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THE Bulletin

FEBRUARY 2010 Volume 86 Number 2

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Rockies**



**MSU Flint Radiology
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THE Bulletin

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Cover photos by John Love, MD

Our Vision

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

Our Mission

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

PLEASE NOTE

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

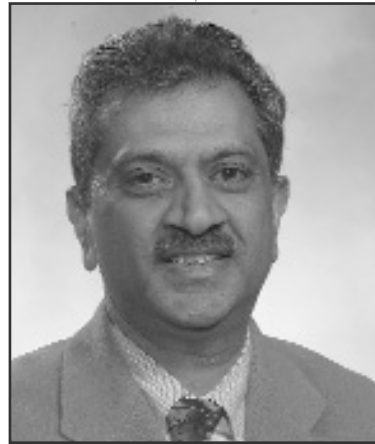
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WHAT CAN WE DO TO FIGHT FOR OUR INTERESTS?

Health care reform legislation is moving in Congress, which will affect health care reimbursement to physicians in our county enormously. There are many changes adopted in the House and Senate bills. They are in conference committee. Whoever lobbied strongly prevailed and will prevail again in the final bill coming out of the conference committee. The AMA is lobbying for us vigorously and here is a brief summary of what they are able to accomplish and not able to.



Venkat K. Rao, MD

Before Sen. Reid's manager's amendment was filed, the AMA succeeded in:

- Blocking a proposed Medicare buy-in. The AMA mobilized media, grassroots and lobbying efforts that were a key factor in preventing the Medicare buy-in proposal for individuals ages 55-64.
- Eliminating a proposal to impose a 5 percent cut in Medicare payments to physicians in the top tenth percentile of resource utilization. This provision was in the Senate Finance Committee package but not included in H.R. 3590 as a result of AMA advocacy.

KEY MODIFICATIONS THE AMA SECURED IN THE MANAGER'S AMENDMENT

During the past few weeks, the AMA has been working seven days a week, around the clock, to modify provisions in the Senate health system reform bill. As a result of AMA lobbying, the manager's amendment filed by Sen. Reid included the following changes:

- Eliminating the budget neutrality adjustment for the primary care and rural surgery bonuses. Other physician services will not be cut to pay for these

bonuses as result of this change.

- Eliminating the proposed tax on elective cosmetic surgery and medical procedures. The concept of federal taxation of medical services must be nipped in the bud. Once started, federal taxes could easily expand to cover other elective medical services that are labeled "noncovered" or "not medically necessary."

- Eliminating the proposed Medicare/Medicaid enrollment fee for physicians. We did not want to allow a

new physician tax or user fee to be authorized that could be ratcheted up in the future to pay for new governmental initiatives.

- Modifying provisions to establish an independent comparative effectiveness research entity to secure greater representation for physicians on its governing board and to clarify that this entity cannot issue practice guidelines or make coverage, payment or policy recommendations.

- A separate Department of Defense (DOD) appropriations bill passed by the House and Senate averts a Jan. 1 cut of 21 percent in with it are reimbursements to physicians. The DOD bill provides for a 60-day extension of the 2009 conversion factor.

The AMA was not able to solve our concerns with the manager's amendment about on Independent Payment Advisory Board

The AMA expressed opposition to the proposed Independent Payment Advisory Board in H.R. 3590. Physicians are already subject to a spending target under the Medicare physician payment formula. The proposed board would establish a new spending target

that could subject physicians to multiple cuts in a given year. In addition, the Senate bill exempts hospitals and other providers from potential cuts in the first four years the board is in operation. The manager's amendment also expanded the scope of the board and authorized it to make advisory, nonbinding recommendations for private payers. Legislation passed by the House does not include an Independent Payment Advisory Board, and several key House members recently signed a letter opposing the creation of such a board.

Permanent repeal of the sustainable growth rate (SGR) formula is essential to the stability of the Medicare program and to the success of any health reform initiative. The Obama administration, the House leadership and the Senate leadership are committed to passage of a permanent repeal of the SGR before the current two-month extension of the 2009 conversion factor expires on March 1. On Dec. 19, Sen. Reid stated that after the holidays he will renew efforts to pass a

permanent repeal of the SGR. Sen. Max Baucus (D-Mont.) also recently reaffirmed his support for a permanent repeal of the SGR on the Senate floor.

So what can we do about it?

It is time for all of us to start lobbying for our interests. Let us all join AMA and enhance its membership strength and consequently its clout. Presently only one in five belong to AMA but the other four are reaping the benefits of their advocacy free. Also please contribute generously to AMPAC (American medical association political action committee) so that we can promote candidates promoting our interests. I ask you to lobby our senators and congressman by contacting them by phone, fax or e-mail and best of all meeting them personally. You can go to the Action Center at the GCMS and, MSMS.org website, which is very user friendly for contacting the lawmakers. If we don't promote our interest, ourselves, nobody will do it for us.

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"It is time for all of us to start lobbying for our interests."

THE BEST ADVERTISEMENT IS GOOD PATIENT CARE

Advertising may be described as the science of arresting human intelligence long enough to get money from it.
 —Stephen Leacock (1869-1944)

One of the local hospital systems (McLaren Regional Medical Center) contends in their print and television advertising that it has “Better Doctors. Better Care.” However, many local physicians do not practice exclusively at McLaren and many are on staff at all three hospitals in the county. Does this mean that their ability to provide good patient care suddenly diminishes the moment they change badges and walk through the doors of Hurley or Genesys? One ophthalmologist in the area used to assert in his yellow pages ad (the statement is no longer in the ad) that he was the most highly trained cataract and refractive surgeon in the area. Could he actually prove such a claim?



Daniel Ryan, MD

Some physicians highlight the fact that they are an Assistant Clinical Professor at Michigan State University. Patients are probably unaware that almost every doctor in the state is a “professor” at Michigan State. And an ad for a dermatologist touts that he is a published journalist, as if that somehow makes him a better dermatologist than his colleagues.

To distort a famous quote attributed to Benjamin Disraeli, there are three kinds of lies; lies, damned lies, and advertising claims.

In the American Medical Association's (AMA) code of medical ethics, first published in 1847, advertising by physicians was specifically banned. The contention was that advertising would lead to “hucksterism” and a wide variety of fraudulent promotional schemes. It was thought that allowing such practices would be a disservice to patients, increase the cost of patient care, and lower the prestige of the profession in the eyes of the public. Advertising was associated with snake oil salesmen, quacks, and faith healers. Even such an innocuous act as lighting one's office sign at night was considered a breach of medical ethics. However, many

people both in and out of medicine were in support of allowing doctors to advertise. Their perspective was that a ban prevented competition among physicians and amounted to nothing less than price fixing, in violation of federal antitrust regulations. Eventually, changing times and values, and government regulators, caused some rethinking of the issue. In 1975, the Federal Trade Commission (FTC) accused the medical profession of restraint of trade and the floodgates were opened to the proliferation of physician advertising.

The AMA's policy on advertising states, “. . . that there are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices.” Advertisements cannot be misleading because of omission of necessary information, should not contain any false or misleading statements, and should not be intended to deceive. In practice, testimonials from patients, claims of truly unique or exclusive skills and/or treatment, and claims of successful treatments of large numbers of cases tend to be misleading or deceptive. Assertions that treatments are minimally invasive, painless, and safe and effective, or maintaining that one is a pioneer, world famous, or a top surgeon put the advertiser on shaky ground, both ethically and legally.

Today, truthful advertising is accepted as the norm and is considered ethical, legal, and even essential by many doctors. It can be a method to increase patient awareness of treatment options, medical services provided, surgical expertise, and specialty training. It can help build a fledgling practice and enhance competitiveness. But truth, like quality, is often in the eye of the beholder. Knowledge of the rules of ethical advertising is the advertising physician's responsibility alone.

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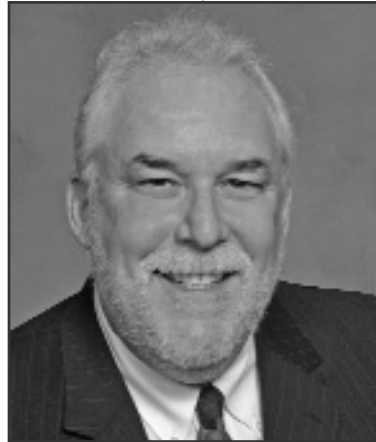
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SMOKING BAN AND SGR INTERVENTION SUCCESSFUL

Just before writing this, the state legislature finally passed a smoking ban for the State of Michigan with only minor exemptions. Each of our legislators from Genesee County voted in favor of this Bill. It has taken years of pressure from the Genesee County Medical Society, the Michigan State Medical Society, and many other entities to get this legislation passed. Finally, the state can begin to reduce the upward trend of smoking related morbidity and mortality and begin the many generations that it will take to reduce costs associated with the health impacts of smoking. Kudos to the legislature for finally doing this.



Peter Levine, MPH

The federal government has agreed to defer the SGR cuts of 21.3 percent planned for January 1, 2010. What a catastrophe that would have been. They now have to figure out how to fix it permanently.

This issue of "The Bulletin" contains the annual look

back which the President of GCMS and Executive Director of GCMS provide to "the newspaper" Health Care Weekly Review each year. Dr. Rao and I thought you might be interested in seeing what we had said on your behalf.

On a personal note, I would like to thank everyone who was so helpful to our son, Evan, who destroyed his ACL and tore a meniscus playing basketball for Kalamazoo College. His surgery, his nursing, his rehab, and his recovery were all helped with wonderful physicians, nurses, techs, aids, trainers, therapists, and the rest of the panoply of individuals that make the system so expensive, but so incredibly vital when you need it.

One can be proud of the health care provided in this community! We may all be so close to it that we are not aware of how wonderful it is until we need it. Kudos and thanks to everyone.

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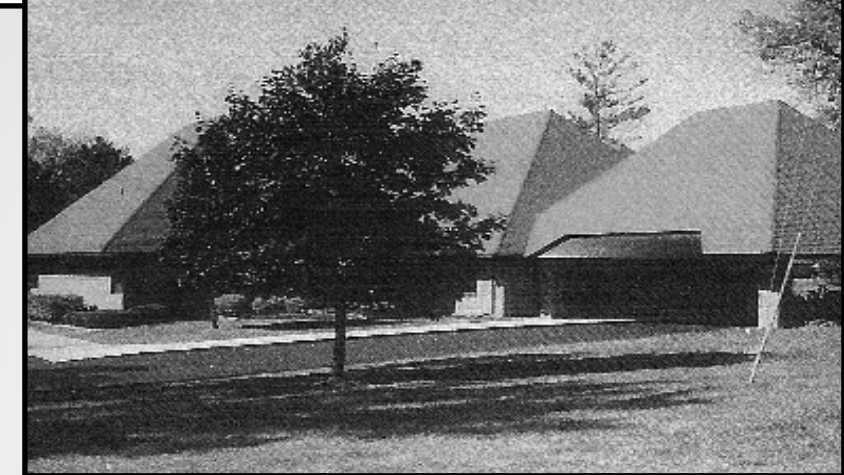
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A LOOK BACK AT 2009

As I write this another year has drawn to an end and a new year is about to begin.

As usual it has not been a quiet year for medicine.

The economy played a massive role in shaping 2009. The tax on physicians was defeated in Michigan and Medicare in its wisdom looks at steady or shrinking revenues and decides that physicians can receive less for what they do. If you have 100 dollars and 10 recipients, each doctor would receive 10 dollars. If you have 100 dollars and 20 recipients to cover, each doctor could receive 5 dollars.

Simple math! Also the year end Medicare reduction dangles again, but this year was to be 21 percent. This was to help balance the budget. Same math! This has been delayed for couple of months. Then there are the health bills before the House and Senate. The final bill content is unknown at this time.

How physicians will fare is unknown. Maybe someday we will all work for the federal government and take a civil service exam for employment. Like the post office employees.

Howard Brody, MD, PhD, an ethicist from Texas, formally from MSU, wrote an interesting article in the December 24, 2009, New England Journal of Medicine. In this article he challenged group specialties to select five medical procedures that have no evidence-based criteria that they help patients and then try to eliminate them. He states there is a lot of "stuff" in medicine that is based on doing "a thing because we have always done it that way" versus "doing the right thing because it is





Edwin M. Gullekson, MD
District VI Director


evidence based." This article will stir up a lot of controversy.



On a positive note much of what has been accomplished this year has been the effort of organized medicine such as the Genesee County Medical Society, Michigan State Medical Society and the American Medical Association. They are there local, state and national level on your behalf. To not belong is taking a free ride on your colleague's dues! What has been accomplished for you by GCMS, MSMS, and the AMA would more than pay for your dues (multiple times).


Best wishes for the New Year where you can have the time to devote quality care for your patients. That is what we all want.

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LOOK BACK 2009 AND FORWARD 2010

By Venkat Rao, MD, President, Genesee County Medical Society

2009 was the year that organized medicine in the State of Michigan did much to remind everyone that it is a force to be reckoned with when cornered on issues of import to doctors and their patients. The grass roots march at the Capitol to oppose the proposed Physician Tax followed by the bill's defeat placed an explanation point on the year. The Michigan State Medical Society and its component county societies showed themselves to be remarkably organized and in touch with the grass roots.

Physicians at the state and the county level continue to fight to reform the state Medicaid system and to press for passage of smoke-free workplace legislation. It is perhaps most sad, that so much energy must go into imploring the legislature to pass smoke-free workplace legislation at a time when there is no money left in the system to waste on preventable illnesses. It is time for the State of Michigan to do what it knows it must. It must join the vast majority of states in this nation which have banned workplace smoking. As a pulmonologist and critical care physician, I see the results of smoking on a daily basis. Those results clog our health care system and waste resources which could be used for other things.

The 8 percent cut in Medicaid physician reimbursement that was passed in the final state budget, has rendered it even more important that Medicaid reform take place. MSMS will be developing a proposal to reform the states Medicaid program. This is the time for major structural change in many fields, not just the Medicaid realm.

The decisions that must be made by the legislature will not be easy. Restructuring state government and the levels of government below it, and so many of their components will be highly difficult. A first step toward controlling costs, which is the bottom line in all of this, should be to ban smoking in all public places and workplaces. To not do so defies logic, and sends a clear message, as it has for years, to the provider community: cost is only important as it relates to cutting fees. Cost is not important when it relates to endangering votes for reelection.

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A LOOK BACK

By Peter A. Levine, MPH, Executive Director, Genesee County Medical Society

2009 was a year of unusual activity, some of which no one can explain. Many will remember it, as the year of bank and Wall Street bail outs and loans to the auto companies. It was a year of three GM CEOs. It was a year that saw the intense debate and jockeying on national health reform with no outcome. The wars in Iraq and Afghanistan continued unabated.

On the health care system reform front, the American public proved unready to deal with resource reallocations on a systemic level and the ethical implications of those decisions. Only the most cursory of information bits seemed to resonate with the public, and those tidbits seem to be driven by sound bite generators on both sides of the issue.

2009 was the year when members of the medical community realized that, while they care passionately about the future of health care and the importance of 100 percent access, and in many cases universal coverage, the rest of the country remains willing to force providers to accept reduced reimbursements, and the threat of inappropriate taxation. At the same time, the public refuses to accept any rescission of access to care, regardless of the necessity of that care.

Perhaps most sad was the fact that 2009 may be most remembered by physicians for the endless wrangling over the Michigan budget by both political parties and the passage by the State House of a tax on physician gross incomes. Although the Senate had the good grace to defeat the legislation, the damage to some degree, already had been done. The State House decided to send a message to physicians nationally that of all of the professions and all of the people of the state of Michigan, physicians should be singled out for a special tax, at a time when the future of medicine in Michigan is not secure. Michigan physicians in training were shaken by this legislation. Now we must focus on recouping our image as a positive place to practice, so that in future years, the State House focus on expediency does not cause worse access problems than would have existed otherwise. The saddest thing about the physician tax issue was that it split physicians. A small group of physicians supported the tax and did a brilliant job of pressing the issue they believed strongly in. No permanent rifts were created in the House of Medicine, despite best efforts to create them. This is a credit to physician leadership at all levels.

Most of all, 2009 will be remembered as the year that the state was not restructured. Many important budgets were slashed dramatically and the two parties were not able to work together to do what was necessary to move this state in the right direction.

2010 stands ready and willing to be a great year of great accomplishments. Let's help our political leaders to be up to them.

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YOUR \$\$\$ AT WORK

- § GCMS worked hard along with the AMA and MSMS to avoid a 21.3% cut in physician reimbursement under the Medicare program
- § GCMS leaders and staff met with physicians in all three hospital settings to hear opinions, and problems and to gain input
- § GCMS leaders, staff, Alliance members, and the general membership provided ongoing focused input to the legislature on the importance of the passage of the smoking ban
- § GCMS leaders and staff provided significant input to local legislators on issues related to the state budget
- § GCMS staff met with potential candidates for state office in an effort to communicate the needs of physicians and their patients
- § GCMS met with the Genesee County Metropolitan Planning Commission to include the needs of physicians and their patients in their strategic plan for economic development for the county
- § GCMS leaders and staff met with consultants who will be preparing a report and proposal to President Obama's Automotive Task Force to include the needs of physicians and their patients in plans for stimulus allocations to this region
- § GCMS arranged for practice management seminars for residents via MSMS's education department



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Lake O'Hara & The Canadian Rockies

By John R Love, M.D.

These trails are not for everyone, but for those who go there will result such memories as dreams are made on, and the reward is great enough.

—Dr J. Monroe Thorington, *The Glittering Mountains of Canada, 1925*

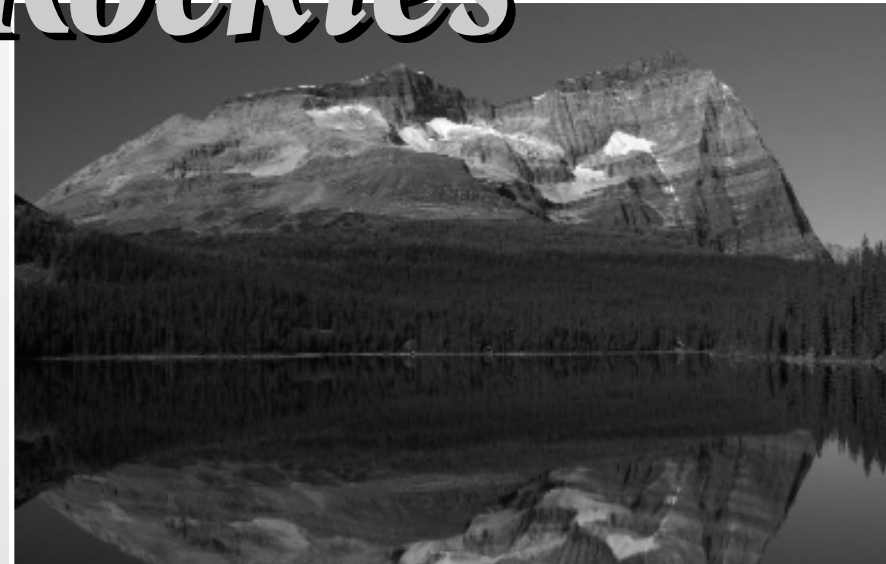
Straddling the boundary between Alberta and British Columbia for several hundred miles is a region of almost magical beauty and grandeur, perhaps unrivaled anywhere in the accessible mountain regions of the world. Even by the remarkable standards of the Canadian Rockies, the Lake Louise environs are the pinnacle of alpine beauty, with the gem-like lakes and tarns that grace almost every cirque and glacially carved depression in this area. No other mountain region on earth features so many scintillating blues and greens of the lakes, caused by the bending of reflected light by suspended fine glacial particles in the water. Known as the Tyndall effect, this is the same principle that causes various shades of blue, black, and brown in skin lesions containing melanin pigment at various depths.

American, Canadian, and British adventurers all played a significant role in the exploration and development of this region.



The famous Welsh geographer, David Thompson of the great British Hudson Bay Company, was the first to penetrate the barrier of the Canadian Rockies in May of 1807. Thompson was able to cross the mountains, and establish trade west of the Rockies, and to map the course of the Columbia River from its sources to the ocean.

A young sportsman from Ireland, Captain John Palliser, led an exploratory expedition in the late 1850s that probed and named many of the lakes, passes, and rivers from



the Waterton Lakes region in the south to the areas now encompassed by Banff, Jasper, Kootenay, and Yoho National Parks. A recently graduated Scottish physician and member of the Palliser Expedition, Sir James Hector is immortalized by beautiful Hector Lake along the Icefields Parkway. He was also the more ignominious inspiration for the famous Kicking Horse Pass and River, after he was almost buried alive by his companions when rendered unresponsive by a kick from his horse.

The final and detailed unlocking of the Canadian mountain geography was politically driven. In order to prevent British Columbia from joining the western United States, Canada's first Prime Minister, John A MacDonald,

promised to complete the Canadian Pacific Railroad to link British Columbia's markets with eastern Canada. A feisty and profane American, Major A. B. Rogers, was recruited to select the best pass through the Rockies and Selkirks for the railroad. His guide was a Canadian outfitter named Tom Wilson, who became known as "The Oracle of the Rockies." It was Wilson who was the first white man to set eyes on Lake Louise, known to the Indians as "The Lake of the Little Fishes." He was also the first to discover Emerald Lake in today's Yoho National Park.

With the driving of the last spike of the Canadian Pacific in 1885, wealthy tourists flocked to the Rockies for recreation and to capture some of the last unclaimed peaks in the world. Prominent

amongst these visitors was a group of young students from Yale University, including Walter Wilcox and Samuel Allen. During several prolonged summer expeditions to the Lake Louise area in the mid 1890's, they explored, climbed, and named many of the notable peaks, lakes, and valleys of the region. Samuel Allen was a linguistics scholar, who applied aboriginal names to the land-forms, which he learned from local natives.

In order to promote rail travel, the Canadian Pacific Railway built hotels and lodges which have become famous for their elegance and beautiful settings. The most famous are the Banff Springs Hotel and the Chateau Lake Louise. The Lake O'Hara Lodge, built in 1926, is also quite renowned to knowledgeable back-country travelers. Access is quite limited, and Parks Canada restricts the number of hikers to Lake O'Hara to preserve the pristine environment. The main lodge and cabins are rustic, although now modernized, but guests must not object to the occasional uninvited small mammals. The food is first class, with all-inclusive prices to match.

The guests at Lake O'Hara Lodge, as well as at the nearby campground, are all enthusiastic hikers. The radiating trails are of ideal length for day hikes that allow return in time for dinner. Since these trails are rocky, steep, and

Lake O'Hara & The Canadian Rockies



“The Canadian Rockies have been like a magnet to me...”

often along narrow ledges, those in poor physical condition or with fear of heights may not be good candidates for this area.

For those planning to visit Lake O'Hara, the summer season is short because of high latitude and elevation over six thousand feet. The brief September autumn is special because of the unique golden deciduous coniferous Lyell's Larch in the upper plateaus. However, snow is not uncommon at this time. The deep winter snow at this elevation precludes hiking prior to late June. The Lodge is open again in winter for cross-country skiing.

The Canadian Rockies have been like a magnet to me since I first traveled through Jasper some forty-six years ago, and I have returned to the area over forty times since then. I first saw Lake O'Hara briefly in 1978, but my wife, Ellen, and I have visited this beautiful

place annually now for the past eleven years, where we hike with a group of friends that we met there ten years ago. The novice traveler to the area should probably first see as much of the region as possible by car from Waterton Lakes in the south to Jasper in the north. For the more intrepid and physically vigorous, the trails of Banff, Jasper, Yoho, and Kootenay National Parks are superlative. The trails around Lake Louise and Lake O'Hara are the most scenic for the day hiker. Remember that this is grizzly country, so make plenty of noise on the trail, try to hike in groups of four or more, and be sure to purchase pepper spray bear repellent when you arrive; (it cannot be taken on commercial airlines in luggage or carry-on).

Perhaps the most useful books to purchase and take with you are Brian Patton's *Parkways of the Canadian Rockies* and *Canadian Rockies Trail Guide*, and Ben Gadd's *Handbook of the Canadian Rockies*. A compact camera is light and convenient, but I don't mind the extra weight of a digital SLR with light lenses. The photos in this article were taken with a Nikon D70. Happy trails!

MSU Flint Radiology Residency Ranked Number One



[Venkat Tummala, MD]



[Anant Patel, MD]

By Venu Vadlamudi, MD

Senior radiology residents Venkat Tummala, MD and Anant Patel, MD took the written board exam administered by the American Board of Radiology in September and both passed with flying colors. In fact, their overall combined result on the exam was so high that the Michigan State University - Flint Area Medical Education (MSU/FAME) Diagnostic Radiology Residency program was ranked number one out of the 201 programs in the country.

Ureddi Mullangi, MD, who serves as the residency's program director, was thrilled to hear the news. “I feel pride and pleasant surprise for being able to represent a program that has achieved this level of distinction.” Dr. Mullangi praised the residents, saying, “I have come to know both Venkat and Anant to be exceptional residents having great depth of knowledge as physicians, keen eyes as radiologists, and well-rounded personalities which will allow them to become successful practitioners.”

ABOUT THE PROGRAM AND THE RESIDENTS

The MSU/FAME Diagnostic Radiology Residency program is a hybrid program combining the resources of Michigan State University along with the three community-based hospital systems, Genesys, Hurley, and McLaren, along with the two MRI Diagnostic Centers of Michigan. The twelve-member residency is unique in that it is the only program in the region that rotates in all three hospitals and also covers all three when on call.

Venkat Tummala, MD is currently a PGY-5 resident in the MSU/FAME program. He is a 2003 graduate of Guntur Medical College in Andhra Pradesh, India and came to the US shortly thereafter. He completed a surgical internship followed by a clinical research fellowship in Interventional Radiology at the University of Miami - Jackson Memorial Hospital prior to his matriculation into the MSU/FAME program. Upon graduation in June, Dr. Tummala will be heading to Tampa for a Vascular and Interventional Radiology fellowship at the University of South Florida. Dr. Tummala is married with two young sons, ages two-and-a-half years and six months.

Anant Patel, MD is currently a PGY-4 resident in the MSU/FAME program. He is a 1990 graduate of B.J. Medical College in Gujarat, India and subsequently completed training in diagnostic radiology in India earning another top rank there in both the oral and written Radiology board exams. Dr. Patel came to the US in 2006 and completed an Abdominal/Body Imaging fellowship at Thomas Jefferson University in Philadelphia prior to his matriculation into the MSU/FAME program. Following graduation, Dr. Patel plans on pursuing a private practice job. Dr. Patel is married with two sons, ages 19 and 13.

Congratulations to Drs. Tummala and Patel and the MSU/FAME program!

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GCMS/MSMS NEW MEMBER APPLICATIONS

Jeffrey Mitchell, MD

VP Medical Affairs McLaren Hospital
401 S. Ballenger Hwy.
Flint, MI 48532
PH: 810-342-2450

Dr. Mitchell received his medical degree from the University of Illinois College of Medicine, Chicago, IL in 1981. He is Board Certified in General Surgery. Dr. Mitchell is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

Scott Huffaker, DO

Cardiology
Cardiology Consultants of East MI
4040 S. Linden Rd.
Flint, MI 48507
PH: 810-733-0790
Fax: 810-733-0235

Dr. Huffaker received his medical degree from Michigan State University College of Osteopathic Medicine in East Lansing, MI in 2002. He is Board Certified in Cardiology. Dr. Huffaker is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

Jeffrey Rohr, DO

Ophthalmology
2240 E. Hill Rd., Ste. D
Grand Blanc, MI 48439
PH: 810-579-0202
Fax: 810-579-0204

Dr. Rohr received his medical degree from Des Moines University College of Osteopathic Medicine, Des Moines, IA in 1995. He is Board Certified in Ophthalmology. Dr. Rohr is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

Shahzad Sadiq, MD

Radiology
Genesee Medical Imaging, P.C.
One Genesys Pkwy.
Grand Blanc, MI 48439
PH: 810-606-6800
Fax: 810-230-9225

Dr. Sadiq received his medical degree from King Edward Medical College, Pakistan in 1974. Dr. Sadiq is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

Cynthia Corpron, MD

General Surgery
G1125 S. Linden Rd. Ste. 500
Flint, MI 48532
PH: 810-230-3940
Fax: 810-230-3942

Dr. Corpron received her medical degree from the University of Michigan in Ann Arbor, MI in 1988. She is Board Certified in General Surgery. Dr. Corpron is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

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GCMS MEETINGS - FEBRUARY 2010

- 2/1, 8 a.m. - Legislative Liaison @ GCMS
- 2/3, 7:30 a.m. - Bulletin Committee @ GCMS
- 2/15, 12 Noon - Membership Committee @ Grill of India
- 2/23, 5:15 p.m. - Finance Committee @ GCMS
- 2/23, 6 p.m. GCMS Board of Directors @ GCMS
- 2/24, 12:30 p.m. - Community & Environmental Health Committee @ Sagano Japanese Restaurant
- 2/25, 8 a.m. - Practice Managers @ GCMS

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Genesee County Medical Society Board of Directors Meeting – November 24, 2009

MINUTES

Motion:

That the Year End Finance Report be approved as presented. The Motion Carried.

Membership Committee Report:

Motion:

That the requests for memberships be approved.

Requesting Membership:

Sudhir Arumanla, MD
Nimrod Golovoy, MD

Requesting Membership Transfer:

Tomy Kalapparambath, MD

Requesting Reinstatement:

Syed Ahmed, MD

The Motion Carried.

Motion:

That a diplomatic letter to Mark Valecek be written noting that his comments to the Board of Health did not reflect our hope for cooperative relationship. His comments start our new relationship on a bad footing. The Motion Carried.

Requesting Transfer:

Michele Kreft, DO

The Motion Carried.

Motion:

That Michigan State Medical Society be asked to apply for a pilot using federal stimulus money to do whatever rewrites are necessary to comply with AMA recommendations to improve the drafted Michigan Patient Compensation Act draft legislation, including actuarial and legal advice as need. If MSMS is not interested GCMS will ask the Greater Flint Health Coalition to coauthor a proposal to the federal government. The Motion Carried.


Motion:

That Dr. AppaRao Mukkamala be appointed MSMS alternate delegate beginning November 7, 2009.

The Motion Carried.

PLEASE DONATE

When you are mailing donations, please do not forget the Medical Foundation. Your donations help fund charitable activities of the Genesee County Medical Society. Please call Peter Levine for more information on how you can make a difference in our community at (810) 733-9925, or send donations to the GCMS office: 4438 Oak Bridge Dr., Ste. B, Flint, MI 48532



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Kumbla Bhakta	3	Amy Yanmin Wu	17
Mark Weiss	3	Shawn Wiggins	18
Aamir Ahsan	4	Dorothy Mulkey	19
Murugusundaram		Raymond Rudoni	19
Veeramani	4	Athear Alrawi	20
John Damm	4	Hameem Changezi	20
Evelyn Alunit	5	Charles Safley	20
Gregory Fortin	5	Dianne Trudell	20
Ahmed Akl	5	Richard Hennig, Jr.	21
Bradford Murphy	6	David Wiese	21
Virgil Hooper	8	Jonathan Arbogast	22
Avery Jackson, III	9	Daniel Bernstein	22
Renee Baugh	9	Steven Boskovich	22
Craig Copeland	10	Donald Canada	22
Frederick Lim	12	George Tumaneng	22
Jay Holmes	12	Ali Esfahani	24
Gregorio Imperial	12	Laura Ann Carravallah	24
Ramesh Misra	12	Kurk Kralovich	26
Sunil Nagpal	12	Pino Colone	26
Nader Bassily	12	Naresh Kinra	27
Sharon Dowd	14	Thomas Wright	27
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