

# THE Bulletin

AUGUST 2012 Volume 88, Number 8

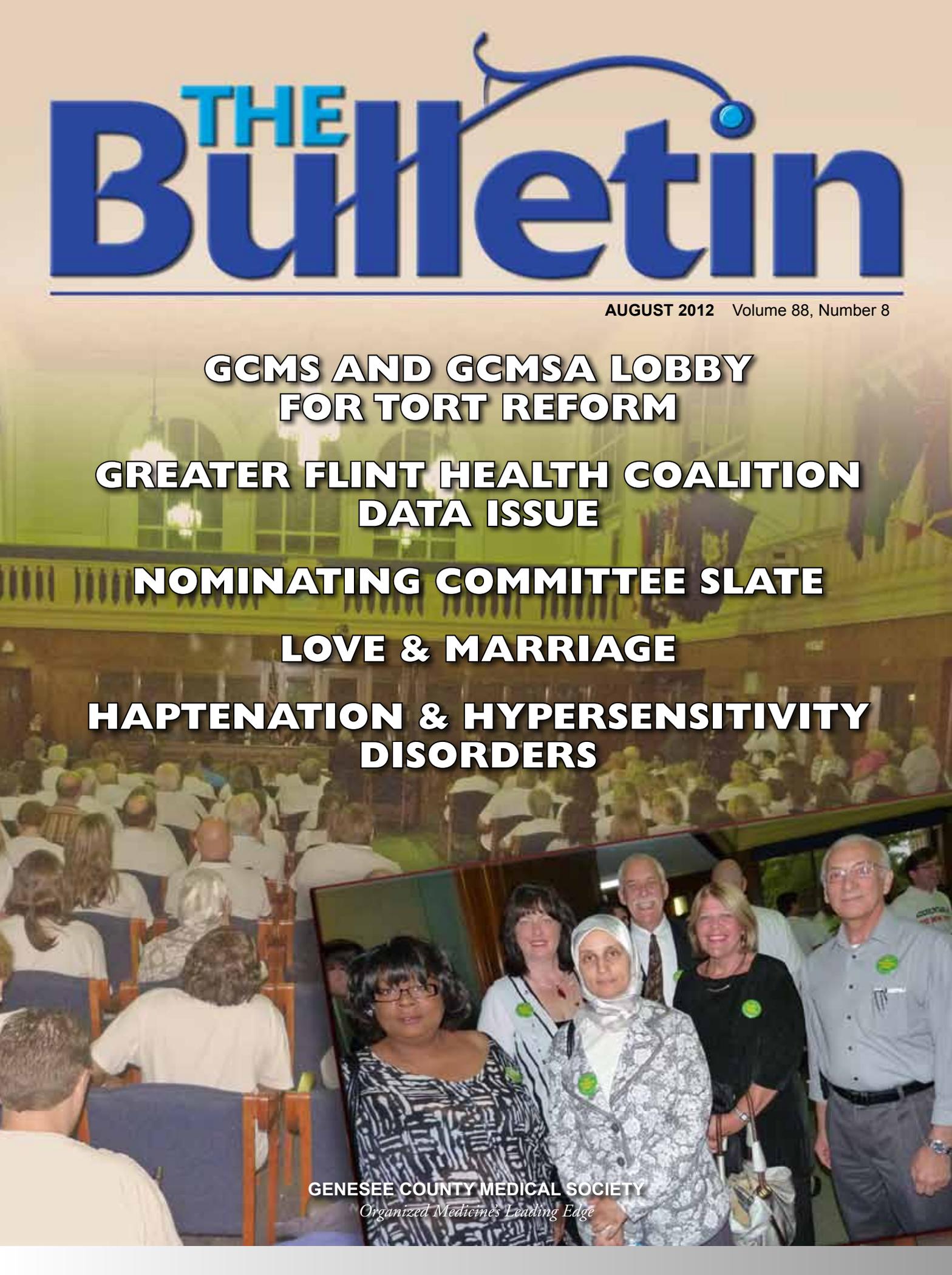
**GCMS AND GCMSA LOBBY  
FOR TORT REFORM**

**GREATER FLINT HEALTH COALITION  
DATA ISSUE**

**NOMINATING COMMITTEE SLATE**

**LOVE & MARRIAGE**

**HAPTENATION & HYPERSENSITIVITY  
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# THE Bulletin

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### 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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# TIME TO ROLL UP OUR SLEEVES TO SHAPE THE PPACA

This past month, the Supreme Court ruled that the Patient Protection and Affordable Care Act (PPACA) is constitutional. This is a huge milestone in health care reform and it will have broad implications for everyone involved in health care – that is, every citizen in the United States.

This law is not what any one of us had hoped.

From my perspective, I was very disappointed that we did not enact a single-payer system. The PPACA is unlikely to save us any money – the nonpartisan Congressional Budget Office (CBO) says that the only current model that will actually save money is a single-payer system. Despite the creative accounting of its proponents, most of its savings are purported to be realized through screening (which saves lives, but not money) and elimination of “fraud and abuse.” While I believe that there is a lot of inefficiency in our system, most of this does not fall into the abuse category, but more into lack of coordination and communication, spiraling drug costs, and fear of a legal malpractice system gone wild. The PPACA does not fix these problems at this time.

In fact, through the PPACA we still have a patchwork quilt of a system – discoordinated even for the most affluent, and threadbare in the places where many living in poverty get their care. I practice in one of those thin spots and despite the best efforts of those of us who work there, many patients still have delays and inefficiencies in care that likely adversely affect their health. Certainly, the socioeconomic disparity in health status in the vast majority of indicators is not decreasing. In this county we have tried to weave in protections in some of those gaps through the Genesee Health Plan (GHP), our county-funded-not-actually-insurance program for the poor. In everyday life, we health care professionals often decry its minimal coverage and



*Laura A. Carravallab, MD*

bemoan the things it doesn't cover, but for the last 10 years GHP has in fact been the only thing that stood between sickness or death for more than 60,000 of our friends and neighbors in Genesee County. And this program must be renewed this November (and future Novembers) in the face of strident anti-tax rhetoric by people who do not understand what it is like to be sick without any assurance of care.

Additionally, and of great concern to most physicians, many of the regulations that will determine the actual rules under which we must practice have not

yet been written. Further, many are worried about the unelected 15-member Independent Payment Advisory Board (IPAB), which will significantly shape methods to reduce costs if Medicare goes over budget.

No, the PPACA is not perfect, but it is the only program we have been able to enact in this fractured political environment.

However, while we are working through our organized medicine societies to positively influence the outcomes many American people, both opponents and proponents, are enjoying some important and lifesaving benefits:

- Young adults younger than 26 years old can now be covered on their parents' insurance
- There is no “donut hole” gap between usual and catastrophic coverage in Medicare
- People can no longer be denied insurance because of a pre-existing condition, or because they become ill
- There is no lifetime limit on insurance coverage
- Many more indigent adults and children who were previously uninsured can be covered by Medicaid

Health system reform is a work in progress, and we must all be involved in the large and small details of implementing the PPACA. It's time to stop fighting this old battle, roll up our sleeves and get to work.



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# TO SCREEN OR NOT TO SCREEN; THAT IS THE QUESTION

*Technology is a queer thing. It brings you great gifts with one hand, and it stabs you in the back with the other. – C.P. Snow (1905 - 1980)*

A routine and critical aspect of most physicians' practices, especially in primary care practices, is ordering screening tests and procedures to evaluate for factors associated with a multitude of diseases, both common and uncommon. A majority of screenings are done to detect cancers that may be asymptomatic until very advanced stages of disease. Recently, a task force comprising nine major medical specialty groups published a list of 45 tests and procedures that often provide no established benefit and can often be harmful to patients. Included in this list, for example, is CT scanning for simple headache and X-rays for lower back pain. Many screening exams are oversold as to their usefulness while negative aspects are downplayed.

No screening test can be 100% accurate. A good screening test should result in a decrease in morbidity and mortality through early disease detection. The thinking is that early detection results in less harmful treatment and more rapid recovery because a stitch in time saves nine. Many patients request screening tests in an attempt to eliminate their anxiety about the presence of a particular disease. However, risks of regular screening include false positive results that can lead to more testing and procedures to search for a problem that does not exist, not to mention the stress and worry associated with a diagnosis of cancer. False negative results can lull the patient and physician into a false sense of security and ignoring signs and symptoms of an active disease process causing delay in diagnosis and treatment. Over-diagnosis - the detection of disease that will never cause significant harm - is possibly the most important negative aspect of screening. Some cancers progress so slowly that the person will likely die of some unrelated cause first. Most people diagnosed with cancer will seek treatment including surgery, radiation, and chemotherapy. Over-diagnosis turns people into



*Daniel Ryan, MD*

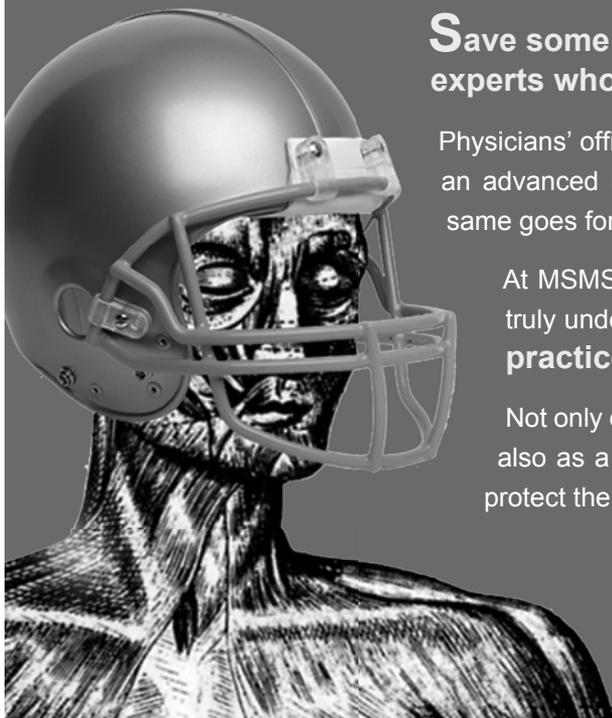
patients unnecessarily.

One might assume that if enough screening tests are done often enough, cancer deaths can be eliminated. However, just finding cancer is not always enough. Treatment has to be effective to reduce the number of cancer deaths. Also, treatment must work better when started earlier. But some cancers, such as testicular cancer, respond to treatment no matter what stage they are detected and, therefore, there is no particular rationale for regular screening. Also, some of the most aggressive and deadly cancers are not detected by screening or they may arise between screenings.

The above-mentioned task force concluded that prostate specific antigen (PSA) testing for prostate cancer is one of the screening tests that results in more harm than good. The European Randomized Study of Screening for Prostate Cancer (ERSPC) concluded that 1,400 men would need to be screened and of those 1,400, 50 would need to undergo treatment in order to prevent one death from prostate cancer during the ensuing 10 years. In a U.S. study, the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO), investigators reported no overall benefit in reduction in rates of death from prostate cancer by routine PSA testing.

A screening test should be done only if it is likely to change patient treatment. The decision to initiate a screening program depends on the availability of appropriate screening and diagnostic tests and their associated costs, the prevalence and prognosis of the disease, the availability of effective treatment, and the potential for the testing to cause harm. Patient and doctor need to be informed of the risks and benefits of routine screening. And patients need to know that sometimes it is okay to say no to screening.

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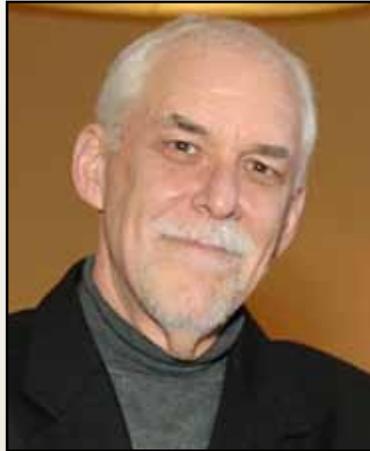


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## DATA ABOUNDS

This issue of *the Bulletin* will focus on this community's health data. It is provided by the Greater Flint Health Coalition. This is the type of data that is being used by all of the involved organizations to make decisions about how to proceed with improving the health of Genesee County. There is no question that improving the health of this community is what we need to do to advance business, attract new inhabitants, and to assure future access to care. A lot of effort went into producing this data, and there is plenty more for those who are interested.



*Peter Levine, MPH*

The recent Supreme Court decision upholding the entire Patient Protection and Affordable Care Act now means moving forward. Everyone knows the field of play but not its details. It will effect some of us individually, some of us professionally, some of us as employers, and some of us in every way.

There will be lots of information coming from the AMA, the Michigan State Medical Society, and the Genesee County Medical Society regarding how this process is shaping up. Rest assured that a lot of effort will be exerted to make sure this process is rational. But it is moving forward, and it will lead to change. It will be incumbent upon all of us to pay close attention for the future of medicine, the future of individual practices, the future of health systems, and the future of patients.

Unfortunately, as I am writing this, the tort reforms which were introduced into the legislature by the Michigan State Medical Society have not passed. I hope that by the time this article is published, the legislature will have seen the light and gotten done what should have been done 20 years ago in terms of protecting patients' interests. At a time when it is so difficult to attract physicians to this state, and

even more difficult to attract them to this community, passage of tort reforms would be most helpful. It is almost comical listening to the trial attorneys complain that the proposed tort reforms would eliminate the ability to sue. More accurately stated it would apply the same standards to physicians as are applied to attorneys now. It must be good policy or its attorneys would insist on changing its laws relating to attorney malpractice.

Enjoy August, and don't forget to come to our Dinner Business Meeting on September 6, 2012 which will revolve around the upcoming elections.

### *GCMS Supports Genesee Health Plan Millage*



On June 20, 2012, the Genesee Health Plan kicked off its millage renewal campaign. Dr. Laura Carravallah, GCMS President, spoke on behalf of the Medical Society at the press conference, and answered questions from the press. The GCMS Board of Directors supports the renewal of the Genesee Health Plan millage on behalf of its patients and the community at large, and hopes that all of its members and their families do so as well.

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# TORT REFORM AND PPACA!

Hello Everyone,

In the past few weeks I have had a privilege that is rare today in medicine. I felt that we as organized medicine were on the offense. Instead of reacting to one of the many challenges that come our way in practice, I had the opportunity to be in the discussions about one of our major offensive plays: tort reform legislation.

Since I have been in practice we have always had the tort reforms that were so passionately fought for in the early 90s. I never had to march to Lansing to prove to our legislators that we were truly in crisis. That was done on my behalf by those of you that came before me.

Slowly over the past decade, the various components of the laws that have been so important to us have been eroded.

Now we have an opportunity to shore them up again. This would be accomplished via the legislation that is currently in process in Lansing.

In the states that surround us we can easily see what happens when tort reform gets reversed. Frivolous claims increase. Experts who are not experts at



**S. Bobby Mukkamala, MD**  
*District VI Director*

all, turn the courtroom into theater.

So keep your eyes open for the emails that relate to this important legislation. Your state and county societies will not take their eyes off this one because it is so important to ensuring that we continue to practice in this favorable climate.

And, there was something else that happened recently . . . what was . . . hmm . . .

Oh yeah! The SCOTUS (Supreme Court of the United States) upheld the PPACA as constitutional.

So now it's time to CONTINUE to watch for each phase of this landmark legislation as it rolls out, ever keeping in mind that nothing about it which is faulty is unfixable (pardon the double negative).

We have plenty of voice and leverage through organized medicine to fix those aspects that we don't like. Enjoy the rest of summer!

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



## *Announcement*

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**Genesee County Medical Society  
and Genesee County Medical Society Alliance  
General Membership Meeting  
Thursday, September 6, 2012**

A Town Hall Meeting on

**The November State and National Elections  
and the Impact on the Accountable Care Act**



Our faculty for this fascinating session will include Joshua Richmond, Director of Membership and Political Fundraising at the Michigan State Medical Society. Mr. Richmond is in charge of grassroots political development, and is intimately familiar with Genesee County due to his years serving as MSMS's Member Services Representative here.

This upcoming election has many hotly contested races at the state and federal level, which could potentially result in party power shifts, as well as some new names and faces coming on the scene. This will be an opportunity to hear firsthand about this major event which may shape the future of medicine. Candidates for office will also be invited to attend to mingle with the audience. Do not miss this tremendous opportunity. Feel free to bring members of your family and staff.

**All physicians, spouses, and family members of GCMS and GCMSA  
and interested other professionals are invited.**

**\$35.00 GCMS Members, Spouses and their Practice Managers**

**\$25.00 Residents and Students**

**\$55.00 Non-Members and Non-Member Practice Managers**

**Reservations required by August 30, 2012**

**Flint Golf Club**

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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:

Genesee County Medical Society

4438 Oak Bridge Dr., Ste. B

Flint, MI 48532

Call or email Becky at (810) 733-9923 or [bdoty@gcms.org](mailto:bdoty@gcms.org) for more information.

***The Following SLATE OF NOMINEES FOR GCMS OFFICES  
2012-2013 was presented to the Board of Directors on June 26 for  
approval and is published for members' review in the August Bulletin:***

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Michael Kia, DO - Alternate Delegate

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S. Bobby Mukkamala, MD

# GCMS/MSMS ARGUE FOR TORT REFORM

View the slide show at  
<http://msms.phanfare.com/5678243>.



On July 18 a Genesee County delegation of six drove to Lansing for a five-hour hearing on the Senate Bills which would improve the medical liability environment in Michigan. The hearing room was packed, mostly by trial attorneys who were opposing the legislation. Hopefully, by the time this article is published both houses will have passed the set of bills and the governor has signed them. Genesee County individuals in attendance included: Gary Paavola, Business Manager of Michigan Vascular, Drs. Dennis Pank and Rima Jibaly, Velynda Makhene, Beth Schumacher and Pete Levine.



## GCMS MEETINGS

– AUGUST 2012 –

8/1, 7:30 a.m. - Bulletin Committee @ GCMS

Recessed, 8 a.m. - Legislative Liaison @ GCMS

8/8, 12 noon - Ball Committee @ GCMS

8/20, 8 a.m. - Washington Update with Congressman Dale Kildee @ GCMS

8/20, 12 noon - Membership Committee @ GCMS

8/22, 12:30 p.m. - Community & Environmental Health Committee @ GCMS

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

8/28, 5:15 p.m. - Finance Committee @ GCMS

8/28, 6 p.m. - GCMS Board of Directors @ GCMS

**MARK YOUR  
CALENDAR**  
President's  
Ball on 12/1!

# Data on the Factors Affecting the Health Outcomes of Genesee County

By Kirk Smith, President & CEO, Greater Flint Health Coalition



This month the Genesee County Medical Society staff has asked the Greater Flint Health Coalition to provide a presentation of high-level community health and health care data to readers of *The Bulletin*.

As many of you may know, the Greater Flint Health Coalition (GFHC) is Genesee County's established neutral entity for collaborative health status and health care improvement efforts. For more than the last decade, one of the multi-sector committees convened by the GFHC is our Data Review Subcommittee. The Data Review Subcommittee's main charge is to facilitate the annual collection and monitoring of a broad set of community health and health care service/utilization data, and in turn to analyze that data sets' major trends to inform GFHC leadership on the Cost & Resource Planning Committee and Board of Directors. This data drives GFHC activities and decision-making in all areas of program development and resource allocation.

The diversity of membership and a willingness to work collaboratively is the strength of the Data Review Subcommittee process for anyone who has ever had the pleasure to participate or observe. Specifically, membership and subcommittee collaborative partners include Genesee County's three hospitals (Genesys Health System, Hurley Medical Center, and McLaren-Flint), the area's major payers (Blue Cross Blue Shield of Michigan, Blue Care Network, HealthPlus of Michigan, McLaren Health Plan, and Genesee Health Plan), Genesee County Health Department, Genesee County Community Mental Health, Hamilton Community Health Network, Mott Children's Health Center, the United Auto Workers, and of course, the Genesee County Medical Society and Genesee County Osteopathic Society. It is designated staff from each of these organizations that make the Data Review Subcommittee's management of the GFHC's Community Data Scorecard possible.

The presentation of data in this issue of *The Bulletin* is focused on the concept that the health status of a community is based on a number of factors affecting health. While often the point of emphasis in the general community is on access and quality (both of which are indeed of critical importance), the data review process is very cognizant that in this community factors such as health behaviors, social and environmental determinants, and genetics also each play major roles in determining the health of an individual as well as a population. While this is just a very small sample of the data collected to drive GFHC activities each and every year, we hope you will find this informative. For more information on the GFHC and our collective impact activities, visit <http://www.gfhc.org>.

## THE FACTORS AFFECTING HEALTH IN GENESEE COUNTY

The Community Data Scorecard is a collaborative project of the Greater Flint Health Coalition's Data Review Subcommittee designed to measure ongoing changes and impacts on the healthcare delivery system as well as the health status of the population in Genesee County and the City of Flint. This is an outgrowth of the Greater Flint Health Coalition's 2010 Health Care Impact Study, and an ongoing initiative updated annually by the Greater Flint Health Coalition's collaborative partners.

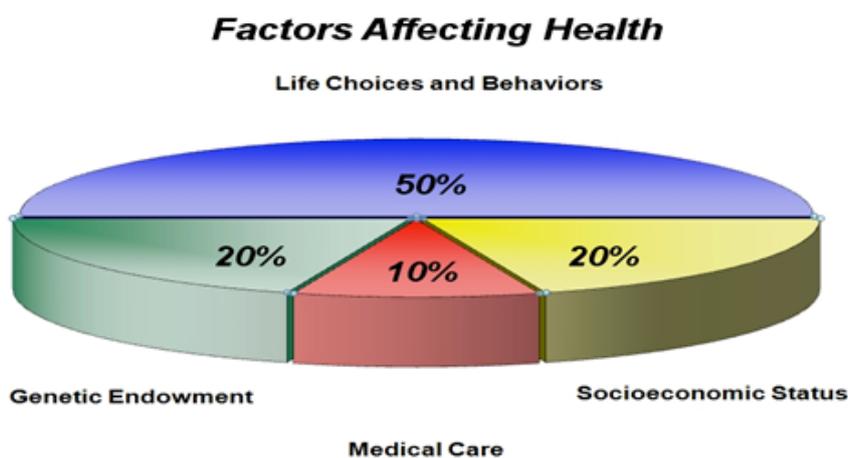


Consisting of a total of 265 different indicators across a variety of categories and factors influencing health, the GFHC's Community Data Scorecard features metrics including (but not limited to) the following:

- Population, Socio-economic, and Economic Status;
- County Health Status Measures;
- County Health Rankings compared across the State of Michigan;
- The Economic Impact of the Health Care System;
- Hospital Indicators;
- Physician/Provider Indicators;
- Safety-net and Government Providers;
- Commercial Health Insurer Indicators.

In this issue of *The Bulletin*, highlights from the 2012 GFHC Community Data Scorecard report are shared with a focus on the multitude of factors that affect the health outcomes of the community.

There is long-standing evidence and growing recognition that these factors that affect health outcomes are multi-factorial and complex, and each must be considered in preventive efforts as well as clinical care delivery. The following data excerpts from the GFHC's Community Data Scorecard present a combination of comparative, quantitative, and self-report metrics to allow for the formation of an increased understanding of what leads to health outcomes experienced in the community.



## COMPARATIVE DATA ON HEALTH OUTCOMES AND FACTORS

As published in the *County Health Rankings* provided by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute, Genesee County (Michigan) ranked 77 out of 82 in overall health outcomes and 75 out of 82 in health factors that include social and economic factors, the physical environment, health behaviors and clinical care. At a high level, this is where Genesee County ranks, comparatively, to the other counties in Michigan:

HEALTH INDICATOR	2010 RANKING	2012 RANKING
<b>OVERALL HEALTH OUTCOMES</b>	<b>78 of 82</b>	<b>77 of 82</b>
Morbidity	79 of 82	77 of 82
Mortality	73 of 82	73 of 82
<b>OVERALL HEALTH FACTORS</b>	<b>81 of 82</b>	<b>75 of 82</b>
Health Behaviors	82 of 82	77 of 82
Clinical Care	21 of 82	18 of 82
Social & Economic Factors	78 of 82	75 of 82
Physical Environment	75 of 82	67 of 82

A further breakdown of these comparative rankings is even more revealing:

HEALTH BEHAVIORS	77 of 82
Diet, Exercise, & Physical Activity	78 of 82
Tobacco Use	54 of 82
Alcohol Use	27 of 82
Unsafe Sexual Activity	80 of 82

SOCIAL & ECONOMIC FACTORS	75 of 82
Education	63 of 82
Employment	50 of 82
Income	69 of 82
Family & Social Support	80 of 82
Community Safety	80 of 82

CLINICAL CARE	18 of 82
Access to Care	6 of 82
Quality of Care	48 of 82

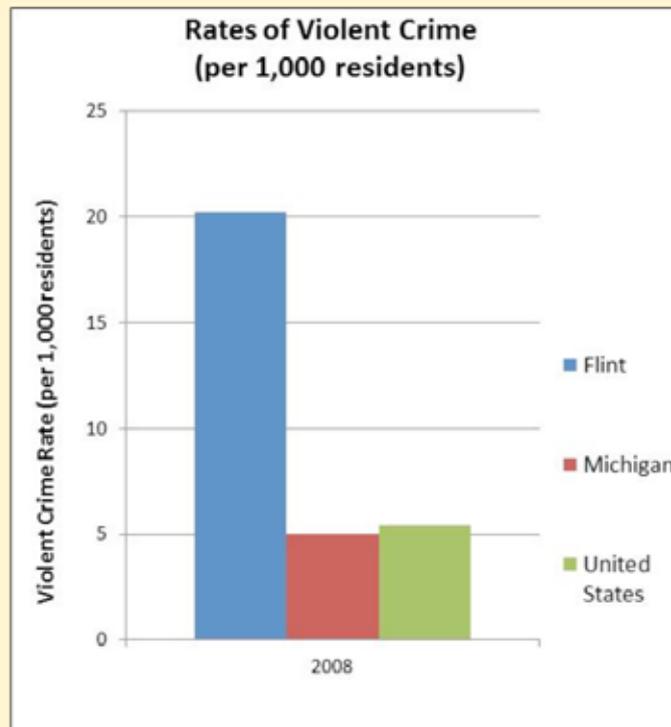
PHYSICAL ENVIRONMENT	67 of 82
Air Quality	50 of 82
Built Environment	75 of 82

## SOCIAL & ECONOMIC FACTORS

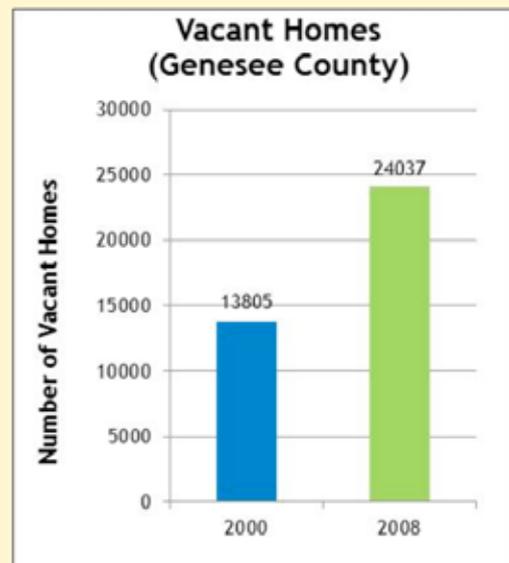
### *Crime and the Physical Environment*

The violent crime rate in the community remains significantly higher than the State and National averages. Perhaps contributing to these high crime rates is the number of vacant homes in Genesee County, which have increased 74% since 2000.

## CRIME RATES & HOUSING UNITS



Rates of violent crime are 400% higher than State and National Averages, while the number of vacant homes in Genesee County has risen nearly 50% since 2000

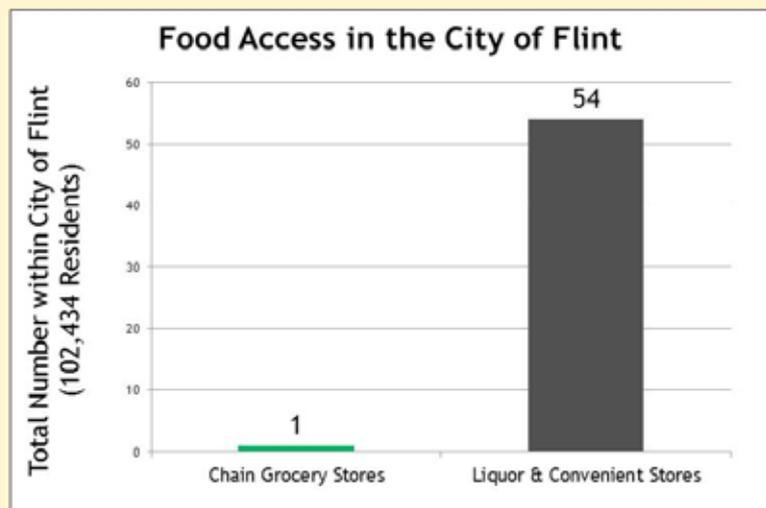


Source: US Department of Justice and American Community Survey

### *Food Access*

- Access to fresh, healthy foods is also an issue as many residents rely on liquor and convenient stores to purchase food and groceries.
- In the City of Flint, 102,434 residents have access to one established chain grocery store compared to 54 liquor and convenient stores within the city limits.

### *A look at the Physical Environment and Liquor Store Density*



Source: Food System Data Analysis completed by Michigan State University

## SOCIAL & ECONOMIC FACTORS

### **Poverty**

Poverty and unemployment, as well as underemployment continue to be significant barriers for many residents.



Source: US Census Bureau

**Children in poverty:** Percent of children under age 18 in poverty

National Benchmark*	Michigan	Genesee County
11%	19%	29.5%

Source: US Census Bureau

**Single-parent households:** Percent of children living in single parent headed households

National Benchmark*	Michigan	Genesee County
20%	32%	40%

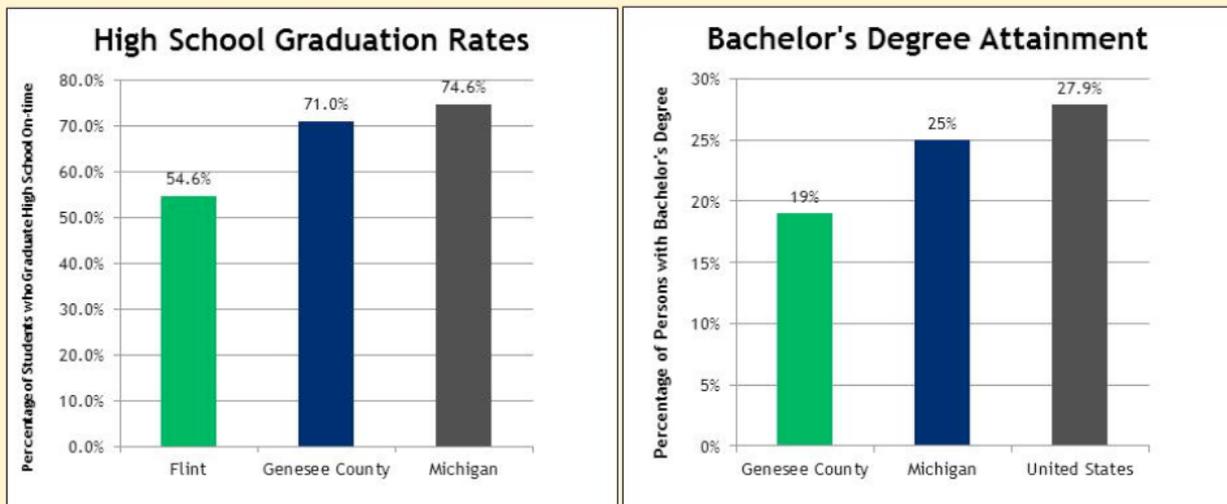
Source: American Community Survey

## SOCIAL & ECONOMIC FACTORS

### Education

Genesee County's educational attainment, both at high school and collegiate levels, is significantly lower than the State of Michigan and the United States while the high school graduation rates for Flint schools are 20% below the State average.

## EDUCATION

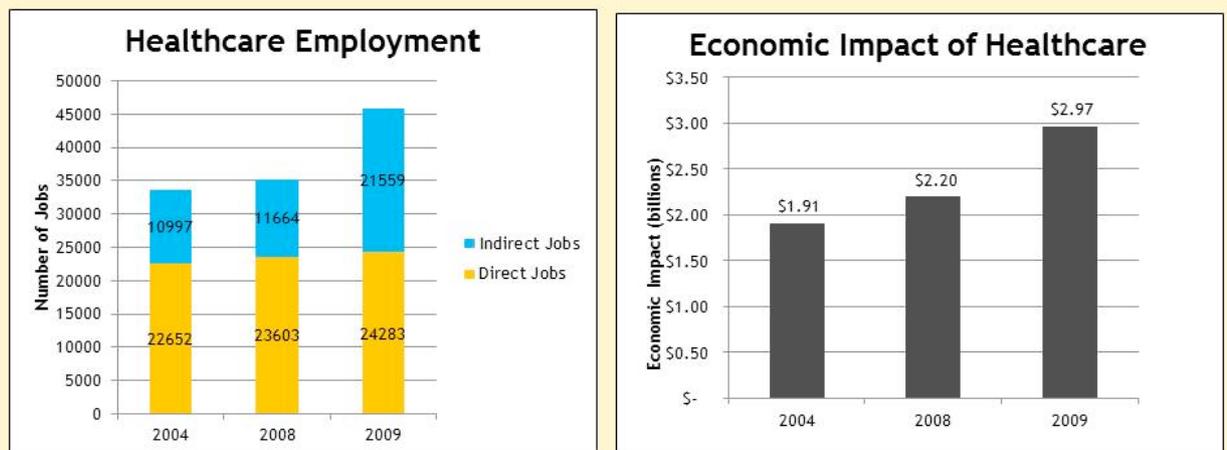


Source: American Community Survey

### Healthcare Economic Impact

In Genesee County, healthcare is an industry of economic growth and strength.

## HEALTHCARE ECONOMIC IMPACT

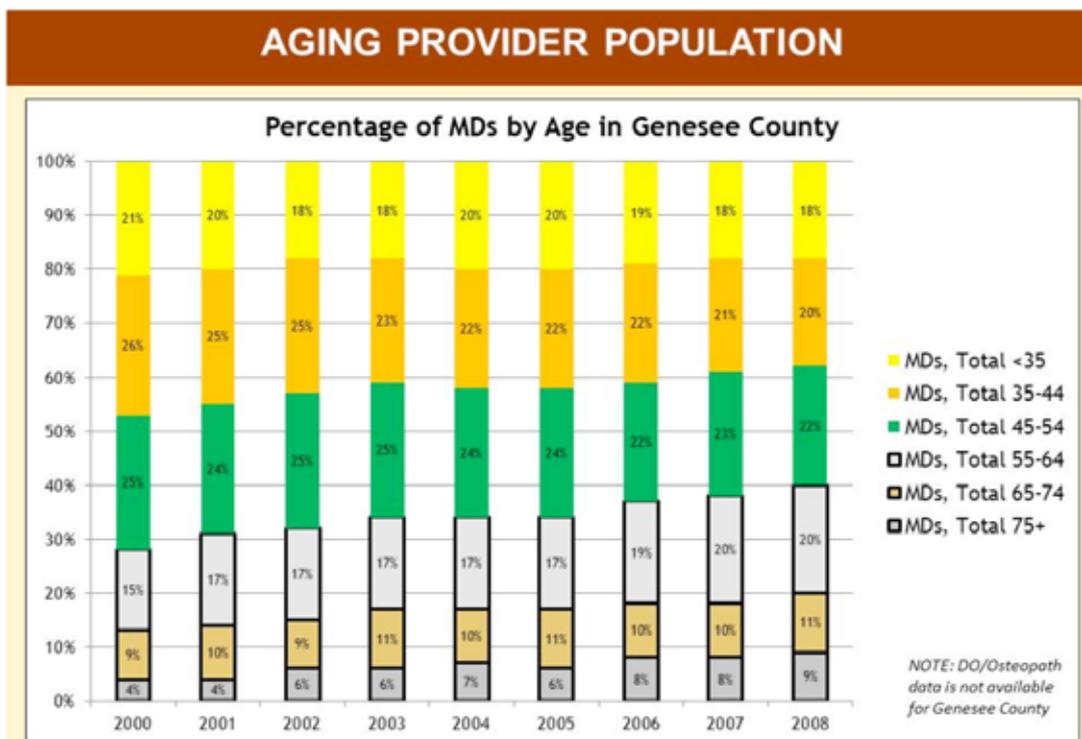


Source: IMPLAN Data Files, Michigan Health & Hospital Association

## ACCESS TO CARE

### Physician Capacity

Factors that could eventually lead to a lack of access include an aging provider population in Genesee County.

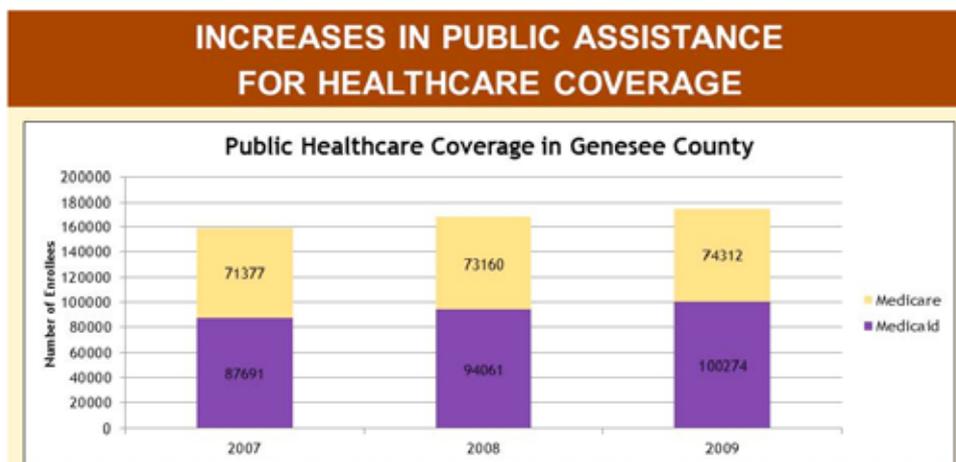


Source: Health Resources & Services Administration (HRSA) Area Resource File

- MDs age 55+ have increased from 28% to 40% of all MDs
- Nationally, physicians age 55+ make up only 37.6% of the U.S. physician population

### Healthcare coverage

With a changing economy and growing socioeconomic risk factors, there are significant shifts in healthcare coverage, impacting the medical care an individual can receive as well as the reimbursement and income of local providers.



Source: Michigan Department of Community Health & HRSA Area Resource File

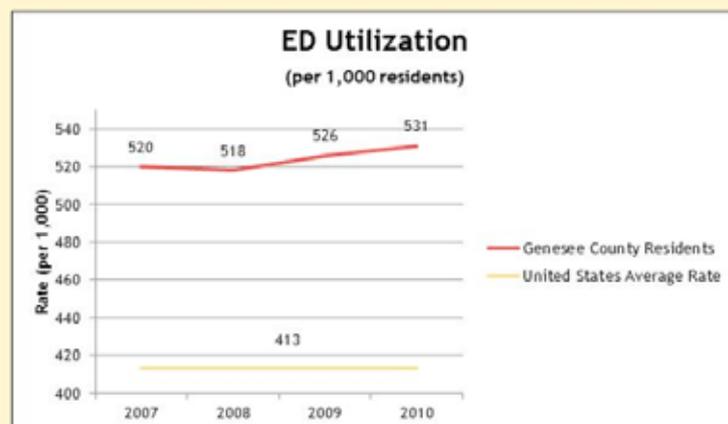
## ACCESS TO CARE

### **Emergency Department Utilization**

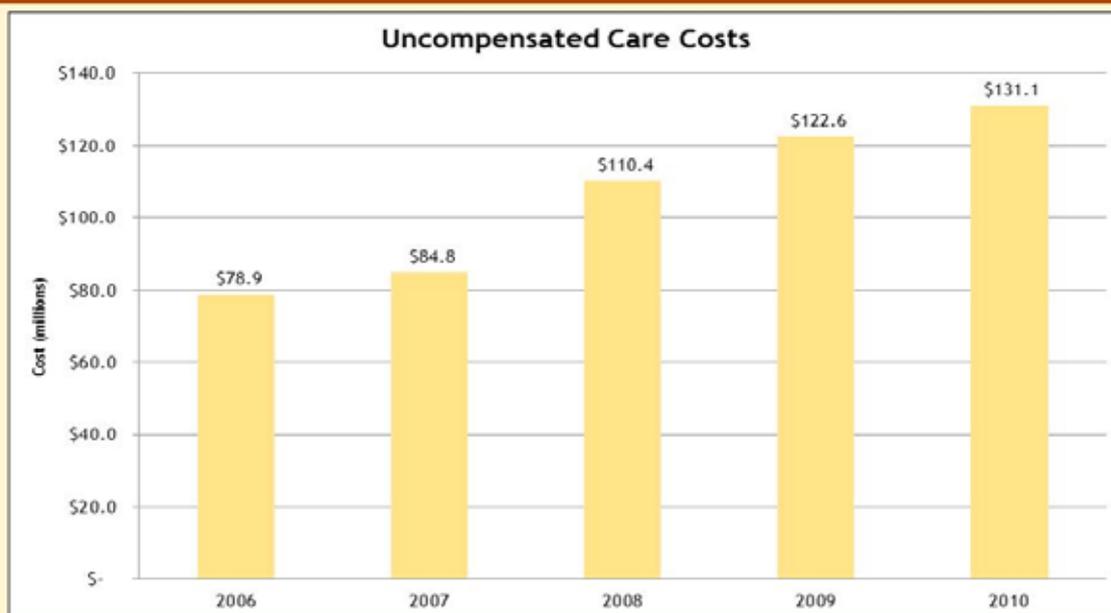
Emergency department utilization within Genesee County is significantly higher than the United States average rate, indicating inefficient use of the healthcare delivery system, increasing total healthcare costs and also detracting from the positive impact of medical homes and primary care patient-to-provider relationships. This over utilization of the emergency department also places continued financial strain on the local hospital systems, who have seen uncompensated care costs rise 66% from 2006 – 2010.

## EMERGENCY DEPARTMENT UTILIZATION

- ED Utilization Rates have increased slightly from 2007 to 2010
- ED Utilization Rates are significantly higher than the national average
- Total ED Utilization has also risen slightly despite a decrease in total population



## UNCOMPENSATED CARE COSTS FOR LOCAL HOSPITALS



Source: This includes aggregate data from Genesys Health System, Hurley Medical Center, and McLaren-Flint

## MORBIDITY AND MORTALITY DATA

### *Mortality Rates for the Ten Leading Causes of Death in Genesee County*

Genesee County mortality rates per 100,000 residents for 8 of the 10 leading causes of death are generally higher compared to both Michigan and the United States.

Top Causes of Death	Genesee County	Michigan	US
Heart Disease	231.3	222.6	211
Cancer	199.8	199.2	187
Stroke	65.7	46	45.8
Chronic Lower Respiratory Disease	50.3	45.8	41.6
Unintentional Injuries	30.1	36.9	40.6
Diabetes	31.1	28.0	24.2
Alzheimer's Disease	26.1	24.1	24.2
Kidney Disease	22.4	16.0	15.1
Pneumonia/Influenza	16.9	16.2	18.8
Suicide	12.3	11.1	11.1

Note: This data shows mortality rates per 100,000 residents for 2007

Source: Genesee County Health Department, Michigan Department of Community Health, & Center for Disease Control & Prevention (CDC) Behavioral Risk Factor Surveillance System

- Consistent with many communities across the United States, racial disparities continue to have a significant impact on health outcomes in Genesee County.
- The top causes of chronic disease are much higher among the State and County African-American populations compared to the corresponding white populations.

	Overall		African-American		White	
	Genesee	Michigan	Genesee	Michigan	Genesee	Michigan
Heart Disease	231.3	222.6	280.1	313.8	219.8	210.1
Cancer	199.8	187.1	245.9	230.5	190.1	181.4
Stroke	65.7	42.8	90.1	55.5	60.9	40.8
Diabetes	31.1	26.3	40.1	38.3	29.4	24.5

Note: This data shows mortality rates per 100,000 residents for 2007

Source: Genesee County Health Department, Michigan Department of Community Health, & Center for Disease Control & Prevention (CDC) Behavioral Risk Factor Surveillance System

## MORBIDITY AND MORTALITY DATA

### **Morbidity**

Morbidity is defined as the incidence or prevalence of a disease, and Genesee County residents consistently report having more average days of poor mental and physical health. Morbidity is a reflection of the impact of health behaviors on the disease prevalence of a population, and as morbidity rates increase, mortality rates will increase as well, leading to more premature deaths among Genesee County residents.

<b>Poor Mental Health Days</b>		
Average number of mentally unhealthy days reported in last 30 days		
National Benchmark*	Michigan	Genesee County
2.3 days	3.7 days	4.1 days
<b>Poor Physical Health Days</b>		
Average number of physically unhealthy days reported in the last 30 days		
National Benchmark*	Michigan	Genesee County
10%	15%	17%
<b>Poor or Fair Overall Health</b>		
Percentages of adults reporting their overall health as poor or fair		
National Benchmark*	Michigan	Genesee County
10%	15%	17%
<b>Premature Death</b>		
Years of potential life lost before age 75 per 100,000 population		
National Benchmark*	Michigan	Genesee County
5,564	7,387	9,113

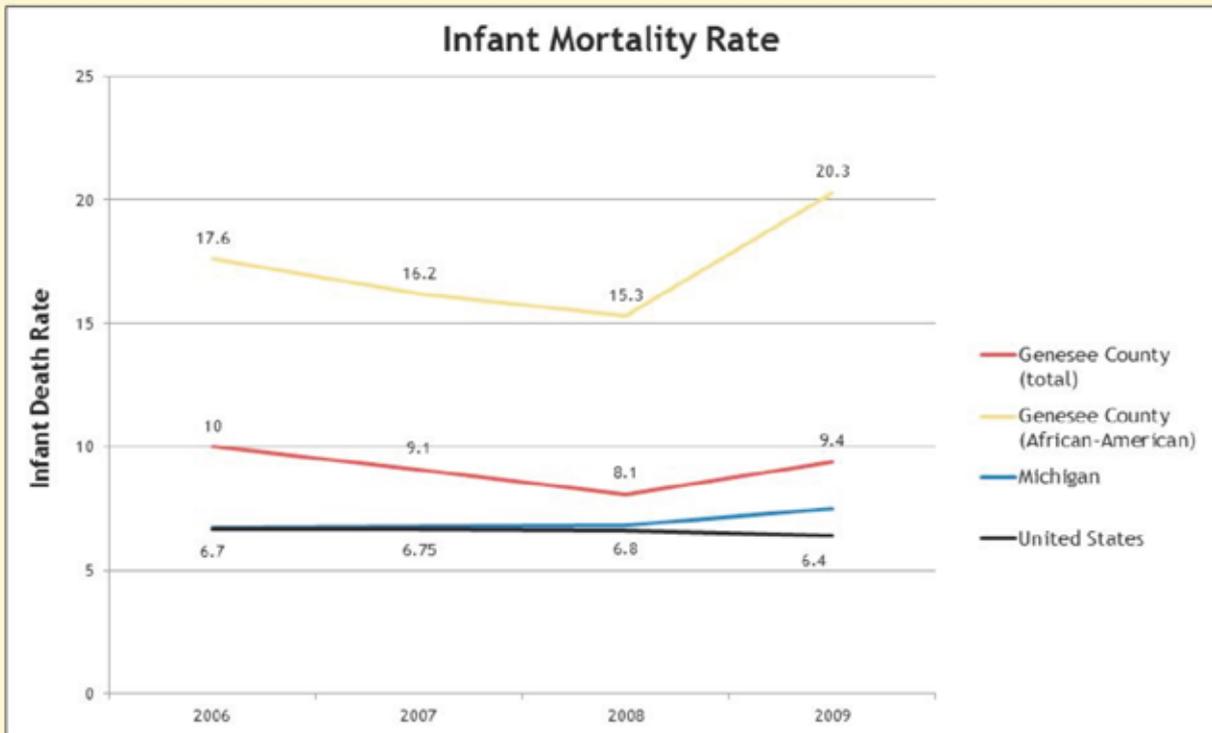
Source: Genesee County Health Department, Michigan Department of Community Health, & Center for Disease Control & Prevention (CDC) Behavioral Risk Factor Surveillance System

## MORBIDITY AND MORTALITY DATA

### Infant Mortality

#### HEALTH STATUS & QUALITY

#### INFANT MORTALITY



Source: Genesee County Health Department

- Genesee County's Total Infant Mortality Rate is significantly higher than State and National Averages
- Genesee County's African-American Infant Mortality Rate is over 3 times higher than the National Average
- Genesee County's Infant Mortality Rate decreased from 2006-2008, but increased from 2008-2009

\* Possibly driven by small sample size

#### PERCENT OF LIVE BIRTHS BELOW BIRTHWEIGHT (<2500 grams)

National Benchmark*	Michigan	Genesee County
6.0%	8.2%	9.9%

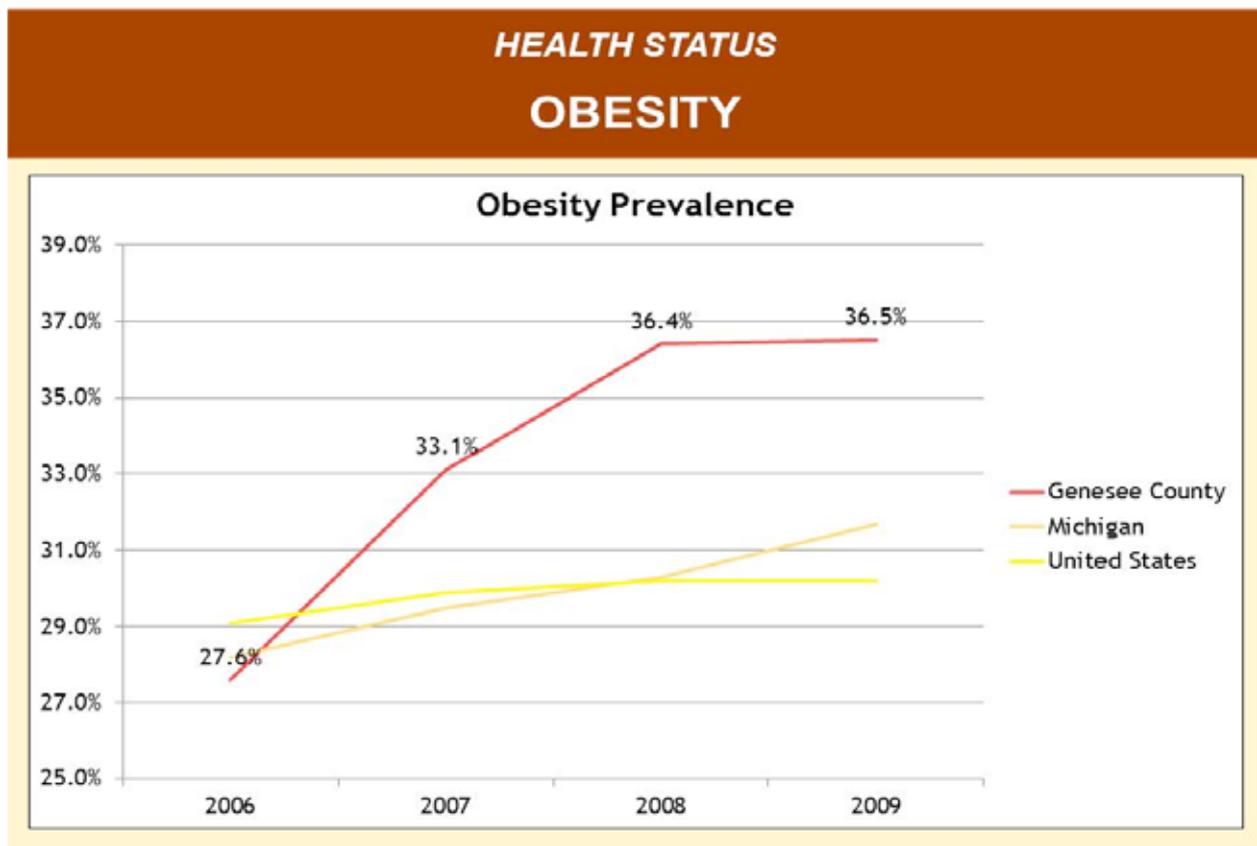
Source: Genesee County Health Department, Michigan Department of Community Health, & Center for Disease Control & Prevention (CDC) Behavioral Risk Factor Surveillance System

## HEALTH BEHAVIORS

Health behaviors are defined as an action taken by a person to maintain, attain, or regain good health and to prevent illness, and accounts for approximately 50% of an individual's health. As reflected in the Robert Wood Johnson Foundation and Wisconsin Institute of Public Health's County Health Rankings, Genesee County currently ranks 77 out of 82 in health behaviors, many of which lead to preventable chronic diseases.

### ***Obesity and Overweight***

Obesity is a significant health status indicator for a myriad of other health conditions, often the end result of sedentary lifestyles and poor nutrition.



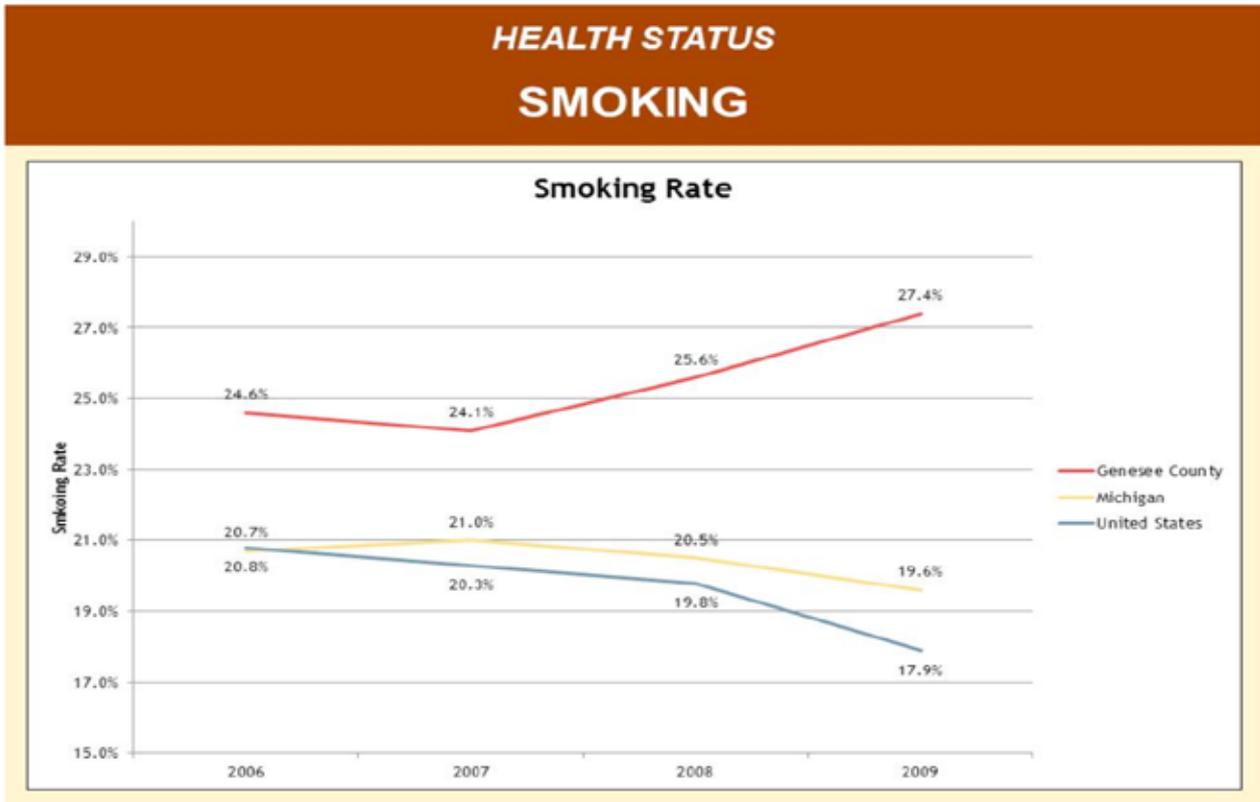
Source: Genesee County Health Department, Michigan Department of Community Health, & Center for Disease Control & Prevention (CDC) Behavioral Risk Factor Surveillance System

- Genesee County's adult obesity rate is significantly higher than State and National Averages and trending negatively
- Genesee County specific data is not available for the child obesity rate, however, it is estimated that this is also significantly higher than other benchmarks

## HEALTH BEHAVIORS

### Tobacco Use

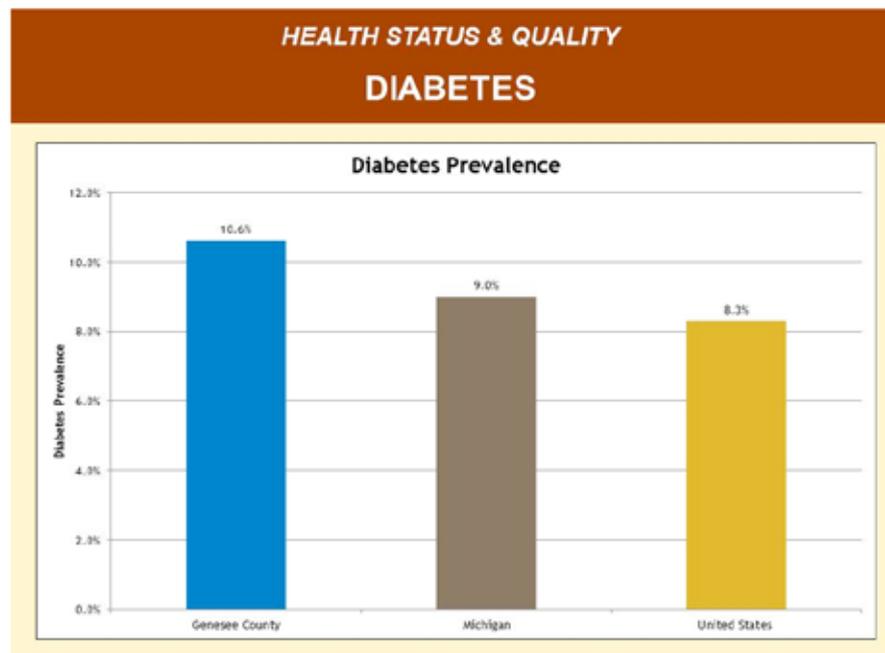
Genesee County's smoking rate is significantly higher than State and National Averages, as the local smoking rate has trended upwards in recent years.



Source: Center for Disease Control & Prevention (CDC) Behavioral Risk Factor Surveillance System

### Diabetes

Genesee County's diabetes rate is also significantly higher than State and National Averages.



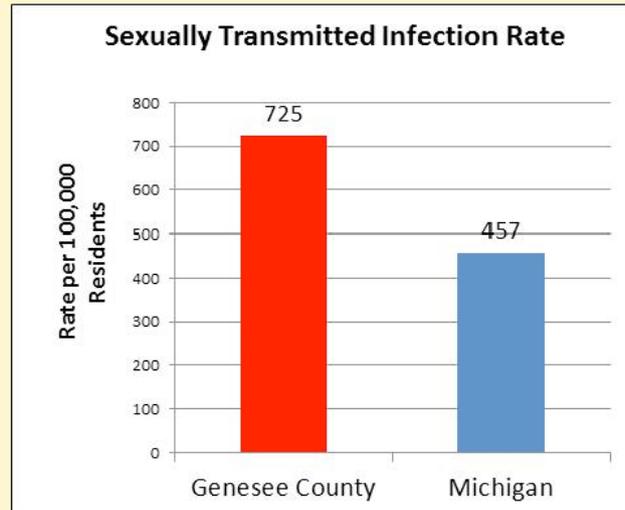
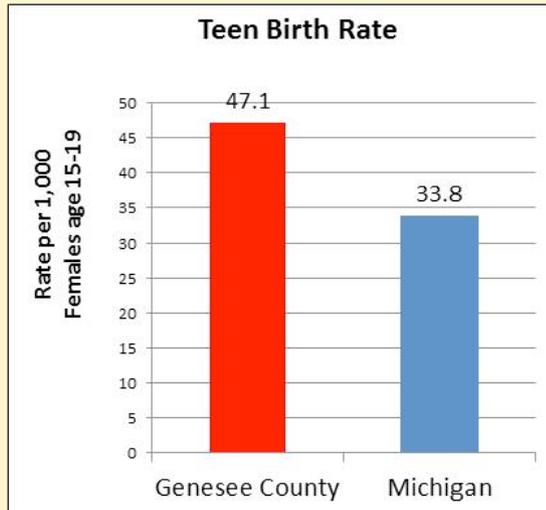
Source: Centers for Disease Control & Prevention (CDC) Behavioral Risk Factor Surveillance System and Genesee County Health Department

## HEALTH BEHAVIORS

### *Sexual Behaviors and Activity*

Genesee County's rates for teen birth and sexually transmitted infections (STIs) are significantly higher than State averages.

## SEXUAL ACTIVITY



Source: National Center for Health Statistics, National Center for Hepatitis, HIV, STD, and TB Prevention, Genesee County Health Department

In the next issue of *The Bulletin* the Genesee County Medical Society and the Greater Flint Health Coalition will share information on current local initiatives that seek to address many of the health, health care, and community-based issues presented by these metrics.

# Haptenation & Hypersensitivity Disorders

By: Qazi S. Azher, MD, FCAP, FASCP

on behalf of the GCMS Community & Environmental Health Committee

Generally, acquired immune response provides specific protection against infections such as bacteria, viruses, toxins, fungi, and parasites. On the contrary, some immune responses are responsible for an excessive, abnormal, or inappropriate reaction. This is usually referred to as hypersensitivity reactions. These types of reactions could be local or systemic. Apart from organisms, therapeutic drugs and their metabolites, drugs of abuse, dyes, pesticides, exogenous protein molecules, and metals could be antigenic, resulting in adverse reactions if they bind co-valently to endogenous macromolecules of protein in the human body.

This phenomenon, called haptenation could cause hypersensitive responses leading to systemic or organ specific diseases involving the skin, liver, kidney, lungs, bone marrow, and other organs. The chemical molecule responsible for such a reaction is called hapten and the disease process is known as haptenation. Haptens are too small to be antigenic by themselves, having a molecular weight often less than 1 kDa. The term "hapten" was derived from the Greek word meaning "to hold on" or "to fasten." Although they may have a single epitope, they are not complete allergens or immunogens, which requires a larger protein molecule (carrier) with multiple repeating epitopes to become antigenic (1). Only after covalently binding to endogenous protein the immune system reacts to the hapten-carrier complex, and thus become immunogenic for B and T-cells through major histocompatibility (MHC) receptors. In recent years, new research has added more new concepts. Now we are aware of some drug hypersensitivity reactions that are seen within a few hours of administration without any prior sensitization, such as in case of lidocaine, sulfamethoxazole, and carbamazepine. These non-covalently binding chemical molecules that directly activate receptors on effector cells such as T-cells without involving MHC molecule is called p-i concept (2). Yet

there is another way metal ions such as nickel, cobalt, beryllium etc. bind non-covalently with amino acids such as histidine in both MHC molecules and T-cell receptors (TCR) leading to a hypersensitivity reaction (4).

There are numerous chemicals that are of occupational hazard, though they may not be toxic by themselves, but are fully capable of eliciting hypersensitive reactions. Allergic contact dermatitis is the prime example of chemical toxicity to the skin by haptenation, an example of type IV hypersensitivity. In the industrialized countries, allergic asthma has increased worldwide, and is an example of type I hypersensitivity IgE mediated. This should seriously alert us to the possibility of volatile and non-volatile chemicals in the urban dwelling (3). The roles of bioactivation in drug-induced type I, type II, type III, and type IV hypersensitivity reactions are well documented in medical literature (5). Additionally, the cosmetic industry is another venue that constantly exposes millions of people with various chemicals inducing type IV delayed hypersensitivity type of adverse effect (6).

Apart from toxic chemicals that are obviously hazardous to health, there are other chemical pollutants which are haptens that human beings are constantly exposed to in the environment, though they are nontoxic but in vivo they could mediate potent adverse effect by hypersensitizing the body, resulting in severe acute and chronic debilitating illnesses. Therefore serious attempts should be made to identify chemical substances that are harmful to human health. With the current availability of modern technology it is possible to detect and produce standardized hapten-protein conjugates for testing purposes. The recent major improvements in the T-cell assay protocols include the removal of immunoregulatory cells that significantly increases the sensitivity of the

assay (7)(8). Since T-cell assays address the adaptive or acquired immune response that is crucial for the development of chemical-induced disease, they provide ultimate answer whether an unknown chemical has the potential to induce contact dermatitis or respiratory allergies or adverse drug reaction.

*References:*

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Obituary

**Dr. Norman A. Carter  
Grand Blanc**

Age 78, passed away peacefully Thursday, July 12, 2012 at his residence after a prolonged battle with Lewy Body Dementia Disease. Per Dr. Carter's wishes, his body has been donated to the University of Michigan Medical School for Research. In lieu of flowers, contributions may be made to the Alzheimer's Research Department at The University of Michigan Medical School, St. Jude Children's Hospital or Kirkridge Presbyterian Church Scholarship Fund. Dr. Carter was born in Jonestown, Guyana on January 17, 1934. He enjoyed photography, target shooting, archery, playing the guitar and golfing. Dr. Carter was a longtime pediatrician in the area and Board Chairman of the Flint Emergency Service, a corporation that ran the Hurley emergency room for many years. He was involved with the pediatrics residency program at Hurley Medical Center, and worked at the Emergency Medical Center of Flint. Dr. Carter was a strong advocate for children against child abuse and neglect. Dr. Carter founded the Evaluation Clinic for sexually abused children and also the Consortium on Child Abuse and Neglect. Dr. Carter also served as clinical director at Mott's Children Center, and physician for Mott Community College. Dr. Carter is survived by his wife, Margaret.

# LOVE & MARRIAGE

By: Barbara J. Hunyady, Esq., Cline, Cline & Griffin, P.C.

Who can think of the words “love and marriage” without envisioning Buckingham Fountain dancing to the “Married... with Children” theme song? Most of us have a little dysfunction in our marriages. The most important thing you can do is plan ahead and be prepared. Here are a few things everyone should think about when love and marriage collide ... and when they diverge.

## PRE- AND POST-NUPTIAL AGREEMENTS:

Some people would rather get a root canal before asking their significant other to sign a prenuptial agreement. But consider this: a commonly cited reason for marital disputes and divorce are finances. A prenuptial agreement can head this off as the process itself requires the parties to lay out their financial situations and discuss them ahead of time. It puts everyone at ease because you each know what to expect should you decide to go your separate ways.

The prenuptial agreement can be as creative as the couple chooses and can also include provisions for gifts or alimony, agreements as to the amount received if one spouse dies, protect the financial well-being of children from prior relationships, protect inheritances and family heirlooms, and protect a business acquired before the marriage. If you are considering a prenuptial agreement, it is important to discuss it early in the relationship. It is highly recommended that each of you have your own attorneys and

vital that you both fully disclose your assets.

Already married? It is not too late. If you did not get a prenuptial before the marriage or if your circumstances have changed and you need additional coverage your current prenuptial agreement does not provide, any couple can enter into a postnuptial agreement during the marriage. The main distinction is that a postnuptial agreement requires some type of compensation for the spouse giving up rights to the assets set forth in the postnuptial agreement.

Another scenario when a family should consider prenuptial and postnuptial agreements is when making gifts to their children. For a lot of parents, the last thing they want to see is half of their child's trust fund disappearing with an ex-son or daughter-in-law. When making such gifts to your children, it is a good time to have your child consider entering into a prenuptial or postnuptial agreement, whatever the case may be, so that your gift will stay in the family.

## SO YOU ARE GETTING A DIVORCE:

Something often overlooked by a person in the midst of a divorce is their estate planning documents. These documents should be reviewed and changes considered before a complaint for divorce is filed. In most cases, a person's spouse is appointed as a power of attorney for health care, power of attorney for finances, receives all or most of their estate in a Trust or Will, and is often

appointed as personal representative or successor trustee. This means, if you were to become hospitalized and incapacitated for any reason during your divorce, your soon-to-be ex-spouse may be the person making your medical decisions and have access to all of your finances. Therefore, it is critical these documents are reviewed and revised as soon as divorce is contemplated.

Early in the divorce process, it is a good idea to run an updated credit report to verify all outstanding debt in your name. It is also wise to change all of your passwords for email accounts and social media accounts. As with any litigation, it is never a good idea to talk about your case with anyone other than your attorney, especially on social media sites. In the context of a divorce this is even more dangerous because your readers often will include people who are related to or are friends with your spouse and it will get back to them. Good, bad or indifferent, it is best to say nothing. If you can avoid it all together, it is recommended that you avoid using any social media sites at all during your divorce.

## IN THE END:

After your divorce is finalized, it is critical you follow through completing changes to accounts and separating your lives. Once again you need to evaluate all of your banking accounts, email accounts, and Internet shopping sites to be sure that you have either closed joint accounts or changed any passwords or PIN numbers you may have shared with your spouse.

You must also change your beneficiaries, if it lists your spouse, on

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any retirement plans, bank accounts, certificates of deposit, stocks, life insurance, or disability insurance policies. Regardless of what your judgment of divorce says, if you do not change the beneficiary directly with the company, your ex-spouse would still be entitled to receive those funds. You must provide written notice to each company. Simply call them and ask for them to send you a change of beneficiary form. Fill out and return the form as soon as possible.

If you did not make changes to your Will or Trust prior to the divorce, it will need to be done at this time. There are many reasons to consider establishing a Trust which can be explained to you by an estate planning attorney. After you are divorced, there is an additional reason to establish a trust if you have children under 18 years of age. Depending on the language in your documents, without a trust, your former spouse could have management and control over your children's inheritance. Whereas, a trust would place this control in the hands of a person you choose if your ex-spouse is not a good choice.

This article is intended to highlight only a few topics that are overlooked by some individuals when they are considering marriage or divorce. Complete marriage and divorce planning depends on your individual circumstances and will need to be analyzed by an attorney. If you have any questions, please contact our office or your legal advisor to further assist you.

## When it comes to the health of your organization, we know what to listen for.

With years of experience providing tax, accounting and consulting advice to the medical community, Lewis and Knopf knows what to listen for when called upon for advice from medical professionals. Our qualified team is made up of CPAs and professionals who have extensive experience and insight of the industry based on their work with local practices. In addition to our specialized offerings, including outsourced medical CFO services, we provide meaningful results based on your specific needs. In doing so, we can assist you in obtaining tax, retirement and cash flow savings opportunities and in turn help you achieve your financial goals.



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Anita Abrol, CPA, Managing Principal and a member of the firm's medical services team



## **PRACTICE MANAGERS**

### **MIOSHA FOR PHYSICIAN'S OFFICES**

The June practice managers meeting featured a presentation by a MIOSHA Consultant, Curtis Johnson. Mr. Johnson reviewed MIOSHA standards, the reasons for them, the differentiations between OSHA and MIOSHA and what to do in preparation for an inspection.

The discussion after his presentation was extremely lively. The August session will feature a presentation on "Patient Education and Improving Compliance with Required Services" by HealthPlus staff. The September session will feature presentations on "Interpractice Compliance" featuring a presenter from at least one Physician's Organization.

Physicians wishing their Practice Managers to attend these sessions should contact Becky Doty at [bdoty@gcms.org](mailto:bdoty@gcms.org).

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## YOUR \$\$\$ AT WORK

- § GCMS and GCMSA aggressively educated members of the state legislature on tort reform legislation
- § GCMS worked with the Greater Flint Health Coalition on several grant applications in an effort to reduce morbidity and mortality in Genesee County
- § GCMS worked on behalf of two physicians seeking an understanding of their situation vis-à-vis third-party payers
- § GCMS provided significant input to legislative delegation on critical scope of practice and graduate medical education and Medicaid funding issues



### Meeting the health needs of Genesee County's children

#### Child & Adolescent Psychiatry

- Medication Management
- Psychiatric Consultation
- Behavioral Health Counseling, Screening, Support Groups
- Prevention Activities

#### Child & Adolescent Health

- Pediatrics\*
- School-Based Clinics
- Audiology
- Nutrition Education
- Teen Wellness Center

#### Child & Adolescent Dentistry

- Dental Exams & Preventive Care
- Dental Treatment & Restorations
- School Screening and Sealant Program
- Infant & Toddler Oral Health Care

#### Services provided at no cost to low income families

806 Tuuri Place • Flint, Michigan 48503 • (810) 767-5750 • fax (810) 768-7511 • [www.mottchc.org](http://www.mottchc.org)

**\*If you are interested in employment as a Pediatrician or Nurse Practitioner, please check our website for openings or phone and request the Human Resources Department**

## HAPPY BIRTHDAY DOCTOR

AUGUST

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

## 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.

### PHYSICIANS NEEDED

at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. Contact Pete Levine at 810-733-9925.

## 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](mailto:bdoty@gcms.org) or 810-733-9923. Thank you.

# seasoned

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**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!

