

THE Bulletin

NOVEMBER 2010 Volume 86, Number 11

A professional headshot of a man with dark hair, wearing a dark suit, white shirt, and patterned tie. He is looking directly at the camera with a slight smile.

S. BOBBY MUKKAMALA, MD
GCMS PRESIDENT 2010-2011

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NOVEMBER 2010 Volume 86, Number 11

**THE
Bulletin**

Read by 96% of GCMS members.

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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.

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HELLO FELLOW MEMBERS OF THE GENESEE COUNTY MEDICAL SOCIETY!

Welcome to our new format.

You will likely be reading this information on the bright background of your favored electronic device and not on the material from a processed tree as in the past.

As a much more famous Bobby once said, "Times they are a-changin'." (-Bob Dylan 1964)

Whether to continue to operate a lean GCMS or to save the planet, I hope you will embrace the new format and provide feedback about what you would like to see in it.

I hope that those of you who attended the recent President's Ball at Warwick had a wonderful evening. I wish to thank the Alliance for all of the work that went into putting on this event. It is always a glamorous night with incredible attention to detail in its planning.

This year I hope to reinforce in our membership the value of belonging to the GCMS. We will do our best to show you all that is done on our behalf with our membership dues. I hope that after being re-energized, that we will be better prepared to have the sometimes difficult conversations with our non-member peers about why they don't make membership a priority.

There are many companies in our community that value our attention. These are the groups that advertise in our pages and sponsor our meetings. I, like many, am guilty of passive attention to these companies. I will be doing more this year to try to patronize these companies as I hope you do. It is only right that if they find a value in us, that we too should look deeper at what value they may be able to offer us.



S. Bobby Mukkamala, MD

I recently had the opportunity to participate in a career day at the University of Michigan-Flint School of Health Professions and Studies. It was a wonderful opportunity both to encourage students to consider a career in health care and to remind myself of the reasons I chose a similar career. I would encourage all of our members to extend ourselves for these opportunities in the community.

I look forward to a year of solidifying the role of our medical society in the delivery of health care in our county. As a

group we have the ability to make great strides in improving our collective health.

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A NEW AGE IS COMING

Age is mind over matter. If you don't mind, it don't matter.

LeRoy "Satchel" Paige (1906 - 1982)

Seeking to invest in a growth industry in the state of Michigan? Certainly it's not the auto manufacturing sector, now only a skeleton compared to its former incarnation. Feature film production has potential as the result of huge tax incentives from the state, but Michigan will unlikely ever become Hollywood East. Various clean energy modalities and storage battery production plants hopefully will have an impact role on the state's economic viability. However, the one area you can be guaranteed will be a major factor in the local and national economy is being called the "Silver Tsunami", providing health care to an increasingly aging population.



Daniel Ryan, MD

First, some eye-opening statistics from a recent story in the Detroit Free Press. The median age of Michigan residents was 35.5 in 2000. Now it is 38.5. Only three states grew older faster, Maine, New Hampshire, and Vermont. The average life expectancy is eight years longer today than when the post-World War II baby boom began in 1946. The birthrate in Michigan peaked in 1954 at 27.4 per 1,000 residents. It was 12.1 in 2008. Couple these numbers with the fact that many young people leave the state after completing their education due to the lack of employment opportunities (two college graduates leave for each one who stays), and it's easy to comprehend why our state population is aging at such a rapid rate. Lansing, we have a problem!

The huge wave of people kept alive to riper ages by tremendous advances in treatments for cancer, stroke, heart disease, and infectious disease will suffer from other chronic and degenerative diseases such as arthritis, Parkinson's disease and Alzheimer's. After all, something

is going to get us. When the baby boom began, pediatricians were in big demand. Now, we need physicians to treat these same people in their later years. Most physicians deal with older patients in their practices on a daily basis. The number of geriatric specialists that will be required do not exist. In Michigan, fewer than 1 percent of primary care physicians list geriatrics as their specialty, and another 9 percent claim geriatrics as a secondary interest. Specializing in geriatrics is far from the

most lucrative of medical careers and medical school graduates burdened with huge debt are not going to flock to geriatric training programs without financial incentives.

Elderly patients often have multiple chronic health issues. They can take longer to physically navigate around the physician's office. They take up more of the doctor's time for even routine follow up visits, and often need more lengthy explanations of their problems, medications, and treatment options. Instead of counting on more geriatric specialists to magically appear, what will need to happen is for improvements in the way care is delivered to seniors and improving the expertise in geriatrics among all health care providers. The goal is not to provide cures for chronic and degenerative diseases suffered by the elderly. That is obviously an impossibility. The goal should be to keep people functioning independently, as free of pain and as comfortably as possible, and out of the hospital and nursing homes as much as possible. Who will pay for all this is the subject for another time. Hopefully, we won't reach a point in time in which everyone in Michigan is either working in a nursing home, or a patient in a nursing home.

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A NEW YEAR

Welcome to the 2010-2011 fiscal year for the Genesee County Medical Society. This will be a year of opportunity and changes.

The most obvious change will occur with this issue of the Bulletin which is arriving to you in an electronic version. In our continued efforts to reduce costs and to provide you with the most bang for your dues dollar, the Bulletin has been transitioned from paper and electronic to purely electronic. Please take your time reviewing it and also notice who our advertisers are. These are the people and organizations who support this organization, and help keep your dues down.

This is a time of transition between presidents as well. Dr. Venkat Rao just completed his year of service and has worked hard on your behalf. While he served as President, he also continued his service on your behalf as the Senior Board Member from Genesee County on the Michigan State Medical Society Board of Directors. The staff would like to thank him for his hard work and hope that he enjoys his new found free time.



Peter Levine, MPH

Our incoming President is Dr. S. Bobby Mukkamala, the youngest president in the history of the medical society and the first father/son presidential team. Please take a moment to review his biography. He is an interesting person from an interesting family, and he has interesting goals for himself and for the community.

Finally, beginning with this new fiscal year, the GCMS offices will be closed on Fridays. In addition, my work week will be slightly shorter. It is the GCMS Board's intent that the shortened work weeks will be a temporary measure. Call Monday through Thursday at 810-733-9923 for Marcia and 810-733-9925 for me.

In addition, if you do not have a password for the GCMS website, please contact Marcia as soon as possible by email at mgzym@gcms.org or by phone at the above number and tell her what you would like your password to be.

Here's to a successful election. Don't forget to exercise your right to vote on November 2, 2010.

GCMS MEETINGS

– NOVEMBER 2010 –

- 11/1, 8 a.m. - Legislative Liaison @ GCMS
- 11/3, 7:30 a.m. - Bulletin Committee @ GCMS
- 11/15, 12 Noon - Membership Committee @ GCMS
- 11/16, 5:30 p.m. - Finance Committee @ GCMS
- 11/30, 6 p.m. - GCMS Board of Directors @ GCMS
- Recessed - Community & Environmental Health Committee @ GCMS
- Recessed - Practice Managers @ GCMS

ATTENTION!!!

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

**Check Out Our Website
www.gcms.org**

GCMS/MSMS NEW MEMBER APPLICATIONS

JENESE REYNOLDS, MD

Family Practice
McLaren Family Medicine Residency Center
G3230 Beecher Rd., Ste. #1
Flint, MI 48532
Ph: (810) 342-5656
Fax: (810) 342-5600
Dr. Reynolds received her medical degree from Wayne State University, Detroit, MI in 2007. She completed her residency UIC/Illinois Masonic Medical Center in 2010. She is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

ALLAN VRABLE, DO

Physical Medicine & Rehabilitation
G3237 Beecher Rd., Ste. C
Flint, MI 48532
Ph: (810) 309-0403
Fax: (888) 329-8395
Dr. Vrable received his medical degree from Arizona College of Osteopathic Medicine in 2004. He completed his residency at Jackson Memorial Hospital in Florida in 2008 and did a Fellowship at Temple University, Philadelphia, PA in 2009. He is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

LINDA HOTCHKISS, MD

Administrative Medicine
Genesys Regional Medical Center
One Genesys Parkway
Grand Blanc, MI 48439
Ph: (810) 606-6181
Fax: (810) 606-6012
Dr. Hotchkiss received her medical degree from Harvard Medical School in 1978. She is Board Certified in Psychiatry and has served on the American Board of Psychiatry and as chairwoman of the Michigan Board of Medicine. Dr. Hotchkiss is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

**“As physicians,
we have so
many unknowns
coming our way...**

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certain about
is my malpractice
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Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

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HELLO FROM YOUR DISTRICT DIRECTORS!

By the time you read this, the MSMS will have held another successful Annual Scientific Meeting in Troy, MI.

For those that have not had the opportunity to attend this meeting, please consider adding it to your schedule in October 2011. It is a great opportunity to get CME locally on a variety of topics ranging from updates on Health Care Reform to the role of Hyperbaric Oxygen in wound management.

Also, by the time you are reading this the election will be either imminent or recent history. Regardless of the outcome, our medical tort reform will either be in mild danger or grave danger.

At our last dinner business meeting, MSMS



S. Bobby Mukkamala, MD
District VI Director

President Dan Michael gave us a nice synopsis of the current MSMS strategic priorities: health care resource stewardship, wellness, quality, and ensuring the viability of primary care.

MSMS continues its focus on wellness by joining others to address childhood obesity issues. Locally, please keep your eyes open for an all day Summit on Obesity to be held at the Riverfront Residences (previously known as the Hyatt) on 12/2/10. Keynote speaker will be Dr. Deepak Chopra.

Thank you for your membership.

Please take full advantage of your membership by logging on to the MSMS website (www.msms.org), logging on to the Action Center, and reading the latest edition of Michigan Medicine and the Medigram.

MDPAC ENDORSED CANDIDATES: BE SURE TO VOTE ON NOVEMBER 2, 2010!

Michigan House of Representatives:
Rep. Richard Hammel (D-Flushing)
Rep. Paul Scott (R-Grand Blanc)

Michigan Senate:
Sen. John Gleason (D-Flushing)
Dave Robertson (R-Grand Blanc)

Michigan Supreme Court:
Justice Robert Young - Incumbent
Judge Mary Beth Kelly

U.S. House of Representatives:
Rep. Dale Kildee (D-Flint)

Michigan Attorney General:
Bill Schuette (R)

CAPITOL CHECK-UP 2010

In late September, MSMS held its annual Capitol Check-up featuring presentations on Federal Health Reform, the 2010 elections, Michigan ballot proposals, and a discussion of the health reform derived high risk pool.

Present from Genesee County were Larry Reynolds, MD, S. Bobby Mukkamala, MD, Beth Schumacher from the GCMS Alliance, and Pete Levine.

- 💰 GCMS met with legislators and congressional staff regarding critical issues of critical importance to physicians and their families including the state Medicaid budget and the Medicare Physician Payment Fix
- 💰 GCMS helped one physician with insurance credentialing
- 💰 GCMS helped several physician practices with billing issues
- 💰 GCMS provided updates on Meaningful Use, supreme court races, and other critical issues to members and practice managers on an ongoing basis
- 💰 GCMS converted the Bulletin to electronic magazine
- 💰 GCMS developed a budget for the coming fiscal year
- 💰 GCMS participated with the Greater Flint Health Coalition on providing a seminar on Chronic Disease Management Group Medical Appointments
- 💰 GCMS completed planning for the Presidents' Ball



AMA Foundation 2010

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- The Fund for Better Health provides grants to support community-based public health service projects in areas such as substance abuse prevention, violence prevention and healthy lifestyles.
- The Development Fund is an unrestricted fund that allows the AMA Foundation to respond quickly to issues as they arise or provide support in areas of greatest need.
- The Scholars Fund distributes approximately \$500,000 annually in tuition assistance to medical students across the country. Gifts to this fund can be designated to specific U.S. medical schools.

GENESEE COUNTY MEDICAL SOCIETY ALLIANCE

• AMA Foundation Holiday Greeting 2010 •

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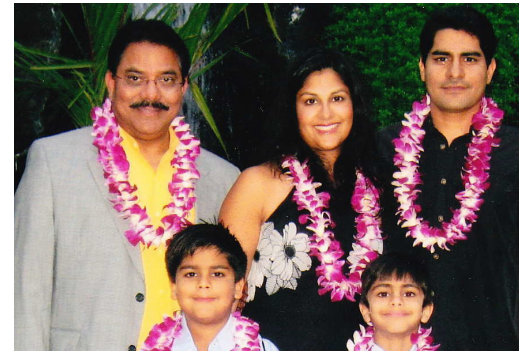
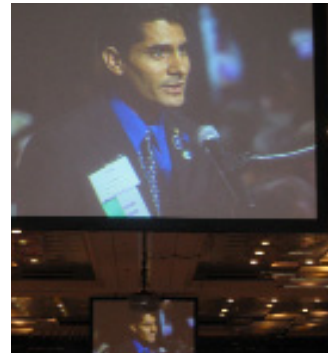
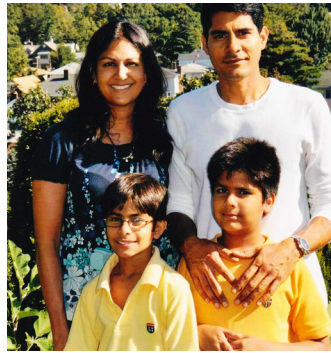
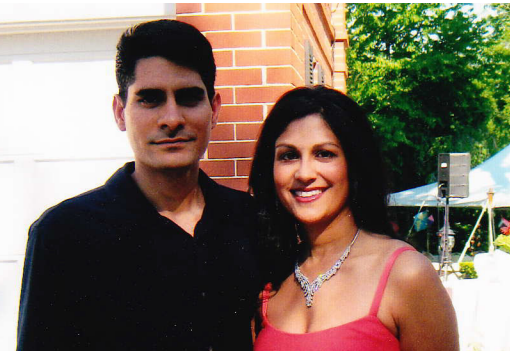
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GCMS President 2010-2011

S. Bobby Mukkamala, MD

What traits does a medical community seek in a President? It is usually vision, leadership skills, communication skills, referent power empathy toward his or her constituents, and respect built over years of interaction with the medical establishment and its institutions. It is for all of those reasons that S. Bobby Mukkamala, MD was elected President of the Genesee County Medical Society for the 2010-2011 year. Amazingly, he has achieved those characteristics in the 10 short years that he has been in practice. Even more amazing is his age. He is 39! He is GCMS's youngest president ever. He is a man of many interests and he finds links between them all. Each of his interests involve making his family life and community richer.

Dr. Mukkamala is part of a two-generation physician family. His wife, his parents, and his sister and brother-in-law are all physicians. Bobby's mother, Sumathi Mukkamala, MD, was a primary care physician (pediatrician) so he understands both the specialist and primary care perspective of medicine. His wife Nita Kulkarni, MD is also a primary care physician to many of her patients. Both of Dr. Mukkamala's parents and his sister are International Medical Graduate (IMG) physicians. Dr. Mukkamala credits the IMG movement for opening a lot of doors for physicians to come to Flint. He also credits the Genesee County Medical

Society with its pioneering efforts on behalf of International Medical Graduate physicians, which created changes at all three levels of organized medicine.

Dr. Mukkamala has plenty of leadership experience despite his relative youth. He served on the MSMS Board as Young Physicians Section Chair in 2002 and was elected as a District Director to the MSMS Board earlier this year. His father AppaRao Mukkamala, MD served on the MSMS Board for many years and as its President in 2007. Dr. Kulkarni, served two years on the MSMS Board as Chair of the Young Physicians Section as well.

Dr. Mukkamala serves on the Scientific and Education Affairs Committee of the MSMS Board. He enjoys being on the MSMS Board, which allows him to be connected with the leadership of MSMS as well as its extremely competent staff. It also allows him to be involved in the decisions which impact the future of health care in this state and to create it in the image that the physicians who participate in GCMS and MSMS want, especially in this time of reform. He is the Co-chair of the GCMS Membership Committee. Since his involvement, membership has increased dramatically. His goal is to bring energy from the presidential chair to focus on membership. Dr. Mukkamala remembers distinctly in 1994, when his father was President of

GCMS. He saw his photo on the cover of the *Bulletin*. Now 16 years later, here he is as President.

Dr. Mukkamala was appointed by Governor Jennifer Granholm to the Board of Audiology for the State of Michigan. In 2008, the American Medical Association conferred the AMA Foundation Leadership Award on Dr. Mukkamala. Dr. Mukkamala was elected a couple of years ago to the AMA Council on Science and Public Health, a remarkable accomplishment at any age, but even more remarkable for the fact that he was 37 when elected.

Dr. Mukkamala staffs all three hospitals and sees patients in all of them several times each week. At McLaren he serves as Chair of the Bylaws Committee and on the Surgical Quality Committee. At Genesys he serves on the Board of the Surgical Co-management Company. At Hurley Medical Center he is an active Operating Room Committee member. Dr. Mukkamala takes great pride in being a solo practitioner.

Dr. Mukkamala received his Doctorate of Medicine in 1995 from the University of Michigan INTEFLEX Program. He performed his general surgery internship and his Otolaryngology-Head and Neck Surgery Residency at Loyola University Medical Center. He finished in 2000 and began his private practice in Flint. Dr. Mukkamala is Board Certified in Otolaryngology and Head and Neck surgery. He also serves on the MSMS Committee on Membership and the Committee on Licensure and Discipline. He is a member of the MSMS and GCMS Alliance. Dr. Mukkamala also serves on the GCMS Legislative Liaison Committee and has served on the Medical Executive Committee of the Surgery Center of Greater Flint. He also serves as an

Alternate Delegate to the American Medical Association from the State of Michigan.

Dr. Mukkamala serves on the Board of the Crim Fitness Foundation, the Flint Chapter of the Indo-American Democratic Caucus, the United Way of Genesee County, and Powers Catholic High School. He is a former Board member of Planned Parenthood of East Central Michigan. He does a weekly morning news segment on TV 25 and serves as a medical advisor to CK105.5 radio, and is a member of the Flint Rotary.

Dr. Mukkamala's nonmedical passion is to see downtown become the arts and cultural center of the county again. There is nothing shallow about Dr. Mukkamala. He is a physician. He is a restaurateur, with ownership interest in the 501 Bar and Grill on S. Saginaw St., and a hotel developer with an interest in the newly refurbished Durant Hotel. He would like to reintroduce the physician community to downtown and reintroduce physicians to the nonmedical issues facing this county. Physicians have concerns about how this county marches into the future. They also have leadership skills that can readily benefit the county as a whole. He would like to increase physician visibility in areas of health care and education in the community.

"Since the focus of economic development for the community will be on education, I would like to see physicians lend their assistance to educating students, and serve as mentors for students who may wish to enter the health professions." He also notes the Cultural Center has been maintained through the financial crisis period by major philanthropists. Now it must rely on the more traditional and broader base of individual philanthropists. This is one of Dr. Mukkamala's

Continued on page 14.

S. Bobby Mukkamala, MD

Continued from page 13.

passions, and he would like to draw more physicians into the role that they played when the Cultural Center was being developed.

He attributes his focus on philanthropy to the influence of his mother, who does philanthropy in her hometown. Dr. Mukkamala is doing the same thing in his hometown, Flint, by supporting several charities, the Cultural Center, and the renewal of downtown. He also serves on the Board of the Community Foundation where he and Nita have established an endowed fund. They have also created a scholarship for students graduating from the University of Michigan - Flint wishing to enter a health profession.

Dr. Mukkamala feels very strongly about the importance of political involvement and is active in fundraising for candidates that he believes in.

Dr. Bobby Mukkamala is a product of his environment. He is a "gear head" and a "wrench monkey". He has sixteen cars, one of which runs on vegetable oil. He focuses on green projects and noted

that he is "thrilled that this issue of the GCMS Bulletin is the first to be entirely electronic. No trees will be killed to create this Bulletin and no rivers polluted by chlorine to make paper white."

Dr. Mukkamala has twin boys, age 10. He reserves time in his busy schedule to get to all school events. His children have attended every Healing Hands Walk since the year they were born. His son, Nikhil, wants to be a veterinarian. Deven would like to play football in the National Football League. Both sons are major Wolverine fans. There is no choice in the Mukkamala/Kulkarni household. (Dr. Kulkarni and Mukkamala met as students at the University of Michigan). The boys are in 5th grade at St. John Vianney. One of Dr. Mukkamala's warmest memories is that of playing on the playground outside of the Hurley Medical Center Physicians Lounge while his mother was making rounds. That is exactly what his boys do now as he and Nita make rounds.

Count On


Anita Abrol
Anita Abrol, CPA

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PRACTICE MANAGERS

**MANAGERS DISCUSS
PROMPT PAYMENT**

More than 30 Practice Managers met in September to discuss the GCMS Lead Initiative within the Greater Flint Health Coalition to improve promptness of payments by third-party payers. The entire two-hour meeting was spend discussion various technical elements of applying for and receiving payments as well as any pending and status and rejection issues that the managers wish to provide to the Health Coalition Prompt Payment Task Force. The October meeting will revolve around an MSMS presentation on Meaningful Use as it relates to electronic medical records.

**GCMS
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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.

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LEVEL PLAYING FIELD? NOT A CHANCE!

By Glenn Michael Simmington, Esq. Cline, Cline & Griffin

Without question, the vast majority of readers of this space will never find themselves in the position of having to “go one-on-one” with a government investigator. Nevertheless, with beefed-up enforcement of state and federal anti-fraud and abuse statutes—the United States Attorneys Office, for the Eastern District of Michigan, alone, has created a seven-member “health care unit”—even the most careful health care provider can inadvertently become the subject of a so-called “fraud and abuse” investigation. Worse, and perhaps ironically, it is exactly that kind of careful provider who is most likely to feel unthreatened in the event that a government investigator shows up in the office “just to ask a few questions.”

In that circumstance, the unfortunate truth is that the “investigator” and the “investigated” are on anything but a “level playing field.” Consequently, (and hoping not to breed too much cynicism or distrust here), it must be acknowledged that health care providers (and others) need to know there are, at least, five reasons why dealing “one-on-one” with a government investigator should be avoided.

First, such investigators have no obligation to tell you the truth. Over

and over, state and federal courts have upheld the right of law enforcement officials to misinform and mislead the subjects of investigations, in essence to “trick” them, into providing information that can later be used to place them in serious legal jeopardy.

Second, they have no incentive to tell you the truth. Aside from this legally recognized right to engage in deception, government investigators almost invariably see themselves as soldiers, e.g., in the “war on drugs,” the “war on terror,” the “war on health care fraud,” etc. And as we know, “all’s fair in love and war.”

Third, because they are “fighting a war,” strategy often dictates that they not tell you the truth. If “the truth” means “the whole truth,” you can almost be guaranteed that government investigators will never reveal to someone they’ve contacted in connection with an investigation “the truth,” as they “know” it. They will, however, insist on “the whole truth” from you, creating an obvious, and highly dangerous, imbalance of knowledge, and therefore of power.

Fourth, you have the right to remain silent, and the right to be legally represented, whether or not you are a target of an investigation,

and whether or not you are in custody. Again, because they are acting as soldiers, fighting in “wars,” government investigators will routinely discourage you from “lawyering up.” Further, unless they have taken a subject into custody (rare, generally, in the beginning stages of an investigation, and unheard-of in health care fraud investigations), and unless they are “interrogating” that subject, they have no legal obligation to inform him or her of the now famous, and so-called, “Miranda warnings.”

Fifth, anything you say will, indeed, be later used against you, whether in a court of law or in quasi-criminal administrative proceedings. Even if obtained without the benefit of Miranda warnings, statements given to law enforcement authorities can be admitted in evidence in order to impeach, or rebut, testimony that the subject may later offer in court. Law enforcement knows this, and will often decide whether or not to “Mirandize” a subject based upon how badly needed is the information being sought.

As suggested above, there is no intent here to foster cynicism, nor to engender disrespect for the often difficult task government investigators face in their roles as law enforcement officials. Nor is

there much question, according to reliable statistics, that behavior amounting to “health care fraud and abuse” has a cost to both the economy and the citizenry that runs in the hundreds of millions annually.

With that said, it is also true that one does not need to have broken the law in order to become the focus of law enforcement officials. “Innocent until proven guilty” is not, it should be emphasized, a concept that applies at all in administrative proceedings, but is one that applies only as an evidentiary principle, even in criminal ones. Thus, any impulse that may exist to demonstrate that one “has nothing to hide” when contacted by a government investigator or investigative agency must be balanced by an awareness that the investigation will take place on a playing field that is “heavily tilted,” in favor of the government.

“Lawyering up,” in other words, (unlike “anything you say”), can never be held against you.

Glenn Michael Simmington, Esq., of Flint, (Cline, Cline & Griffin, P.C.), specializes in medical malpractice defense, criminal defense, and constitutional litigation.

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LEGISLATIVE LIAISON



LEGISLATIVE LIAISON MEETING ON STATE BUDGET, SCOPE AND SGR!

In October the Legislative Liaison Committee met with Rep. Lee Gonzales and Senator John Gleason.

The Committee reviewed key components of the state budget which was recently passed. There will be no cuts to, and no increases in Medicaid payments to physicians.

There was a general discussion of the upcoming elections.

MSMS and GCMS's opposition to the Nurse Practitioners Scope of Practice Legislation was noted, in case it comes up during the lame duck session.

The importance of a Federal fix for the Medicare SGC was discussed. A 30% cut which is scheduled. There is substantial Republican animosity toward the AMA for their support of the Obama Health Plan. There was also discussion of Liability Reform and Billing Reform as a way to reduce costs in the face of no raises in reimbursement.

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