



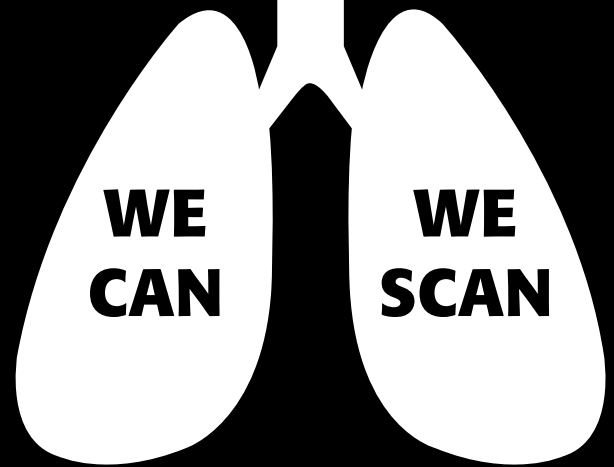
THE Bulletin

April 2015 Volume 97, Number 14

**Peru
MIOSHA Updates
New Lawmaker's Reception
Flint Water Quality Update for Physicians**

GENESEE COUNTY MEDICAL SOCIETY
Organized Medicine's Leading Edge

**CAN YOU SEE
THEIR LUNGS?**



**TELL YOUR AT-RISK PATIENTS ABOUT OUR
CT LUNG CANCER SCREENING
UTILIZING A SPECIFIED LOW-DOSE (LDCT) PROTOCOL**

Early detection of lung cancer leads to easier treatment, reducing deaths by **20% more than chest x-rays. Most insurance carriers (including Medicare) provide coverage, subject to eligibility. RMI also offers a **\$149 cash** pay option.**

SCREENING ELIGIBILITY:

- **55-77 years of age**
- **Current smoker or quit smoking within the last 15 years**
- **Have smoked at least 30 pack years**
(1 pack-year = smoking one pack (20 cigarettes) per day for 1 year)
- **No history or symptoms of lung cancer**

- **LDCT reduces lung cancer mortality rate 20% compared to chest x-ray**
- **RMI is ACR accredited for lung screening**
- **We manage patient follow-ups making your job easier**
- **CTLS program headed by Dr. Ehab Youssef, thoracic radiology fellowship trained at University of Michigan**

RMI
REGIONAL MEDICAL IMAGING
Clearly. Better. Choice.
rmipc.net ▪ (810) 732-1919

2/15

CT screenings are offered at three of our six locations: Lennon Rd, Flint ▪ Fenton ▪ Grand Blanc

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THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Dr. Robert Soderstrom

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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BE COMMITTED, BE ACTIVE!

My intent for this month's letter was to invite, encourage, cajole, nay insist that each of you become more active in organized medicine in general and MSMS and GCMS in particular. Upon further reflection, I've had to modify my goal.

It is obvious that we all lead extremely busy lives and that we must find a balance between self-care (diet, exercise, stress-management, hobbies, and faith), family needs (both immediate and extended), and professional duties (patient care, business management, ongoing education, development of new skills, teaching, and research). What I hope we are all doing is allowing time and energy for community service. For many of you, this may be an activity within your religious organization. It may include involvement in hospital activities, i.e. charity work, quality assurance, peer review, etc. It may include volunteering in schools, youth groups, or service groups, such as Kiwanis and Rotary.

The form of and commitment to these activities may change as your life situation changes. When I first came to Genesee County, my practice was small. My husband was busy, and we did not have children. I worked in Quality Assurance, and Peer Review at Hurley and as Chair of the Family Practice Department. When Chris was growing up, I had to let these go while I led a Cub Scout group, supported the school, and became Chief Chauffeur. And my practice grew. Now that Chris is grown and Terry is retired, I



Deborah Duncan, MD

am having fun and learning lots at GCMS.

So my message is, if this is a good time for you (or at least, not a terrible time), please consider being more active in our Medical Society; at the Committee level, or at the Board of Directors level. Committees such as Legislative Liaison, Community & Environmental Health, and Peer Review, give you a chance to engage with your peers, interact with local and state elected officials, interact with local health leadership, and help direct health care policy at the local, state


and national level.

“Be the change you want to see in the world”

Do you recognize this
DOCTOR?



Look for the Answer inside!



for getting a line of
credit from someone
who understands
your practice.

Business Borrowing | for the achiever in you®

Get financing from a banker who understands your practice and the importance of cash flow to help it succeed. PNC provides dedicated and experienced Healthcare Business Bankers who understand the financial needs of a successful practice, so you end up with more than just a line of credit, you end up with customized financing solutions.

For more information about how you can optimize your practice's cash flow, contact a Healthcare Business Banker at **877-566-1355** or go to **pnc.com/hcprofessionals**

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BEWARE THE TWO-EDGED SWORD

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)

So how is that electronic health record (EHR) system working for your medical practice? Whether office or hospital based, primary care or specialty, in just a few short years the use of EHR has caused a monumental change in most physician's daily work habits. Not all who have made the switch, in fact a sizable majority, are not particularly happy with the changes brought about primarily by government mandate and incentives/penalties to convert record keeping to a computerized format.

In 2004, President George Bush appointed Dr. David J. Brailer, a physician and venture capitalist, to be the first national coordinator for Health Information Technology. The lofty goal was to switch from primitive paper charts to computer-based records. But current information technology tools used in health care are still often difficult to set up and to use. They often do not effectively mesh with what doctors do on a regular basis because EHR can disrupt the format of traditional paper medical records and therefore the way one processes information about a patient and how one arrives at a diagnosis.

There are some definite advantages to computerized charts. They can eliminate the chronic problem of illegible handwriting that is often associated with serious medical errors. Standardization of terminologies is a definite plus. Paper records can be lost to fire or flooding, or they can simply be misfiled and they take up lots of space. With EHR, all the data is in one place allowing for quicker access. Communication between physicians, hospitals, labs and other providers can be expedited. Cost savings can be realized from reduced duplication of diagnostic and imaging studies and lab tests. Billing accuracy should be improved, especially with the specter of ICD-10 on the horizon.

Despite the presumed benefits of EHR, it has not proven to be the panacea that was predicted. Software systems and the necessary hardware components are



Daniel Ryan, MD

expensive and subject to failure. Physician and staff training is very costly, can be an exercise in frustration and possibly lead to mutiny. Although paper medical records are not immune to privacy violations, digitized records can be invaded by hackers on an unprecedented level. There are over 200 software providers in the marketplace and nothing is standardized. The systems do not communicate with one another, thus eliminating many of the promised efficiencies of EHR. Conversion of established charts from paper to digital is cumbersome, time-consuming, and expensive. Paper records do not disappear overnight. Patients are

generally unreceptive to their doctor and staff spending so much time on the computer pointing and clicking, typing and correcting, instead of focusing on them. This preoccupation with the computer screen or tablet device can interfere with the normal office or hospital workflow.

A User Satisfaction Survey in Family Practice Management magazine in 2012 found that 38% of survey responders were satisfied or highly satisfied with their EHR system. Disparaging comments include, "There is little proven benefit, except to vendors and bureaucracies," and "I had a perfectly good paper charting system. EHR is a new expensive version of the Emperor's New Clothes." And primary care physicians are generally happier with their EHR system than are medical subspecialists and surgical specialists. EHR users are pleased with the facilitation of interoffice messages and tasking, data documentation, and facilitated electronic prescribing. They are not pleased with the negative effect on office productivity, disruption of attention to patient care, and vendor support.

Regarding incorporation of an EHR system into any medical setting, too often the emphasis is on the technological aspects of the computer system instead of how well the physicians, nurses, and technical staff will be able to integrate the technology into their daily work routine to enhance, rather than hamper, good patient care.

**Genesee County Medical Society
Town Hall Meeting on May 7, 2015**

Collaborative Value Based Medicine
What Every Physician Needs to Know



Location:
Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

Cost:
\$35.00 for
Physicians, Spouses,
Practice Managers
and Staff

\$25.00 for
Residents & Students

\$50.00 for
Non-Member Guests

**Come and hear Michael Genord, MD, MBA,
Senior Vice President, Strategic Development and
Alignment and Chief Medical Officer,
HealthPlus of Michigan.**

This will be the second in a series of Town Hall Meetings focusing on third-party payers. The first in the series featured Dr. Tom Simmer's presentation on PGP and strategic positioning of Blue Cross Blue Shield of Michigan. At that meeting, we were asked to continue in this process, with a presentation by HealthPlus. Dr. Michael Genord is uniquely positioned to provide the information from the HealthPlus perspective. Information will be provided which is of unique value to practicing physicians. Dr. Genord is a past President of the Oakland County Medical Society. He is Board Certified in Obstetrics and Gynecology and managed a private practice for 17 years. He also served in leadership roles at William Beaumont Hospital and United Physicians Group, both in Royal Oak, Michigan.



This is not a session to miss, and is particularly timely.

Reserve early and feel free to register
your practice managers, family, and other staff!
Please also consider inviting non-members to attend!

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

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Meeting

7:15 pm, Presentations

Kindly submit your RSVP to this meeting by April 30, 2015.

You may mail a check with your reservations to:

Genesee County Medical Society
4438 Oak Bridge Dr., Ste. B
Flint, MI 48532

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.

SEVERAL ITEMS OF IMPORTANCE

GCMS and MSMS are working on several things that should be of critical import to the membership. The issue you are most likely to hear about in the short run is opposition to Senate Bill 68, which would allow advance practice nurses to practice independently of physicians. On March 10th, one of our members, Dr. Mary Marshall testified before the Senate Health Policy Committee in opposition to Senate Bill 68. Coverage of that event is contained later in this issue of The Bulletin.

MSMS, with support from GCMS and other counties, is pushing the issue of establishing a single drug formulary for the Medicaid program. There are obvious reasons why this is important. It is amazing how the major drug companies are able to avoid any kind of controls and have been able to successfully avoid much of the negotiations and business practices that are forced on other components of the health care sector. It makes absolutely no sense that physicians would have to keep track of multiple drug formularies.

GCMS has been asked to serve on the City of Flint Technical Advisory Committee. GCMS became involved in this process because of calls from several members who requested information regarding the health issues associated with the problems of City of Flint water. This issue of The Bulletin contains an update from the city on the water quality and a document which you can copy and give to your patients if they have questions. Patients are being advised by the city to contact their doctor to answer questions and concerns. These two documents will be helpful in answering questions regarding the Flint water issues.

Board certification is an issue which is becoming more and more controversial as a sole criteria



Peter Levine, MPH

for establishing physician quality. However, there are still physicians who are expressing surprise that third-party payers use it as a primary criteria for determining quality. It is really important for people to pay attention to this. There is a major effort being made to convince legislators and other policy makers, that this should never be the sole criteria established for quality. There is plenty of criticism of the certification process from many specialties. But it remains a critical component of how quality is measured by payers and others.

If your practice managers are not attending the GCMS practice manager sessions, they really should be. Each of the programs is terrific. The March session was on MIOSHA, the upcoming April and May sessions on legal issues, and the May session we have on Meaningful Use 2. These are really irreplaceable resources. It is to your benefit, to have your practice managers attend.

Hurley Medical Center Pediatric Oncology Unit

The Only One of Its Kind in Genesee, Lapeer and Shiawassee Counties.



hurleychildrens.com



Children's
Miracle Network
Hospitals

- Cutting-edge therapeutic protocol and drugs
- Latest diagnosis and treatment options
- Real-time decisions from national experts
- Advanced diagnostic testing
- Scholarly and scientific guidance to care



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Gerald Ambrose
Emergency Manager

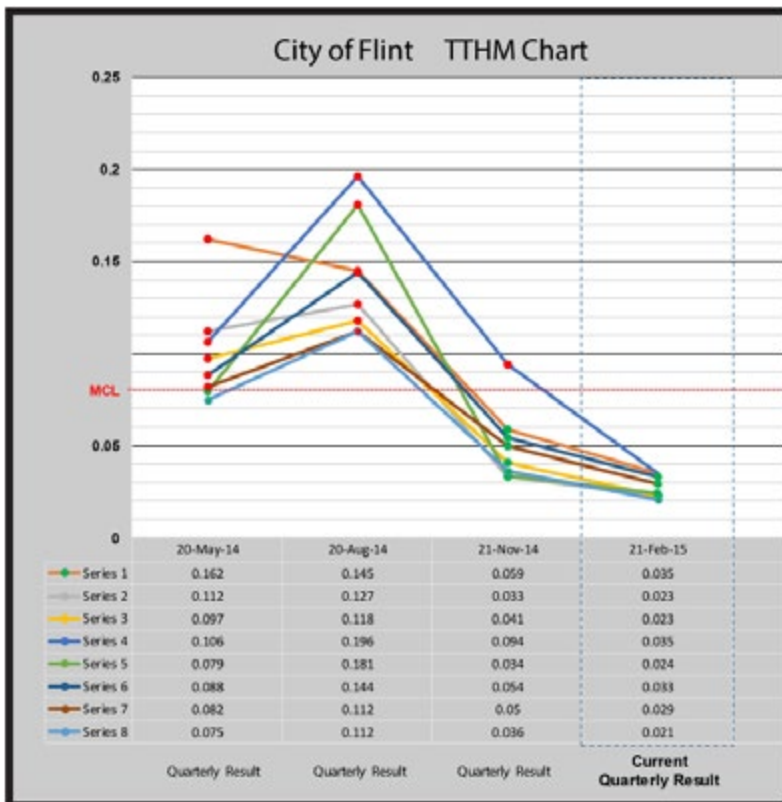
Dayne Walling
Mayor

Natasha Henderson
City Administrator

Members of the Flint Health Care Community,

The safety and quality of Flint’s water has been in the news for months. We have worked hard to address these issues and have succeeded in bringing Flint’s water to within the state’s safety guidelines on all measures, including TTHM (total trihalomethanes). Excess TTHM triggered the initial letter to our customers earlier this year.

Even though Flint water now meets the standards and is testing at significantly below the state’s allowable contamination levels, we are required to send out another letter to residents because the *annual* quarterly testing average is not yet below the state’s allowable average.



The letter – a draft of which is enclosed for your information – includes legally required language recommending that residents who have severely compromised autoimmune systems, an infant in their household or who are elderly should contact their physician. This is standard language from the U.S. Environmental Protection Agency (EPA), which is included in every water quality or water related report the City publishes, regardless of whether there are specific health or quality concerns. It is used by other municipalities nationwide. We failed to alert you in advance of the first letter we were required to send out earlier this year, and we won’t make that mistake again. We have also enclosed a fact sheet and Frequently Asked Questions to help

you respond to any inquiries you may receive from patients.

Flint tests for TTHM – a byproduct of the water chlorination process – at eight different sites in the city. When we began using the Flint River as a source in April of 2014, our first round of quarterly testing for TTHM was conducted in May. At that time, only two testing sites were below the allowable maximum; in August, every site was above the allowable maximum.

City Hall
1101 S. Saginaw Street - Flint, Michigan 48502
810-766-7346 FAX: 810-766-7218 www.cityofflint.com



Gerald Ambrose
Emergency Manager

Dayne Walling
Mayor

Natasha Henderson
City Administrator

The City, with the help of LAN engineering, developed an Operation Evaluation Report (OER), which contained an action plan to address the issue. That plan was implemented, including upgrading the ozone treatment process at the Water Treatment Plant (WTP), increasing water main/hydrant flushing to decrease stagnation, performing small-scale testing of treatment to identify areas of improvement, and applying overall improvements to the WTP through operational changes and to the distribution system through water-circulation modeling.

Because the public notice is based on an annual average of quarterly results, a notice was not required until November, at which time all but one testing site was below the allowable levels. Our most recent testing in February showed that every testing site was well below state allowable levels. (See the graph in this letter outlining our progress.)

We have taken many steps to continue to improve the safety and quality of Flint's water, including bringing in international urban water system consultants, Veolia North America, and establishing two advisory committees: a Citizens Advisory Committee and a Technical Advisory Committee made up of representatives from the University of Michigan, Michigan State University, Kettering University, Mott Community College, Michigan Department of Environmental Quality, U.S. Environmental Protection Agency, Genesys, Hurley and McLaren Hospitals and local health officials including the Genesee Medical Society, Greater Flint Health Coalition and the Genesee County Public Health Department.

We have also established a hotline 810-787-6537 and a place for continuing updates on the city's website <http://cityofflint.com/?p=6251>. In addition, we encourage residents who are concerned about their water to report it immediately so that we can arrange for on-site testing. We have offered this for more than a month, however, to date only a few residents have requested it. All residents wishing to have their water tested can call the hotline or send an email to flintwater@cityofflint.com.

While Flint's water system may still be challenged with aesthetic quality issues, such as discoloration or odor, we assure you the *safety* of the water meets all state standards. You should also know that the City publishes its monthly tests for a wide variety of water treatment components, including chloride levels, on its website at cityofflint.com/?page_id=5643.

We urge you to contact the City of Flint Water Treatment Plant with any specific questions or concerns. We will do our absolute best to get you the answers you need.

Sincerely,

City Hall
1101 S. Saginaw Street - Flint, Michigan 48502
810-766-7346 FAX: 810-766-7218 www.cityofflint.com



City of Flint Water FAQs



Is it currently safe to drink City of Flint water?

Yes. It's safe to drink, brush your teeth with, and bathe in the water. In the most recent water tests, in February 2015, all of the eight testing sites throughout the City were well below the maximum levels for total trihalomethanes (TTHM) recommended by the Environmental Protection Agency (EPA). You do not have to boil your water or take other corrective actions. The need to issue another violation notice is based entirely on high TTHM levels in the past. The water today is comparable to Detroit's in safety and quality.

Where is the City of Flint in addressing the water situation?

The City has made great strides in ensuring the safety of its water supply. The amount of TTHM in the water has decreased consistently in the last year and is currently at a safe level. While the water is safe to drink, some areas may experience harmless discoloration and possible odor. The City is continuing to address those aesthetic quality issues.

When was the last water test conducted?

The last water sampling test was conducted Feb. 21, 2015. The City of Flint received results from the state lab on Feb. 27, 2015. These results showed that February's quarterly results were well below the contaminant level (MCL). The City also monitors its water on a daily basis to ensure that water quality remains within the established guidelines.

What is considered to be a contaminant?

Contaminants in water may include microbial contaminants such as viruses and bacteria, and inorganic contaminants such as salts and metals, which can occur naturally. In this case it is trihalomethanes, which are a byproduct of disinfecting water. The disinfection process is regulated by the Safe Drinking Water Act and has played a crucial role in advancing public health. It's important to note that drinking water, including bottled water, is reasonably expected to contain slight amounts of some contaminants. But the presence of contaminants does not necessarily indicate that the water poses a health risk.



City of Flint Water FAQs



Will trihalomethanes make people sick?

For the majority of people, no. Individuals must consume excess amounts of contaminated water over many years to be susceptible to health risks, such as problems with the liver, kidneys, central nervous system, or increased risk of cancer. However, people with compromised immune systems – such as someone with HIV/AIDS, cancer, or other immune disorders – are more at risk and should speak to their health care provider. Trihalomethanes are more likely to cause effects when inhaled. To prevent this in situations such as showering (or other circumstances involving steam), simply open a door/window or turn on a fan. This is true with all public drinking water. It's not unique to water from the Flint River.

Is exposure to trihalomethanes bad for pregnant women?

While science has not established a causal relationship between trihalomethanes and adverse health effects among pregnant women, the City advises pregnant women to call the EPA's Safe Drinking Water Hotline at (800) 426-4791 about any concerns related to trihalomethanes.

Is it safer to drink bottled water?

Not necessarily. Although bottled water is regulated by the Food and Drug Administration (FDA), it undergoes much less rigorous testing than what the Environmental Protection Agency (EPA) requires for tap water. Also, the FDA does not regulate bottled water that is packaged and sold within a single state, even though 60-70% of bottled water falls into that category. The City of Flint's tap water is regulated by both the FDA and the EPA.

Where can I find official communications and updates on the Flint water issue?

The City posts information on the City of Flint website at www.cityofflint.com. There is a special section dedicated to addressing Flint water concerns and providing the latest updates. In addition, citizens may also call the Flint Water Plant & Facilities at 810-787-6537.

MIOSHA TUTORIAL FOR PRACTICE MANAGERS



The February Practice Managers meeting focused on MIOSHA issues. Imagine two hours of non-stop communications on MIOSHA. It is the kind of thing that makes your eyes glaze over when thinking about it. However, Jenelle Thelen, Senior Industrial Hygienist from the MIOSHA Consultation Education and Training Service, made it fascinating. No one left her presentation, which included myriad issues that practices need to consider. Her presentation slides are available via this link to the GCMS website. www.gcms.org

The April Practice Managers session will be provided by Attorney Jonathan Hartman, who will discuss managing documentation in practices. His areas of focus will include HIPAA, templates, and privacy. He will also be prepared to answer questions on a variety of topics regarding practices. The May session for practice managers will target Meaningful Use 2. Members wishing to have practice managers attend these valuable meetings, please contact Sherry Smith at ssmith@gcms.org or call 810-733-9923

Probate & Power of Attorney Issues for Practices was the topic of the March session and featured Attorney Barbara Hunyady as presenter. Please look for a full meeting report to appear in the May issue of The Bulletin.



DOCTORS/DENTIST OFFICE CHECKLIST

Michigan On The Job Poster & other workplace posters

www.michigan.gov/lara/0,4601,7-154-61256_11407_30453-174563--,00.html

Hazard Communication – Parts 92/430

Written Program (needs to be site specific)

Posters

Container labeling (secondary containers)

Employee training

Chemical inventory list

Sample Written Hazard Communication Plan – CET Handout 5530 (doc)

www.michigan.gov/documents/lara/lara_miosha_cetsp22_379146_7.doc (Compliance Guide)

Personal Protective Equipment – Parts 33/433

Written Hazard Assessment Certification

Employee training

www.michigan.gov/documents/dleg/deleg_wsh_cetsp16_336065_7.doc (samples)

Bloodborne Infectious Diseases – Part 554

Written exposure control plan (site specific)

Hepatitis B vaccination for all Category A employees (or declination statement)

Standard operating procedures

DOCTORS/DENTIST OFFICE CHECKLIST

Decontaminate/clean-up procedures

Employee training on employer's exposure control plan

www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf (std.)

www.michigan.gov/lara/0,4601,7-154-61256_11407_30453-94707--00.html (sample programs)

Medical Services & First Aid – Part 472

Emergency eyewash station: dependent on chemicals used & pH (i.e., high level disinfectants, toilet bowl cleaner)

www.dleg.state.mi.us/wsh/docs/inst/miosha_std_07_1r1.doc (eyewash/shower info)

Occupational Disease Reporting

www.michigan.gov/documents/cis_wsh_oh51instruction_84287_7.htm (info)

Formaldehyde – Part 306

Fixation of biological samples.

Employee training/ information

Air monitoring

www.michigan.gov/documents/CIS_WSH_part306_37835_7.pdf (std.)

www.michigan.gov/documents/cis_wsh_cet5028_90140_7.doc (training info)

Fire Exits – Part 6

www.michigan.gov/documents/CIS_WSH_part6_38111_7.pdf (std.)

Fire Extinguishers – Part 8

www.michigan.gov/documents/CIS_WSH_part8_51042_7.pdf (std.)

Electrical Safety-Related Work Practices – Part 40

Extension cord use – Rule 4007

www.michigan.gov/documents/CIS_WSH_part40_51258_7.pdf (std.)

Design Safety Standards for Electrical Systems – Part 39

Working clearance 3 ft. in front of electrical panel (no blocking), Rule (g)(1)(i)

Labeled circuit breakers, 1910.303(b)(2)(f)

Guarding of live electrical parts, 1910.303(g)(2)(i)

www.michigan.gov/documents/cis/CIS_WSH_GI-39_6-27-07_200425_7.pdf (std.)

Compressed Gases, Acetylene, Hydrogen, Oxygen & Nitrous Oxide – Part 69

Secured compressed gas cylinders – General rules for cylinders – Rule 1223

www.michigan.gov/documents/CIS_WSH_part69_35487_7.pdf (std.)

Respiratory Protection – Part 451

Required use – written & implemented program

Voluntary use (grinding) – Appendix D training

www.michigan.gov/lara/0,4601,7-154-61256_11407_30453-94707--00.html (sample)

www.michigan.gov/documents/CIS_WSH_part451_54075_7.pdf (Appendix D)

Abrasive Wheels – Part 1A

Work rest adjustment – Rule 114

Guarding wheel & spindle end nut – Rule 121

Peripheral/upper guard adjustment – Rule 125

www.michigan.gov/documents/CIS_WSH_part1A_41828_7.pdf

Laser Use – Class 3b and 4 Lasers

Laser Safety Officer (LSO) in place

Hazard analysis performed

Standard Operating Procedures (SOPs) and Employee Training

Personal Protective Equipment (Eyewear with proper optical density (OD) rating)

Industrial Laser Compliance Guide (related reference)

www.michigan.gov/documents/dleg/wsh_cet39_272060_7.pdf

Federal OSHA's Office Checklist

www.labtrain.noaa.gov/osha600/refer/menu15d.pdf

Recommendations from National Institute for Occupational Safety and Health (NIOSH)

Occupational Exposure to Waste Anesthetic Gases and Vapors: <http://www.cdc.gov/niosh/docs/1970/77-140.html>

Use and Control of Nitrous Oxide in Dental and Medical: <http://www.cdc.gov/niosh/topics/nitrousoxide/>

Hazard Communication narrated training modules and pictograms:

Issues Of Serious Concern For Medical Practices!

*Don't let your practice manager miss these
important meetings!*

April Topic: Managing Documents in Practices:
HIPPA, Privacy, Templates and Other
Legal Issues for Practices

Presenter: Jonathan Hartman, Esq
Cline, Cline and Griffin

May Topic: Meaningful Use 2

Presenter: Stacey Hettiger
Michigan State Medical Society

Held 4th Thursday
of each month from
8am to 10am.

Genesee County Medical Society
Rapport Conference Room
4438 Oak Bridge Drive, Suite B
Flint, MI 48532

Light breakfast available
(coffee, tea, fruit cups, granola bars)



EBOLA:

A TALE OF PEACE AND CONFLICT

By *PAUL NATINSKY*

Craig Spencer might be most well known as the Detroit-area native and physician who survived the Ebola virus, but his core message has much more to do with the politics of disease management than the clinical ramifications of his experience.

In a talk at his alma mater, Wayne State University, Feb. 17, Spencer said his tale is more a story of peace and conflict and the politics of quarantine, than narrative on health policy.

Spencer, who volunteered for six weeks in 2014 at an Ebola treatment center in Gueckedou, Guinea, said late reaction by the world health community contributed mightily to the spread of the virus during the 2014 outbreak. He said Doctors Without Borders (the non-profit organization for which he worked) identified the current outbreak as potentially explosive right away. He said the international community took five months to finally respond.

By conservative estimates, the toll for the current outbreak has resulted in 23,000 cases and 9,000 deaths, and counting. This compares to a 1970s outbreak at the time the disease was first discovered that featured about 2,000 cases. The difference, said Spencer, is that the 1970s event took place in Congo, where travel is difficult and isolating disease cases is easy. The current outbreak occurred at the crossroads of three countries—Sierra Leone, Guinea and Liberia—with capital cities within a day's travel.

After the late response, substantial relief was not forthcoming. Spencer said the top American academic medical centers made it all but impossible for their faculty to volunteer for travel to Africa to stem the epidemic, resulting in Spencer and other similarly situated physicians caring for 30 to 40 patients each.

He said excuses from those hallowed institutions included not having enough faculty to spare and not having faculty experienced in managing that patient population. Adding insult to injury, Spencer said the medical centers set criteria for their faculty to meet for volunteer service and then kept changing them, creating a moving target. The result was that, Spencer said, three times the number of people volunteered than were accepted.

Spencer said HHC Bellevue in New York, where he was treated for the Ebola virus, has 1,700 staff physicians. There are 1,600 physicians, total in Guinea, Sierra Leone and Liberia, he said.

He said the public health faculty at Johns Hopkins University in Baltimore numbers 536, more than the entire continent of Africa.

Ironically, Spencer said he estimates that he had 30 to 40 people caring for him at Bellevue as compared to the 30 or 40 he was caring for at any given time in Guinea.

Mainstream politics also contributed to the slow and ineffective response to the outbreak, said Spencer. He said New York Gov. Andrew Cuomo and New Jersey Gov. Chris Christie made public comments supporting aggressive quarantine measures. A move Spencer said did more harm than good. He explained that quarantines separate people who might have been exposed to a disease but show no symptoms and contrasted that with isolation, in which those showing disease symptoms are isolated.

Among the harmful effects of quarantines, said Spencer, are a squelching of volunteerism, incentive for people to lie about their exposure and diversion from actual containment efforts.

Another political twist to the Ebola outbreak saw the problem analogized with terrorism, specifically the extremist Islamist group, ISIS. This move, incorporated by President Obama and others, shifted the focus from public health to national security, with the deleterious effect of diverting efforts to get at the source of the outbreak toward keeping it off of American shores.

In the end, Spencer said he is fearful that we will have learned little from a public health perspective about how to stem such crises.

Further, Spencer doesn't think Ebola is going away. More than half of the current cases can't be traced to a source and eventually the public health workers and money will pull out of West Africa.

"There is concern that we'll never get rid of Ebola in West Africa. Maybe it will become endemic. When we become complacent, the money and the volunteers leave," said Spencer.





Greater Flint Health Coalition Access Committee Analysis & Education Statement on the Affordable Care Act

The Affordable Care Act (ACA) requires that most people have health coverage or pay a fee. To assist people needing insurance, the ACA created the Health Insurance Marketplace as a new way to shop for health insurance, apply for financial help, and buy coverage without impact or denial from pre-existing health conditions. The Marketplace allows you to compare participating plans offered in your area based on price, benefits, and other features that may be important to you.

By filling out a Marketplace application, you will learn if you qualify for private health insurance, Healthy Michigan, or Medicaid. Healthy Michigan and Medicaid provide low-cost or free coverage to people with low incomes. If you qualify for private insurance, you may be eligible for a tax credit to help you cover the cost. The amount of the tax credit is determined by your income and the cost of a "benchmark" plan. The benchmark plan is the second-lowest-cost silver level plan in your area's Marketplace. Tax credits may be used for purchasing a silver or gold level plan.

Is the Affordable Care Act working?

Yes, in a basic sense, the ACA is working. The ACA was intended to reduce the number of Americans without health insurance. Since its launch, the number of uninsured Americans has decreased by approximately 25 percent (or approximately eight to 11 million people). In Genesee County, approximately 8,600 residents signed up to purchase a federal health insurance plan during the last enrollment period. Furthermore, as of December 2014, nearly 31,000 additional Genesee County residents had enrolled in Medicaid expansion, known as Healthy Michigan.

The ACA is working best in states like Michigan that have chosen to expand Medicaid. While Medicaid expansion was originally a requirement when the healthcare law passed in 2010, the Supreme Court decision that made Medicaid expansion optional has slowed coverage expansion in states that chose not to expand Medicaid. In Michigan, Medicaid expansion has exceeded enrollment expectations. Genesee County currently has the highest percentage of Healthy Michigan enrollment per eligible resident in the State. This has helped make the ACA successful in our community, as has the existence of Genesee Health Plan, which is aiding community members who fall through the cracks or who are unsure about what they may qualify for.

Why doesn't the Affordable Care Act provide health insurance for everyone?

Unfortunately, the ACA was not designed to provide universal access to health care, as most citizens in countries throughout the rest of the industrialized world have. The ACA, instead, was focused on increasing access to health insurance, while maintaining some of the current structures of the United States health insurance system. For example, the link of health insurance to a person's employment – something that is unique to the U.S. – was maintained in the ACA, and is a large strategy factor behind the lack of universal access to coverage in our country today. Other countries with universal access to health care consistently exhibit better access, better outcomes, and lower costs. However, that is not what the elected leaders of the United States decided to do. It is our position that universal access to health care should be the ultimate goal.

Is the Affordable Care Act making health care more affordable?

The answer here depends on who is asking the question, sadly. Recent analyses suggest that approximately 85% of the 7.3 million people who signed up for health insurance through the federal marketplace or online exchanges during the first enrollment period qualified for federal subsidies (or discounts) that reduced the cost

of their premiums. However, while many have found policies with affordable premiums, when it comes to using the health insurance they've purchased, high deductibles and frequent out-of-pocket costs have caused some people to use their insurance less or drop their coverage altogether.

Furthermore, rate changes for 2015 suggest plans will cost more in the coming year. In many markets, prices increased by more than 10% for the most popular plan. However on average, consumers who switched from the most popular plan of 2014 to the cheapest similar plan in 2015 will see an average increase of only 1%.

How do I obtain health care coverage if I haven't signed up before?

Open enrollment for a calendar year runs from November 15th of the prior year to February 15th. **Individuals who are eligible for Medicaid or Healthy Michigan may apply and be qualified for enrollment at any time during the calendar year.**

You can also buy a plan outside the Marketplace. Such plans may meet the ACA's coverage requirements but are not eligible for the tax credits or savings you may qualify for.

What if I drop my current health insurance or choose not to purchase it at all?

Under the ACA, there is a penalty for most individuals who do not have health insurance. The penalty for being uninsured in 2015 rises to \$325 per adult plus \$162.50 per child (with a family maximum of \$975) or 2% of your yearly income, whichever is greater. A penalty calculator is available online at the Tax Policy Center's website, <http://taxpolicycenter.org/taxfacts/acacalculator.cfm>.

Where can I get local help in Genesee County?

The partners of the Greater Flint Health Coalition's (GFHC) Access Committee are here to help the residents of Genesee County as a no cost, community service. Members of the GFHC include Genesys Health System, Hurley Medical Center, McLaren Flint, Genesee County Medical Society, Hamilton Community Health Network, Genesee Health System, Genesee Community Health Center, Genesee County Health Department, Genesee Health Plan, University of Michigan Flint Urban Health & Wellness Center, and others. We work together to improve access to health care for all residents.

The following organizations provide Health Insurance Marketplace, Medicaid, and Healthy Michigan enrollment assistance free of charge by walk-in or appointment:

Genesee Health Plan

2171 S. Linden Road
Flint, MI 48532
1-844-232-7740

Hamilton Community Health Network

2900 N. Saginaw St.
Flint, MI 48505
(810) 406-4246

Genesee Community Health Center (Center City)

422 W. 4th Avenue
Flint, MI 48503
(810) 496-5777

Genesee County Health Department (Burton)

G-3373 S. Saginaw Street
Burton, MI 48529
(810) 237-4545

Genesee County Health Department (Flint)

630 South Saginaw Street, Suite 4
Flint, MI 48502
(810) 257-3039

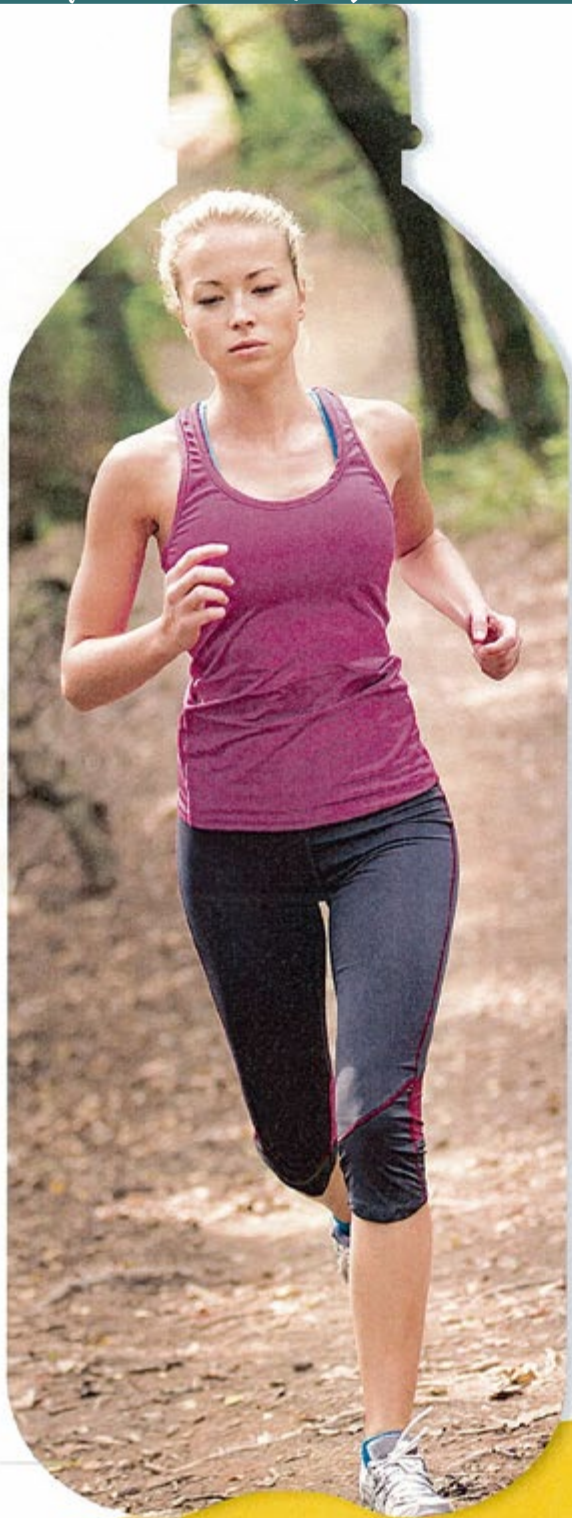
For additional information, please visit:

www.gfhc.org/EnrollGenesee

or contact the Greater Flint Health Coalition:

(810) 232-2228
gfhc@flint.org

Editor's Note: The following are posters which can be used in your practice to promote reduced sugar consumption. Dr. Daniel J. Ryan, Editor



DID YOU KNOW
IT TAKES 50
MINUTES
OF RUNNING
TO WORK OFF
ONE BOTTLE
OF SODA OR
FRUIT JUICE?

For fact sheets and tips, visit
commit2fit.com



Editor's Note: The following are posters which can be used in your practice to promote reduced sugar consumption. Dr. Daniel J. Ryan, Editor

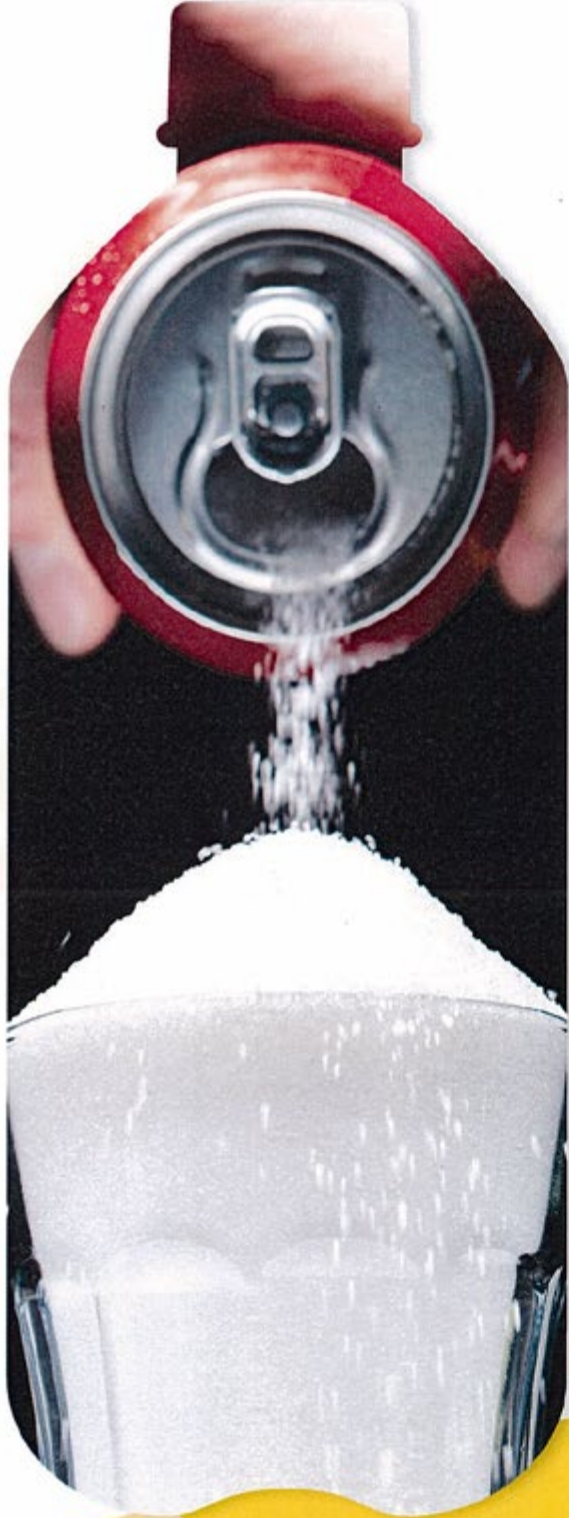


DRINKING MORE
THAN ONE SUGARY
DRINK A DAY
**CAN INCREASE
YOUR CHILD'S
RISK OF OBESITY
BY 60%.**

For fact sheets and tips, visit
commit2fit.com



Editor's Note: The following are posters which can be used in your practice to promote reduced sugar consumption. Dr. Daniel J. Ryan, Editor



YOU WOULDN'T
EAT 22 PACKETS
OF SUGAR.
**WHY ARE
YOU DRINKING
THEM?**

For fact sheets and tips, visit
commit2fit.com



Editor's Note: The following are posters which can be used in your practice to promote reduced sugar consumption. Dr. Daniel J. Ryan, Editor



ONE SODA
X
365 DAYS

**25%
INCREASED
RISK OF
TYPE 2
DIABETES**

For fact sheets and tips, visit
commit2fit.com





MAYOR'S WELLNESS CHALLENGE



APRIL 1st – APRIL 30th

HOW TO PARTICIPATE AND WIN!

1 Events

Participate in the Mayor's Wellness Challenge Scheduled Events

- Attend 1 "Mayor's Event" and 1 "Flint Famers' Market Event" during April to be eligible!
- Get your Event Card* stamped at each event!
- Turn in your card (with at least 2 stamps) for the drawing at the finale event on Thursday, April 30.

PRIZES INCLUDE:

A New Bike, Walking Shoes, Fitness Equipment, Commit to Fit! Giveaways and More!

2 Online

Track your wellness online at Commit2fit.com and strive to reach the following goals in the month of April:

- Physical Activity (Log 900 minutes)
An average of 30 minutes of activity daily!
- Nutrition (Log 150 servings)
Eat 5 servings of fruits and veggies daily!
- Weight (5 points)
Log your weight weekly!

PRIZES INCLUDE:

\$25 (4) • \$50 (4) • \$100 (2)

*Event Cards available at weekly Flint Farmers' Market cooking demos, Flint City Hall and online at commit2fit.com.

Mayor's Wellness Challenge Event Schedule



www.commit2fit.com





CHALLENGE ACTIVITY CALENDAR

Healthy community activities will be held throughout the challenge for all those who live, learn, work, and play in Flint & Genesee County. Mark your calendars for these healthy activities led by Flint Mayor Dayne Walling. Everyone who attends will have a chance to win a special prize!

Stay tuned for additional information on more events throughout the challenge!

All Events Are Free!

APRIL 2015

■ Flint Farmers' Market Events

■ Mayor's Event

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|--|--|
| 30 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Senior Stretch YMCA-Downtown Flint 10:00 am-11:00 am | 31 MARCH Enhance Fitness Flint Farmers' Market 10:00 am Healthy Cooking Demo Flint Farmers' Market 12:00 pm Enhance Fitness Carriage Town Ministries 2:30 pm | 1 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Kick Off Press Conference Diplomat Pharmacy 12:00 pm Zumba Gold (Beginner) Genesys Athletic Club 5:30 pm | 2 Enhance Fitness Flint Farmers' Market 10:00 am Jazzercise Jazzercise Court St. 5:30 pm Basic Yoga Insight Health & Fitness Ctr. 6:45 pm | 3 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba! Toning® UM-Flint Recreation Ctr. 5:30 pm | 4 Healthy Cooking Demo* Flint Farmers' Market 12:00 pm-1:00 pm |
| 6 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Senior Stretch YMCA-Downtown Flint 10:00 am-11:00 am | 7 Enhance Fitness Flint Farmers' Market 10:00 am Healthy Cooking Demo Flint Farmers' Market 11:30 am Enhance Fitness Carriage Town Ministries 2:30 pm | 8 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba Gold (Beginner) Genesys Athletic Club 5:30 pm | 9 Enhance Fitness Flint Farmers' Market 10:00 am Jazzercise Jazzercise Court St. 5:30 pm Basic Yoga Insight Health & Fitness Ctr. 6:45 pm | 10 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba Toning® UM-Flint Recreation Ctr. 5:30 pm | 11 Using Nutrition Labels Hurley Wellness Services Flint Farmers' Market 9:00 am-5:00 pm |
| 13 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Senior Stretch YMCA-Downtown Flint 10:00 am-11:00 am | 14 Enhance Fitness Flint Farmers' Market 10:00 am Healthy Cooking Demo Flint Farmers' Market 11:30 am Enhance Fitness Carriage Town Ministries 2:30 pm | 15 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba Gold (Beginner) Genesys Athletic Club 5:30 pm Family Walk* Max Brandon Park 6:30 pm-7:30 pm | 16 Enhance Fitness Flint Farmers' Market 10:00 am Jazzercise Jazzercise Court St. 5:30 pm Basic Yoga Insight Health & Fitness Ctr. 6:45 pm | 17 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba! Toning® UM-Flint Recreation Ctr. 5:30 pm | 18 Arbor Day Celebration For Mar Nature Preserve 12:00 pm-3:00 pm Fitness Fusion Flint Farmers' Market 11:45 am-12:45 pm |
| 20 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Senior Stretch YMCA-Downtown Flint 10:00 am-11:00 am | 21 Enhance Fitness Flint Farmers' Market 10:00 am Healthy Cooking Demo Flint Farmers' Market 11:30 am Enhance Fitness Carriage Town Ministries 2:30 pm | 22 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba Gold (Beginner) Genesys Athletic Club 5:30 pm | 23 Community Wellness Fair Hurley Medical Ctr. Flint Farmers' Market 10:00 am-2:00 pm Enhance Fitness Flint Farmers' Market 10:00 am Jazzercise Jazzercise Court St. 5:30 pm Basic Yoga Insight Health & Fitness Ctr. 6:45 pm | 24 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba! Toning® UM-Flint Recreation Ctr. 5:30 pm | 25 Community Wellness Fair Hurley Medical Ctr. Flint Farmers' Market 9:00 am-1:00 pm YMCA Healthy Kids Day Pierson Road YMCA 11:00 am-2:00 pm Lacrosse Clinic* Haskell Community Center 12:00 pm-2:00 pm |
| 27 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Senior Stretch YMCA-Downtown Flint 10:00 am-11:00 am | 28 Enhance Fitness Flint Farmers' Market 10:00 am Healthy Cooking Demo Flint Farmers' Market 11:30 pm Enhance Fitness Carriage Town Ministries 2:30 pm | 29 Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Zumba Gold (Beginner) Genesys Athletic Club 5:30 pm | 30 Enhance Fitness Flint Farmers' Market 10:00 pm Finale Event* Flint Farmers' Market 12:30 pm-1:30 pm Jazzercise Jazzercise Court St. 5:30 pm Basic Yoga Insight Health & Fitness Ctr. 6:45 pm | 1 MAY Enhance Fitness Hasselbring Senior Center 9:00 am-10:00 am Body PHIT UM-Flint Recreation Ctr. 5:30 pm | 2 3 City Bike Ride* Flint River Trail at Stepping Stone Falls 2:00 pm |

*Mayor Dayne Walling will hold a drawing for all those who attend these events for the chance to win a Commit to Fit! Swag Bag.



DATE: March 2, 2015
TO: GCMS Board of Directors
FROM: Cathy Blight, MD, Chair
RE: March Legislative Liaison Committee Meeting

The Legislative Liaison Committee met on March 2, 2015. Present were Amy Hovey from Congressman Kildee's office, Senator Jim Ananich, Representative Joseph Graves, Tim Sneller, Chief of Staff for Representative Charles Smiley, Nicole Addison, from Representative Pam Faris' office, Gary Paavola, Drs. Deborah Duncan, Venkat Rao, Cathy Blight, Paul Lazar, Steve Japinga, MSMS staff and Peter Levine, and Sherry Smith, GCMS staff.

The meeting was called to order at 8:00am by Cathy Blight, MD, Chair.

Steve Japinga reviewed the MSMS Legislative Priority List. Primary on that list is scope of practice, Senate Bill 68. Committee members expressed their concerns regarding this legislation. A significant amount of time was spent hearing about the strategic maneuverings going on relating to this legislation. Certificate of Need reform was also discussed at length, as was the Medicaid budget and maintenance of certification. The issue of maintenance of certification is an issue which will come up again and again, because it has a chilling impact on cost, access, and economic development. There was also a note that MSMS is going to be working hard on developing a single Medicaid pharmaceutical formulary. Senator Ananich and Representative Graves noted that they are working together on a prescription drug abuse initiative. There was a brief discussion of Proposal 1, which would fund roads and schools.

Amy Hovey of Congressman Kildee's office provided an update on Federal issues, including SGR and grave concerns regarding a nuclear waste dump, which is being built by the Canadian government in Ontario near the Lake Huron shore. Staff was directed to develop a Resolution for the MSMS House of Delegates by the end of the day, to ask for an investigation of this public health hazard.

The next meeting of the Legislative Liaison Committee will take place on May 4, 2015. At that time, the Committee will review the actions taken by the MSMS House of Delegates, which are expected to result in legislative action.

Our mission is leadership, advocacy, education, and service on behalf of our members and their patients.

**Genesee County Medical Society
Town Hall Meeting on May 7, 2015**

Collaborative Value Based Medicine
What Every Physician Needs to Know



Location:
Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

Cost:
\$35.00 for
Physicians, Spouses,
Practice Managers
and Staff

\$25.00 for
Residents & Students

\$50.00 for
Non-Member Guests

**Come and hear Michael Genord, MD, MBA,
Senior Vice President, Strategic Development and
Alignment and Chief Medical Officer,
HealthPlus of Michigan.**

This will be the second in a series of Town Hall Meetings focusing on third-party payers. The first in the series featured Dr. Tom Simmer's presentation on PGIIP and strategic positioning of Blue Cross Blue Shield of Michigan. At that meeting, we were asked to continue in this process, with a presentation by HealthPlus. Dr. Michael Genord is uniquely positioned to provide the information from the HealthPlus perspective. Information will be provided which is of unique value to practicing physicians. Dr. Genord is a past President of the Oakland County Medical Society. He is Board Certified in Obstetrics and Gynecology and managed a private practice for 17 years. He also served in leadership roles at William Beaumont Hospital and United Physicians Group, both in Royal Oak, Michigan.



This is not a session to miss, and is particularly timely.

Reserve early and feel free to register
your practice managers, family, and other staff!
Please also consider inviting non-members to attend!

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

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Meeting

7:15 pm, Presentations

Kindly submit your RSVP to this meeting by April 30, 2015.

You may mail a check with your reservations to:

Genesee County Medical Society
4438 Oak Bridge Dr., Ste. B
Flint, MI 48532

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.

RESOLUTIONS

Resolution # _____

Title: Establish Physical Activity Requirements for All Public School Students

Introduced by: Gerald Natzke, DO

Original Author: Gerald Natzke, DO

Referred to:

House Action:

WHEREAS physical activity is known to improve health, and

WHEREAS physical activity in the school setting is known to enhance concentration, appetite, and overall wellbeing of students, and

WHEREAS school requirements and budget cuts have reduced the amount of physical activity for students in recent years, and

WHEREAS a program of physical activity for all students and all schools would raise the overall fitness and health level of the school student population, and

WHEREAS obesity leads to at least 300,000 deaths among adults in the United States each year, due in part to physical inactivity and poor diet, and

WHEREAS inadequate participation in physical activity is a significant contributor to the epidemic of obesity that has plagued the nations young people during the past few decades, and

WHEREAS physical activities offer young people many health benefits, including improving aerobic endurance and physical strength, helping to control weight, building lean muscle and reducing fat, and helping build greater bone mass, all of which thwart the development of osteoporosis in adulthood and prevent or reduce high blood pressure, and

WHEREAS a growing body of evidence suggests that providing students with more physical education and physical activity opportunities helps reduce the cost schools incur by reducing absenteeism, improving student health and reducing staff time spent addressing academic performance, and

WHEREAS a growing body of evidence also suggests that improvement in test scores and overall academic achievement can be linked to increased time in physical education, and

THEREFORE BE IT RESOLVED that MSMS propose legislation similar to Virginia Senate Bill 823, which amends the code of the State of Virginia relating to public schools physical activity requirement, and

THEREFORE BE IT FURTHER RESOLVED that legislation be developed to propose a program of physical activity available to all students in grades kindergarten through five, consisting of at least twenty minutes per day, or an average of 100 minutes per week, during the regular school year, and

THEREFORE BE IT FURTHER RESOLVED that a program of physical activity be available to all students in grades six through twelve with a goal of at least 150 minutes per week, on average, during the regular school year, and

THEREFORE BE IT FURTHER RESOLVED that such a program may include any combination of: physical education classes; extra-curricular activity, such as athletics; recess, or; other programs and physical activities deemed appropriate by the local school Board.

Resolution # _____

Title: Reduce Continuing Medical Education Credit Requirements for Retirees

Introduced by: Amitabha Banerjee, MD **Original Author:** Amitabha Banerjee, MD

Referred to:

House Action:

WHEREAS many physicians maintain their licenses after they retire, and

WHEREAS maintenance of that license is for purposes of familiarity and identity, and

WHEREAS many of those physicians do not practice at all, and

WHEREAS many physicians who retire continue to pay the \$150 fee for the three-year licensure renewal, and

WHEREAS there is a further requirement of 50 continuing medical education credits per year to maintain medical license, and

WHEREAS those physicians who wish to maintain their license without practicing at all are subjected us to unnecessary inconvenience and cost in procuring these 50 credits per year,

THEREFORE BE IT RESOLVED that the administrative rules for licensure for retired physicians be amended so that physicians can maintain their license for the purpose of comfort and simple desire by paying a \$150 fee for each three-year period, and

Therefore be it further resolved that the administrative rules for license be amended to reduce the CME requirements for those retired physicians who no longer practice to 30 CME credits per 3 years of licensure.

Title: Urge Action to Evaluate the Proposed Underground Nuclear Waste Repository in Ontario

Introduced by: Gerald Natzke, DO on behalf of the Genesee County Delegation

Original Author: Deborah Duncan, MD

WHEREAS, the Ontario Power Generation is proposing to construct an underground, long-term burial facility for low- and intermediate-level radioactive waste at the Bruce Nuclear Generating Station, and

WHEREAS, this site is less than a mile inland from the shore of Lake Huron, and

WHEREAS placing a permanent nuclear waste burial facility so close to the Great Lakes shoreline is a matter of serious concern for the inhabitants of the Great Lakes states and provinces. A leak or breach of radioactivity from this waste facility could damage the ecology of the lakes. Tens of millions of United States and Canadian citizens depend on the lakes for drinking water, fisheries, tourism, recreation, and other industrial and economic uses, and

WHEREAS Michigan recognizes the duty of the legislative branch of government to protect the public health, safety, and welfare of its citizens and the state's natural resources, and

WHEREAS the Michigan Legislature has recognized the inherent dangers of siting a radioactive waste storage facility near the shores of the Great Lakes, and

WHEREAS the Great Lakes Water Quality Agreement (GLWQA) is a bi-national agreement to address critical environmental health issues in the Great Lakes region, with the overall purpose of restoring and maintaining the chemical, physical, and biological integrity of the Great Lakes, and

WHEREAS, the 1909 Boundary Waters Treaty recognizes the immense importance of the Great Lakes as a shared resource between the United States and Canada. The wisdom of the Treaty drafters is reflected in the creation of the International Joint Commission (IJC), composed of three members from the United States and three members from Canada, to act as impartial watchdogs over the boundary waters between the countries, and

WHEREAS, the IJC has frequently been asked to weigh in on major topics of concern to the Great Lakes region.

THEREFORE BE IT RESOLVED that the Michigan County Medical Societies, the Michigan State Medical Society and the AMA endeavor to engage with the Michigan Senate and the House of Representatives, to urge the President of the United States, the Secretary of State, and the Congress of the United States to invoke the participation of the International Joint Commission to evaluate the proposed underground nuclear waste repository in Ontario, Canada, and similar facilities, and

THEREFORE BE IT FURTHER RESOLVED that that the Michigan County Medical Societies, the Michigan State Medical Society and the AMA urge the organized medicine entities of the other Great Lakes states and Canadian provinces to adopt resolutions similar to this one, seeking regulations to protect the Great Lakes region from radioactive waste and to petition their respective federal governments to engage the IJC to evaluate the proposed underground nuclear waste repository in Ontario, Canada, and similar facilities, and

THEREFORE BE IT FURTHER RESOLVED that copies of this resolution be transmitted to the President of the United States, the Prime Minister of Canada, the United States Secretary of State, the President of the United States Senate, the Speaker of the United States House of Representatives, the members of the Michigan congressional delegation, the Speaker of the Canadian Senate, the Speaker of the Canadian House of Commons, and leadership of the state medical societies of Illinois, Indiana, Minnesota, New York, Ohio, Pennsylvania, Wisconsin, Ontario, and Quebec.

RESOLUTIONS

PERU

ARTICLE S AND PHOTOS BY ROBERT SODERSTROM, MD

Susan and I participated in a University of Michigan Alumni Tour to Peru in late January. We spent the first several days in the upper Amazon basin on the eastern side of the Peruvian Andes. We cruised in a “hotel boat” on two tributaries of the Amazon and then coasted over the spot where the two rivers converge to form the Amazon itself. I was amazed at the size of these two rivers even before we saw the origin of the Amazon.

During the day we would load up into 14-seat skiffs that would take us up smaller tributaries. The larger rivers were very muddy since this is the rainy season there, but the tributaries had what they called “black water” from the tannic acid that runs off from the jungle floor. These rivers were really beautiful and we saw most of the wildlife on these excursions: several different kinds of monkeys, macaws, many hawks and herons. At one point we were coasting thru a mass of water lilies when one of the guides suddenly grabbed a four-foot anaconda from some foliage. Another time, he jerked a three-foot crocodile out of the water. They also have amazingly pink river dolphins which we saw in two or three places.

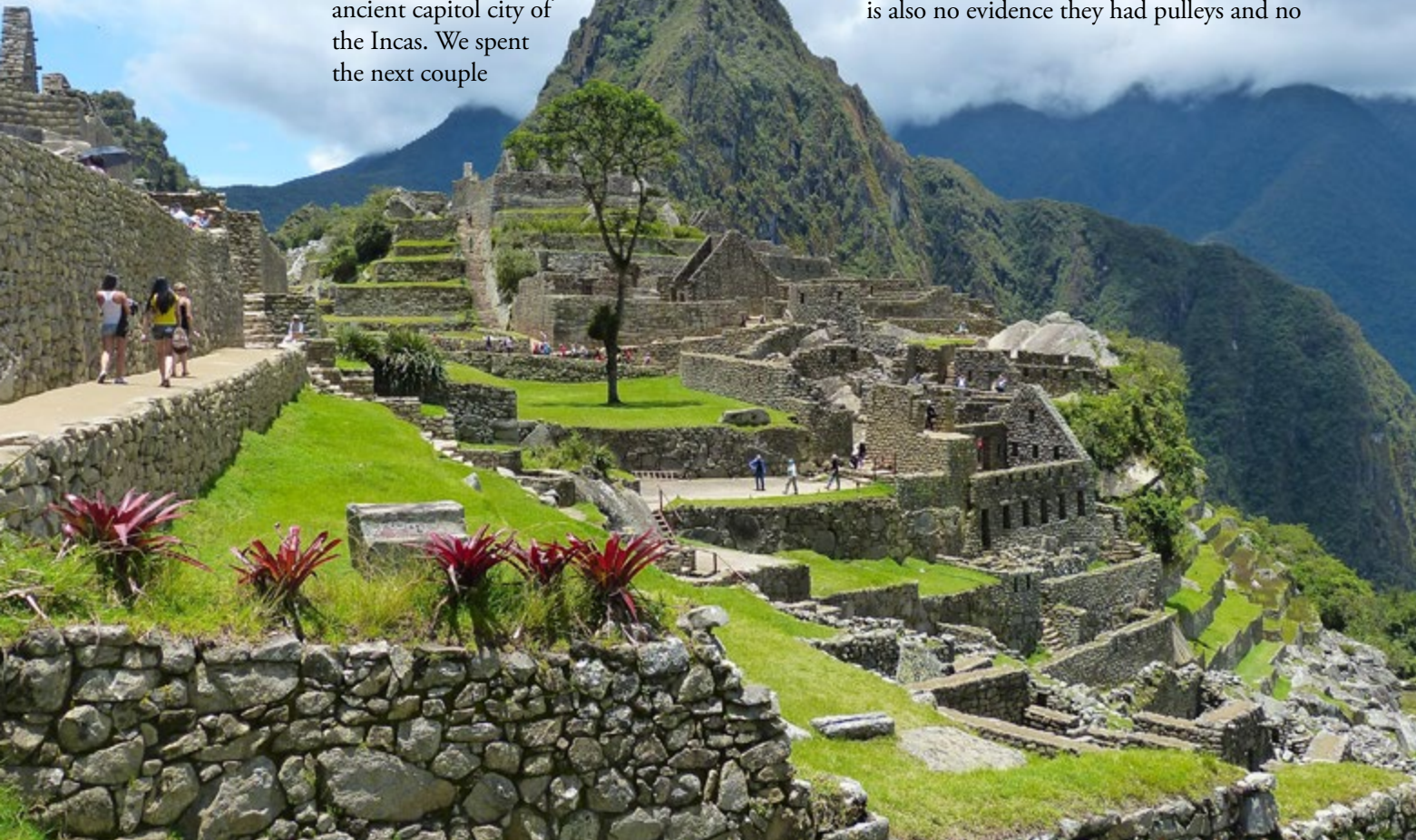
We then spent a day in transit, flying back to Lima and then on to Cusco, the ancient capitol city of the Incas. We spent the next couple

of days touring Inca sites in the Sacred Valley – the home valley of the Inca Empire. At the height of their power, from about 1200 AD to the onslaught of the Spanish in 1525, the empire reached from Ecuador in the north to Chile in the south and east into the Amazon basin and parts of Bolivia and Argentina. The population is estimated at 10 million. They were wonderful gold and silver artisans, made exquisite weavings for clothing, and produced



quite intricate pottery.

Without question, their most amazing achievement came from building with huge blocks of stone without the use of mortar. Large stones weighing many tons have been fit perfectly into place in various temples and palaces and remain today, despite numerous significant earthquakes. Engineers say that one of the great discoveries by the Romans was cement, but the Inca had none. There is also no evidence they had pulleys and no



Indians in the Americas had the wheel. So having seen the monster stones the Inca fit together so perfectly that they needed no mortar and they still stand today is confounding. How did they do it?

The Inca farmed in terraces up and down the mountainsides and many of them still exist. It is quite unbelievable to see, terraces way up at the top of one mountain and then another. It is said they had at least 125 species of potatoes (which originated in Peru) and they also planted corn and beans. They perfected the growing of foodstuffs at various altitudes so they knew to plant certain kinds at 8,000 feet and different ones at 10,000 feet. They had huge storehouses on the mountainsides where they kept their produce and many can still be seen today. There is no historical evidence the Inca ever suffered a famine and when the Spanish arrived they estimated there was seven years of food available in Inca storehouses.

The saddest story is, of course, the arrival of our European forbearers. The Spanish arrived first in Mexico, but the smallpox and measles they brought with them, spread down Central America, and into the Inca Empire sometime around 1515, before the Incas themselves ever arrived in Peru. Estimates say anywhere from 50-60% of Incas were killed by this viral onslaught. The Inca religion taught that illness

came from the “spirit world,” basically sent by the gods who were unhappy. So with such horrible epidemics spreading thru the Empire, there was much consternation over what they had done wrong. On top of that, like so many empires, in the few years before the Spanish actually arrived on the Peruvian coast, the empire was racked by a civil war between two brothers over the succession to the throne. The final battle of that conflagration was fought near what is today Quito, Ecuador, and the triumphant brother was on his way back to Cusco when a messenger arrived with the news that white-skinned strangers on snorting animals were moving inland from the coast. The Spanish, only two hundred strong, were led by Francisco Pizarro and had armor, guns, and horses, none of which the Inca had ever seen before. No-one knows for sure what the fighting strength of the Inca was at this point, having suffered the combined ravages of the epidemics, and then the civil war.

Pizarro invited the Inca king to a “parley,” but it was an ambush. Pizarro had been ordered by the King of Spain to not kill the Indians unless they refused Christianity first. So in this “parley,” Pizarro had a friar first present the Inca King with a Bible, indicating that this should be their new religion. The Inca King took one look at it and threw it on the ground. To the Spanish, this was enough to indicate “rejection” and so they launched their ambush, killing several Inca





warriors and capturing the King alive. Pizarro then told the Inca he would release their King if they filled one room with gold and another with silver. Within a short time, the Inca had fulfilled this request, but Pizarro refused to release their King.

The King was held by the Spanish for eight months while they strengthened their hold on the fractured, dispirited and leaderless Incas and then Pizarro ordered his execution. As a pagan, he was to be burned at the stake according to the rules of the Inquisition, but at the last moment the Inca King converted to Christianity and allowed baptism. Thus, he could no longer be burned as a pagan, so Pizarro had him executed as a Christian, according to the Inquisition: by garroting – placing an iron ring around his neck and then slowly screwing it tight until it resulted in asphyxiation.

Anyway, the Spanish desecration of Inca treasures has been described as one of the greatest cultural catastrophes in human history. All the gold and silver objects were melted down into bars, sent back to Spain, and used to fund the Spanish war effort in the

1500s which turned back the Ottoman forays into the Mediterranean. The wonderful weavings of the Incas were burned in totality by the priests because they were felt to include pagan symbols. Even today in Peruvian museums, there is almost nothing from the Inca Empire. The beautiful gold and silver objects and wonderfully intricate weavings they display are from pre-Inca cultures, and represent objects excavated in the last 100 years or so, that the Spanish never found.

Inca temples, like the Roman ones 1,000 years before them, were destroyed by the Christians and re-built as churches. The saving grace here is that in 1950, Peru suffered a terrible earthquake and when it was all said and done, the churches had virtually collapsed leaving in place the Inca underpinnings that people didn't even know existed. So in Cusco today, for example, you can see intact temple walls and flooring that had been covered up by the Spanish, but withstood the earthquake. They are fascinating to see and quite intact.

Machu Picchu was never an Incan city, but rather





a summer residence for the King. It was not known to the Spanish so it was never touched by them. The Inca, of course, always knew it was there. An archeologist from Yale “re-discovered” it in 1915 and it is now a UNESCO world heritage site, designated in part because it is felt to be 80% original Inca work. It is an incredibly beautiful place and we had perfect weather for a two-day visit. Once again, the stonework was amazing and confounding. How did they ever do it? Remember, too, unlike the Romans, the Inca had no slaves. The work was all done by the citizenry of the empire.

As in the United States, Native Americans in Peru have begun to re-claim their lost heritage in the last 50 years. In Cusco now, every year for the winter solstice in June, they have a re-creation of the crowning of the Inca King. We saw a small portion of it on DVD and would like very much to go back sometime to see it in person. It looked like the most awesome “pow-wow” on earth!



Patients Endorse the Group Visit Model of Care

By Stephanie Razek



The Greater Flint Health Coalition's Group Visit Project has promoted group visits, also known as shared medical appointments, as a valuable best practice for treating individuals with chronic conditions such as diabetes. While physicians and their staff have acknowledged the potential of group visits for improving patient's self-management of their conditions, providers have also voiced their reluctance to implement group visits because of the perception that patients would not like them. Recently, the Group Visit Project asked local patients participating in diabetes group visits to share what they thought. Ms. Razek, one of those patients, has been participating in group visits for over three years.

Group visits have assisted me, and my fellow patients, by giving us information for coping with our disease. Group visits provide help and support for dealing with the stress of having diabetes, and new ideas for addressing it as we can never learn enough about what we are going through.

Patients enjoy the atmosphere of group visits; the comfortableness, familiarity, and sense of community established within the group visit. Group visits raise patients' knowledge as to what diabetes is really about. We have learned how to bring our A1c levels down by learning the right things to eat. Through the sharing of group visit members who have conquered the disease, we learn how to maintain good health habits to keep our self-management of our diabetes on track.

My control of my diabetes has improved since I began attending group visits. Being on target with my A1c level (my current measure is 6.5) is something that would not have happened if I didn't participate in group visits. I have realized that my doctor cares about me, is there to help, and is someone I can depend upon.



Other patients should view group visits not as just another medical appointment but an opportunity to make friends and discuss with them what can help to manage their condition. In group visits, everyone is equal and no one is judged.

Physicians should take the opportunity to provide group visits. It is the right thing to do and builds a healthier community. By helping patients participate in group visits, they can help other people.

Medical providers interested in learning more about group visits may visit the Greater Flint Health Coalition's website for group visit implementation resources including a brief video and how-to manual: http://gfhc.org/cp_diabetes_group_visit.html.



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YOUR \$\$\$ AT WORK

- GCMS held MIOSHA session for practice managers
- GCMS organized a legal issues session for practice managers
- GCMS planned May General Membership Meeting on Health Plus
- GCMS planned September General Membership Meeting on Great Lakes Health Connect
- GCMS worked with third-party payers on certification issues for individual physicians
- GCMS worked with third-party payers on continuity of relationships
- GCMS began work on reduction of out-migration of patients with pilot specialty
- GCMS represented the medical community on the Flint Water Technical Advisory Committee
- GCMS arranged communication between practice and state police on legal matter

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Genesee County Medical Society
Board of Directors
October 28, 2014 - Minutes

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Raymond Rudoni, MD
Dan Ryan, MD
Peter Thoms, MD
Tarik Wasfie, MD
John Waters, MD

Ruqsana Polly Ahmed
Whei Ying Lim, MD
Zain Alamarat, MD

Staff:
Peter Levine, MPH

I. Call to Order

The meeting was called to order in the Rapport Conference Room at 6:00pm, by Pino Colone, MD, President Elect.

II. Review of Minutes

Motion: that the minutes of the November 25, 2014 Board of Directors meeting be approved as presented. The motion carried.

II. Reports

A) GCMS Alliance

Polly Ahmed, GCMSA President, reported that the October human trafficking symposium was very well attended. The November session revolved around women's health, at the Flint Institute of Music. The December session revolved around a raffle for children, and raised money for hospitalized children. Membership has dipped by 100 members. She encouraged all Board members to make sure their spouses are members. The January meeting was on health and food, February will be a book discussion. The Alliance is continuing to work on human trafficking.

B) Finance

Motion: that the Budget-to-Actual report for the period ending December 31, 2014 be approved as presented. The motion carried.

C) Membership

Motion: That at all future meetings, non-members be charged a differentiated fee. For instance, at the General Membership Meetings, if members are \$35, non-members should be \$50. The motion carried.

D)Legislative Liaison

Dr. Cathy Blight reported that the Legislative Liaison Committee met in December. The meeting was well represented by Representative Joe Graves, Tim Sneller of Representative Smiley's office, and Derrick Mathis of Senator Stabenow' office. Steve Japinga of MSMS provided a recap on the recent elections. Dr. Blight also reviewed the lame duck session machinations relating to Senate Bill 2 and Senate Bill 596.

E)Community & Environmental Health

Peter Levine explained that the Mayor of Flint had requested that materials be sent out to members on Flint water quality. That was done using material provided by the Genesee County Health Department. Several physicians expressed concern regarding that material, and the Mayor was asked to provide a more user-friendly document for physicians with specific information about water quality. He noted that Kirk Smith from the Greater Flint Health Coalition, is working with the Mayor's office and the Director of Public Works, along with Levine himself, on developing the documents.

Genesee County Medical Society Board of Directors

October 28, 2014 - Minutes

Consensus: that materials be sent out if they are of value from an informational standpoint, as opposed to simply reassure the public, using the physicians to do so.

F) GFHC Updates

Updates were provided by Dr. Waters, Dr. Carravallah and Peter Levine on various elements of the GFHC, which are impactful to the community at large.

Peter Levine reported that a letter of support was sent to the Department of Community Health on behalf of the Greater Flint Health Coalition's proposal for a Genesee County Chronic Disease Coordinating Network.

G) Presidents' Report

Dr. Colone reported that there are openings for the Board of Medicine, as well as on the MSMS Mental Health and Substance Abuse Committee, and the MSMS Committee on Licensure and Discipline.

He also reported that Dr. Duncan had sent an invitation to the President of the Lapeer County Medical Society, to attend GCMS Board meetings and General Membership Meetings, and to invite his members to do the same.

VI. Next Meeting

The next meeting of the GCMS Board of Directors will be February 24, 2015.

VII. Adjournment

No further business appearing, the meeting was adjourned at 7:30pm.

Respectfully submitted,

Peter Levine, MPH
Executive Director

**Genesee County Medical Society
Town Hall Meeting on May 7, 2015**

Collaborative Value Based Medicine
What Every Physician Needs to Know



Location:
Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

Cost:
\$35.00 for
Physicians, Spouses,
Practice Managers
and Staff

\$25.00 for
Residents & Students

\$50.00 for
Non-Member Guests

**Come and hear Michael Genord, MD, MBA,
Senior Vice President, Strategic Development and
Alignment and Chief Medical Officer,
HealthPlus of Michigan.**

This will be the second in a series of Town Hall Meetings focusing on third-party payers. The first in the series featured Dr. Tom Simmer's presentation on PGP and strategic positioning of Blue Cross Blue Shield of Michigan. At that meeting, we were asked to continue in this process, with a presentation by HealthPlus. Dr. Michael Genord is uniquely positioned to provide the information from the HealthPlus perspective. Information will be provided which is of unique value to practicing physicians. Dr. Genord is a past President of the Oakland County Medical Society. He is Board Certified in Obstetrics and Gynecology and managed a private practice for 17 years. He also served in leadership roles at William Beaumont Hospital and United Physicians Group, both in Royal Oak, Michigan.



This is not a session to miss, and is particularly timely.

Reserve early and feel free to register
your practice managers, family, and other staff!
Please also consider inviting non-members to attend!

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

6 pm, Registration & Social Hour

6:30 pm, Dinner

7 pm, Meeting

7:15 pm, Presentations

Kindly submit your RSVP to this meeting by April 30, 2015.

You may mail a check with your reservations to:

Genesee County Medical Society
4438 Oak Bridge Dr., Ste. B
Flint, MI 48532

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.

HAPPY BIRTHDAY DOCTOR

APRIL

| | | | | | |
|---------------------------|----|------------------------|----|-----------------------|----|
| Devinder Bhrany, MD | 1 | Dilraj Ghumman, MD | 11 | Thomas Bossi, DO | 23 |
| Wayne Breece, MD | 2 | Elisea Singson, MD | 12 | Byron Schoolfield, MD | 24 |
| Vemblaserry Jayabalan, MD | 3 | W. Archibald Piper, MD | 13 | James Martin, MD | 26 |
| Kenneth Jordan, MD | 3 | Jeffrey Diskin, MD | 13 | Rima Jibaly, MD | 26 |
| Wilbur Boike, MD | 5 | Peter Thoms, MD | 15 | Nita Kulkarni, MD | 26 |
| Carlo Dall'Olmo, MD | 6 | Don Rubino, MD | 15 | Richard Prior, MD | 28 |
| Qazi Azher, MD | 6 | Fook Kuet, MD | 15 | Ok Kang, MD | 28 |
| Kurt Mikat, MD | 7 | M. Varkey Thomas, MD | 15 | Hesham Gayar, MD | 28 |
| Susan Smith, MD | 9 | Abdullah Raffee, MD | 19 | Angela Schultz, MD | 29 |
| John Bauer, MD | 9 | Sarah Sanchez, MD | 19 | Mark Camens, MD | 29 |
| Edwin Smith, MD | 10 | Gregory Forstall, MD | 21 | Sunita Tummala, MD | 29 |
| Byung Chang, MD | 10 | Louis Coriasso, MD | 22 | Seif Saeed-Elasad, MD | 30 |
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GCMS MEETINGS

— April 2015 —

C-Section Task Force, TBD
6pm, GCMS Office

**Community & Environmental
Health Committee, 4/22**
12:30pm, GCMS Office

Practice Managers, 4/23
8am, GCMS Office

MSF Fundraising Committee, 4/23
6pm, GCMS Office

Finance Committee, 4/28
5:30pm, GCMS Office

Board of Directors, 4/28
6pm, GCMS Office

SAVE THE DATE!!!

2015 Presidents' Ball

November 7, 2015

6 o'clock pm at the

Warwick Hills Golf & Country Club



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- I am in my 3rd year of practice post-residency.
- I have moved into Michigan, and this is my first year practicing in the state.
- I work 20 hours or less per week.
- I am currently in active military duty.
- I am in full-active practice.

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Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable): _____

Job Title: _____

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Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

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Medical School: _____ Graduation Year: _____ ECFMG # (if applicable): _____

Residency Program: _____ Program Completion Year: _____

Fellowship Program: _____ Program Completion Year: _____

Hospital Affiliation: _____

• Primary Specialty: _____ Board Certified: Yes No

• Secondary Specialty: _____ Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

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 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: _____

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When completed, please mail to MSMS or Fax to (517) 336-5797. Thank you!