THE Bulletin

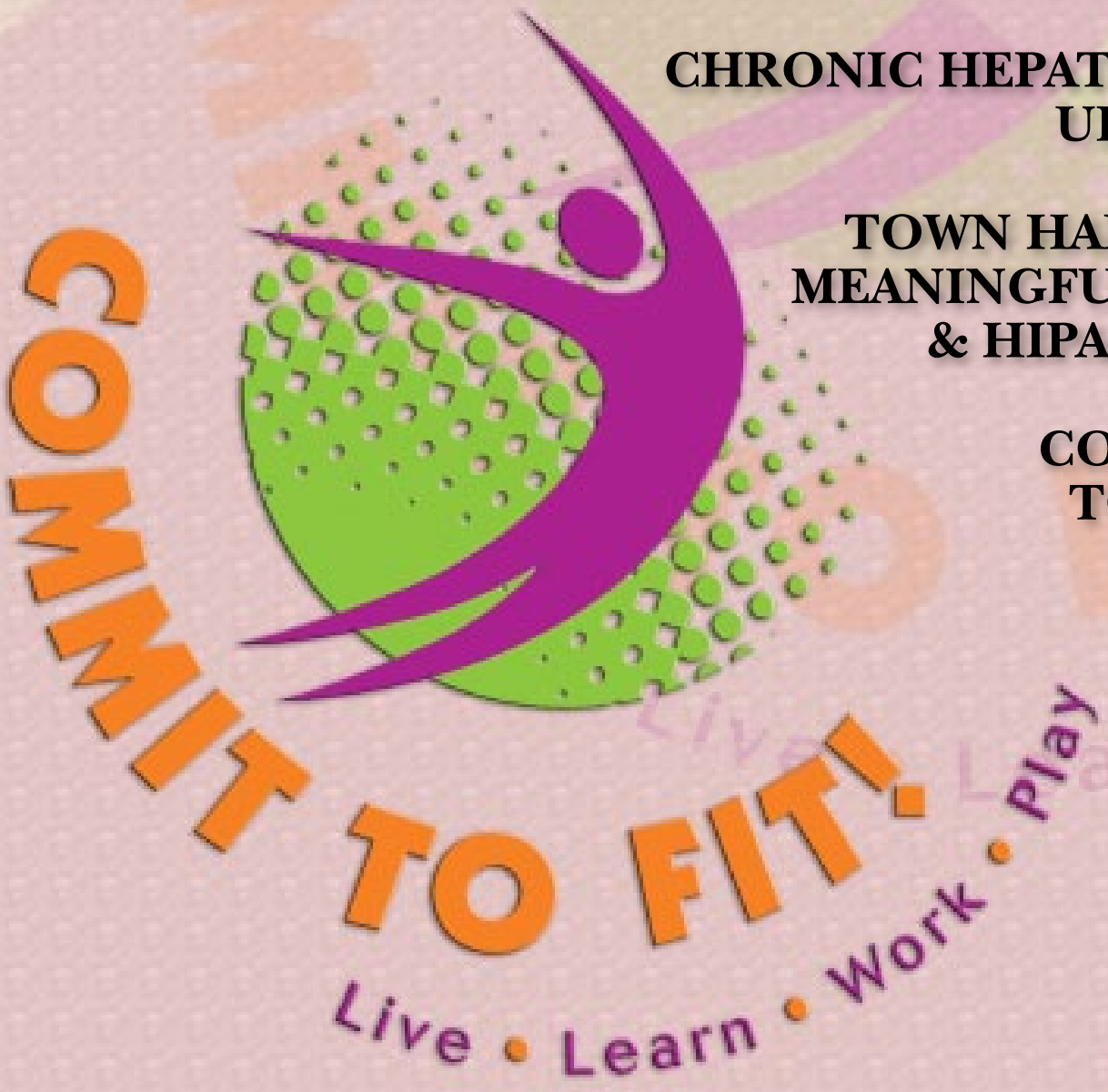
SEPTEMBER 2011 Volume 87, Number 9

THE IMPORTANCE OF WAITING

CHRONIC HEPATITIS C UPDATE

TOWN HALL ON MEANINGFUL USE & HIPAA 5010

COMMIT TO FIT!



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SEPTEMBER 2011 Volume 87, Number 9

THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

REGULARS

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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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.

PRESIDENT'S MESSAGE

FALL: TIME FOR A CHANGE!

S. Bobby Mukkamala, MD

Fall in Michigan will soon be here. With it comes the change in our office routine. Everyone is back from vacations. Kids are back at school. Our schedules fill up with less leisure actiivity and more meetings.

It's easy to see these as negatives, but I do not. Just as we often wonder if Summer would be so great if Winter was not so harsh, our opinion of fall is a relative matter. I see it as, an opportunity to finish out the year strong. This could take on many meanings. For our office, its a good time to implement changes, before the major next holiday season starts. This year, it may include biting the bullet and implementing the EMR transition for many offices. Although the first year of Medicare incentives will have passed by, offices will still be eligible for incentives next year. But, the months tend to fly by, and what was put off this year, could easily be put off next year, and thus, no incentives to implement EMR will have been realized.

The path towards successful EMR implementation is not a road that needs to be travelled alone. In fact, I have heard many people speak on the subject. The most pleasant surprise was that of all the experts on the topic of EMRs, the most knowledgeable on the topic was our own MSMS staff. They have truly collected a vast fund of knowledge on the various incentives and are ever willing to help our members navigate the decision tree. They will be speaking at our September 1, 2011 Town Hall. This is not a meeting to miss!

The arrival of fall is also a reminder that the colder days are ahead. And with that change comes a tendency to not venture outdoors as much. So, the ten pound weight loss goal that was set in spring that seems to have fallen by the wayside could use some revival. As you may have heard in the past few months, the GCMS along with the Greater Flint Health Coalition is making a concerted push to "move the needle" on our county's collective health with our Committ to Fit program (www.commit-2-fit.org). It is a great opportunity for our physician community to lead our patients by example in taking our own personal health seriously. The Commit-2-fit.org website is also a wonderful tool to help our patients measure their own progress.

So before the weather changes again, don't forget to focus on the "health" of you AND your practice.

GCMS MEETINGS

– SEPTEMBER 2011 –

9/1, 6 p.m. – General Membership Meeting @ Flint Golf Club
Recessed, 8 a.m. – Legislative Liaison @ GCMS
9/7, 7:30 a.m. – Bulletin Committee @ GCMS
9/19, 12 Noon – Membership Committee @ GCMS meets every other month
9/21, 6 p.m. – Greater Flint Health Coalition – Group Visits @ GCMS
9/22, 8 a.m. – Practice Managers @ GCMS
9/27, 5:15 p.m. – Finance Committee @ GCMS
9/27, 6 p.m. – GCMS Board of Directors @ GCMS
9/28, 12:30 p.m. – Community & Environmental Health Committee @ GCMS

Check Out Our Website: www.gcms.org
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Figure 2 *Anatomy of MSMS Physicians Insurance Agency*

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EDITORIALLY SPEAKING

THE IMPORTANCE OF WAITING

"All good abides with him who waiteth wisely."
– Henry David Thoreau (1817 - 1862)

Daniel Ryan, MD

If you are situated in an office-based practice, when was the last time you assumed the role of your patients as far as the office looks and feels to them? Maybe you should take a good look at what they see and experience when they approach the entrance, come into the waiting room, sign in, and have a seat before their scheduled appointment. Physicians do not generally give a lot of thought as to how the waiting room looks because they rarely go there. Out of sight, out of mind.

First impressions are very important. Whether valid or not, most people form an opinion about a person or place, including their doctor and staff, within the first few seconds of an encounter. The first things patients see are the entrance and the waiting room. Now, patients are expected to wait uncomplaining for a while (or longer), that's why they are called "patients". Many patients are anxious about going to see their doctor. It's a plus for the practice if the waiting room is a comfortable and pleasant place to wait. A sense of relaxation and ease can influence perceptions of the type of care they may expect to receive. The healing process can actually begin in the waiting room. A noisy, unpleasant room with harsh lighting, uncomfortable seating, and poor decorating can give the impression that the doctor and staff are not concerned about patient comfort and well-being.

Chairs need to be supportive and easy to get out of, especially for older folks with arthritis and mobility issues. They should be adequately spaced so patients do not feel crowded and claustrophobic. They should be clustered around the room instead of lined up along the wall like in the local bus station. The fabrics need to be colorful and easy to clean. Recessed lighting and table lamps are far more pleasing to the eye and easier to read by than overhead fluorescent lighting. Paint and wallpaper choices can be soothing or nauseating and need to be chosen carefully to fit the room and furniture.

Paintings, framed photographs and prints, and other artwork such as sculptures and mobiles can add visual interest to the room. Designers strongly recommend avoiding medical posters such as anatomy diagrams and disease descriptions on the walls and educational materials strewn about the waiting room. Examination rooms are a more appropriate place for these items. And please do not decorate the walls with free medical related advertising from the drug companies. Very tacky! Carpeting and wall hangings can help absorb sound in a noisy room, especially where children congregate.

The choice of whether or not to have piped-in music is a personal choice for the doctor and staff. The same goes for televisions in the waiting room. Some patients like it and others find it annoying and distracting. Ambient music and television seem to be ubiquitous in our culture and a nice respite from the cacophony of both at the physician's office would seem to be a welcome change. Keep the magazine selection varied and current. Ragged, months old magazines in the waiting room indicate a decided lack of attention to detail. The appearance of the office entrance can be improved with potted flowers and hanging baskets in season. Just don't forget to water and fertilize them. No flowers at all looks better than neglected ones.

Expert interior designers recommend that interior decorating be overhauled about every ten years to avoid an out-of-date and stale look. If you are considering an office re-do, the help of a knowledgeable and experienced designer will pay dividends far beyond the cost of their services and may save you money. Patients assume their physician is competent and caring, but a pleasant and welcoming front entrance and waiting room can enhance the patient experience and ease some of the anxiety of the office visit.

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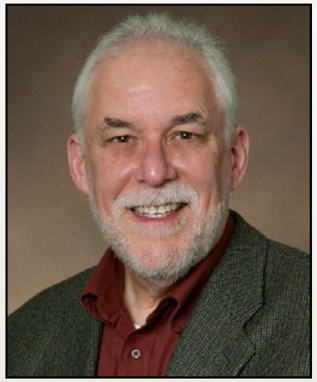
EXECUTIVE DIRECTOR'S MESSAGE

REFECTION ON TJ



Peter Levine, MPH

TJ Dudley was killed in Afghanistan in July. HE was born 29 years ago in Flint, and was the apple of his family's eye. His family included his grandfather Dr. Max Dodds, has Grandmother Roberta, his Aunt Nancy and his mother Robyn. He was also the apple of the eye of everyone who knew him. He was a smart, sensitive, young man, who grew up to be a leader in the Marine Core and a hero to all who knew him in his adopted home state of South Carolina.

Everyone who was close to him is devastated by his death, (after six tours in Afghanistan. TJ was born at Hurley. When he was born the excitement around his birth was pretty dramatic. The staff at the hospital was all excited, so were all of Max and Roberta and Robyn's friends. His Aunt Nancy was bonkers. They all looked forward to his future as a healthy, productive member of society. They had the same goals and aspirations as every other set of relatives of a newborn and TJ grew up as a happy well loved child. He had three young children and a loving wife, and was responsible for other people's lives as a community member and as a soldier.

My commenting on his passing is not a political statement. It is personal. That little boy grew up to be a terrific guy who is now gone. Our condolences to the Dodds/Dudley family. We should all take a moment to reflect on all of those who have been killed and wounded in our conflicts.

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MSMS DISTRICT VI UPDATE

NEED A HEADLINE HERE

S. Bobby Mukkamala, MD
District VI Director

As summer ends, the attention of MSMS is back in Lansing. The efforts there reflect a nice balance of advocacy for our patients and our practices. The Universal Prior Authorization Bills seem to be gaining some traction with the legislators and general public. The proposed law would require insurers to use a universal form for prior authorization of prescriptions instead of each having their own red tape. What a concept!

A heated battle seems to be unfolding regarding the threat to the No Fault laws that we have in place for auto insurance. The proposed changes threaten to take us back to the days of constant back and forth litigation after accidents and pushes the medical costs of some accident victims from the auto insurer to the health insurer including the cash strapped Medicaid program. MSMS continues to push against the proposed legislation. Stay tuned.

The legislature has passed the legislation required to establish a statewide trauma system. Michigan is now the 48th state to implement such a plan (better late than never; Idaho and Vermont need to get their act together). More important than approving the concept, the system is actually FUNDED!

As far as activity within the MSMS headquarters, the staff there continues to be very knowledgeable about making sure that members are working towards qualifying for the various incentives to implement an EMR. While its a little late to qualify this year, its plenty early to get our ducks in a row for the incentive payment for 2012.

Of course, as the political silly season is about to begin, you can bet that the MSMS will be ever vigilant in identifying those candidates who are most aligned with our perspective on what is best for our practices and our patients. When the time comes that we are asked to support those candidates, please consider given them your vote (or more!).

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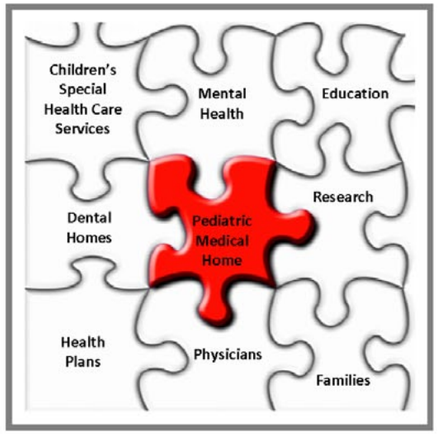
SAVE THE DATE — OCTOBER 19, 2011



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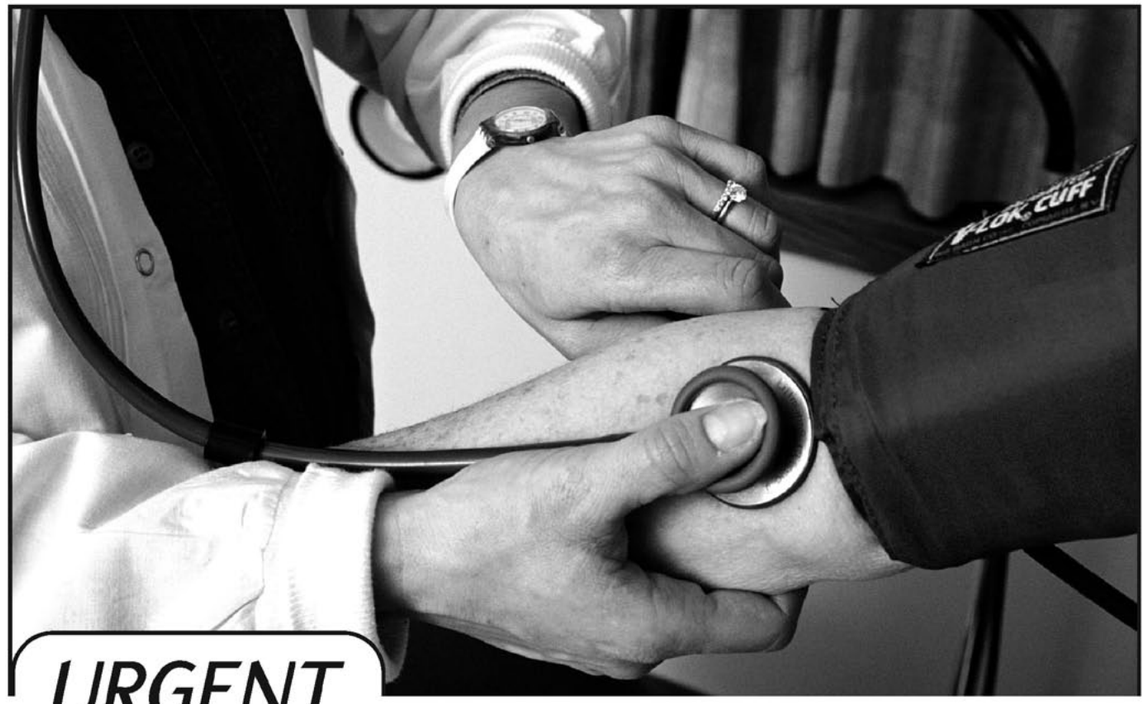
Please contact Region 5 MMAP at **1-800-803-7174** to find out if you are eligible for assistance from the Federal or State government.

MMAP is funded by a grant from the Michigan Office of Services to the Aging through funding received from the Centers for Medicare and Medicaid Services, the Medicare agency and a grant from the Administration on Aging.



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This issue of *The Bulletin* contains a document that was prepared by the GCMS Community & Environment Health Committee and further refined by the GCMS Board of Directors. It is for distribution in your office and any other setting where you are talking about health in a private or public setting. The document is "The 14 Things You Need to Know to Reduce Illness and Death". If your patients, friends, family, peers, or other individuals attend to these 14 messages, this community will be a much healthier place.

Please take a moment to review the document. The Genesee County Medical Society has released it for inclusion in the overall county-wide initiative for health improvement which is being preformed under the egis of the Greater Flint Health Coalition, and all of its member organizations. The Health Coalition has offered to provide the Medical Society with poster size versions of the "14 Things You Need to Know to Reduce Illness and Death" for every patient waiting room in the county. We encourage you all to consider submitting an order.

Please also note that the Greater Flint Health Coalition has a complete set of additional working documents that can be made available to you by either contacting me at plevine@gcms.org by contacting the Greater Flint Health Coalition at gfhc@flint.org. Materials are also available on www.commit-2-fit.org. You can register there and sign yourself and your staff up to participate in the Commit to Fit activities.

This is not only productive, but it is also fun. You would be amazed how fast your calories can burn if you get involved, and how your patients bad blood work numbers will transform by participating in these activities. If you were to ask your patient to utilize www.commit-2-fit.org to record their daily physical activity, they even have the ability to print a report to bring to their next visit.

I look forward to hearing from you about your involvement in these activities, and hope that you will become involved in the initiative representing the Medical Society. Please let me know if you would like to become more involved in an organized way.

LITIGATION UPDATE: ORDINARY NEGLIGENCE VS. MEDICAL MALPRACTICE

By: Jonathan M. Hartman, Esq.

To the casual observer or litigant, the difference between ordinary negligence versus medical malpractice as avenues of recovery might seem merely academic. After all, both personal injury theories involve the plaintiff seeking a monetary award for damages caused by the negligence of the defendant. On the surface, the basic four (4) elements of tort law – negligence - apply equally under either theory. For example, a plaintiff must prove: the existence of duty; breach of duty; a causal connection between breach of duty and damages; and damages.

In practice, however, the similar-appearing ordinary negligence and medical malpractice theories operate quite differently. In an ordinary negligence context, the applicable duty owed is one of reasonableness. The most identifiable example is driving a car. Generally, the standard of care or duty owed while driving is that of a reasonable driver under the same or similar circumstances. By comparison, in a medical malpractice scenario, the applicable duty owed in Michigan is that of a practitioner in the same specialty under the same or similar circumstances.

Probably the starkest contrasts in the respective theories of recovery were created by the legislature. Michigan is known as a progressive state in terms of medical malpractice tort reform. The most obvious examples of the reform are the statutory prerequisites to filing a malpractice action. Specifically, in order to properly commence a medical malpractice case, a plaintiff must first serve a notice of intent upon a prospective practitioner defendant, thereafter wait six (6) months to file, and then must attach to the complaint an affidavit of meritorious claim signed by an expert of identical specialty to the named defendant. Also, non-economic damage caps, applicable primarily to awards related to pain and suffering or loss of society and companionship, are hallmarks of Michigan medical malpractice tort reform.

Ordinary negligence litigants are not faced with statutory prerequisites or limited by statute as to the amount of money that can be awarded for pain and suffering. Ordinary negligence litigants are not required to engage an expert to establish (via affidavit and testimony) the applicable standard of care. By comparison, an ordinary negligence case is generally much less expensive to pursue and has the potential to result in a large (and in some cases "jackpot") verdict. High expenses and slim profit margins serve to deter many lawyers from taking on medical malpractice cases.

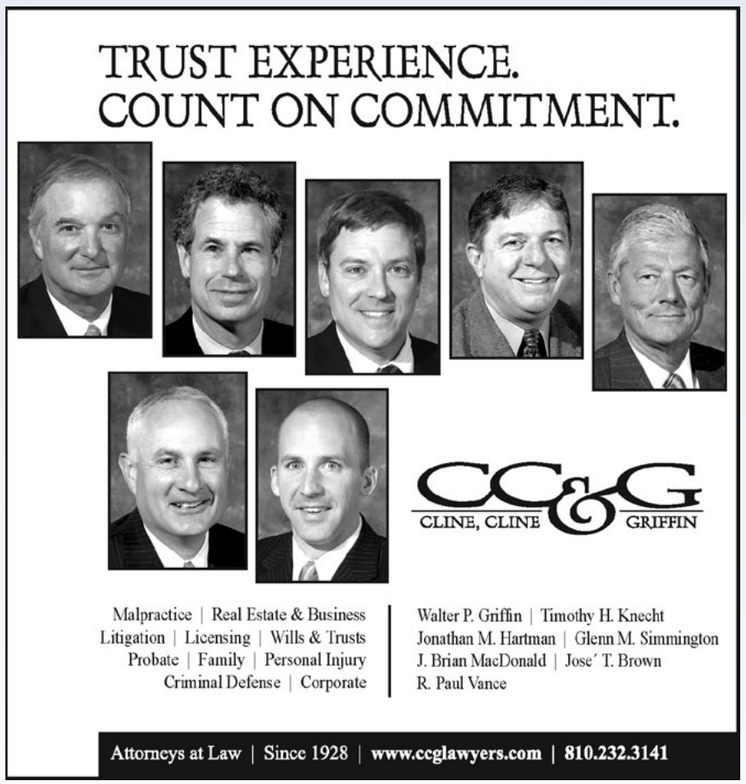
Yet, the distinction between what constitutes ordinary negligence as opposed to professional negligence is not always so clear. Ultimately, the decision is made by the judiciary. For example, claims against non-licensed providers in hospitals, extended care facilities, and emergency medical support personnel are often claimed to be ordinary negligence. By definition, a medical malpractice action involves a professional relationship and a licensed provider or facility. But what about those unlicensed defendants to whom licensed providers delegate: x-ray technicians, certified nurse aides, respiratory therapists? What about non-licensed ambulance personnel? Such defendants would clearly benefit from application of the medical malpractice rules.

The Michigan Supreme Court distinguishes a malpractice claim by two defining characteristics: (1) the complained of act or omission occurred in the course of a professional relationship; and (2) questions of medical judgment are involved. As to the second characteristic, courts consider whether the claim raises questions of medical judgment beyond the realm of common (juror) knowledge and experience.

A recent Michigan Court of Appeals ruling declared that a claim against an emergency medical services (EMS) company for an alleged delayed response time was medically based, and thus required expert testimony to establish the applicable standard of care. Thus, the court held the case to be one of medical malpractice (not ordinary negligence as the plaintiff contended) even though the complaint was not directed at a licensed practitioner. The court reasoned that, even though the emergency medical technicians were not themselves licensed providers, they were acting as agents of a licensed health care agency and therefore the "professional relationship" prong of the test was satisfied. The plaintiff's bar and those critical of tort reform in general are criticizing the ruling as potentially opening claims against anyone typically acting in an adjunct capacity to doctors, nurses, physician assistants, even hospitals to malpractice treatment. They argue that an ordinary person knows that faster is better if someone is having a heart attack, and what once was a straightforward and relatively inexpensive case now becomes expensive and overly-technical to present to a jury; not to mention the limitations on the monetary award that can be awarded.

The issue is fact-specific and interesting to litigate as the black letter law does not always provide clear direction. Also, a court's ruling on this issue can often have a significant effect on the posturing of a particular case. For the defense, there is more incentive to take malpractice cases to trial as there is typically no risk of a "jackpot" pain and suffering award. Moreover, there are many additional procedural pitfalls for the plaintiff and challenges available to the defense in a medical malpractice context, in particular those involving the credentials, expertise and credibility of the plaintiff's expert.

These debates will surely continue as underlying constitutional issues are involved, namely an individual's right to a jury (and not the legislature) trial is arguably affected by tort reform (through the enactment of noneconomic damage caps). Questions about these or other professional issues and/or concerns are always invited. jhartman@ccglawyers.com



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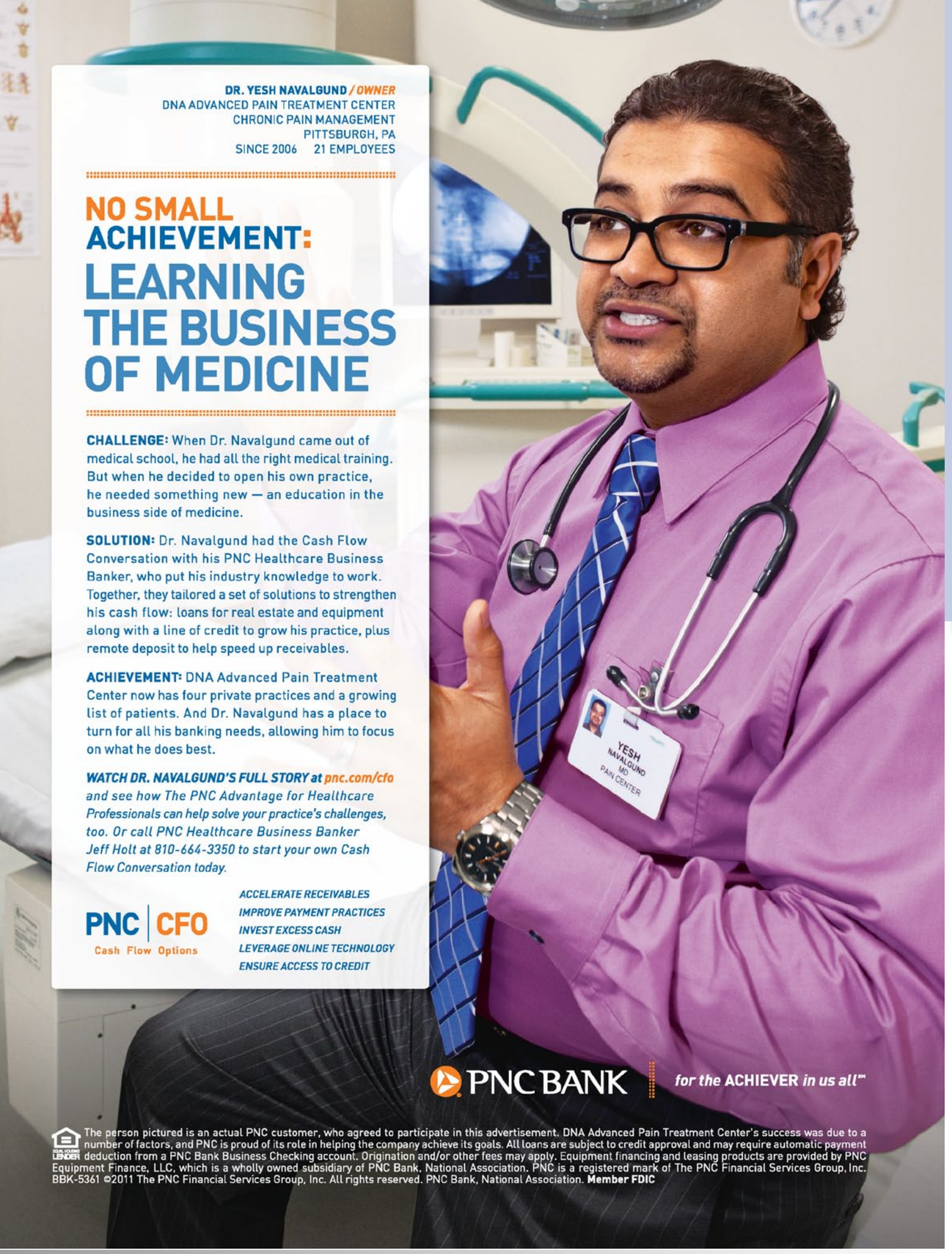

YOUR $$$ AT WORK

- GCMS successful in several interventions with third-party-payers on behalf of individual and group members
- GCMS communicated with Membership regarding the critical elements of HIPAA 5010 relating to the need to comply in order to get paid
- GCMS corresponded with Membership regarding opposition to legislation which would allow helmet use on motorcycles to become voluntary
- GCMS met with residents and McLaren and Hurley Medical Center to discuss membership and association activities
- GCMS leadership continued to work on developing economies for the organization
- GCMS has five new members during the month of July
- GCMS corresponded with the Genesee Intermediate School District requesting information about nutritional components of foods available to students
- GCMS continues to function at its superior level with a shortened work week

Count On
Akshay Kapoor

Akshay Kapoor, CPA

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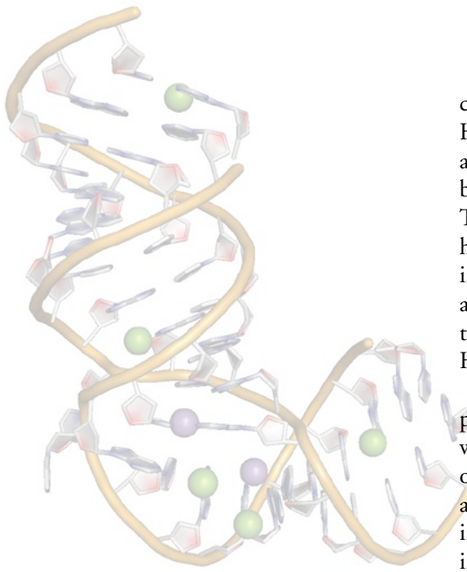


GREATER FLINT INFECTIOUS DISEASE FORUM CHRONIC HEPATITIS C INFECTION: A BRIEF UPDATE

By Eyassu Habte-Gabr, MD, FACP, FIDSA

Chronic Hepatitis C (HCV – the most common blood borne infection) currently affects 180 million people globally and about 4 million in the USA. Hepatitis C is primarily transmitted through percutaneous exposure to blood and persons who inject drugs. Sexual transmission is not common but may be more so in HCV/HIV co-infected men who have sex with men (MSM). Transmission from blood products is no longer a problem since screening has been done since 1992. Cosmetic procedures like tattooing do not increase transmission. However, transmission of HCV in health care workers after needle-stick exposure can occur up to 10% of cases. Mother-to-child transmission occurs from an HCV viremic mother (more in combined HCV/HIV infection). In 30% of cases transmission risk is unknown.

An important issue for the primary health care provider is screening of patients for HCV infection. It is recommended to limit screening to persons with risk factors, eg., injection drug use, multiple sex partners, a history of sexually transmitted infections, and HIV patients. HCV infection and alcohol use are the leading causes of liver-related morbidity and mortality and indication for liver transplantation. The two main complications of HCV infection, cirrhosis and hepato-cellular carcinoma, will continue to increase if treatment is not provided. Current treatment using a combination of Interferon and Ribavirin is effective with good sustained virological response (SVR) in 50% of genotype 1 (common in USA out of the 6 genotypes) which is least responsive. It is expected there will be better responses with the addition of newly FDA approved protease inhibitors, direct-acting antiviral drugs recommended for genotype 1 HCV. A sustained viral response is considered viral clearance or cure.

Chronic infection develops in about 80% of cases. Most patients are asymptomatic and have normal liver functions. Cirrhosis develops in 20% and hepatocellular carcinoma in about 3% per year. Extra hepatic manifestations of HCV infection commonly encountered are nephritis, and cryoglobulinemia. Some of the negative prognostic factors to achieve sustained virologic response (SVR) are advanced liver cirrhosis, old age, African-American race, HIV co-infection, HCV Genotype 1. In contrast to HIV infection HCV viral load has no prognostic significance.

MANAGEMENT OF CHRONIC HCV INFECTION

A) Confirm diagnosis, determine viral load and genotype. A positive antibody to HCV by ELISA should be followed by measurement of HCV RNA (by polymerase chain reaction or PCR) to confirm chronic HCV infection. If the HCV RNA viral load is detectable, genotyping need to be done.

B) Next step and very important is preparing the patient for treatment. The following shows contraindications to antiviral therapy with pegylated interferon-a and ribavirin that patients need to know.

- Contraindications to treatment: 1) Uncontrolled major depression and suicide (interferons cause neuropsychiatric side effects), 2) Noncompliance with office visits and medication, 3) Decompensated cirrhosis or liver cancer, 4) Pregnancy or inability to practice birth control method (Ribavirin is tetratogenic), 5) Severe anemia, thrombocytopenia and granulocytopenia, 6) Severe comorbid illnesses (eg., coronary heart disease, cerebrovascular disease), 7) Active alcohol use, 8) Renal insufficiency and hemodialysis (ribavirin is excreted by kidney and can cause hemolysis; but patient may be treated with interferon alone)

- Explaining of side effects of drug for HCV infection, before performing liver biopsy and imaging studies

	Interferon – a	**Ribavirin**
Common (in up to a third of patients)	-Transient flu-like syndrome -Depression - Irritability - Bone marrow suppression	-Fatigue - Depression - Pruritus - Nausea
Uncommon	- Autoimmunity - Thyroiditis - Hair thinning and alopecia - Suicide - Seizure - Retinopathy	- Hemolytic anemia - Teratogenesis - Cough, bronchospasm - Pulm. Fibrosis - Hyperuricemia

- Is liver biopsy needed for all patients?

The use of liver biopsy is to know the stage (or progression) of HCV infection. In most cases the clinical picture and the laboratory values are nonspecific and do not predict severity. There is no definite recommendation whether biopsy be limited to HCV type 1 and 4 that have modest treatment response and not to do biopsy in type 2 and 3 HCV infection that have higher response to treatment. In case of the latter (type 2 or 3 infection) it may be reasonable not to impose a liver biopsy.

- Is it necessary to do imaging studies?

It is appropriate to do ultrasonography, CT or MRI of liver for patients with likely diagnosis of cirrhosis. Other investigations that are relevant to do include: routine blood counts, HIV antibody by ELISA, Hepatitis A & B viral serologies and serum cryoglobulin level, liver and renal functions tests, PT, PTT, thyroid stimulating hormone (TSH)

C) Treatment and follow-up

As mentioned above the current practice includes using a combination of pegylated interferon-a 2a or 2b given subcutaneously every week, ribavirin orally twice daily for 48 weeks for HCV type 1 and 4 and for 24 months for type 2 and 3.

It is important that the patient is closely watched via follow-up and clinic visits for the purposed/monitoring side effects, and response to treatment. The goal of treatment is sustained virological response (SVR) with the viral load of HCV RNA remaining undetectable for 6 months after cessation of therapy. An early virological response (EVR) is at least a 2-log10 reduction in viral load or complete absence at week 12. Determining viral load at 4 weeks for rapid virologic response (RVR) is also recommended.

- When is consultation (referral) needed?

Primary health care providers may make referrals at any stage of management, but in particular in a) decision making on therapy, b) management of HCV infection relapses, treatment failures and finally in decision for liver transplantation.

CONCLUSION

Management of chronic HCV infection involves a multidisciplinary approach including primary and specialists in infectious diseases or gastroenterology, psychiatry for depression management, family support (eg., for detection of emotional/behavioral symptoms while on interferon) and finally a connection with centers for referral for liver transplantation or inclusion of the patient in new drug treatment trials.

HCV has an inherently unstable RNA genome and unlike HIV lacks the ability to integrate into genetic matters and does not have viral latency. Thus it can be eradicated. Treating patients who have HCV infection will decrease the complications of cirrhosis and hepatocellular carcinoma that will occur after 20 and 30 years respectively.

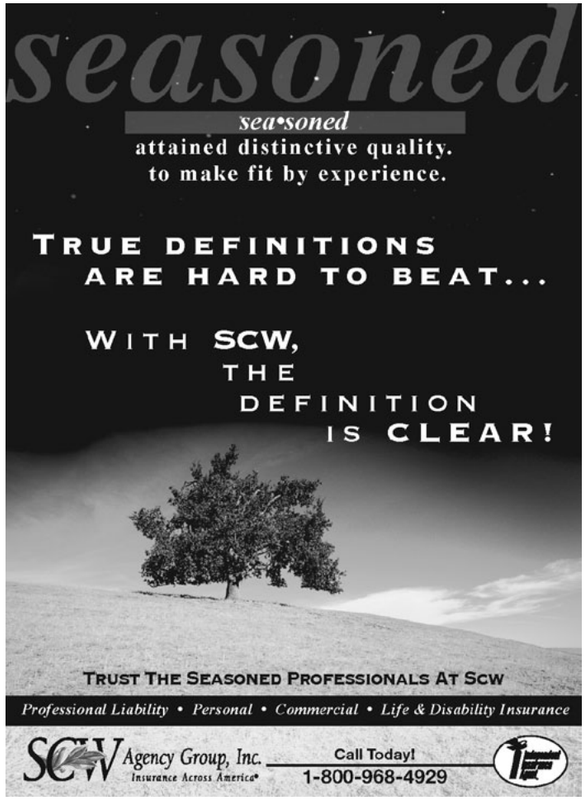
GCMS/MSMS NEW MEMBER APPLICATIONS

McLaren Residents New Membership:
Tessa Antalan, MD
Vineela Bandarupalli, MD
Chenyi Chenyi, MD
Nikolas Dimovski, MD
Sohaib Elsayed, MD
Brian Flanagan, MD
Varun Golla, MD
Vamsi Korrapati, MD
Al-Marie Logrono, MD
Jeremiah Lopez, MD
David Mayor, MD
Ridhwi Mukerji, MD
Omer Nour, MD
Sandeep Padala, MD
Shruti Pathak, MD
Indeevar Peram, MD
Silpa Ramireddy, MD
Marcello Santos-Schmidt, MD
Rajitha Valsan, MD

Michigan State University Student Members:
Lynn Baca, MD
Justin Lockwood, MD
Erin Lorencz, MD

New Members:
Mona Hanna-Attisha, MD
Pediatrics
Hurley Medical Center
One Hurley Plaza, Flint, MI 48503
PH: (810) 257-9000
Dr. Hanna-Attisha received her medical degree from Michigan State University in 2002. She completed her residency at Hurley Medical Center. Dr. Hanna-Attisha is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

Ramon Raneses, Jr., MD
Regional Cardiology Associates
3399 Pollok Rd., Grand Blanc, MI 48439
PH: (810) 603-0170
Fax: (810) 603-2370
Dr. Raneses received his medical degree from Michigan State University in 1989. Dr. Raneses is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.



CALL TO PHYSICIANS: IMPROVE PATIENT OUTCOMES, OFFICE EFFICIENCY, PHYSICIAN AND PATIENT SATISFACTION, AND REIMBURSEMENT THROUGH GROUP VISITS

The Greater Flint Health Coalition & the Genesee County Medical Society invite you to learn how Group Visits (also known as shared medical appointments) can be conducted in physician practices. The presentation will focus on Diabetes Group Visits but this model of care may be applied to other chronic conditions:

GENESEE COUNTY MEDICAL SOCIETY

Please join us on:
September 21, 2011
6:00 p.m. – 8:00 p.m.
Fandangles Restaurant
6429 W. Pierson Road, Ste. 3
Flushing, Michigan 48433
(Dinner will be served)

GREATER Flint HEALTH COALITION

SPACE IS LIMITED – RSVP TODAY!

I will be attending the September 21st Group Visit Physician dinner meeting at Fandangles Restaurant.

NAME:_____

ORGANIZATION:_____

ADDRESS:_____

PHONE:_____

EMAIL:_____

OFFICE MANAGER CONTACT:_____

RSVP with the Greater Flint Health Coalition via
Fax: (810) 232-3332 Phone: (810) 232-2228 Email: gfhc@flint.org
Please visit our website at www.gfhc.org

DEAR GCMS MEMBERS,

Greetings!

I would like to remind you to help support the Alliance by urging your spouses to send in the GCMSA county membership due ($20), and MSMSA due ($32) to MSMA, 120 W. Saginaw Street, East Lansing, MI 48823. Your support is crucial to the survival and success of the Alliance. As your alliance, we have been working side by side with GCMS in legislation and health promotion, and our efforts helped make the annual President's Ball an interesting event of the year.

The month of September kicks in the first program of the year of the GCMS Alliance. The first program being the most acclaimed International Luncheon which, after a long summer of breaks, members could not wait to see each other at this fun and interesting event. There will be food from various cultures and area. Please encourage your spouses to attend.

International Luncheon: September 27, Tuesday, 11:30am at Drs. Venkat &Rama Rao's house at 11706 King's Colony Road., Grand Blanc, Mi 48439.

Respectfully,
Rosa Wang, GCMSA President

MEMBERSHIP YEAR: June 1, 2010 – May 31, 2011
TOTAL AMOUNT DUE: County $20 + MSMSA $32*+ AMAA $50 (Optional)
MSMSA MEMBER INFORMATION (Please Complete & Correct)
If name & address corrections are needed, please enter below:
Name:_____Address: _____
❑ Female ❑ Male (W) Phone:_____(H) Phone:_____
Email:_____County:_____Member Type:_____
MSMS Alliance Member since (year): _____ Spouses Name:_____
County Alliance Member since (year): _____(Full Name):_____
Total Enclosed: $_____ *Please make check payable to MSMSA.*
**Please note if you are a spouse of a retired physician you can pay the reduced dues amount of $25.00 for STATE DUES ONLY!*
Send your dues to: Michigan State Medical Society Alliance, 120 W Saginaw St, East Lansing, MI 48823

PAYMENT METHOD
❑ Check ❑ Discover ❑ Visa ❑ Mastercard
Card # :_____Expiration Date:_____
Signature:_____ Phone:_____

To ensure proper credit - DETACH AND RETURN THE UPPER PORTION - with your remittance

RETAIN THIS PORTION FOR YOUR RECORDS.
MICHIGAN STATE MEDICAL SOCIETY ALLIANCE
Membership Dues Statement
TOTAL AMOUNT DUE: County $20 + MSMSA $32*+ AMAA $50 (Optional)
Total Amt Paid: $_____ Date:_____Check #:_____
Credit Card Info: _____

Michigan State Medical Society Alliance
120 W Saginaw St., East Lansing, MI 48823 517-324-2505

Dr. Lawrence Reynolds Receives 2011 Clement A. Alfred Humanitarian Award

Earlier this year Dr. Lawrence Reynolds became the 2011 recipient of the Clement A. Alfred Humanitarian Award. Dr. Reynolds received this award for his charitable and public health related activities in Genesee County since his arrival in the community. Joining him at the Community Foundation for the awards ceremony were past recipients: Robert Soderstrom, MD, Edwin Gullekson, MD, Dr. Evelyn Golden's daughter Deborah Golden-Steinman, Alan F. Turcke, MD, Peter Levine, MPH, and W. Archibald Piper, MD. Also present was Dr. Stan Alfred, member of Genesee County Medical Society practicing in Los Angeles, and son of Dr. Clement A. Alfred. Dr. Reynolds was introduced by S. Bobby Mukkamala, MD, President of GCMS.

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

WHERE DOES THE MONEY GO?

– The Fund for Better Health provides grants to support community - based public health service projects in areas such as substance abuse prevention, violence prevention and healthy lifestyles.

– 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.

GENESEE COUNTY MEDICAL SOCIETY ALLIANCE
• AMA Foundation Holiday Greeting 2011 •

Contributor(s)_____

Amount of Contribution $_____

Address _____

_____

DESIGNATED FUND:

Scholars Fund_____
(Medical School Name, City, State)

Fund for Better Health_____

Development Fund_____

Mail your completed form, along with check payable to The AMA Foundation, to Kee Ja Kang, 8511 Hidden Forest Court, Grand Blanc, MI 48439.

For questions or more information, please call Kee at (810) 603-1020.

HAPPY BIRTHDAY DOCTOR

SEPTEMBER

Aruna Anne	1	Ishwar Dass	13	George West	23
Pratap Aravapalli	1	Neelam Dutt	13	John Carr	24
John Chahbazi	1	John Love	13	Terry Krznarich	25
Vani Manyam	1	Kelvin Callaway	13	Benjamin Ramirez	25
Brian Shapiro	1	Norman Walter	13	Mahesh Sharman	25
Eugene Becker	3	Rommel Aquino	13	Hung Ming Chu	26
Douglas Congdon	4	Roger Black	15	Burt Parliament	26
Ramotsumi Makhene	4	John Doyle	16	Keith Heslinger	27
Bonita Wang	4	James Kure	16	Paul Dake	27
Damayanthi Pandrangi	5	Pradyumna Kuver	16	Eugene Chardoul	28
Alexander Chan	6	David Diskin	18	Sergio Ponze	28
Joyce Fahrner	7	Michael Beer	18	Rosario Villareal	28
Linda Lawrence	7	Albert Macksood	18	Manoharan Eustace	29
Joseph Kingsbury	8	Theodore Fellenbaum	18	Barry Miller	29
Amanda Harding	8	M. Monir Khoulani	19	Peter Moody	29
Richard McMurray	9	Cristian Hutanu	19	Nkechi Onwuzurike	29
Robert Soderstrom	9	Pongchayut Surapipith	20	Stephen Kalstein	30
Richard Kovan	10	Michele Kreft	21	Robert Molnar	30
Marjorie Otero	10	Saqib Ahmad	22	Ahmad Abdel-Halim	30
Scott Garner	11	Donald Robinson	22	Kenneth Steibel	30
Gary Weber	11	Joon Park	23	Jeffrey Rohr	30

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.

ATTENTION!!!
The new GCMS hours will be
8 a.m. to 4:30 p.m. Monday – Thursday
The GCMS offices will be
closed on Fridays.

Check Out Our Website: www.gcms.org

ATTENTION
CHANGE FOR THE ROSTER
Byron Schoolfield, MD
5051 Villa Linde Ste. 23
Flint, MI 48532
Ph: 810-733-8241
Fax: 733-3058

GCMS MEMBERS
If you are interested in having access to the "Members Only" section on the GCMS.org website please call or email your password to Marcia at mgzym@gcms.org or call 733-9923. Thank you.

Genesee County Medical Society
4438 Oak Bridge Dr.; Suite B - Flint, Michigan 48532-5467
(810) 733-6260 - FAX: (810) 230-3737

It's Time to Update Our Records!

Please take a moment to complete this form. It can be faxed or mailed.
Please print or type

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

Home Address:	
Home Telephone: ( ) (Listed)	( ) (Unlisted-for GCMS office use only)
Fax:	
Home Email Address:	
Spouses name:	
If you are retired, where are your previous patient's medical records located?	

Please notify GCMS when a change in this information occurs.

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 • mgsym@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 IFYES, 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 IFYES, 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 IFYES, 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!