

THE Bulletin



JUNE 2012 Volume 88, Number 6

**A VISIT TO CUBA
WELCOME TO BECKY DOTY!
AVOID ABANDONMENT CLAIMS
MSMS HOUSE OF DELEGATES REPORT**

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FEATURE ARTICLES

<i>10-Year Anniversary GHP Awardees</i>	7
<i>Welcome Becky Doty!</i>	9
<i>GCMS Shines at MSMS HOD</i>	12
<i>A Visit to Cuba</i>	14
<i>MSU College of Human Medicine Plans</i>	18
<i>District Directors Briefing</i>	22

REGULARS

<i>President's Message</i>	4
<i>Editorially Speaking</i>	6
<i>Director's Message</i>	8
<i>MSMS District Update</i>	10
<i>Legislative Liaison</i>	17
<i>Board Meeting Minutes</i>	20
<i>GCMS Monthly Meetings</i>	21
<i>Your \$\$ At Work</i>	25
<i>Legal Advisor</i>	26
<i>Practice Managers</i>	28
<i>Happy Birthday, Doctor</i>	30
<i>Classifieds</i>	30

Cover photo by:
Bob Soderstrom MD,
Old Cuban Chevy

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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BIKERS WITH BRAINS

It is with dismay that I note the recent repeal of Michigan's 35-year-old mandatory motorcycle helmet law. Along with the various attempts to erode the smoking ban in buildings open to the public, I fear we are in the process of a misguided rollback of some of the most important and hard-fought public health measures of the past few decades.

The National Highway Traffic Safety Administration found in 2007 that motorcycle fatalities are inversely proportional to helmet use and in 2008 that motorcyclists without helmets were three times more likely to suffer traumatic brain injury than those wearing helmets.

Well, what of it? It's a free country, isn't it? Governor Snyder in a press release said that "While many motorcyclists will continue to wear helmets, those who choose not to deserve the latitude to make their own informed judgment." Unfortunately, this judgment – like the one made by people who smoke in the presence of others – affects many more people than themselves.

While there is a requirement that motorcyclists riding without helmets must carry \$20,000 in medical insurance, unless the rider is killed immediately, this will cover less than 10% of the expense. The University of Michigan Transportation Research Institute found that in 2009, the average cost per motorcycle crash would increase from \$213,770 with a helmet to \$317,031 without a helmet. So, others with insurance will foot the rest of the bill through higher premiums - and all of



Laura A. Carravallab, MD

us who pay taxes will take care of those without insurance. This does not even take into account the human misery that comes from the loss of a family member – with a disproportionate number of men who are often the “breadwinners” of the family affected. My stepfather, a careful and experienced rider, was in two motorcycle accidents during my childhood and young adult years. Both were the other driver's fault, and in both he wore a helmet. He was severely injured and would not have survived either without this protection.

It is not only foolish to ride without a helmet, it is also irresponsible to one's family and friends, and it is poor citizenship. What is even worse is that despite more than 80% of Michigan citizens reporting that they were against the repeal, our state government did it anyway, in a bipartisan bill. THAT is poor citizenship, and I expected that our government would have better sense and not pandered to empty calls for “freedom.” But, I am always an optimist. I sincerely hope that this type of foolishness is not repeated with the smoking ban, now that public spaces are finally free of this number one cause of death in our country, and the misery inflicted on nonsmokers, especially those with lung conditions.

In the meantime, let's all hope that Bikers do have Brains, and that they will use them when deciding whether to wear a helmet – and keep them more often if they are unlucky enough to be in an accident.

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TOO MUCH OF A GOOD THING?

Medicine in the hand of a fool was ever poison and death.

– Carl G. Jung (1875 - 1961)

One of the key reasons that human life spans are ever-increasing is the remarkable variety of effective medications available to physicians for treating our patients. However, this vast array of pharmaceuticals can be a two-edged sword. Every physician who sees patients, especially the elderly, on a regular basis, has encountered the bag o' pills that many patients cart to their doctor's office.

Older adults are the greatest consumers of medication. Some folks are taking so many pills and potions, it is a wonder that they can remember to take all of them, have the means to afford them, and have any appetite left for their regular meals. More than 40% of people over 65 take five or more different medications, and each year about one-third of them experience an adverse event directly associated with medication use. The risk for drug errors is seven times greater in those over 65. These problems include falls resulting in bone breaks, disorientation and confusion, difficulty urinating, and even heart failure.

Aging changes and chronic conditions often call for medications at the time of life when the body tolerates drugs differently and metabolizes them more slowly. Mix in a few over-the-counter drugs and supplements, and a patient's gut and bloodstream can become a polypharmaceutical soup. One of the more difficult problems to detect associated with polypharmacy, especially sedatives and sleep aids, is changes in mental capacity and cognition. Over medication in seniors can be misdiagnosed as depression, dementia, and even



Daniel Ryan, MD

Alzheimer's disease. Many commonly used anti-inflammatory medications such as ibuprofen and naproxen increase the risk of gastrointestinal bleeding in seniors. Antidepressants can lower sodium to dangerous levels and aspirin in adults over 80, used to prevent heart attack and stroke, may do more harm than good.

The Beers Criteria have been developed to minimize drug-related disasters that contribute to morbidity, mortality, and increased cost of care in the elderly. A panel of experts in geriatrics and pharmacology have updated these guidelines for drug treatments in the

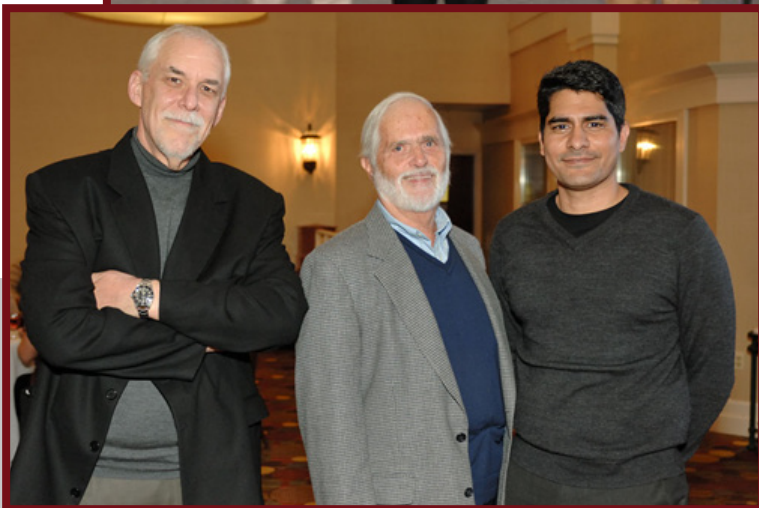
geriatric set. A thorough review of studies that dealt with medication prescribing for older adults resulted in 53 potentially inappropriate medications, or classes of medications, in one of three categories; drugs to avoid in the elderly in general; drugs to avoid in certain diseases; and drugs to use with caution if there are no acceptable alternatives.

Patients and their family members/care givers need to inform all of their often multiple physicians about every medication they take, including OTC products, supplements, alcohol, and so-called recreational drugs. The geriatric society's Foundation For Health In Aging has available a one-page drug and supplement diary that can aid patients in keeping track of drugs and dosages. Physicians and pharmacists can help by screening medications for appropriate dosages and possible interactions. A team approach is the best strategy for preventing the all too common adverse drug events in the elderly.

Check Out Our Website: www.gcms.org

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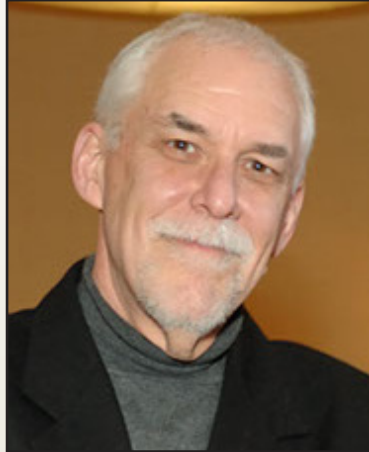
10-Year Anniversary of the Genesee Health Plan Awardees BEST PRACTICE IN PARTNERSHIP



THIS ORGANIZATION ROCKS

The House of Delegates this year provided another example of GCMS's Delegation being superbly organized, committed, and conscientious, and this organization was rewarded for that. We now have a new representative on the AMA Delegation from the Michigan State Medical Society, Venkat Rao, MD. The Delegation to the AMA has always been well represented by Genesee County members, and that continues to be the case.

This is a time when a lot of projects are getting started. All of them have to do with trying to link quality, access, patient satisfaction, physician satisfaction, and adequate funding of health care into one complete set of activities. This is all part of our new strategic plan. Some of these foci revolve around the Greater Flint Health Coalition's initiatives, and some of them are solely GCMS activities. I would like to solicit our members to become involved, whether it is through our Peer-Review process, the Advance Care Planning Project, trying Group Medical Appointments, getting involved in the health of the community via our Community & Environmental Health Committee or the Commit to Fit Program. Whether it is political, economic, or other interests that you have, this organization needs you if you are willing to put in the time to become involved. It also needs your peers, who are not members, to join. We need their



Peter Levine, MPH

bodies and we need their resources to keep this operation moving forward.

This issue of the *Bulletin* features an article about our recent Practice Managers meetings on How to be a Great Biller. These meetings are priceless. If your Practice Managers are not attending, you're missing a great opportunity to take advantage of a free service which is available only to the staff of GCMS members. The sessions on How to be a Great Biller were held twice to standing room audiences. The June session will address OSHA.

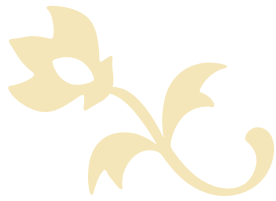
On a personal note, I have been asked to speak with patients, on occasion, who are having trouble with weight loss and healthy behaviors. If you are holding group medical appointments focused on diabetes or other illnesses which could be impacted by weight loss, I would be more than happy to help, and try to bring other resources to bear. Take a look at the Commit to Fit website, which is www.commit-2-fit.org. There are a lot of resources for doctor's offices which are of value to your patients and your practice.

I would like to thank Marcia Gzym for stepping in during a sudden personnel transition, to make that process go as painlessly as possible. Her respect for this organization drew her back. It is that wonderful willingness to help which makes her so special. Please welcome Becky Doty, our new Executive Secretary.



Congratulations to State Champions!

Congratulations to Drs. Srinivas Sanikommu, Padmaja Veeramreddy, and Narendra Veerapapneni who won the state championship for "Doctors Dilemma" (medical knowledge "Jeopardy"). They represented Michigan at the national American College of Physicians meeting. This is the first time that any team from Michigan made it to the final four there. They are senior residents in Hurley's Internal medicine and Combined Med-Peds programs.



Welcome to Becky Doty, Executive Secretary

I am very grateful to be employed as the new Executive Secretary of the Genesee County Medical Society. I previously worked in the underwriting department of a credit card processing company, and was an Office Assistant for Oakland County Community Corrections Division. I am a graduate of Lansing Community College with an Associates Degree in paralegal studies. I have also completed coursework relating to the medical/health care field and received a certificate for the Nurse Assistant Training Program through Washtenaw Community College.

I grew up in the Clarkston area and currently live in Holly with my husband and our two dogs. In my free time, I enjoy camping, canoeing, attending Detroit Tigers games and spending time with my family and friends. I love experimenting with unusual ingredients in the kitchen and trying out new recipes. I was diagnosed with Celiac Disease almost 10 years ago and have been on a gluten-free diet since then.

I am very excited to be working with Pete and everyone else here at GCMS. I look forward to meeting many of you soon.



Respectfully,
Becky Doty, Executive Secretary

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MSMS CHAMPIONS TORT REFORM BILLS THAT WOULD HELP PHYSICIANS PRACTICE & THRIVE

Studies project that by 2020 the state of Michigan will have a physician shortage of over 4,500 doctors in fields like pediatrics, family practice, and general and internal medicine. What's more, many of Michigan's cities and urban areas with the largest populations are at risk of becoming underserved.

As our state struggles to attract and retain high quality physicians to meet the growing health needs seniors, children and families, commonsense tort reform legislation that puts patients first has the ability to make Michigan a much more appealing state in which to start a practice and see patients and strengthening and restoring Michigan's tort climate.

A package of tort reform bills that MSMS helped craft have recently been introduced in the Michigan Senate. The "Patients First Reform Package" collectively aims to make improvements to tort reform laws to preserve access to care, particularly for underserved populations around the state, and to stem the impending physician shortage by enacting protections that keep physicians in Michigan.

"Quality health care can only thrive in Michigan if physicians are able to keep their eyes fixed on what is best for their patients," said MSMS President John G. Bizon, MD, a Calhoun County otolaryngologist. "The important legislation being introduced today will allow physicians to put their patients first and ensure doctors are able to practice and thrive in currently underserved regions."

The package includes these bill numbers and main sponsors: SB 1115 = Sen. Roger Kahn, MD (R-Saginaw); SB 1116 = Sen. Arlan Meekoff (R-West Olive); SB 1117 = Sen. John Moolenaar (R-Midland); and SB 1118 = Sen. Joe Hune (R-Brighton).

The "Patients First Reform Package" specifically would:

Better define "economic" damages - This reform would clarify Michigan law when it comes to what constitutes "economic" damages (like lost wages and legal bills) and "non-economic" damages (like pain and suffering).

Hold physicians to the same standards as trial lawyers - Physicians will be held to the same negligence



*Venkat Rao, MD
District VI Director*

standards that attorneys are, leveling the playing field.

Close a confusing legal loophole that allows unnecessary suits - Removing the "Loss of Opportunity" doctrine would clear up ambiguous statutes that cloud the judicial waters, a solution Michigan Justices have been asking for.

Prevent trial lawyers from artificially inflating awards - End the practice of using compound interest in the collection of damages when multiple parties are named in a lawsuit.

Protect patients by bringing more professionals under medical malpractice guidelines - Unlicensed health care

professionals (like X-Ray techs) will be brought under medical malpractice guidelines to protect patients.

Prevent trial lawyers from using a loophole into default judgments against physicians - By reforming guidelines that cover the timely filing of legal documents trial lawyers will no longer be allowed to win default judgments against physicians by failing to notify them that they are being sued.

Close a loophole that doubles the statute of limitations - Ends the practice of trial lawyers who use a loophole in the law to double the statute of limitations for filing wrongful death suits.

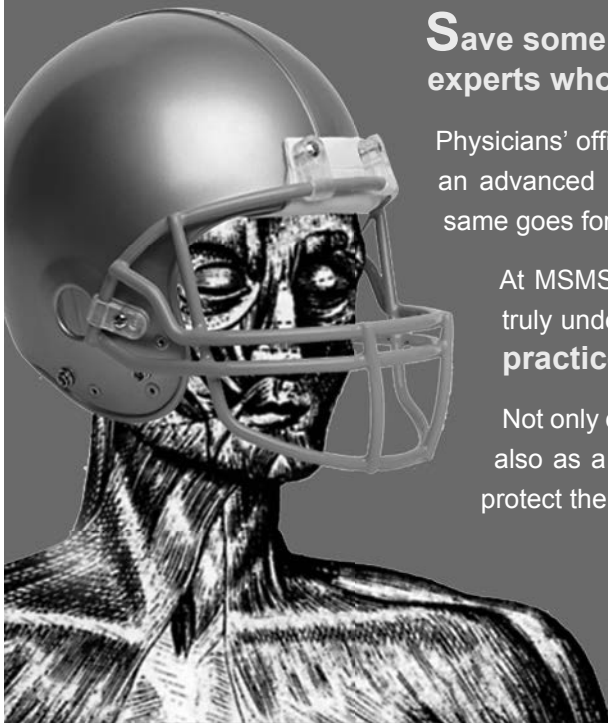
Put patients first, not their lawyers - Right now, trial lawyers are collecting interest payments on expenses they have not incurred. Ending this deceptive practice will ensure timely representation and that patients benefit most from judgments, not their lawyers.

TAKE ACTION NOW - Use the MSMS Action Center (www.msms.org/action) to contact your state senator and urge his/her support of this package. Or call your senator directly. (Find contact information at www.msms.org/contact.)

The House is expected to introduce its own package soon. Watch Medigram e-News, the MSMS Action Center, and www.msms.org/advocacy for further developments.

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

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GCMS Shines at MSMS House of Delegates



This years MSMS House of Delegates featured many GCMS successes, and a very exciting demonstration of democracy in action.

On the election front, Dr. Daniel Gutteridge, (a resident at McLaren Flint) was elected to the International Medical Graduate Section Governing Council. Dr. Pino Colone was reelected Vice-Speaker. Dr. Cathy Blight was reelected as an AMA Delegate. Dr. Venkat Rao was elected for his first term as an AMA-Alternate Delegate. Kenneth Elmassian, DO of Ingham County was elected President-elect. Dr. Venkat Rao was elected Treasurer of the MSMS Board. Dr. Nita Kulkarni was conferred the honor of introducing Dr. Kenneth Elmassian, prior to his election speech.

Fifty-year-awards were made to Drs. Norman Carter, Orestes Lung, Earle McGarvath, Jon Santiago, Frederick Sherrin, Dale Wilson, John Damm, John Macksood, Eduardo Reyes, Fidel Seneris, and Ronald Smalley. Life memberships were conferred upon Amitabha Banerjee, Tommy Stevens, Celestine Joseph, and Madhusudana Tummala. GCMS members serving on reference committees included: Dr. Cathy Blight as AMA Advisor on Reference Committee C, Drs. Niketa Dani and Lawrence Reynolds on Reference Committee D with Venu Vadlamudi serving as AMA Advisor. Reference Committee E featured Dr. Rima Jibaly, with Dr. S. Bobby Mukkamala serving as AMA Advisor. Dr. Mona Hardas chaired the Reference Committee on Constitution and Bylaws, with Dr. Pino Colone servicing as ex-official member. The Committee on Ways and Means contained Dr. John Waters, with Dr. Venkat Rao serving as AMS Advisor. Dr. Pino Colone served as an ex-official member of Rules and Order of Business.

The Resolution entitled: 65-12 Blue Cross Blue Shield of Michigan Transparency, was referred to the Board. Also referred to the Board were resolutions entitled: 18-12 Nutrition Labels and Nutrition Education in Elementary School, and 70-12 GME Funding.

Your delegation included Drs. Cathy Blight, Mona Hardas, Sam Kiran, Raymond Rudoni, Tarik Wasfie, Rima Jibaly, Nita Kulkarni, Niketa Dani, Rama Rao, John Waters, Edward Christy, Shafi Ahmed, John Hebert III, Laura Carravallah, Lawrence Reynolds (representing the Academy of Pediatrics), Suresh Anne, Jawad Shah, Venkat Rao, S. Bobby Mukkamala, Pino Colone, Daniel Gutteridge, Frederick VanAlstine (representing Shiawassee County).





CUBA, MARCH,

By Robert M. Soderstrom, MD



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Every year my three siblings and I plan a trip together somewhere. We leave out all the spouses and children and spend a few days together, just the four of us. We have done it annually for more than a decade and it has become a treasured tradition. We each take turns planning the trip and this last March my older sister arranged for all of us to go on an “educational and cultural” trip to Cuba. Such trips, properly arranged, are currently sanctioned by the State Department.

We stayed overnight in Miami and then took a charter flight to Havana. We were only in Cuba for three days, but it was all rather fascinating. First of all, I would say I was pleasantly surprised. I have been to Mexico, Ecuador, Costa Rica and Martinique and I thought Cuba compared favorably with all of them. Having just been to Tanzania, I felt living standards in Cuba were well ahead of much of what I saw there, let alone the awful “townships” we saw in South Africa a few years ago. When we were in Tanzania, we were told the infant mortality rate there is 66/1000 births. In Cuba, it is 5/1000 births. And maternal mortality and longevity also match the developed world. So Cuba claims to be the only Third World country that has matched the health statistics of the developed world. They have very extensive public health programs and universities

that graduate enough doctors to send a significant surplus every year to countries in Central and South America.

I was quite taken by “Old Havana,” the old Spanish quarter of the city. The place was bright, filled with people, well-maintained and picturesque with the harbor and the old Spanish fort looming over it. I think it would be a very desirable vacation spot for Americans if the embargo were lifted. As it was, there were crowds of Canadians and Europeans roaming the streets.

I was very interested with our visit to the “Literacy Museum” as they told a story there of which I was unaware. Cuba did not abolish slavery until 1886 and, at the time of the Revolution, the Cuban countryside was destitute, devoid of schools, and filled with the illiterate descendants of black slaves who still worked the sugar plantations. Shortly after the success of the Revolution, in January, 1961, Fidel Castro announced a nationwide program to end illiteracy in Cuba in one year. He called upon students in the cities to go to the countryside and teach the alphabet, reading and writing to their fellow countrymen.

Teenagers to the tune of several hundred thousand answered his call and left the cities for a year to teach in the countryside. In December, 1961, Castro proudly announced that illiteracy had vanished from

Cuba and the nation celebrated with a great parade in Havana where tens of thousands of the participating teenagers marched with six-foot-long pencils! To this day, Cuba claims a 100% literacy rate. Not only that, but Cuba has developed a literacy program which they have exported to numerous Third World countries to help them achieve the same success.

Of course, we visited the Museum of the Revolution. It is located in the old Presidential Palace and bullet holes from the Revolution at the entryway are there for all to see. Fulgencio Batista was the Cuban dictator overthrown by Castro’s rag-tag revolutionaries. His office remains as it was, even with the gold-plated telephone. The adjacent conference room was really interesting, I thought, because they showed pictures of Batista and his cabinet meeting around the same table where a few months later Fidel and Che were running the revolutionary government.

Fidel and Che at the time of the Revolution were impossibly young and ridiculously handsome, especially Che. Interestingly, Cuba is cluttered with pictures of Che Guevara while those of Castro seem much less common. Che has clearly become the icon of the revolution. Pictures at the time of the revolution of Fidel’s younger brother, Raul, who now runs Cuba, made him look about 12! I’m not sure how old he actually was at

CUBA



the time, but he could hardly have been more than a teenager.

Interestingly, both Castro and Guevara came from upper middle class families. Fidel graduated from the University of Havana Law School and Che, of course, had achieved a medical degree in Argentina. Guevara was practicing medicine in Guatemala in 1954 when the CIA overthrew the elected government at the behest of the United Fruit Company. Guevara fled to Mexico, thoroughly radicalized, and shortly met Castro. The rest, of course, is legend.

Ernest Hemingway is Cuba's most popular American. His time in Havana is immortalized with pictures, memorials and statues in the hotels where he stayed and the bars where he drank. The story

goes that Hemingway was Fidel's most favorite author when he was a teenager and that Fidel was particularly struck by Hemingway's insistence that one man, persistent and dedicated enough, could make a difference. (Little could Hemingway know what might be wrought!) Anyway, Cuban schools today teach English and grammar from Hemingway's many novels.

It is true that the streets of Havana are filled with beautiful old American cars from the late 1950s. It is hard to believe they have been so well maintained. We saw Chevys, Buicks and Pontiacs the Sloan Museum would no doubt "die" for. However, under the hoods the story is very different: because of the embargo Cubans cannot get American parts. So, we were

told, many of the engines have been completely rebuilt with Russian and Chinese parts. Nonetheless, the parade of cars was quite the sight and worth the trip in itself.

Finally, I found the Cubans we dealt with in hotels, restaurants, shopping areas, and in "Old Havana" to be very friendly, very helpful, and reasonably capable in English (of course, they have had thousands upon thousands of Canadian tourists for many years).

Would I go back? Yep. I'd like to spend more time in Old Havana and have more time to explore the massive Spanish Fort that overlooks the harbor. And I'd like to get out into the countryside more and see some of the lesser cities. I think Cuba would be a major American tourist destination if the embargo were lifted.

Legislative Liaison



On May 7, the Legislative Liaison Committee met with Senators John Gleason and Dave Robertson, and Rep. Joseph Graves as well as Flint Mayor Dayne Walling to discuss actions taken by the MSMS House of Delegates which may result in legislative action. In addition, the Committee discussed other legislation.

It was noted that it has been two-weeks since the motorcycle helmet repeal. It was noted that The Flint Journal publishes whether an individual is wearing a helmet or not.

It was reported by Colin Ford, of the Michigan State Medical Society, that MSMS has sponsored some refinements to the current malpractice system, which would put physicians on a par with lawyers in terms of bringing a suit for malpractice. This is designed to bring down rates. The key elements of this legislation are to: eliminate “lost opportunities,” tighten caps for noneconomic damages, changes the standard of negligence to near what attorneys use for themselves, and further define how interest is calculated, and changes the rules of the Affidavit of Merit.

It is hoped that this will result in some easing of difficulty for recruiting physicians to Michigan.

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Town Hall Meeting on Michigan State University College of Human Medicine Plans



On May 3, 2012, the GCMS Dinner Business Meeting (Town Hall Meeting) was held. The topic of discussion was the Michigan State University College of Human Medicine plans for Flint, Michigan.

Dr. Carravallah introduced Leslie Johnson, Program Coordinator for the Program in Public Health at MSU College of Human Medicine, as well as Dean Sienko, MD, MPH, Associate Dean for Public Health and Preventive Medicine at MSU College of Human Medicine. She also introduced two tables of Michigan State University students, and those residents attending.

Dr. Carravallah also introduced the sponsors for the evening including The Doctors Company, represented by Matt McDowell, Physicians Insurance Agency of the Michigan State Medical Society, represented by Julie Ozburn. Also sponsoring the event was ProAssurance.

She thanked the sponsors for supporting the Medical Society.

The Minutes of the February 2, 2012 Dinner Business Meeting and the March 27, 2012 Board of Directors Meeting were approved by acclamation.

Dr. Carravallah briefly reviewed the new GCMS Strategic Plan adopted by the Board of Directors in March as it was published and distributed. She noted that it is a very exciting plan with a heavy emphasis on medical economics, individual physician practice needs, close work on prevention, cost quality access and satisfaction issues to improve physician position in the community. She also noted that there is a focus on public health, and on working with practice managers to help physicians. She encouraged all to take time to review it.

Dr. Vaibhav Sahni, MD an internist specializing in nephrology and hypertension was approved for membership. Gary Moeser, MD requested reinstatement and was granted it. An MSU medical student, Sarath Sujatha-Bhasicar, requested membership and was granted it.

Dr. Carravallah introduced Dr. Shafi Ahmed and his wife Ruqsana Ahmed. She





explained that the Genesee County Medical Society Board of Directors nominated Dr. and Mrs. Ahmed for the MSMS Community Service Award for 2011. The primary reason for the nomination is that Dr. and Mrs. Ahmed have supported, since its inception, the Distressed Children and Infants' Foundation. Its purpose is to return child laborers to their homes and create incentives to eliminate the cycle of child labor. Their work is focused in Bangladesh and India and is intended to expand other nations as well. They have provided financial, fundraising, and promotional support for this charity and others. They have also traveled to Bangladesh to serve this foundation on several occasions.

Dr. and Mrs. Ahmed thanked the Society for its nomination for such a prestigious award, and stated that their purpose is to serve their communities.

Dr. S. Bobby Mukkamala provided a House of Delegates update noting that Dr. Venkat Rao was elected Treasurer of the MSMS Board of Directors and as an Alternate Delegate to the AMA House of Delegates. Dr. John Waters was appointed to the MSMS Board to replace Dr. Venkat Rao. Dr. Pino Colone was re-elected as Vice Speaker of MSMS. Dr. Cathy Blight was re-elected as an AMA Delegate. Dr. Daniel Gutteridge was elected to the International Medical Graduate Governing Council.

Resolution 18-12 entitled "Nutrition Labels and Nutrition Education in Elementary School" was referred

to the Board. Resolution 65-12 entitled "Blue Cross Blue Shield of Michigan Transparency" was referred to the Board, as was Resolution 70-12 "GME Funding".

Dr. Carravallah introduced Leslie Johnson, Program Coordinator for the Program in Public Health at MSU College of Human Medicine, and Dean Sienko, MD, MPH, Associate Dean for Public Health and Preventive Medicine at MSU College of Human Medicine. Their purpose was to review the exciting new development between this community and the Michigan State University College of Human Medicine. She noted that many have worked hard to bring this project to fruition and there will be opportunities for all physicians to become involved in MSU's plans.

Dr. Sienko and Ms. Johnson provided an overview of MSU College of Human Medicine's plans, and entertained a spirited question-and-answer period.



Genesee County Medical Society Board Meeting

April 24, 2012 - MINUTES

Call to Order:

The meeting was called to order at 5:45 p.m. by Raymond Rudoni, MD, President – Elect in the Rapport Conference Room.

Review of Minutes:

Motion: That the minutes of March 27, 2012 Board of Directors meeting be approved as presented.

The Motion Carried.

Reports:

A) Alliance Report:

Mrs. Oya Agabigum, President-elect of the Genesee County Medical Society Alliance reported that the Michigan State Medical Society Alliance Annual Session will be coming up the week following the House of Delegates. The annual Geranium Luncheon of the Alliance will be held on May 22 at Warwick Golf and Country Club.

B) Finance Report:

Motion: That the Budget to Actual Report for the period ending March 31, 2012 be approved as presented.

The Motion Carried.

C) Membership Report

Directive: Staff was directed to send a memo to the Board of Directors requesting volunteers to serve on the Membership Committee.

Motion: That the requested membership Dr. Vaibhav Sahni be approved as presented. The Motion Carried.

Motion: That the membership request from Genesee resident, Gary Moeser, MD be approved as presented.

The Motion Carried.

Motion: That the request for student membership status for Sarath Sujatha-Bhasicar be approved as presented.

The Motion Carried.

D) Greater Flint Health Coalition Report:

Dr. John Waters provided a brief overview of the activities of the Greater Flint Health Coalition including the fact that Genesee County has moved up slightly in the state health rankings. He also reported that medical quality has moved up dramatically to 18th in the state. Smoking and obesity are up as well.

Motion: That the Genesee County Medical Society approve the one page Conflict of Interest document for all Board members to fill out on an annual basis. The Motion Carried.

Adjournment:

Dr. Rudoni reported that Dr. Mousa Mohamed's daughter had passed away on Sunday. A moment of silence was held. No further business appearing. The meeting was adjourned at 6 p.m.

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GCMS MEETINGS

–JUNE 2012 –

6/4 – 8 a.m. – Legislative Liaison Meeting

6/6 – 7:30 a.m. – Bulletin Meeting

6/18 – 12 Noon – Membership Committee @ GCMS

6/26 – 6 p.m. – GCMS Board of Directors @ GCMS

6/27 – 12:30 p.m. – Community & Env. Health Committee Meeting

6/28 – 8 a.m. – Practice Managers @ GCMS

Genesee County Medical Society District Directors Briefing

April 24, 2012 - MINUTES

Call to Order:

The meeting was called to order at 5:50 p.m. by S. Bobby Mukkamala, MD, and Venkat Rao, MD, District Directors.

District Directors Briefing:

Drs. Mukkamala and Rao welcomed everyone and introduced Stacy Saylor and Stacie Hettiger, MSMS Staff. They also introduced Lawrence Reynolds, MD, Delegate from the Michigan Academy of Pediatrics.

Drs. Mukkamala and Rao provided an update on recent MSMS achievements.

Drs. Mukkamala and Rao reviewed the candidacies for election to office, noting that the President-Elect race, the Speaker race, and the Vice-Speaker race were uncontested, with Pino Colone of Genesee County running for re-election as Vice-Speaker. Dr. Cathy Blight is running for re-election for AMA Delegate and is uncontested. There are 5 candidates for 3 seats on the AMA Alternate Delegate list, including Drs. Rao and Kiran from Genesee.

50 year awards will be going to:

Norman Carter, MD
John Damm, MD
Orestes Lung, MD
John Macksood, MD
Earle McGarvah, MD
Eduardo Reyes, MD
Jon Santiago, MD
Fidel Seneris, MD
Frederick Sherrin, MD
Ronald Smalley, MD
Dale Wilson, MD

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Life memberships will be going to:

Amitabha Banerjee, MD Celestine Joseph, MD
Tommy Stevens, MD Madhusudana Tummala, MD

Also noted was the membership on Reference Committees:

Reference Committee A, Medical Care Delivery: AppaRao Mukkamala, MD, AMA Advisor
Reference Committee B, Legislation: None
Reference Committee C, Internal Affairs & Public Service: Cathy Blight, MD, AMA Advisor
Reference Committee D, Public Health: Niketa Dani, MD, Lawrence Reynolds, MD, Venu Vadlamudi, MD,
AMA Advisor
Reference Committee E, Scientific & Educational Affairs: Rima Jibaly, MD, S. Bobby Mukkamala, MD, AMA Advisor
Reference Committee on Constitution & Bylaws: Chair: Mona Hardas, MD, Ex-Officio Member – Pino Colone, MD,
Vice Speaker
Committee on Ways & Means: John Waters, MD, Venkat Rao, AMA Advisor
Committee on Credential & Tellers: None
Committee on Rules & Order of Business: Ex-Officio Member – Pino Colone, MD, Vice Speaker

The group reviewed the two Genesee County resolutions including 65-12 which is being submitted to Reference Committee A by EG Raj, MD, entitled Blue Cross Blue Shield of Michigan Transparency, and resolution 18-12 which is being submitted to Reference Committee D written by Rima Jibaly, MD, entitled Nutrition Labels and Nutrition Education in Elementary Schools.

Adjournment:

No further business appearing. The meeting was adjourned at 8:15 p.m.

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 Becky Doty at bdoty@gcms.org or 810-733-9923.

Thank you.

Announcement

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

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Household Hazardous Waste & Electronic Waste Collection Day!

Saturday, June 02, 2012
10:00 a.m. - 2:00 p.m.

Things you should bring...

Aerosol cans
 Antifreeze
 Fluorescent light bulbs
 - compact and tube
 Batteries
 - household and car
 Gasoline
 Household pesticides
 Herbicides, Fertilizers
 Mercury
 Used oil

Oil-based paint
 Old prescriptions
 Paint thinners
 Tires - up to 7*
**No tractor or semi tires and they must be off the rim.*

Television Sets
 Computer Monitors
 Laptops & Notebooks
 Printers & Copiers
 DVD & VCR Players
 Fax Machines
 Cell Phones
 Video Cameras
 Stereo Equipment



Things you should NOT bring...

Commercial waste
 Explosive material
 Industrial waste
Latex paint

Medical waste
 Radioactive material
 TV Consoles

For more information or to volunteer, call:

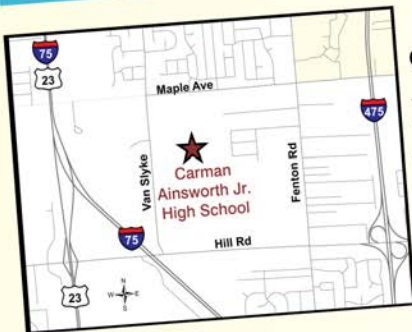
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 (810) 767-9696



Household Hazardous Waste & Electronic Waste Collection Day!



Facility locations...



Carman-Ainsworth Jr. High School
 1409 W. Maple Ave
 Flint, MI 48507
 10:00 a.m. - 2:00 p.m.
 HHW, E-Waste, & Tires



Flint East - Water Service Center
 3310 East Court Street, Flint MI
 10:00 a.m. - 2:00 p.m. - HHW & Tires
Goodwill Industries - E-Waste
 501 S. Averill Ave., Flint MI
 10:00 a.m. - 2:00 p.m.

Coordinated by the Household Hazardous Waste Consortium of Genesee County including the Genesee County Metropolitan Planning Commission, General Motors Environmental Staff in Flint, UAW Local 599, Goodwill Industries, 5R Processors and Keep Genesee County Beautiful. Trash services provided by M.A.C. Transport Inc., and Recycling. Major support provided by the Genesee County Board of Commissioners, the City of Flint, and several local units of government.



YOUR \$\$\$ AT WORK

- § GCMS aggressively opposed legislation allowing motorcycle riders to do so without helmets
- § GCMS interfaced with news media on Motorcycle Helmet Law, Medicaid budget, No-Fault Auto, and advance care planning
- § GCMS began seeking a new secretary
- § GCMS participated in successful MSMS House of Delegates winning elections for AMA Delegate and Alternate Delegate, as well as MSMS Board Treasurer, and Vice Speaker of the House
- § GCMS interfaced with multiple potential partners on the issue of advance care planning, group medical appointments, Commit to Fit, school nutrition
- § GCMS staff worked with several practices on problem issues
- § GCMS hosted a two Practice Managers meetings on How to be a Great Biller to standing room audiences



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AVOIDING ABANDONMENT CLAIMS WHEN TERMINATING THE PHYSICIAN-PATIENT RELATIONSHIP

By: R. Paul Vance, Esq.

Nearly every physician has or will be faced with a patient with whom the physician-patient relationship needs to be severed. Because physicians have a duty to support continuity of care for their patients, terminating a patient must be handled with great care to ensure the relationship is ended legally and does not endanger the patient. Ensuring the termination of a patient is conducted appropriately will also protect against claims of patient abandonment.

In the context of the physician-patient relationship, abandonment is defined as the termination of the professional relationship between the physician and patient at an unreasonable time and without giving the patient the chance to find an equally qualified replacement. See www.ama-assn.org. Abandonment of a patient may result in civil liability for the physician. To establish a claim of abandonment, a patient must prove that the physician ended the relationship without good reason or without sufficient notice to allow the patient to find another physician, and the patient was injured as a result.

In Michigan, a physician has a definite right to withdraw from the physician-patient relationship provided the physician gives the patient reasonable notice so as to enable the patient to secure another physician. See *Tierney v University of Michigan Regents*, 257 Mich.

App681 (2003). It is but a corollary of the physician's right to withdraw from a case upon giving proper notice that he or she is under a duty to continue attendance upon the patient until the conditions for the rightful withdrawal are complied with. *Id.*

According to the American Medical Association's Counsel on Ethical and Judicial Affairs, a physician may not discontinue care of a patient as long as further treatment is medically indicated without giving the patient "reasonable notice" and "sufficient opportunity to make alternative arrangements for care." Moreover, the AMA's Code of Medical Ethics, Opinion 8.115, states that physicians have the option of terminating the physician-patient relationship but must provide notice of termination or withdrawal "to the patient, the relatives or responsible friends sufficiently long in advance of withdrawal to permit another medical attendant to be secured."

Once initiated, the relationship of physician-patient will continue until it is ended by: (1) the consent of the parties; (2) is revoked by the dismissal of the physician; (3) until the physician's services are no longer needed; or (4) the physician terminates or withdraws from the relationship. Typical, and legitimate, reasons for terminating a patient include, but are not limited to, patient non-compliance, failure

to follow a prescribed plan of care, frequent missed appointments, open displays of hostility towards the physician and/or the physician's staff, an unreasonably demanding patient and non-payment.

Regardless of the situation, to avoid a claim of physician abandonment, a physician must be very careful to follow the appropriate steps to terminate the relationship. Allegations of patient abandonment can be effectively diffused if physicians take basic precautions and maintain careful documentation in the patient's medical records. With this in mind, the most appropriate steps every physician should take when terminating the physician-patient relationship include the following:

1. Provide the patient with written notice by certified mail with a return receipt requested. The letter should state the reasons which led to the decision to withdraw from the care of the patient in tactful, concise, general terms. Be sure to retain a copy of the termination letter and certified mail return receipt in the patient's file.
2. Advise the patient on making other medical care arrangements by providing resources and/or recommendations to help the patient locate another physician of similar specialty. This could include a referral of the patient to a state or local medical society to obtain a list of other physicians in the specialty required.

3. In most situations, physicians should agree to continue to provide treatment to the patient and access to services for a reasonable period of time, such as thirty (30) days, to allow a patient to secure care from another physician. Keep in mind, this period could be shorter or longer depending on the circumstances of the termination or the patient's acute medical needs. Factors to consider when determining the degree of notice required may include, among other considerations, the condition of the patient, the specialty of the physician, and the number of similar providers practicing in the community. While a patient should be given sufficient time to arrange for care elsewhere, the physician terminating the relationship needs to clearly communicate the end-point for treatment to the patient and provide instructions for how to handle medical emergencies.

4. If the patient requires ongoing medical care or has a particular issue that needs close follow-up, be sure to highlight that issue to the patient in the termination letter, and inform him or her of any potential consequences of failing to do so. If necessary, it should be clearly explained that the patient should be seen by a physician within a specific period of time.

5. Offer to provide copies of the patient's medical records to the new physician with proper authorization from the patient. Either enclose a HIPAA compliant authorization with the letter or provide instructions to the patient on how to request his or her medical records.

6. Document in the patient's chart the reasons for ending the relationship. It is always helpful to have detailed notes documenting the events that led to the termination.

7. Inform all partners and support staff of the termination so that the patient does not re-establish


the physician-patient relationship by, for example, obtaining a prescription refill or being scheduled for an appointment after the effective termination date.

If the above steps are taken, withdrawal from the physician-patient relationship will not be considered abandonment under the law of this state. See *Tierney v University of Michigan Regents*, 257 Mich.App.681 (2003). However, when withdrawing from patient care, each termination of the physician-patient relationship must be tailored to the individual situation. The physician must also be mindful that if they see the patient after the termination date has been established, the physician-patient is renewed and the termination process would have to start all over again. In addition, if a patient orally terminates

the relationship, it is a good practice to send the patient a short letter confirming the patient's decision and describing any significant conditions which require treatment.

When faced with difficult decisions regarding whether to terminate a patient and the process to accomplish the same, consultation with an attorney will be helpful to ensure the appropriate steps are taken in order to avoid any subsequent claims of patient abandonment. Because the facts of each situation are unique, an attorney can review the termination letter before it is sent to a patient and offer other advice pertaining to the termination. Yet, regardless of whether an attorney is consulted, a painstaking effort should be made by the physician to make certain the above safeguards are followed.

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PRACTICE MANAGERS

PROMPT PAYMENT TASK FORCE GENESEE COUNTY MEDICAL SOCIETY PRACTICE MANAGERS MEETING “HOW TO BE A GREAT BILLER”

The event had standing-room-only attendance with representatives from a variety of sources including the hospital systems, specialty practices, large clinics, and solo practice offices. Prompt Payment Task Force members presenting included Chair Pete Levine, Kelly Sherrill, Tina Gach, Theresa King and GFHC staff Lori Kunkel. Task Force members in attendance included Traci Kim and Phil Raubinger.

A brief description of the Greater Flint Health Coalition and its Prompt Payment Task Force was shared.

Attendees were provided an outline of the items a “great biller” needs to pay attention to:

- Converting to the electronic version of HIPAA 5010 by June 30, 2012
- Confirming with vendors and clearinghouses their plans to be ready for ICD-10 implementation
- Submitting all claims electronically (only claims requiring an invoice or operative report should be billed on paper)
- Utilizing paperless Explanation of Payments (EOP) systems
- Reviewing all denied claims and resubmitting completed claims
- Obtaining education and training

Additional pointers were provided throughout the discussion:

- Practice staff need to educate members that it is their responsibility to review and know their Explanation of Benefits (EOB). An educational handout was provided to share with patients.
- When submitting a claim resolution letter, billers should be as specific as possible when describing the problem and the process to date for correcting the issue.
- Billers should be included in contract negotiations with payers.
- Although payers can correct misinformation in a patient’s file, the fix is only temporary. Patients must contact their employer to correct the membership file. Each time the payer receives a new membership file the information in that file overwrites everything currently in the payer’s system.
- Payers are not staffed to process paper bills. To ensure prompt payment of rejected 5010 claims, it is better to convert to 4010 and submit electronically than it is to submit the claim via paper.
- Some clearinghouses are still converting over to 5010 and experiencing difficulties. 5010 has more fatal errors that send the whole billing file back as opposed to just the problem claim.
- Michigan Medical Billers Association offers ongoing education (much of it free of charge to its members). Its Fifth Annual Billing Expo is May 16, 2012 at the Holiday Inn Gateway Centre in Flint, MI.

A repeat “How to Be a Great Biller” session will be held at the GCMS Practice Managers meeting on May 24, 2012.



Genesee County Health Department

Mark Valacak, M.P.H., Health Officer
Gary K. Johnson, M.D., M.P.H., Medical Director

PRESS RELEASE

Date: May 15, 2012

Release Date: Immediately

End Date: June 30, 2012

Contact: Dianna LaBonte, R.N., B.S.N.
Public Health Nurse Coordinator

Phone: (810) 237-4571

Re: Free mammograms and pap smears for women 40-49

Great news for women ages 40-49!! The Genesee County Health Department's Breast and Cervical Cancer Control Program (BCCCP) has received funding from the State to provide FREE mammograms and Pap smears for women ages 40-49 who qualify through September 30, 2012.

In the past, BCCCP has been able to provide FREE mammograms and Pap smears to women ages 40-64 who qualify. Due to the State budget, the funding for screening services for women aged 40 -49 was cut. Therefore, BCCCP has only been able to provide services to women ages 50-64. We are happy to announce the State has found some additional funding to allow BCCCP to screen women ages 40-49 who qualify now through September 30, 2012.

If you are a woman age 40-64 and it has been more than a year since your last mammogram, please contact the BCCCP at (810) 237-4545 to see if you qualify for a FREE mammogram and/or Pap smear. Again, the additional funding for women ages 40-49 is only for a limited time, so call now.

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James Graham	1	Tommy Stevens	11	Jose Lopez	19
P.C. Shetty	1	Jitendra Katneni	12	Peter Boyer	19
Siva Sankaran	1	Sayed Osama	12	Joseph Arcidi	21
T Trevor Singh	3	Stephen Burton	12	Ronald Sparschu	21
Ernesto Duterte	4	John Blamoun	14	E G Raj	22
Mischa Pollard	4	Marigowda Nagaraju	14	John Mackenzie	22
Sudarsan Misra	4	Ronald Smalley	14	Amy Gallagher	23
Vivekanand Palavali	4	Gary Keoleian	15	Michael Kia	25
Yazdi Sidhwa	5	John Macksood	16	Alan Rice	26
Brian Bhagat	6	Mattie Scott-Phillips	16	Dale Wilson	27
Nitin Malhotra	6	Peter Mikelens	16	Alice Platt	28
Edilberto Moreno	7	Walid Abuhammour	16	Conrad Reinhard	28
Athar Baig	8	Edmund Louvar	17	Julio Badin	28
C. Arch Brown	10	Lucille Saha	17	Woodrow Pickering	28
Ravikumar Peddireddy	10	Madhusudana Tummala	17	Paul Lafia	29
Siddesh Besur	10	Stephen Morris	17	Sasikala Vemuri	29

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Changes to the Roster:

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Flint Surgical Group, P.C.

1020 Charter Drive, Suite A, Flint, MI 48532

Office: 810-720-0366 Fax: 810-732-2773

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