an exception to immunity for a volunteer physician found to have committed “gross negligence,” a term defined as “conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.” MCL 333.16185. Other exceptions to statutory immunity in a volunteer physician context include

“willful and wanton misconduct,” and/or “acts or omissions intended to injure the patient.” MCL 333.16277.

Similar protections are afforded to retired physicians, previously licensed, out of practice for three or more years, but who remain current with CME requirements. Retired physicians able to donate expertise to the indigent population can apply for and receive a special volunteer license to render “free” nonemergency care in the community, and upon so doing receive the described cloak of immunity from civil liability. MCL 333.16184 and 333.16185.

Likewise, in an emergency, Michigan’s laws extend a partial protection to a physician who either (1) responds to and provides care in an emergency without compensation, and (2) responds to a life-threatening emergency within the hospital, when the provider had no duty or obligation to respond. MCL 691.1501 and 691.1502. These are commonly referred to as the Good Samaritan statutes. The exceptions to the immunity are, again, in cases of “gross negligence” or “willful and wanton misconduct.” Examples of the former include the “team doctor” who screens would-be team members for requisite fitness levels and/or responds to the injury on the field. Also covered under this law is the physician who is summoned outside to the street adjacent to

*Continued.*

*Membership Applications Approved at 9/6/2012  
Dinner Business Meeting*

*Continued.*

his professional office to assist a motorcycle accident victim prior to paramedics arriving. An example of the latter is the physician who is not on-call and has no direct responsibility to respond to requests for assistance, but who notwithstanding comes in to the hospital (or perhaps is already there) in response to an emergent situation. *Gordon v. William Beaumont Hospital*, 180 Mich App 488 (1989) is illustrative of such a situation. Therein, the Court of Appeals upheld the physician's Good Samaritan immunity in dismissing the claim.

In sum, the common denominator with these protections is the care must be rendered without the expectation of compensation. In the cases of non-emergent "free" care, the patient must sign an informed disclosure document before the care is received. Currently, new legislation aimed at the codification of additional physician protections from liability is a topic of congressional debate in Michigan. There will surely be more on this topic to come in the foreseeable future.

*Reinstated Members:*

Manoochehr Abadian-Sharifabad, MD  
Yasir Babiker, MD  
Ann Y. Burton, MD  
Shivani Choudhary, MD  
Jamal Hammoud, MD  
Yogesh Jagirdar, MD  
Leroy Johnson, MD  
Richard J. Kovan, MD  
Michelle A. Kreft, DO  
Ramotsumi Makhene, MD  
Faisal M. Mawri, MD  
Michael McCann, DO  
Sara Margaret W. Pendleton, MD  
Fengxia Qiao, MD  
Gary Roome, MD  
Peter M. Rydesky, MD  
Elna N. Saah, MD  
Lucille E. Saha, MD  
Anju Sawni-Sikand, MD  
Mohammad J. Tabbah, MD  
Burhan M. Tajour, MD  
Sunita Tummala, MD  
Koteswara Rao Vemuri, MD  
Louinda Zahdeh, MD

*New Members:*

Babatunde Almaroof, MD  
Sam Hamade, MD  
Leena Jindal, DO  
Manish Khare, MD  
Miriva Magar, MD

*New Resident Members*

*(McLaren-Flint):*

Paul Charpentier, MD  
Farhood Faramand, MD  
Rakesh Gaddam, MD  
Rey Anthony Garibay, MD  
Nagachandra Kiran Dharmavaram Harirao, MD  
Gandhi Lanke, MD  
Harish Madala, MD  
Lakshmi Narasimhasai Anjani Mahabashya, MD  
George Makhoul, MD  
Jose Manuel, Jr., MD  
Shams Mistry, MD  
Maureen Muke, MD  
James Ostrander, MD  
Suba Pathmanathan, MD  
Jeffrey Peck, MD  
Vaneet Rai, MD  
Michael Oliver Roxas, MD  
Nishkarsh Saxena, MD  
Francisco Terrazas, MD  
Vaishali Thudi, MD

*New Student Members*

*(MSU-College of Human Medicine)*

Brian Tesler

# Genesee County Medical Society Board Meeting

August 28, 2012 - MINUTES

Khalid Ahmed, MD  
\*Shafi Ahmed, MD  
Abd Alghanem, MD  
Suresh Anné, MD  
\*Qazi Azher, MD  
\*Amitabha Banerjee, MD  
Jagdish Bhagat, MD  
\*Cathy Blight, MD  
\*Laura Carravallah, MD  
\*Edward Christy, MD  
\*Pino Colone, MD  
\*Niketa Dani, MD  
Deborah Duncan, MD  
Hesham Gayar, MD  
Daniel Gutteridge, MD-Resident  
\*Mona Hardas, MD  
\*John Hebert, III, MD

F. Michael Jaggi, DO  
\*Rima Jibaly, MD  
\*Gary Johnson, MD  
\*Farhan Khan, MD  
\*Samasandrapalya Kiran, MD  
\*Nita Kulkarni, MD  
\*Paul Lazar, MD  
Sreen Mannam, MD  
AppaRao Mukkamala, MD  
\*S. Bobby Mukkamala, MD  
\*Gerald Natzke, Jr., DO  
Venkat Rao, MD  
Lawrence Reynolds, MD  
Brenda Rogers-Grays, DO  
\*Raymond Rudoni, MD  
Dan Ryan, MD  
\*Jagdish Shah, MD

Jawad Shah, MD  
\*Robert Soderstrom, MD  
Kenneth Steibel, MD  
\*Peter Thoms, MD  
Venu Vadlamudi, MD  
Tarik Wasfie, MD  
\*John Waters, MD

## **Guests & Staff:**

\*Oya Agabigum – GCMSA  
\*Peter Levine, Staff

*\*In attendance*

## **Call to Order:**

The meeting was called to order at 6:05 p.m. by Laura Carravallah, MD, President in the Rapport Conference Room.

## **Review of Minutes:**

**Motion:** That the Board of Directors meeting minutes of June 26, 2012 be approved with the correction to show that Dr. Banerjee was present. The Motion Carried.

## **REPORTS:**

### *A) Alliance Report:*

Oya Agabigum reported that the first GCMSA Board of Directors Meeting for her year as President will take place on September 11, 2012. A Ball Committee Meeting will be held on the same day. She reminded Board Members that the Ball will take place on December 1, 2012 at the Flint Institute of Arts. She noted that the Alliance currently has 130 members, but that some GCMS Board Members' spouses are not members of the Alliance.

### *B) Finance Committee Report:*

**Motion:** That the Budget to Actual Report for the period ending July 31, 2012 be approved as presented. The Motion Carried.

Directive: Staff was directed to send a list of which organizations have been solicited for Ball sponsorship to all Board Members.

### *C) Legislative Liaison Committee Report:*

Dr. Cathy Blight provided a Legislative Liaison Committee Report revolving primarily around the final Washington Update which Congressman Kildee provided earlier in the month, and the Senate hearing on pending tort reform legislation at which attorneys severely outnumbered physicians.

**Motion:** That a resolution be prepared for the MSMS House of Delegates asking that all county medical societies hold Legislative Liaison Committee Meetings on a regular basis. The Motion Carried.



**Motion:** That a resolution be prepared for the MSMS House of Delegates thanking Congressman Kildee for his support during his tenure in Congress. The Motion Carried.

**Motion:** That Congressman Kildee be invited to the GCMS Ball to announce that a donation was being made on his behalf to the Medical Society Foundation. The Motion Carried.

*D) Community & Environmental Health Committee Report:*

Drs. Natzke, Johnson, and Azher reported on the Resolution on Haptention and Hypersensitivity Disorders which had been distributed.

Directive: Staff was directed to recirculate the revised resolution to the Community & Environmental Health Committee. Once there is a consensus on the resolution revision that the resolution be recirculated to the Board at its next meeting for approval.

The chairs also reported that the committee met with a representative of the American Lung Association who was asking the Medical Society for support of the Clean Air Act. Dr. Johnson noted that the West Nile Virus Alert and Toolkit are coming out on Wednesday.

Directive: Staff was directed to forward information to the membership from the Genesee County Health Department on West Nile Virus.

In addition, it was noted that there has been a doubling in one year of gonorrhea rates in Genesee County. Dr. Carravallah raised the fact that sex education is being restarted at the Flint Schools by the Health Department because a grant became available. Dr. Johnson was asked to write an article for the Bulletin on the sex education issue.

*E) Membership Committee Report:*

Drs. Amitabha Banerjee and S. Bobby Mukkamala reviewed the Non-Paid Dues/Dropped Membership list. They asked everyone to contact people on that list who they might be able to speak with about it.

*F) Greater Flint Health Coalition Update:*

Dr. Lawrence Reynolds reported on two letters of support which were sent to support grant proposals for the Health Coalition and its member organizations. One letter of support was for a Community Transformation Grant and the other is for the Michigan Health and Wellness 4 x 4 Program. Dr. Reynolds also explained the new Greater Flint Health Coalition Strategic Business Plan.

*G) Bulletin Committee Report:*

Peter Levine reported that the August issue of the Bulletin revolved primarily around community health data as collected by the Greater Flint Health Coalition for use in decision making. The September issue will revolve primarily around the Commit to Fit! program and the Physician's Toolkit which has been developed to use in conjunction with the Commit to Fit! program.

*H) District VI Directors Report:*

Dr. Waters reported on the latest information on health reform as it is occurring in Michigan.

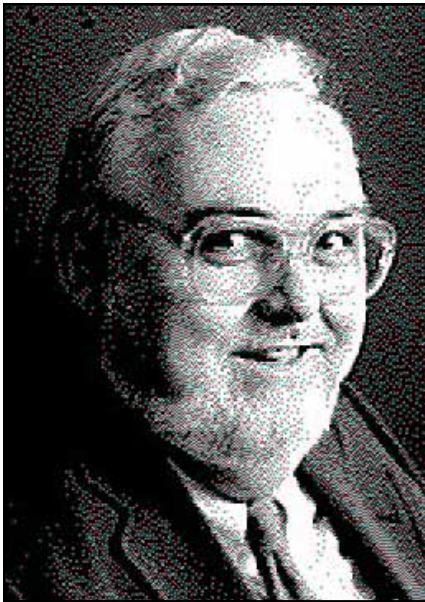
Drs. Mukkamala and Waters reported on issues relating to the senate hearing on tort reform.

**Next Meeting:**

The next meeting of the Genesee County Medical Society Board of Directors will take place on September 25, 2012 at 6:00 p.m.

**Adjournment:**

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



**DR. EARLE JAMES  
MCGARVAH  
Grand Blanc**

Age 75, died Saturday, August 18, 2012 at McLaren-Flint. Funeral service was held at Bethany Baptist Church. In lieu of flowers, contributions may be made to Flint Crisis Pregnancy Services. Dr. McGarvah was born in Detroit on July 19, 1937, the son of the late Arthur and Ruth McGarvah. He was a resident of the Flint area for over 40 years. Dr. McGarvah was an OB/GYN for over 30 years in the Flint area, retiring in 1999. He was a member of the Genesee County and Michigan State Medical Societies. He was a founding member of the Flint Crisis Pregnancy Services and also served on the board. He was an active member of Bethany Baptist Church. Surviving are children, Sandy and husband Barry Smades, Carol McGarvah, Scott McGarvah, Linda and husband Aaron Sturgill, Kristy McGarvah. He was preceded in death by his wife, Patricia.

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## YOUR \$\$\$ AT WORK

- § Planning began for distribution of Commit to Fit! Physician's Toolkits for physicians' offices
- § Communication intensified with state legislators in support of tort reforms
- § Communications sent to members regarding MDPac endorsements
- § General Membership meeting on upcoming election held
- § Work continued on development of Advance Care Planning project
- § Intensive work between a member and third-party payer initiated with successful outcome
- § Meetings held with candidates for state legislature and Congress regarding organized medicine's views
- § Fundraising committee held first meeting
- § Support of Genesee Health Plan in all of GCMS meetings and communications



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Please take a moment to complete this form. It can be faxed, emailed, or mailed.

Please Print or Type

<b>Physician Name:</b> _____	
<b>Practice Name:</b> _____	
<b>Office Address:</b> _____ _____	
<b>Office Telephone:</b> (     ) _____	<b>Office Telephone:</b> (     ) _____
(Listed)	(Unlisted-for GCMS office use only)
<b>Office Fax:</b> (     ) _____	<b>Pager:</b> (     ) _____
<b>Office Email Address:</b> _____	
<b>Board Certified (Specialty):</b>	<b>Year Board Certified:</b>
<b>Board Eligible In:</b> _____	

<b>Home Address:</b> _____ _____	
<b>Home Telephone:</b> (     ) _____	<b>Cell Phone:</b> (     ) _____
(Listed)	(Unlisted-for GCMS office use only)
<b>Home Fax:</b> (     ) _____	
<b>Home Email Address:</b> _____	
<b>Spouse's Name:</b> _____	
<b>If you are retired, where are your previous patient's medical records located?</b>	

*Please notify GCMS when a change in this information occurs.*



**Tuesday, OCTOBER 23**

**11:00 SEMINAR**

**12:00 LUNCH**

**LOCATION: BRICK STREET  
1223 EAST GRAND BLANC ROAD**

**GRAND BLANC, MI 48439**

**Cost: TBA**

*PLEASE RSVP BY OCTOBER, 17<sup>TH</sup>*

MARY RYAN: 810 235 3415

MMCRYAN@comcast.net

CHAIR PERSON: CYNTHIA ZUREIKAT

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CALENDAR**  
President's  
Ball on 12/1!

## **GCMS MEETINGS**

– OCTOBER 2012 –

**10/1 – 8 a.m. Legislative Liaison Committee @ GCMS**

**10/3 – 7:30 a.m. Bulletin Committee @ GCMS**

**10/10 – 12 noon Ball Committee @ GCMS**

**10/15 – 12 noon Membership Committee @ GCMS**

**10/23 – 5:15 p.m. Finance Committee @ GCMS**

**10/23 – 6 p.m. GCMS Board of Directors @ GCMS**

**10/24 – 12:30 p.m. Community & Environmental  
Health Committee @ GCMS**

**10/25 – 8 a.m. Practice Managers @ GCMS**

## HAPPY BIRTHDAY DOCTOR

OCTOBER

Waleed Khan	1	Chandulal Malde	10	Frederick Bruening	18
Eleuterio Lumaque Jr	1	Behrouz Moghtassed	10	S Peter Almeida	19
Mohammad Amin	2	Lee Perry	10	Musa Haffajee	19
Walter Barkey	2	David Barbour	11	Wayne Kinning	19
George Predeteanu	4	Kavita Rajkotia	11	Allan Ebert	20
Bhargavi Raiji	4	Robert Weber	11	Richard Lundeen	20
Randolph Schumacher	4	John Lusk	12	Vernon Urich	20
Miguel Perez-Pascual	5	Prajesh Patel	12	Giovanni Digiannantonio	21
Lewis Twigg	5	Jerome Kasle	13	Adrienne Kimler	21
Alicia Alimboyoguen	6	Hemant Thawani	13	Alex Solik	21
William Macksood	6	Jeanne Hicks	14	Walter Cukrowski	22
Anthony Parillo	6	Berton Mathias	14	Duane Bailey	23
Sandra Shortt	6	Naraharisetty Rao	14	Hugh Grover	24
Ahmed Arif	7	Amitabha Banerjee	15	Billie Lewis	24
Donald Hardman	7	Tai Kang	15	Robert Yochim	26
James Wagner	7	Krishna Shah	15	Edgardo Balde	27
Afroze Hai	8	Dirk Snyder	15	Vincente Carino	27
Jack Price	8	John Dobson	16	Christopher Conlin	27
Jack Nettleton	9	Sunil Kaushal	16	Christopher Cukrowski	28
Abdul Hassan	10	Mohammed Syed	16	Kevin Gaffney	29
Prasad Kommareddi	10	Burhan Tajour	16	Daniel Ryan	29

## CLASSIFIEDS

### OFFICE SPACE AVAILABLE

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

### PHYSICIANS NEEDED

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

**Check Out Our Website:**  
[www.gcms.org](http://www.gcms.org)


**Call Becky Doty to give her your  
password (810) 733-9923.**

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**MICHIGAN STATE  
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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 • mgzym@gcms.org



**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!