THE Bulletin

JUNE 2011 Volume 87, Number 6

MSMS HOUSE OF DELEGATES REPORT

ECONOMIC IMPACT OF OFFICE BASED PHYSICIANS

ECONOMIC IMPACT OF HEALTH CARE IN MICHIGAN AND GENESEE COUNTY

GCMS WINS BEST COMPANY TO WORK FOR – SECOND YEAR IN A ROW!

GENESEE COUNTY MEDICAL SOCIETY
Organized Medicine's Leading Edge

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

This publication designed and edited by
NATINSKY Publishing Network
www.natinskypublishing.com (248) 547-9749

JUNE 2011 Volume 87, Number 6

THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

REGULAR FEATURES

Cover Photo by Cyrus Farrehi, 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.

THE BULLETIN
Published by the Genesee County Medical Society Publication Office
4438 Oakridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-6260 Fax (810) 230-3737

By subscription $60 per year. Member subscription included with Society dues. Contributions to *THE BULLETIN* are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in *THE BULLETIN* are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

LET'S MOVE THE HEALTH NEEDLE!

S. Bobby Mukkamala, MD

It used to be that I recognized the change in season by the longer days and the birds starting to chirp. While those changes are certainly welcome, I have also taken notice of another welcome sight: runners , walkers and joggers awakening from their winter slumber to get back in shape.

The Blue Line that guides CRIM runners through my neighborhood begins to reemerge as the snow melts to expose it. I am reminded of the summer and its culmination in a wonderful day in August when tens of thousands gather to burn millions of calories.

And what a timely sight this has been for me, giv en the recent publication from the Greater Flint Health Coalition that reminds us of our dismal health statistics in Genesee County.

But now things look to be different. These two organizations, The CRIM and the GFHC, have joined forces. Together they hope to "move the needle" on our collective health status in the county. Certainly quick fixes for this problem do not exist. It is only by a true cultural shift that we will be able to improve our health, and the community's health.

Anyone who has been to California has witnessed the difference in the culture of Californians versus Michiganians when it comes to physical activity. Whereas here we are apt to get in the car and drive a mile down the road, there it would be common place to get on a bike or walk it. Yes, I too have heard about the climate differences being more conducive to physical fitness, and yes that is a very valid point. This is why we have to work harder to be healthy. And hard work is something that this area knows well. We will not shy away from this challenge because it is not in our nature.

Slowly, as more and more people begin to change their own mindset when it comes to physical actiivity, the culture will change. And even more slowly, the measures of our collective health will begin to improve. It won't be by leaps and bounds, but nothing that is difficult ever does change quickly.

So I ask that this year, we ALL make a personal commitment to our health, whether it is to be able to run a 5K, lose 10 lbs, or do 100 situps. S hare your success with those around you. It will motivate all of us. Include your kids so that they will not be left out. They too have room to improve.

Ten years from now, perhaps, Flint will then be looked at as a town that did not reject the data and instead embraced it and used it to change our cultur e.

Check Out Our Website
www.gcms.org

MSMS PRESIDENTIAL CITATION TO SAMUEL R. DISMOND, JR., MD, & JANICE A. DISMOND, RN HOUSE OF DELEGATES AWARDS CEREMONY

DOCTOR MICHAEL:

There is a passage in The Holy Bible from the Book of Ruth that in common usage has become an adage about loyalty and commitment: "Whither thou goest, I will go."

This coming Sunday, May 1, 2011, Flint family physician Doctor Samuel R. Dismond, Jr., MD, will have been a member of the Michigan State Medical Society for 49 years. That's commitment and loyalty.

But more important than that, however, is that Doctor Dismond and Janice Dismond, RN, have been married for more than 50 years and together they have been providing medical care to patients in dire need for more than five decades. "Whither thou goest, I will go" truly sums up the Dismonds.

Doctor Dismond is a past president of the Genesee County Medical Society and a past president of the African-American Physicians Association of Genesee County. He has been named Family Physician of the Year by his state and national associations. A list of his local, state, and national honors would fill pages. However, he is the first to point out that anything he has accomplished has been with Janice at his side, caring for patients and managing the practice.

Families the Dismonds first saw in practice are now second generation and third generation patients. The health care system in the Flint area, in general, and Hurley Medical Center, in particular, would not be the same today without their continued efforts to ensure primary care for underserved patients.

For more than 50 years, every day has been "Make a Difference Day" for the Dismonds. All of their lives they have worked to make things better. They are succeeding. One life at a time.

For all they have endured, for all they have accomplished, for all of the health care they have provided, and for all of the hope they have instilled, I am proud to present this Michigan State Medical Society Presidential Citation to Samuel R. Dismond, Jr., MD, and Janice A. Dismond, RN.

BABY YOU SHOULD DRIVE MY CAR

The first of earthly blessings, independence.
Edward Gibbon (1737 - 1794)

Daniel Ryan, MD

A not infrequent story on the local television news or in the newspaper reports on an out-of-control vehicle crashing through the plate glass window of a store, bank, or restaurant, for example, resulting in extensive property damage and sometimes injury and death. More often than not the perpetrator is an elderly driver who unwittingly lost control of the car. A classic case of a person declining, rather than rising, to their level of incompetence. The relentless aging of America is having some serious negative consequences on the nation's roads. The question arises, who is ultimately responsible for dealing with this problem?

Giving up driving is considered by some to be the third biggest emotional life trauma that most elderly people might experience, after the death of a spouse and change of residence. Naturally, aging drivers are reluctant to relinquish their wheels as this means a loss of freedom, mobility, and independence. The family of a 96-year-old man in Detroit pleaded with him to stop driving after several direct encounters with the tree at the end of his driveway. His solution was to continue driving and have the offending tree cut down.

Automobile fatality rates begin to climb after age 65. From ages 75-84, the rate is equal to the death rate among teenage drivers. After age 85, the fatality rates skyrocket to reach four times higher than teens. Alcohol and high speed accidents are atypical among the elderly. They are more often involved in cases of failing to yield or disregarding stop signs and traffic signals. Notably, those over 85 are one of the fastest growing demographic groups in the country. The U.S. Census Bureau predicts that there will be 9.6 million people over age 85 by 2030, up 73 percent from today's numbers. That translates to a lot more old folks on the road.

Of course, everyone ages differently and some older drivers are far safer, competent, and courteous than those many years their junior. Experience is an important factor in safe driving. However, physical abilities tend to decline with age and chronic disease may compromise one's ability to operate a car safely. Decreased vision and hearing, reduced muscle strength and coordination, arthritis and changes in posture, and impaired memory all can negatively affect driving competence. Prescription medications, such as benzodiazepines, can affect concentration and reaction time.

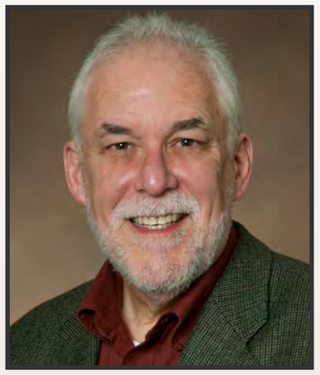
State legislatures are grappling with issues concerning elderly drivers. No state has an upper age limit for operating licensure. Only two states, Illinois and New Hampshire, require road tests and most do not require drivers over a certain age to renew their license in person each time. Also, senior advocacy organizations tend to oppose any laws that restrict driving or tighten testing requirements solely based on age.

As of now, the first line of defense against incompetent older drivers is the driver. Many seniors voluntarily take themselves off the road when they realize that they may be a danger to themselves or others. The second line of defense is the family, although getting the keys out of a determined parent's hand may prove more than difficult. A third line is the primary physician and families often look to a trusted doctor to start the process of forcing a parent to stop driving. But many physicians are not comfortable doing this, especially since there are no objective methods to assess driving competence in the office setting. Appealing for the revocation of a patient's operators license can be a cumbersome process and such requests are rare.

The only measure scientifically proven to lower the rate of fatal crashes among older drivers is forcing seniors to appear at motor vehicle departments in person for license renewal, according to the Insurance Institute for Highway Safety. The ultimate determination of driver competence should rest with the state as the issuer of the privilege to drive. Most states have programs that are designed to identify elderly drivers that could potentially be a human road hazard. Physicians can aid in the process but should not be saddled with policing incompetent drivers.

EXECUTIVE DIRECTOR'S MESSAGE

DATA YOU NEED!



Peter Levine, MPH

This issue of *The Bulletin* is full of information about our community, which should be of great interest to each of you. First is a report published by the Michigan State Medical Society, the Michigan Health and Hospital Association, and the Michigan Osteopathic Association regarding the Economic Impact of Health Care in Michigan. The second is a study published by the Lewin Group regarding the State Level Economic Impact of Office Based Physicians. Both of these studies are fascinating, and merit some of your time. Both links will be included in ar ticles so that you may get more information if you like.

The study of the Economic Impact of Health Care in Michigan showed a total of 45,842 individuals in Genesee County are employed in direct and indirect jobs related to health care. This is compared to 32,000 for Ingham County which is often used as a comparison county for Genesee in studies. Total wages and salaries for these jobs for 2009 was $2,234,525,567. Federal, state and local tax revenue generated by this county's health care sector suppliers and employees was $635,712,898. The calculated total value added by the health care sector to Genesee County is $2,976,659,193. If you ever wondered why people pay attention to the opinions of the physician and hospital community, now you know. In a community devastated economically over the last two or three decades, health care is the major player.

To further illustrate this point, the AMA study by The Lewin Group on State-Level Economic Impact of Office-Based Physicians allows us to extrapolate some key points when looking at our county. Each office based physician supports an average of 6.2 employees including the physician him or herself. On average each office based physician supports $2.2 million in output. On average each office based physician supports $2.3 million in wages and benefits. Total state and local taxes nationally average out to $98,400 per physician. In Michigan physicians pay more total wages and benefits than the hospital and nursing home industry combined. This is also a number which is five times the legal industry almost 20 times the college industry.

While the numbers are fascinating to us, they may be a mindblower to policy makers. Health care is a service industry, but one that is absolutely indispensable to the quality and quantity of life in a community, a region, a state, and a nation. Health care is the economic driver right now in this community.

GCMS MEETINGS

– JUNE 2011 –

6/1, 7:30 a.m. - Bulletin Committee @ GCMS

6/6, 8 a.m. - Legislative Liaison @ GCMS

Recessed, 12 Noon - Membership Committee @ GCMS meets every other month

6/22, 12:30 p.m. - Community & Environmental Health Committee @ GCMS

6/23, 8 a.m. - Practice Managers @ GCMS

6/28, 5:15 p.m. - Finance Committee @ GCMS

6/28, 6 p.m. - GCMS Board of Directors @ GCMS

'I'M SORRY' BILL SUCCESS EMPHASIZES THE POWER OF ENGAGING IN LEGISLATIVE ADVOCACY

Venkat Rao, MD
District VI Director

We live in a country and work in a profession that emphasizes getting things done-we want certainty, answers, instant results. I am proud to be able to point to one recent example of how MSMS helped to deliver an important win for Michigan physicians and patients: the new "I'm Sorry" Law.

Senate Bill 53 was signed into law on April 19 by Governor Rick Snyder, just under one year-lightning fast, by legislative standards-after the MSMS House of Delegates passed Res. 51-10A, which asked MSMS to support "physician apology" legislation. This moment was a testament to the power of organized medicine, as evidenced by the presence of our Immediate Past President, Board Chair, Executive Director, and other physicians at the signing ceremony with the governor.

The new law allows us to apologize to patients and family members, and express sympathy or compassion for adverse events without it being held against us in court. This is important because it will help to bring closure and comfort to families during difficult times. Also, it could minimize malpractice lawsuits that many times are brought on by feelings of anger or suspicion that doctors are not being straightforward when an adverse event occurs.

Many thanks to Sen. Jim Marleau (R-Lake Orion) for introducing the bill.

PROTECTING PHYSICIANS WHO PROVIDE VOLUNTEER SERVICES

Another bill that aims to protect physicians and preserve access, House Bill 4350, passed the House and moved to the Senate. If passed, the bill would help protect employed physicians who also volunteer their medical services in free clinic settings, as well as other health care facilities that also provide compensated care. And it would expand the limited liability protections given to free clinics to private practices and programs that also provide charitable/uncompensated care. This provides the opportunity to serve those who need it the most.

TAKE ACTION NOW - Use the MSMS Action Center (www.msms.org/action) to send a message to your state senator, asking for support of this bill.

GME FUNDING CUTS PUT RESIDENCIES, PATIENTS AT RISK

While we are thankful to the governor for sparing Medicaid physician reimbursement in his proposed budget, we must continue to fight the governor's proposed 40 percent cut and the senate's budget recommendations for fiscal year 2012 that effectively zero out GME funding. Cuts to GME funding will adversely impact critical physician residencies in Michigan, not to mention jeopardize access for uninsured populations, because GME funding helps teaching hospitals offset the costs of operating medical residency programs and provide patient care to vulnerable populations in hospitals and clinics.

The Partnership for Michigan's Health (MSMS, the Michigan Health & Hospital Association and Michigan Osteopathic Association) issued a joint statement about the Medicaid budget. Our Executive Director Julie Novak said: "Physicians are very concerned about the proposed cuts to graduate medical education, as this directly impacts access to care. The physician community applauds Gov. Snyder's leadership in tackling these difficult issues and looks forward to working with him and the Legislature to preserve access to health care and further address GME."

TAKE ACTION NOW - Use the MSMS Action Center (www.msms.org/action) to send a message to your own state representative and senator, urging them to restore GME funding for future Michigan physicians and our most vulnerable populations. Read the Governor's proposed state budget at www.msms.org/medicaid.

ADVOCACY MADE EASY - USE MSMS TOOLS

MSMS offers many ways for you to engage in legislative advocacy-from the convenient MSMS Action Center (www.msms.org/action) where you can quickly make your voice heard right from your own computer to the Doctor of the Day program (www.msms.org/docofday) where you can come to Lansing and experience the legislative process in person.

This year, MSMS added a searchable Legislative Database (www.msms.org/legdatabase) so you can monitor the progress of key health policy bills in the state legislature. Search by bill number, chamber, sponsor, or topic. The database is available exclusively to MSMS members and their staff.

I encourage you to make use of these important tools and get involved, for your patients and your profession.

For more information about legislative advocacy, contact Colin Ford at MSMS at 517-336-5737 or cford@msms.org.

The Economic Impact of Health Care in Michigan (Synopsis) – With a Focus on Genesee County

The following article is a synopsis of a study performed by MSMS, the Michigan Health and Hospital Association and the Michigan Osteopathic Association. It is accompanied by a chart which is specific to Genesee County. The full article and data for each county can be found at www.economicimpact.org. Hospitals, physician's office, and other health care providers continue to be Michigan's largest private sector employer. In Genesee County, direct and indirect induced jobs total 45,842 in the health care fields. Wages and salaries in Genesee County for health care are $2,234,525,567. Total taxes generated by health care in Genesee County are $632,712,898. (PAL)

ECONOMIC IMPACT

Hospitals and other health care providers have not been immune to the effects of the recent economic downturn; however, health care continues to be Michigan's largest private-sector employer. Michigan's community hospitals account for a significant portion of the state's health care employment, in addition to playing a major role in training new physicians, nurses and other health care professionals.

Health care provides more than 526,700 direct jobs and nearly 388,200 related (indirect) jobs in Michigan, pumping more than $45 billion a year in wages, salaries and benefits into the economy.

Health care jobs provide excellent salaries and benefits that comfortably support a family and are generally held by individuals with advanced education, skills and training. Furthermore, these jobs are less likely to be outsourced due to their geographical nature, and, help stabilize local economies. Relatively strong job growth continues for nurses, physicians and other allied health professionals and new employment health care opportunities are being created in biotechnology research and other health care manufacturing firms.

The most substantial economic impact of health care in Michigan is in direct jobs, salaries and wages; however, the effect of the purchasing power of the health care community ripples throughout the economy. When Michigan's direct health care workers purchase cars and houses, food and clothing, and other products and services, they help to create thousands of additional indirect/induced jobs; support schools, police and fire departments, culture and arts programs, and amenities such as parks and community centers; improve the quality of life; and assist in attracting and retaining new businesses and jobs in the community. Major employers from other economic sectors will not relocate to or stay in communities that lack strong health care systems and infrastructures.

The following economic impact findings (fiscal year 2008 data) quantify the substantial impact of health care in the state. The data demonstrates that health care is the state's largest creator of direct, private-sector jobs and continues to create employment opportunities for residents statewide.

Genesee County

LOCAL ECONOMIC IMPACT OF HEALTH CARE IN 2009

	DIRECT JOBS	INDIRECT & INDUCED JOBS	TOTAL JOBS
Number of Employees	24,283	21,559	45,842

	DIRECT	INDIRECT & INDUCED	TOTAL
Wages & Salaries	$1,476,153,823	$758,371,744	$2,234,525,567

	TOTAL
Federal, State & Local Tax Revenue Generated*	$635,712,898

	TOTAL
Total Value Added by the Health Care Sector**	$2,976,659,193

*Refers to tax revenue generated to federal, state and local governments paid by the county's health care sector, their suppliers and employees.

**The health care sector includes hospitals; offices of physicians, dentists and other health care providers; nursing and residential care facilities; other ambulatory health care services; and home health services. Total value added by the health care sector is the total value of production of goods and services. This total value-added amount is not simply the sum of the numbers that appear here as "totals."

Source: IMPLAN® V.3 software (2009 data), and American Hospital Association Annual Survey (2009 data). IMPLAN® is a modeling system that allows users to build economic models to estimate the impact of economic activities and changes in states, counties and local communities. IMPLAN® data files are compiled from many sources, but mostly from federal government sources including the U.S. Bureau of Economic Analysis, U.S. Bureau of Labor and the U.S. Census Bureau.

THE STATE-LEVEL ECONOMIC IMPACT OF OFFICE-BASED PHYSICIANS

The following is an AMA sponsored executive study entitled "The State-Level Economic Impact of Office-Based Physicians."

The executive summary follows. It is also accompanied by data that is specific to the State of Michigan. Please note that the key points in this study show that office-based physicians' provide a massive economic bolus to the community in which they practice. Nationally each office-based physician supports $2.2 million in output. Each office-based physician supports 6.2 jobs including her or his own. On average each office-based physician supports $1.3 million in wages and benefits. On average each physician generates nearly $100,000 in state and local tax revenue. The figures for Michigan are similar to those for the rest of the country and accompany the article.

The State-Level Economic Impact of Office-Based Physicians: Overview Report

Executive Summary

Office-based physicians are a critical component of the healthcare system, fundamentally assuring the health of the community in which they practice. Office-based physicians include both doctors of medicine (MDs) and doctors of osteopathy (DOs) who are primarily engaged in the independent practice of medicine. These practitioners operate private or group practices in offices and clinics and are focused on providing care to their patients.

While physicians are primarily focused on providing care to their patients, they also play a vital role in the state and local economy by creating jobs, purchasing goods and services and supporting state and community public programs though the tax revenues they create.

In these times of rapid change in the health care industry it is important to understand how changes affect office-based physicians. This report will provide data which can be used by key policymakers, legislators and thought leaders in medicine. It shows how strong physician practices not only ensure the health and well being of communities but also critically support local economies and enable jobs, growth and prosperity.

This report estimates the economic impact of office-based physicians measured across four variables: output, jobs, wages and benefits, and tax revenue. Economic impact includes both a direct component and an indirect component. The *direct* impact is the value of output, jobs, wages and benefits and taxes that are produced from patient care activities provided in physician offices. The *indirect* impact includes the output, jobs, wages and benefits, and taxes generated in the industries that are supported by physicians' offices. "Total" effects are the sum of the direct and indirect effects. Indirect effects within a state are limited to effects within its borders, whereas expanding the economic analysis area to the nation includes economic effects that reach into other states. For that reason the national economic impacts are larger than the sum of the total state economic impacts.

The report provides information on the economic impact of office-based physicians in all 50 states and the District of Columbia. Economic impact is reported at state level and national level. It also provides a snapshot of the economic impact of office-based physicians compared to other select industries at the state level.

The economic impact of office-based physicians varies across states and depends on the number of physicians in each state as well as the characteristics of the state's economy. There were 638,661 office-based physicians practicing within the fifty states and the District of Columbia as of October 2010.[1]

- **Total Output**: The state-level total output in the median state was $10.3 billion in 2009. In the U.S., the office-based physician industry supported $1.4 trillion in total economic output in 2009. On average, each office-based physician supported $2.2 million in output across the nation.

[1] This count is based on AMA Masterfile data, October 2010, for physicians in the 50 states and the District of Columbia. The Masterfile identifies 599,334 physicians as office-based and an additional 71,670 as having an unknown type of professional activity. To avoid undercounting the number of office-based physicians, we imputed the office-based status for physicians with an unknown professional activity. Through this methodology an additional 39,327 physicians were identified as office-based, yielding a total number of 638,661. For further detail on methods, see Appendix A.

On average, each office-based physician supported $2.2 million in output across the nation.

On average, each office-based physician supported 6.2 jobs across the nation, including his own.

On average, each office-based physician supported $1.3 million in wages and benefits across the nation.

Total Output of Comparator Industries

Michigan	$31,228	$12,852	$3,651	$4,093	$42,098	$7,578

Total Jobs by Comparator Industries

Michigan	121,419	49,777	28,443	37,867	203,063	94,464

Total Wages and Benefits of Comparator Industries

Michigan	$20,134	$4,150	$1,296	$1,627	$17,188	$3,844

Genesee County Medical Society Board of Directors Meeting

March 22, 2011 - **MINUTES**

Motion:
That the Budget to Actual Report for the period ending February 28, 2011 be approved as presented. The Motion Carried.

Motion:
That the following requests for membership be approved:
Reinstated Member:
Sania Zainuddin, MD - Pediatrics

Requesting Change from A-PIT to A:
Yogesh Jagirdar, MD - Hamilton Community Network - Fam. Practice

Motion:
That the Genesee County Medical Society provide a letter of support for the Childhood Obesity Grants submitted by the Greater Flint Health Coalition and the University of Michigan School of Public Health. The Motion Carried.

Free Clinic Update!

By Rima Kudish, MD

Every year almost 400 volunteer doctors, nurses, pharmacists and other professionals provide pro bono services to the Free Clinic patients, uninsured working poor, on-site or at their offices by the clinic referrals.

Since its inception in 1991, the clinic has provided over 120,000 patients/visits. Average cost for a direct service visit at the clinic is less than $57. This includes medication cost and all other operational expenses.

Annually, over 3,500 uninsured low-income patients call the Free Clinic its medical home. In addition, the clinic serves as a transitional medical home for 550-600 uninsured who are in the process of applying to Medicaid, Genesee Health Plan, disability, etc. and in need of immediate medical/medication assistance.

The Free Clinic has become an integral part of the Genesee County safety net and continues to be a major medical refuge for the uninsured low-income population in our community.

Major programs on-site, by referrals:
Diabetes Prevention
Eye Glasses
Hypertension Clinic
Dental
Women's Clinic
Specialty Care
Health Education
Lab. x-ray and other diagnostic tests
Medication Dispense
(through pharmacy on-site)
Prescription Assistance Programs

Drs. Ilya & Rima Kudish, Peter Almeida, MD & Marianne Almeida

Jan Dismond, Samuel Dismond, Jr, MD

Barbara Pougnet

Jay Kommareddi, Allen F. Turcke, MD

Angie Hendershot, Rima Kudish, MD, Allen F. Turcke, MD, Jagdish Shah, MD, Anup Sud, MD

Carrie & Rick Germain

Jagdish Shah, MD, Shagwan Sayal, MD, Allen F. Turcke, MD, Prasad Kommareddi, MD, Andy Leavitt, from Congressman Kildee's office, Ilyan Kudish, PhD, Peter Levine, MPH

Flint Mayor Dayne Walling

S. Bobby Mukkamala, MD, Jeanette Rivera

Prasad Kommareddi, MD, Samuel Dismond, Jr., MD, Peter Almeida, MD, Allen F. Turcke, MD, S. Bobby Mukkamala, MD, Jagdish Shah, MD, Bhagwan Sayal, MD, Peter Thoms, MD

Robert Soderstrom, MD, Allen F. Turcke, MD, Peter Levine, MPH, Anup Sud, MD, Parul Sud, MD

Dr. & Mrs. Bhagwan Sayal, MD

Jan Farrehi, Cyrus Farrehi, MD

YOUR $$$ AT WORK

- GCMS maintained constant communication with area legislators regarding the State of Michigan budget, Graduate Medical Education Funding, and the need for further malpractice reform
- GCMS met with 2 third party payers to work out problems with member physicians
- GCMS continue to provide a Peer Review process, mediating complaints against members
- GCMS communicated extensively and coordinated interviews with physicians in other parts of the state who refer Medicaid patients to Genesee County for specialty care because physicians from both coasts and all the way to Genesee County refusing to take these patients. NPR did a feature piece on this issue
- GCMS brought GCMS member authored resolutions to the MSMS House of Delegates held in Kalamazoo
- GCMS Delegation preformed beautifully at the MSMS House of Delegates and provided significant leadership
- GCMS participated in the sponsorship of presentation by Deepak Chopra, MD on the Health of Genesee County

Announcement

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

For details, contact:

POTTER & ROOSE INSURANCE
810-767-8590

Providers of insurance for the GCMS & its members for 50 years.

906 Mott Foundation Bld., Flint, MI 48502

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GCMS Delegation Delivers

The Michigan State Medical Society House of Delegates meeting was held in May at the Radisson Plaza Hotel Kalamazoo. GCMS Delegates attended and with great discipline and effort delivered success on virtually all resolutions brought to the House and successfully had our candidates win each election for which they stood.

The meeting commenced on Friday, April 29, 2011. Section chairs from Genesee County who were featured included: Venu Vadlamudi, MD, of the Residents and Fellows Section, and Shafi Ahmed, MD, Chair of the International Medical Graduate Section.

Drs. Carlo Dall'Olmo and Gregory Casey of Genesee County were announced as MSMS Community Service Award recipients. Dr. & Mrs. Samuel Dismond Jr. were awarded Presidential Citations by Daniel Michael, MD outgoing MSMS President. The Presidential Citation is a major award given in recognition for service to the profession and to patients. Dr. Michael made a point of saying that the award was being made to both Dr. Samuel Dismond, Jr. and Janice Dismond, RN because they are a team who have accomplished so much by working together on behalf of the profession, Hurley Medical Center, and the patients of the community.

On Saturday morning, elections were held. Drs. Pino Colone, AppaRao Mukkamala and S. Bobby Mukkamala were reelected to the AMA Delegation. Dr. Pino Colone was reelected Vice-Speaker of the House. Fifty-year awards were given to Drs. Vincente Carino, Jose Fernandez, Edwin Gullekson, Tjin Lim, Maurice Robitaille, Gali Subbareddy, Katikuti Dutt, Hugh Grover, James Knaggs, Frederick Lim, and Nelson Schafer. Life Member status was awarded to Drs. K.V. Mathew, and George Tumaneng. Retirement status was awarded to Dr. Aruna Anné, Melissa Hamp, James Martin, Charles Bodem, Jeffrey Ledis, and John Martin.

Reference Committees were held to review each of the over 90 resolutions submitted to the House. On the Reference Committee for Medical Care Delivery, Dr. Fred Van Alstine of Shiawassee County served. Dr. Nita Kulkarni served on the Reference Committee on Legislation. Drs. Laura Carravallah and Mona Hardas served on the Public Health Reference Committee. Dr. Samasandrapalya Kiran served on the Reference Committee on Scientific and Educational Affairs. Dr. Pino Colone served on the Reference Committee on Constitution and Bylaws. Dr. John Waters served on the Committee on Ways and Means. Drs. AppaRao Mukkamala and Cathy Blight served as AMA Advisors to Reference Committees. Drs. S. Bobby Mukkamala. Venu Vadlamudi and Venkat Rao served as Board Advisors to Reference Committees.

Thirteen resolutions were submitted; 10 were passed in their entirety, as amended, or as merged with others. Two were disapproved and one was referred to the Board for action. This means that 11 of 13 will move forward in the process. This represents a remarkable achievement due to the leadership shown by the Genesee County Delegation on the reference committees and in the testimony process. The resolutions submitted and their outcomes will be listed with their resolved sections after this article. The Genesee County Delegation was made up of Drs. Shafi Ahmed, Amitabha Banerjee, Cathy Blight, Laura Carravallah, Pino Colone, Mona Hardas, Samasandrapalya Kiran, Nita Kulkarni, Sreen Mannam, Raymond Rudoni, John Waters, AppaRao Mukkamala, S. Bobby Mukkamala, Venkat Rao, Venu Vadlamudi, and Fredrick Van Alstine (from Shiawassee County).

GCMS RESOLUTION SUBMITTED TO THE MSMS HOUSE OF DELEGATES AND THE OUTCOMES

14-11 - Increased Awareness of Ionizing Radiation Exposure from CT Examinations in Pediatric Patients

RESOLVED: That MSMS work with Michigan Radiological Society to encourage imaging facilities to provide a digital or analog copy of examinations per formed as well as the associated reports to patients expected to go to other medical facilities. Approved.

32-11 - Enuresis and Encopresis Risk Factors for Abuse

RESOLVED: That MSMS support efforts to educate the public through the media about reasons for fecal and urinary incontinence and the dangers of implementing punishment as a tr eatment and regarding the importance of consulting with a child's physician regarding enuresis and encopresis. Accepted as amended.

33-11 - Awareness of High Caffeine Contents in Energy Drinks: was merged with resolution 42 include resolved for resolution 42.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek Congr essional action and any necessary regulatory action through the Food and Drug Administration to regulate potentially hazardous energy beverages (e.g., Red Bull™, Rockstar™, Monster™, Full Throttle™, etc.); and be it fur ther. Approved as Merged.

Board Action Report #2 - Resolution 3-10A - Food and Drug Administration Approval of Generic Biologics. Adopted.

Late Resolution 91-11 - Resolution for Equitable Access to Blue Cross Blue shield of Michigan (BCBSM) Performance Group Incentive Program (PGIP) Funds

RESOLVED: That MSMS work with BCBSM to devise a method for all physicians to participate in quality incentive programs directly; and be it fur ther

RESOLVED: That MSMS work with BCBSM to require transparency in allocation methods and charges imposed on the physicians by all intermediaries; and be it fur ther

RESOLVED: That MSMS work with BCBSM to contractually limit par ticipation charges to reasonable insurance administrative standards; and be it fur ther

RESOLVED: That MSMS build a mechanism to r eport through its subsidiary to the MSMS Board in a form that can be reported to the constituency. Approved as Amended.

15-11 - That MSMS Pursue Making Professional Credentials Unmistakable for Patients

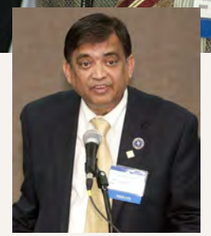
RESOLVED: That MSMS pursue legislative and regulatory means to do all of the follo wing:

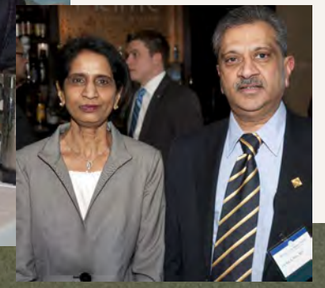
1) Make professional credentials unmistakable for patients in medical setting;

2) Require that medical professional wear identification tags that are easily readable by patients and family members identifying their proper titles and credentials; and

3) Require that advertising include information about the license that authorizes the health professional to provide services. Disapproved.

Continued.





Late Resolution 92-11 - Immunity for Donating Expired Drugs to Charitable Clinics

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation similar to Good Samaritan laws to provide liability immunity for physicians who donate expired medications to charitable clinics or who provide expired medications at charitable clinics and to work with the U.S. Congress and others to lift the U.S. Food and Drug Administration regulation that bans the dispensing of expired medications at charitable clinics. Disapproved.

1-11 - AMA Policy Compendium

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to produce sufficient resources related to its Policy Compendium on an annual basis to allow state and county medical societies to accurately reflect AMA Policy when establishing their own; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to make the online search feature of its Policy Compendium more user friendly.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to produce sufficient resources related to its Policy Compendium on an annual basis to allow state and county medical societies to accurately reflect AMA Policy when establishing their own; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to make the online search feature of its Policy Compendium more user friendly. Adopted.

16-11 - Amagine Website as a Member Benefit

RESOLVED: That MSMS work with our AMA to assure Amagine remains a free member benefit to MSMS members. Approved.

85-11 - Do Not Cut Michigan GME Budget

RESOLVED: That MSMS do all it can to block the proposed Graduate Medical Education budget cuts and assure the restoration of the budget in the State of Michigan allocation to current levels if not above. Policy Reaffirmed.

86-11 - Alternate Pathways for Board Eligibility/Certification

RESOLVED: That MSMS request the AMA to pursue similar alternative pathways for other specialties as a way of alleviating the projected physician shortage and to help communities retain physicians. No Action Taken.

87-11 - State Funding for GME Slots for Resident Physicians Committed to Staying in Michigan

RESOLVED: That the Michigan Department of Community Health fund GME slots for physicians committed to staying in Michigan to alleviate the physician shortage. Referred to Board.

PRACTICE MANAGERS LEARN ABOUT MEDICAID ELIGIBILITY

In April a large group of Practice Managers met to hear a presentation on Medicaid eligibility as well as other eligibility issues from representatives of the Advomas Company. The discussion was extremely lively. The May Practice managers meeting will revolve around Blue Care Network issues. Blue Care Network key staff will be in attendance to help sort out issues. Physicians wishing to have their Practice Managers or key staff to attend these meetings may contact Marcia at (810) 733-9923 or mgzym@gcms.org.

EDITORS NOTE

Recently while sitting in the Doctors Lounge I overheard some members taking about the Citizens Bank Weather Ball. They did not understand the significance of the colors. A quick call to Citizens Bank got the following information about the Ball. Enjoy! (p.a.l. Executive Director)

CITIZENS BANK WEATHER BALL

WEATHER BALL FACTS:

• The Weather Ball was constructed in 1956 with craftsmen from 10 skilled trades spending four months on its instillation.
• The Weather Ball's construction material include 800 square feet of Plexiglas and 667 feet of lighting tubing.
• It weighs 2.5 tons, is 15 feet high, has a diameter of 15 feet, and a cir cumference of 47 feet.
• The Weather Ball can be seen 25 miles distant
• It is designed to withstand winds of up to 120 mph.
• The lights of the Weather Ball are not set to fixed hours. They are turned on and off by a photocell that monitors the level of darkness, so on very cloudy days the lights of the Weather Ball could be lit well into the afternoon.
• The company that constructed the Weather Ball was called Federal Sign and Signal Corp. Their sign division was sold off in 2002 to H eath Signs, so now it's called Federal Heath Signs. It is a large, successful sign company in California.

THE WEATHER BALL TODAY:

• The Weather Ball is operated by Citizens Bank security personnel based on forecasts by the National Weather Service.
• Every morning they check the National Weather Service's report and then go up into "penthouse" where there is a box with buttons that operate the lights of the Weather Ball.
• The Weather Ball and the logo are two distinct things. The red spinning ball that is our logo is based upon the Weather Ball, but it is not a weather ball.

THE WEATHER BALL POEM:

When the weather ball is red,
higher temperatures ahead.
When the weather ball is blue,
lower temperature is due.
Yellow light in weather ball
means there'll be no change at all.
When colors blink in agitation,
there's going to be precipitation.

ASSET PROTECTION PLANNING

By Timothy Knecht, Attorney

Planning to protect your assets in the event of an unfortunate event or set of circumstances is something which may only occasionally come to mind. Often people think of offshore trusts and the myriad of complications associated with those trusts. Some of those complications include difficulty with predicting governmental stability in places where the trusts are located and the potential for having to report the existence of a foreign trust on your tax return. There are simpler ways to protect your assets.

Owning real property as tenants by the entireties, with your spouse, protects assets held that way from the claims of a creditor of only one spouse, except the IRS. For the most part, retirement plans are protected from creditor's claims. One notable exception to the protection of retirement plans is fraud committed against the Government. In certain circumstances, a Judgment based on fraud may be assessable against a retirement plan. Limited Liability Companies can provide a surprising amount of protection for assets. For higher levels of protection and for persons with more significant assets, a Domestic Asset Protection Trust is a viable option.

For assets owned in a Limited Liability Company, a creditor cannot attach those assets, but can obtain what is called a charging order allowing that creditor to receive distributions which are to be paid to a member of the LLC. With some planning, the affairs of an LLC can be managed so there is little income paid to a member who is subject to such a charging order. Limited partnerships, not general partnerships, are afforded similar protection from creditors.

A number of states in the United States have specific laws allowing Domestic Asset Protection Trust laws. The most popular of these states are Delaware, Alaska and Nevada, though there are several others which also allow Domestic Asset Protection Trust, such as Wyoming, Rhode Island, Oklahoma, Missouri, South Dakota, Tennessee and Utah. In very general terms, a Domestic Asset Protection Trust can be set up by an individual to shelter assets from creditors. The trust is irrevocable, meaning once it is set up and once the assets are in it, they can not be removed from the trust. The trust does have a mechanism, however, to allow the person setting it up to manage all the assets within the trust and has provisions to allow the Trustee to distribute income to the person setting up the trust for that persons benefit. The Trustee can not be the person setting up the trust or a family member. The Trustee generally has to be an entity or trust company in the state where the trust is established. Assets have to be held in the trust in the state where it is established as well. The trust can, however, set up individual LLC's to own different assets to be managed by the person setting up the trust and those assets can be scattered around the country or the world.

Part of the process of Asset Protection Planning is to make assets difficult for creditors to get to. It takes planning to achieve this goal. This article explains, in general terms, some of the avenues which are available to assist you in protecting your assets. If you have further questions or would like to consider Asset Protection Planning as part of your Estate Plan or for other reasons, please feel free to contact the author at (810) 232-3141 or tknecht@ccglawyers.com.

Happy Birthday Doctor - JUNE

James Graham	1	June Murphy	10	Marc Silver	18
Anthony Miltich	1	Raouf Mikhail	11	Yahya Osman-Malik	18
Siva Sankaran	1	Tommy Stevens	11	Peter Boyer	19
P.C. Shetty	1	Stephen Burton	12	Jose Lopez	19
T Trevor Singh	3	Jitendra Katneni	12	M. Luay Alkotob	20
Ernesto Duterte	4	Sayed Osama	12	Ronald Sparschu	21
Sudarsan Misra	4	Marigowda Nagaraju	14	Joseph Arcidi	21
Vivekanand Palavali	4	Ronald Smalley	14	John Mackenzie	22
Mischa Pollard	4	John Blamoun	14	E G Raj	22
Yazdi Sidhwa	5	Gary Keoleian	15	Michael Kia	25
Brian Bhagat	6	John Macksood	16	Alan Rice	26
Nitin Malhotra	6	Peter Mikelens	16	Dale Wilson	27
Edilberto Moreno	7	Mattie Scott	16	Julio Badin	28
Athar Baig	8	Walid Abuhammour	16	Woodrow Pickering	28
Syed Karim	9	Lucille Saha	17	Alice Platt	28
Siddesh Besur	10	Madhusudana Tummala	17	Conrad Reinhard	28
C. Arch Brown	10	Edmund Louvar	17	Paul Lafia	29
Ravikumar Peddireddy	10	Stephen Morris	17	Sasikala Vemuri	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.

EMC SHIFTS AVAILABLE
for doctors wishing to work in urgent care setting.
Call Joanne Pratt at (810) 516-2891.

INCREASE PROFITS!
We screen and hire top performing employees for you. Protect your assets! We design employee manuals, policies and procedures.
Call Expert Human Resources Consultants (810) 813-8732.

If you oÿ someone you know would like to adveÿtise in *Tÿe Bulletin* please contact Maÿcia at mgzym@gcms.oÿg oÿ (ÿ10) 733-9923.

Check Out Our Website: www.gcms.org
Call Marcia to give her your password (810) 733-9923.

ATTENTION
Changes for the Roster
Name change:
Dr. Genevieve Alumit is now:
Genevieve Alumit Sierminski, MD

GCMS/MSMS NEW MEMBER APPLICATIONS

New Resident Members:
Brian P. Flanagan, MD
David L. Mayor, MD

New Member:
Dirk Snyder, MD
Family Practice
1515 W. Atherton Rd.
Flint, MI 48507
PH: (810) 232-5189
Fax: (810) 232-4963
Dr. Snyder received his medical degree from Wayne State University, Detroit, MI in 1996. He completed his residency at Genesys Regional Medical Center in 1999. Dr. Snyder is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

MICHIGAN STATE MEDICAL SOCIETY
120 W. Saginaw, Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762

State and County Medical Society Membership Application

GENESEE COUNTY MEDICAL SOCIETY
4438 Oak Bridge Dr., Suite B
Flint, MI 48532
810-733-9923 • mgzym@gcms.org

Please PRINT or TYPE

FULL NAME _____ (Last / First / Middle Initial) MD or DO (Circle One)

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 _____

AMA AMERICAN MEDICAL ASSOCIATION

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