



# THE Bulletin

AUGUST 2011 Volume 87, Number 8

**THE INTERNET –  
COMPULSORY FOR TODAY'S MEDICAL BILLING  
LEGAL ALERT – LEGACY GIVING  
TOWN HALL MEETING ON MEANINGFUL USE  
NOMINEES FOR GCMS OFFICES  
WEIGHT LOSS TIPS**

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# THE Bulletin

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*Cover photo by Peter Levine.*

### 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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## SUMMERTIME IN MICHIGAN

Hello fellow members of GCMS. As we look outside during another Michigan summer we are reminded of why we tolerate the cold and long winter in our state

It is almost as if we are solar powered beings and we charge up in the summertime to store energy to sustain us through the winter

As anyone with a battery powered device will tell you, batteries develop memory. So do we. The charge lasts us throughout the whole winter when we are younger. Yet as we mature, the charge seems to fade away earlier and earlier, and we find ourselves trying to sneak in a mid winter break to the sun somewhere to get a boost.

It is difficult to find the time to get away from our practices though. It seems that we work hard to tidy everything up just to get away. Then we spend the next month working hard to catch up again.

Perhaps we should instead work on optimizing the



*S. Bobby Mukkamala, MD*

charge of our battery. Just as there is a right way to charge your phone or car battery, there is a right way to charge our internal battery. We can look outside and say that it's a little too hot, or a little too cold, or it looks like rain. Yet while we wait for the perfect day to go outside and start that exercise regimen, soon the summer will have passed us by, and we pray for a long Indian summer.

The sun is rising before 6 a. m. nowadays, and it is light till 9:30 p.m.

I had visitors from California recently who were actually jealous of the duration of our daylight! They were jealous of us!

So let us make the most of what we have in this great state. Let's wake up a little early to go for that 15 min walk. Let's not sit inside after dinner. Instead take a bike ride, to go visit a neighbor. Let's not just wonder about what it's like to kayak or canoe on one of our many water ways.

Let's break out of our routine in this second half of summer and experience PURE Michigan.

### GCMS MEETINGS

– AUGUST 2011 –

Recessed, 8 a.m. Legislative Liaison @ GCMS

8/3, 7:30 a.m. – Bulletin Committee @ GCMS

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

8/23, 5:15 p.m. – Finance Committee @ GCMS

8/23, 6 p.m. – GCMS Board of Directors @ GCMS

8/24, 12:30 p.m. – Community & Environmental Health  
Committee @ GCMS

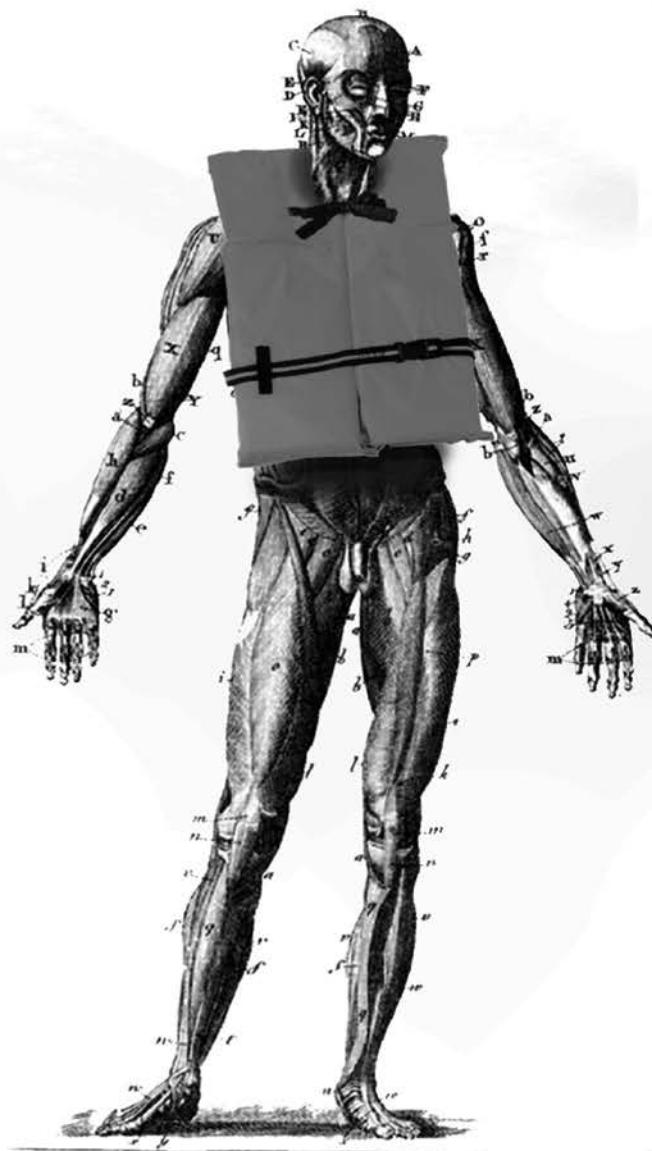
8/25, 8 a.m. Practice Managers @ GCMS

9/1, 6 p.m. – Dinner Business Meeting @ Flint Golf Club

9/21, 6 p.m. – Greater Flint Health Coalition -  
Group Visits @ Fandangles'

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## IT'S AUGUST; HAVE YOU TAKEN YOUR VACATION YET?

Men, for the sake of getting a living, forget to live.  
 – Margaret Fuller

It's likely that you have heard this story before. The old guy was on his last legs. He had enjoyed a long and productive career as a physician. He was respected by colleagues and adored by his patients. He had enjoyed a great life but now the end was near. His young associate came to his home to say his goodbyes. He was escorted into the bedroom and took his place by the bedside. His mentor beckoned him closer. Apparently he wanted to pass on some final advice and wisdom. As he leaned in to hear the faint voice, the dying man gasped once or twice and croaked, "I only have one regret in my life." "What could that possibly be?" the young doctor thought. The oldster continued, "I only wish I had spent more time (cough, rale, gasp)." "Go on, go on," pleaded the young man, "more time what?" The old man used the last of his waning energy to spit out his final words, "more time in the office seeing patients." He then expired for the last time.

Okay, so it's an old joke but most humor has an element of truth intertwined. Americans as a rule and physicians especially, probably work too hard and relax too little. Compared to other developed countries, Americans are allotted the fewest vacation days each year, on average. Compare the U.S. average of 14 days to 17 in Australia, 24 in Great Britain, and a whopping 39 in France. The oddest fact is, however, that we tend not to even use the few days allowed. A recent essay by Po



*Daniel Ryan, MD*

Bronson in *Time* magazine stated that the average American will leave four vacation days unused, which adds up to a whopping 574 million days, collectively.

The problem seems to be that taking time off requires too much extra work. For physicians that may involve finding coverage while you are away, an increased patient load before and after vacation, catching up on dictation and lab results, dreaming up busy work for your staff or requiring mandatory vacation or unpaid time off while you are gone. It's sometimes easier just to keep working.

Only 14 percent of Americans will take a vacation of two weeks or longer this summer, according to Bronson.

When many folks do finally take time away from their work, it's often not very relaxing. Stringent travel schedules, family obligations, adventure vacations, and trying to jam as much activity into a short time as is humanly possible is not exactly "vacating." It seems we play as hard as we work. And attending a meeting or seminar, no matter how lovely the location and accommodations, does not qualify as a vacation.

Take the pledge now to reserve some time for yourself and your family away from the stress and deadlines of medical practice and daily life in general. Even a stay at home respite can reset your priorities. You will be doing yourself, your staff, and your patients a huge favor when you return refreshed, relaxed, and ready to jump on the roller coaster again.

# Count On

*Anita Abrol*

Anita Abrol, CPA

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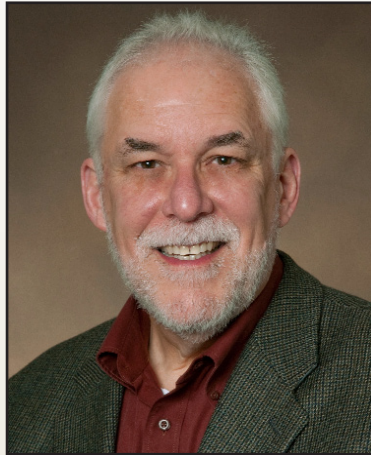
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## MEANINGFUL USE AND DOWNTOWN FLINT

There are several issues that physicians and their practice managers need to stay abreast of because changes are coming. "Meaningful Use" is a term that you will hear over and over and over again as practices transition into using electronic medical records and pharmacy order entry and other methods of electronic practice management. To hear the latest and the greatest on this federal mandate, please come to our Dinner Business meeting on September 1, 2011 at the Flint Golf Club. At that meeting our faculty will also cover MSMS Connect, which is a portal designed to make life easier for you and your staff. At that session you will also hear about HIPPA 5010 which has to do with changes that have to be made to your electronic practice management systems. Even if



*Peter Levine, MPH*

you think you don't need this information, you might want to come because there is bound to be a lot that will be new. In addition, it is always a pleasure to spend time with colleagues, in a pleasant setting, with a great meal.

Who would have thought that you could say "for a great time to head to downtown Flint?" At this point you can really do that. The Cultural Center is flourishing. The Farmers Market is greater than ever. Music abounds. People are working! Between the three restaurants on Saginaw Street, there is no need to have a bad meal in the city. There is also no need to have unhealthy meal. These restaurants would make it anywhere: Manhattan, San Francisco, Ann Arbor, but we have them here in Flint! Use them!



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# THE INTERNET - Compulsory for Today's Medical Billing

By Traci J. Kim



## EDUCATION

Ms. Kim holds a Masters Degree in Health Communication from Michigan State University and has over 21 years of health care administrative experience. She has written this article as a Practice Manager and a member of the Greater Flint Health Coalition Prompt Payment Task Force.

When it comes to creating an efficient billing system within a physician's office, a key component today is the Internet. Whether using an EMR or paper charts, the Internet can help a practice improve efficiency and increase collections at time of service.

For example, it can easily take five minutes to check a patient's insurance eligibility by phone, but less than a minute online. Having real-time information on patients' co-pays and deductibles means we are able to quote patients the amount due at time of service, and significantly reduce the accounts receivable. If we had to check every patient's eligibility by phone we would need an additional full time staff person.

Another added benefit of the Internet is the capability for electronic claims submission. We can easily check the status of claims, resolve rejections faster,

and obtain a daily report on expected reimbursement. This process not only helps us manage our cash flow, it also improves patient satisfaction and reduces the number of phone calls from patients with billing questions.

If the benefits of online billing practices seem self-evident, why don't more physicians have this as a

standard of practice? It's not cost, because, according to an American Medical News study, 92 percent of physicians surveyed access the Internet from their offices. This means that chances are there is already a computer and Internet access at the office. Furthermore, if you don't have a computer or Internet access, the cost of setting up your online system can be less than \$1,000. The main reason, which is completely justifiable, seems to be the fear of employee abuse of the Internet. From checking FACEBOOK to surfing, the potential for reduced productivity and increased risk of viruses exists. However, both productivity and security risks are easily addressed.

To manage productivity, personal Internet use should be handled in writing with a policy in the employee handbook. In the past we've all written policies regarding phones for personal use, and that same principle can be applied to Internet use. If you prefer a more open and flexible work environment, then you may allow employees to check email and FACEBOOK on breaks and at lunch. However, if you notice employees abusing this privilege, be prepared to take disciplinary action.

The security issues are managed with technology. With a few keystrokes, you can block computers from Internet access, and with a good router (about \$100) you can block all websites except the billing websites. You can also place automated settings that allow Internet access during lunch and block access during office hours. And, if you want to see where your employees are going online, you can monitor who does what on each computer. Regarding viruses, antivirus software is quite advanced and will greatly reduce this risk. Better yet, with certain Internet service providers anti-virus software is free.

Internet use for best billing practices is no longer a question of "if" but "when." The initial financial investment will quickly pay for itself with staff time, not to mention that insurance companies will require electronic submissions in the near future. Considering reduced reimbursements, complex billing rules, government mandates and the need to stay financially viable, the Internet is now compulsory for medical billing.

## THE PHYSICIAN-PATIENT RELATIONSHIP VS. THE PHYSICIAN-PAPERWORK RELATIONSHIP: WHY WE NEED TO PASS PRIOR AUTHORIZATION FORM BILLS

No physician wants patients to be greeted this way: “The doctor can’t see you yet because he’s tangled up in red tape.”

Unfortunately, unnecessary red tape and bureaucracy are forcing many patients, all across Michigan, to wait for longer than they should have to for critical prescription drugs recommended by their physicians. While most prior authorization forms ask for nearly identical information, more than 150 different insurance plans operating in Michigan each use their own unique forms, and not all of them can be submitted electronically.

A universal prior authorization form would reduce the amount of time spent filling out these redundant forms, streamline the referral process, and enhance efficiency.

### PRIOR AUTHORIZATION SYSTEM LAGS BEHIND EHR INITIATIVES

The State of Michigan, federal programs, many health plans and other third-party payers have established strong initiatives for physicians to adopt electronic health record (EHR) systems to enhance quality of care outcomes and efficiency.

Some new reforms require “meaningful use” of EHR systems, and levy penalties for failing to use electronic prescribing. With guidance and resources from organizations like MSMS, physicians are complying with these requirements, but the prior authorization system has yet to catch up.

By creating a single, universal prior authorization form, we can change that while improving patient outcomes and streamlining the process of prescribing the appropriate prescription drugs.



*Venkat Rao, MD*  
*District VI Director*

### LEGISLATION PUTS PATIENT CARE FIRST

Our MSMS President Steven Newman, MD, has praised state Senators Jim Marleau (R-Lake Orion) and Tonya Schuitmaker (R-Lawton) for introducing bipartisan legislation responding to calls from Michigan physicians to improve patients’ access to the best care by creating a universal prior authorization form for prescription drugs. The bills will cut red tape and bureaucracy and will speed the delivery of health care.

“By creating a universal prior authorization form, legislators send a clear message that they want physicians to be able to spend time with their patients and not filling out redundant forms,” said Doctor Newman, in a statement.

“We join families and physicians across Michigan in applauding Senators Marleau and Schuitmaker for taking the critical first steps towards common sense health care reform that clears bureaucratic hurdles and red tape standing in the way of the best patient care,” he added.

The bills, SB 429 and SB 430, ask Michigan’s Insurance Commissioner to create a single universal prior authorization form to replace the hundreds of different forms physicians and their staffs currently sort through every day to accomplish the same task. The bipartisan legislation also preserves the right of insurance companies to choose which drugs they cover under each plan and is cosponsored by numerous other Republicans and Democrats.

### WHAT YOU CAN DO NOW

Although the legislature is on summer break now and legislators are back home in their districts, they will



more information about the bills, contact Colin Ford at MSMS at 517-336-5737 or [cford@msms.org](mailto:cford@msms.org).

**TRACK THE BILLS** – I encourage you to use another great MSMS tool to track bills that matter to our patients and our profession. The MSMS Legislative Database ([www.msms.org/legdatabase](http://www.msms.org/legdatabase)) monitors the progress of these and other health policy bills during the legislative session. You can search by bill number, sponsor, key words, and more.

**CONTACT YOUR LAWMAKERS** – Whether it's by phone or in person, it's important to develop a working relationship with your lawmakers to educate them about health care issues and ask for their vote on important bills such as these. Find lawmaker contact information online at [www.msms.org/lawmakers](http://www.msms.org/lawmakers).

Call or visit your senator today, and tell him or her that redundant paperwork should not force patients in Michigan to wait another second longer for the prescription drugs they need. They've already waited long enough for this common sense reform.

return to session next month. Here are some things you can do now to ramp up for the next session and push for legislators to pass SB 429 and 430:

**TAKE ACTION NOW** – Take five minutes to use the MSMS Action Center ([www.msms.org/action](http://www.msms.org/action)) to send an electronic message to your state senator right from your computer, urging him/her to support these bills. For



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# Weight Loss Ideas

By Peter A. Levine, MPH

Every person who wishes to lose weight and/or get in shape is unique. What works for one person may not work for the next person. I have been asked to write some ideas on weight loss and nutrition with the hope that it will help others who read it. But please understand that my method has worked for me. It is not scientifically proven to work for anyone else. At this point, I have lost approximately 110 pounds. There have been two primary components to this weight loss endeavor. The first is reducing bad calories: bad fats, salt, and bad sugars and combining it with ever increasing rigorous exercise.

I have discovered that early weight loss can be relatively easy in terms of accomplishing numbers; this is great because early in the process it really got me going. The progression becomes slower over time, but is more fun and seems to take less psychological effort. What I mean by that is the pounds fall off fast at the beginning, but the effort seems monumental. As one becomes acclimated to the behavior change, the effort diminishes and becomes more enjoyable, but the speed at which pounds fall away diminishes.

The long and the short of this

for me has been to avoid: fats, high fructose corn syrup, salt, sugar, many carbohydrates and vegetables which are high in sugars, as well as many fruits. That's in general the things that I have avoided, but there are also foods with good fats, such as almonds.

Most days, at this point, I wake up in the morning and eat a small amount of oatmeal, and an egg white omelet. Midway through the morning, I will drink a power shake that has been carefully screened by my son and my trainer for appropriateness. It has nothing in it that I don't need, and it has plenty of protein. At lunch time I will occasionally eat a Subway sandwich (one of the low calorie ones) or have a chicken breast or an egg white omelet. I always eat green beans with lunch. Mid-afternoon, I have another power shake and possibly some almonds. At dinner, I

have a piece of lean meat and some green beans or a salad. Later in the evening I may have a power shake or a yogurt. That does it. I have completely stopped eating bread except on rare occasions, the same with potatoes and rice. There are some low-sodium soups, but you have to scan those pretty carefully before using them.

At this point I have given up artificial sweetener as well, primarily because I find that they make me want more sweetness. If I stop using them, I found that I do not crave sweets. The same is true for the types of carbohydrates that I used to really enjoy. If I avoid them I don't crave them. One piece of bread can lead to two, for me. Sampling a piece of white pasta leads to the desire for a bowl full. Avoiding it completely means that I am not tempted to stray. I am sure that there are many other options that people have tried, including prepared foods, and other prescribed diets. I have found that they simply don't work for me. There is stuff in them that stimulates other urges and I have found it better to stay away from them.

Exercise is so individualized, that I believe it is important to work with a competent trainer, at least for



*Contd. on page 15.*

# LEGACY GIVING – RESERVING THE HEALTH OF YOUR FOUNDATION

By: Timothy Knecht

The Medical Society Foundation, like all foundations, relies on gifts for support. Gifts come in many ways. Gifts made during a person's lifetime are tax deductible. Gifts made upon a person death, however, provide long-term opportunities for foundations and allow foundations to continue their good work over the long term.

Legacy Gift Giving provides a win-win opportunity for both donors and charities. Donors and their heirs receive significant tax benefits. Charities receive the funds to allow them to continue to do good work for society.

There are several ways individuals can make a lasting gift to a charity. An individual can establish a Trust for the benefit of the charity, giving money to that Trust during the individual's lifetime. The individual can receive income from the assets held in Trust during his or her lifetime and upon death, the charity receives the balance of the funds held in Trust. This method of giving provides the donor with an income tax deduction during the life of the donor.

Another way to make a Legacy Gift is to designate a charity as a beneficiary in your estate plan. A charitable gift as a part of your estate plan can exempt the money given to the charity from estate or inheritance tax. The most tax efficient way to

make a Legacy Gift is to designate a charity as either the beneficiary of an IRA or retirement plan directly or as part of your estate plan. IRA and retirement plan benefits are taxed to the individual as they are paid out. If IRA or retirement plan assets are given to a charity upon an individual's death, the charity pays no income tax on that gift.

Individuals can give appreciated, publicly traded stock assets to a

charity during their lifetime. This gift strategy allows the donor to avoid paying capital gains tax on those assets. The charity pays no tax either and resultantly, the charity receives a bigger gift while the donor receives a tax deduction for the full value of the gift. This strategy of giving appreciated, publically traded stock works well during one's lifetime because it helps an individual avoid taxes on appreciated assets.

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# Weight Loss Ideas

Until December 31, 2012, individuals can give away up to \$5 million dollars and not pay a gift tax. For individuals with a significant net worth, inheritance tax is payable at the rate of 35 percent upon an individual's death for assets in excess of \$5 million dollars. Making a charitable gift during one's lifetime can avoid this inheritance tax. As of January 1, 2013, the inheritance tax is scheduled to become payable on assets held by individuals in excess of \$1 million dollars at the time of their death. If this law goes into effect, a charitable gift during one's lifetime, or upon one's death, can help avoid the impact of those inheritance taxes.

There are many ways an individual can make a lasting gift to a charity. Benefits abound for both the donor and the charity. Consider the Genesee County Medical Society Foundation as part of your estate plan.

If you have further questions or would like to consider Legacy Gift Giving as part of your estate plan or for other reasons, please feel free to contact the author at (810) 232-3141 or tknecht@ccglawyers.com.

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## LEGISLATION

It is going to be an eventful year. It is important to get involved for the benefit of patients and the medical community. Some of the concerns are severe cuts in Medicare, scope of practice, reimbursement rates, access to care, managed care issues and tort reform to name a few. We truly can make a difference. Please use the MSMS.ORG Action Center and show your support regarding issues important to the Medical Society. They have prewritten letters or you may write your own and then click and your voice is heard. There will be events planned so please watch for information in the newsletter, website or email.

*Beth Schumacher*  
*Legislative Chair GCMSA*

a while. The fellow that I have been working with has been remarkably sensitive to my physical shortcomings and has found ways around them. A lifetime of self destructive athletic activities has rendered me incapable of doing certain things that I would normally try to do. It would be a superb investment to sit down with somebody who knows what they are doing, to help you work through the process of ramping up physical activity for the purpose of weight loss and really getting in shape. It has made a huge difference for me. Every time that I think that I have achieved great things, my son Evan and trainer, Matt, move me to the next level.

The most important element of weight loss and the pursuit of getting in shape, is having support systems in place. For me they have been absolutely essential. Those who attended the recent lecture by Deepak Chopra, MD know that there are many factors associated with improving lifestyles; perhaps one of the most important is the support systems that one has in place.

Don't underestimate them, or feel weak for seeking support. You will be better off for it.

Alliance members who wish to have support systems instantly in place should know that the Butterfly group meets on a regular basis. If physicians would be interested in forming a support group, that could be arranged as well.

Thanks to everyone who supported me.



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**HURLEY MEDICAL CENTER, INSTITUTE FOR CME, PRESENTS:**

*“Cutaneous Manifestations of Systemic Diseases”*

9/21/11, 5-6:30 pm  
 Holiday Inn Gateway Center









*“Lyme Disease: Dilemmas of Diagnosis and Treatment”*

9/28/11, 5:30-7:30 pm  
 Holiday Inn Gateway Center

These activities have been approved for AMA PRA Category I Credit™. To register, please call 1.888.611.4462.

There are no tuition fees for these activities.



-  GCMS continues to perform at an elite level while maintaining a four-day work week
-  GCMS continued to build relationships with General Motors staff
-  GCMS Peer Review Committee reviewed complaint
-  GCMS and GCMSA working together, completed plans for 11/19/2011 Presidents' Ball
-  GCMS working with the Greater Flint Health Coalition finalized plans for major prevention efforts within Genesee County with a commitment from GCMS committees and Board to participate consistently in the process
-  GCMS and MSMS are working to maintain their extraordinarily high membership level
-  GCMS continues to convene practice managers to discuss issues of general importance to medical practices
-  GCMS and GCMS Alliance member continue to support political candidates

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Genesee County Medical Society  
Dinner Business Meeting  
***SEPTEMBER 1, 2011***

A Town Hall Meeting On  
**Meaningful Use, MSMS Connect,  
and a Touch of HIPAA 5010  
(the very latest and greatest)**

**FLINT GOLF CLUB**  
3100 Lakewood Dr., Flint, MI 48507  
6 p.m. Registration and Social Hour

Call Marcia at 810-733-9923 for more information.

### 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.*

# Legislative Liaison Discusses Budget

In early June the GCMS Legislative Liaison Committee met with John Gleason, State Senator, Richard Malone of Congressman Kildee's staff, and Eric Gregg from the staff of Representative Paul Scott. The purpose of the meeting was to receive an update on tax and budget issues as well as pending legislation. Andrew Schepers of the Michigan State Medical Society staff as well as Senator Gleason chimed in on the budget issues. It was noted that the SBT (single business tax) has been repealed, which should benefit private practices. A 1 percent claims tax has been proposed. It is designed to have insurance companies and health maintenance organizations pay 1 percent on their total claims as a tax. Funds from this tax will be used for the Department of Community Health Budget. The overall state budget has passed.

The Auto No-Fault-PIP reform legislation has been reintroduced. The Committee expressed concern about the minimum levels of medical coverage which might be allowed under this legislation. The repeal of the Michigan Motorcycle Helmet Law has also been reintroduced. There is real concern that this might pass.

MSMS is developing guidelines for how the doctor-patient relationship should function under the Michigan Medical Marijuana laws.

Physical Therapy Scope of Practice Legislation has also been reintroduced. It is not expected to pass.

The next meeting will be in September for the entire Legislative Delegation. A session during the summer with Congressman Dale Kildee will be scheduled.



GCMS/MSMS  
NEW MEMBER APPLICATIONS

*New Members*

**Michael J. Danic, DO**

Anesthesiology

2432 Genesys Pkwy.

Grand Blanc, MI 48439

Ph: (810) 606-6499

Fax: (810) 606-7245

Dr. Danic received his medical degree from Michigan State University College of Osteopathic Medicine in 2003.

He completed his residency at Henry Ford Hospital in 2007. Dr. Danic is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

**SAVE THE DATES**

**November 19  
Presidents' Ball @ Riverfront**

**September 1  
Dinner Business Meeting on  
Meaningful Use  
@ Flint Golf Club**

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




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# 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:



*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)*



**SPACE IS LIMITED – RSVP TODAY!**

I will be attending the September 21<sup>st</sup> 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](mailto:gfhc@flint.org)

Please visit our website at [www.gfhc.org](http://www.gfhc.org)

# Genesee County Medical Society Board of Directors Meeting

May 24, 2011 - MINUTES

**Motion:**

That the Finance Committee revisit what to do with funds raised and consider what to do with the temporary staff cuts in place to date beginning with the start of the fiscal year. The Motion Carried.

**Motion:**

That the Budget to Actual Report for the period ending April 30, 2011 be approved as presented. The Motion Carried.

**Motion:**

That the following requests for membership be approved:

*Requesting Membership:*

Dirk Snyder, MD – FP - Atherton Rd.

*Requesting Reinstatement:*

Robert Bouvier, Jr., MD

*Requesting Dues Exempt:*

Byron Schoolfield, MD

*Requesting Part-time for One Year:*

Badar Ahmed, MD

The Motion Carried.

**Motion:**

Dr. S. Bobby Mukkamala suggested a \$100 dues increase which could be offset by working five new hours of Community Service. The Motion was Tabled.

**Motion:**

That Dr. Raymond Rudoni has been nominated President-Elect. The Motion Carried.

**Motion:**

That Drs. Michael Jaggi, and Suresh Anné be moved from Delegate to Alternate Delegate. The Motion Carried.

**Motion:**

That Dr. Laura Carravallah be moved to Delegate to replace Dr. Michael Jaggi. The Motion Carried.

**Motion:**

That Dr. Mona Hardas be moved to Delegate to replace Dr. Anné. The Motion Carried.

**Motion:**

That Drs. Jagdish Shah, Michael Boucree, Tarik Wasfie, Shafi Ahmed, Ray Rudoni, Paul Lazar be renominated as Delegates. The Motion Carried.

**Motion:**

That Drs. Robert Soderstrom, Peter Thoms, Rima Jibaly, Samasandrapalya Kiran, Nita Kulkarni, AppaRao Mukkamala, Gerald Natzke, Suresh Anné, and Michael Jaggi be nominated and renominated as Alternate Delegates. The Motion Carried.

**Motion:**

That Drs. Niketa Dani, Brenda Rogers-Grays, Venu Vadlamudi, and Farhan Khan be nominated for the first time as Alternate Delegates. The Motion Carried.

**Motion:**

That Dr. Shafi Ahmed be renominated as Treasurer of the Genesee County Medical Society. The Motion Carried.

**Motion:**

That the entire slate of International Medical Graduates be renominated with the addition of Dr. Vijay Naraparaju. The Motion Carried.

**Motion:**

That Dr. Janice Reynolds be nominated as Delegate to the MSMS Young Physicians Section and that Dr. Sunita Tummala be renominated as Alternate Delegate to the MSMS Young Physicians Section. The Motion Carried.

**Motion:**

That Dr. Deborah Duncan be nominated to replace Dr. Hesham Gayar to the Finance Committee due to his wish to withdraw from that position. The Motion Carried.

**Motion:**

That Dr. John Waters be renominated to the Finance Committee. The Motion Carried.

**Motion:**

That Dr. Billie Lewis be nominated President for a Day of the Genesee County Medical Society. The Motion Carried.

**Motion:**

That Dr. James Martin be nominated for the Presidential Citation for Lifetime Community Service. The Motion Carried.

**Motion:**

That the Board recess for the month of July and consider recessing for the month of August as that date becomes closer. The Motion Carried.

## *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**

*The Following: SLATE OF NOMINEES FOR GCMS OFFICES 2011-2012, was presented to the Board of Directors on June 28 for approval and published for members review in the August Bulletin:*

PRESIDENT-ELECT: Raymond Rudoni, MD

TREASURER: Shafi Ahmed, MD

DELEGATES:

Laura Carravallah, MD  
Michael Boucree, MD  
Raymond Rudoni, MD

Mona Hardas, MD  
Tarik Wasfie, MD  
Paul Lazar, MD

Jagdish Shah, MD  
Shafi Ahmed, MD

ALTERNATE DELEGATES:

Michael Jaggi, DO  
Peter Thoms, MD  
Nita Kulkarni, MD  
Niketa Dani, MD

Suresh Anné, MD  
Rima Jibaly, MD  
AppaRao Mukkamala, MD  
Brenda Rogers-Grays, MD

Robert Soderstrom, MD  
Samasandrapalya Kiran, MD  
Gerald Natzke, DO

FINANCE COMMITTEE:

Deborah Duncan, MD

John Waters, MD

INTERNATIONAL MEDICAL GRADUATES DELEGATION:

Shafi Ahmed, MD  
Qazi Azher, MD  
Edward Christy, MD  
Ayman Haidar, MD  
Rima Jibaly, MD  
Sreen Mannam, MD  
George Predeteanu, MD  
Jawad Shah, MD  
Sania Zainuddin, MD

Abd Alghanem, MD  
Amitabha Banerjee, MD  
Hytham Fadl, MD  
Mona Hardas, MD  
Sunil Kaushal, MD  
AppaRao Mukkamala, MD  
Venkat Rao, MD  
Hemant Thawani, MD  
Vijay Naraparaju, MD

Sarah Ali, MD  
Rao Botta, MD  
Hesham Gayar, MD  
Asif Ishaque, MD  
S. Kiran, MD  
Sayed Osama, MD  
Jagdish Shah, MD  
Tarik Wasfie, MD

YOUNG PHYSICIANS SECTION:

Janice Reynolds, MD – Delegate Sunita Tummala, MD – Alternate Delegate

PRESIDENT FOR A DAY:

Billie Lewis, MD

PRESIDENTIAL CITATION FOR LIFETIME COMMUNITY SERVICE:

James Martin, MD



## HAPPY BIRTHDAY DOCTOR

Scott Plensdorf	1	Anup Sud	13	Khalid Latif	20
John Schultz	2	Mohammed Saleem	14	Liza Weathersby	22
Hossam Hafez	2	Robert James	14	Kashif Khan	23
Harvey Olds	3	Deborah Duncan	15	Bharat Mehta	24
Christopher Sweet	4	Ayman Tadros	15	Marcos Machado	24
Venkat Rao	5	Carlos Petrozzi	16	Gary Johnson, MPH	26
Brian Nolan	6	Larry Young	16	D V Pasupuleti	27
Paul Musson	8	Rebecca Baumbach	16	Michael Kirby	28
Zouheir Fares	8	Iqbal Allarakhia	17	Orlando Filos	29
Kimberly Pummill	8	Cathy Blight	17	Jack Portney	29
James Forshee	10	Kevin Bur	17	Julian Moore	30
Sreenivas Mannam	10	Fidel Seneris	18	Douglas Iddings	30
Frazer Wadenstorer	12	Lavanya Cherukuri	19	Lisa Guyot	31
Edward Christy	13	Cheng Yang Chang	20		

AUGUST

## 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.

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### 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.**

### **ATTENTION CHANGES FOR THE ROSTER**

**Ahmad Abdel-Halim, MD  
& M. Loay Alasbahi, MD**  
G1071 N. Ballenger Hwy., Ste. 206  
Flint, MI 48532  
Ph: (810) 234-1651  
Fax: (810) 234-5959

## 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.

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

## PRACTICE MANAGERS MEET WITH HEALTHPLUS

In June, the Practice Managers Group met with Diane Bradford, Janis Collin, Peg O'Neil and Madonna Lumsden of HealthPlus staff to discuss what is new at HealthPlus, as well as concerns about referrals and prior authorizations. A lively and productive interchange ensued in which HealthPlus staff was able to inform the assembled Practice Managers as to what is coming from HealthPlus in an effort to simplify administrative issues. The Practice Managers were able to respond with ideas on how to simplify. There will be no Practice Managers meeting in July. The August meeting will revolve around Genesee Health Plan.





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

**State and County Medical Society  
Membership Application**

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



**Please PRINT or TYPE**

FULL NAME \_\_\_\_\_ MD or DO (Circle One)  
Last First Middle Initial

HOME ADDRESS, CITY & ZIP \_\_\_\_\_  
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP \_\_\_\_\_  
Area Code & Telephone Number

PRACTICE NAME \_\_\_\_\_  
Office Fax Number

EMAIL ADDRESS \_\_\_\_\_ For mailing, please use (check one):  Office address  Home address

**BIOGRAPHICAL DATA** Sex:  Male  Female Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Maiden Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Government Service (check one):  Military  National Health Service Beginning Date \_\_\_\_\_ Completion Date \_\_\_\_\_

**EDUCATION (please complete or attach CV)**

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED	
			Beginning	Ending
College/University _____	_____	_____	_____	_____
Medical School _____	_____	_____	_____	_____

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE
_____	_____	_____
_____	_____	_____

License: MI # \_\_\_\_\_ Date Issued \_\_\_\_\_ ECFMG # \_\_\_\_\_

License held in other states/countries (list states or countries) \_\_\_\_\_

**PROFESSIONAL DATA**

Present Type of Practice (check appropriately):

OFFICE BASED:  Solo  Hospital Based  Teaching  Research  Government  
 Group Practice Name \_\_\_\_\_  Other (specify) \_\_\_\_\_

Specialty(ies) \_\_\_\_\_

Board Certifications (list specialties & dates) \_\_\_\_\_

Present Hospital Appointments (list dates) \_\_\_\_\_

Practice History \_\_\_\_\_

Previous Medical Society Membership (list dates) \_\_\_\_\_

Specialty Society Memberships \_\_\_\_\_

Within the last five years, have you been convicted of a felony crime?.....  Yes  No If YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?.....  Yes  No If YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?.....  Yes  No If YES, please provide full information.

I agree to support the GENESEE COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



**SEPTEMBER 1, 2011**

A Town Hall Meeting On

## Meaningful Use, MSMS Connect, and a Touch of HIPAA 5010 (the very latest and greatest)

**Dara Barrera, Membership and Business Development Consultant, and Stacey P. Hettiger, Manager, Health Care Delivery, (both of MSMS) will be our speakers for the evening.**



*There are several issues that all physicians need to be up to speed on. These issues include Meaningful Use as defined by the Medicare Program, MSMS Connect (which is a portal developed by MSMS), and HIPAA 5010 which involves a critical software upgrade that physicians need to be aware of.*



All members and their guests are encouraged to attend.

This meeting is open to all physicians, their spouses and family members, members, non-members of GCMS, GCMSA and interested other professionals.

\$30 pp - (actual cost of the dinner) GCMS Members, Spouses and Practice Managers

\$20 pp - Hospital Residents and Students

\$50 - Non-Members and Non-Member Practice Managers

***Reservations required by August 29, 2011.***

### **FLINT GOLF CLUB**

3100 Lakewood Dr., Flint, MI 48507

6 p.m. Registration and Social Hour

6:30 p.m. Dinner

7 p.m. Meeting

7:15 p.m. Presentations

***Please mail check with reservations to:***

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4438 Oak Bridge Dr., Ste. B, Flint, MI 48532

Call Marcia at 810-733-9923 for more information.

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