

# THE Bulletin

JANUARY 2013 Volume 90, Number 1

**Rock of Ages – A Blast**

**Dr. Carravallah's Exaugural Comments**

**AMA Interim Meeting Update**

**The Health of the Community**

**EMR Interface Talking Points**

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# 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.

### THE BULLETIN

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# LAME DUCK 2012, NOT SO LAME!

Wikipedia describes a “Lame Duck” as an “elected official who is approaching the end of his or her tenure and especially an official whose successor has already been elected. These individuals are in a unique position of not facing consequences of their actions in a subsequent election, giving them greater freedom to issue unpopular decisions.”

The term was coined in the 18th century at the London Stock Exchange and referred to a stockbroker who defaulted on his debts. In a literal sense it refers to a duck which is unable to keep up with its flock making it a target for predators.

Why the history lesson? To be honest, after using this term for many years, I clearly did not have a great understanding of its application and potential for opportunity until this year when MSMS found its Tort Reform package right in the middle of Lame Duck 2012.

As I write this column it is December 13th, yes lucky 13, and I have just been informed by my colleagues in Lansing that two of the four MSMS-endorsed Tort Reform Bills will soon make their way to the Governor's desk just as the Lame Duck Session of 2012 comes to an end.

With the Right-to-Work legislation being signed into Law, and the Blue Cross Blue Shield of Michigan legislation nearing completion, I am proud to report that due to the lobbying efforts of our colleagues at MSMS and many of you in Genesee County who took time to contact their representatives and senators, Senate Bills 1115 and 1118 have passed!

Both Tort Reform bills are somewhat technical in their descriptions and apply to the legal process of Tort Legislation during a malpractice case. I suspect our legal colleagues who defend us will be just as delighted as our physicians.

SB 1115 has 3 basic components:

- It clarifies the definition of non-economic damages, (i.e., what is subject to the cap).
- It clarifies and assures judges cannot circumvent the limits of the cap on non-economic losses.
- It closes a major loophole with respect to the calculation of future damages and the reduction to



*Ray Rudoni, MD*

present value.

SB 1118 also has 3 basic components:

- It creates parity with respect to compliance requirements for affidavits of merit and meritorious defense.
- It creates parity for the awarding of prejudgment interest on plaintiff attorney fees.
- It eliminates a loophole with respect to the naming of a personal representative in a wrongful death claim that had previously allowed a case to linger well beyond the intended statute of limitations.

As you can see, both these bills impact and clarify the process of malpractice Tort and will assist all physicians in malpractice cases! What a great accomplishment.

A few other malpractice bills did not make the final cut but are worthy of mention in hopes they have a second chance down the road:

The Physician Judgment Bill, designed to treat doctors and lawyers the same when determining what constitutes malpractice.

The EMTALA Gross Negligence Bill, designed to help all physicians involved in EMTALA-related care in our state's EDs by mandating a plaintiff prove gross negligence (as opposed to simple negligence) in order to file a lawsuit. This bill, if adopted would be a huge step in ensuring on-call speciality coverage in our state's EDs.

As the medical profession in Michigan moves into uncertain times these next few years, these types of victories should remind each of us of the value and importance of organized medicine. As we continue to strengthen our state's Tort Reform laws, coupled with the recent victory at the MI Supreme Court, maybe we can start to compete with other states in recruiting and retaining young physicians in Michigan. There is clearly value in worrying less about malpractice ie lower premiums, less stress, fewer resources spent on defensive medicine; all which translates into increased physician satisfaction and increased resources for our patients.

As we enter uncharted territory in 2013, we should all feel a little pride in these small victories and continue working together to ensure a better future for our patients, our specialties and our families.

# 2013 Annual Challenge Calendar

The *Commit to Fit!* campaign is designed to promote the practice of healthy lifestyles in Genesee County by utilizing a common message that engages all residents. To facilitate improved health behaviors throughout the year, *Commit to Fit!* offers six community-wide challenges annually centered around physical activity, nutrition, and overall wellness. Each of the challenges are designed for specific times of the year to assist those who live and work in Genesee County with improvements in their overall health and well being.

CHALLENGE	DATES	DESCRIPTION
	An eight week, individual challenge taking place <b>January 3<sup>rd</sup> - February 28<sup>th</sup> 2013</b>	A challenge focusing on healthy living and community unity as participants share a common goal of healthy weight loss in the New Year.
	A four week, college based challenge taking place <b>February 1<sup>st</sup> - February 28<sup>th</sup> 2013</b>	A challenge that focuses on promoting physical activity in local colleges by giving students the chance to take part in "healthy" competition.
	<b>A six week, business-to-business challenge taking place April 15<sup>th</sup> - May 24<sup>th</sup> 2013</b>	A challenge that focuses on promoting overall wellness through a variety of health behaviors.
	A four week, individual challenge taking place <b>July 1<sup>st</sup> - July 31<sup>st</sup> 2013</b>	A challenge that promotes practicing proper hydration during the heat of the summer.
	<b>A four week, business-to-business challenge taking place October 1<sup>st</sup> - October 31<sup>st</sup> 2013</b>	A challenge designed to increase physical activity among employees while promoting cooperation and teamwork.
	A four week, individual challenge taking place <b>November 25<sup>th</sup> - December 20<sup>th</sup> 2013</b>	A challenge focusing on promoting health and happiness during the holiday season through practicing various health behaviors.

 = Indicates community-wide, business-to-business challenge

# ACHIEVING ENERGY INDEPENDENCE

*The world belongs to the energetical.*  
 – Alexis de Tocqueville (1805 - 1859)

One cannot help but notice them piled high in a huge bin adjacent to the candy, gum, batteries, and tabloid newspapers at the checkout counter of the local supermarket. Small orangish containers labeled “5 Hour Energy” are ubiquitous. And this stuff has lots of competitors. The market is crowded with similar products such as Red Bull, Rock Star, AMP, Burn, Monster, and Full Throttle. These so-called energy drinks are now the fastest growing segment of the soft drink market with sales totaling more than \$9 billion annually in the United States. You are probably wondering why, and why didn't I think of that?! The product names, packaging, and marketing strategies are aimed primarily at young people with apparently great success. The primary energy producing ingredient is, of course, caffeine.

Legend has it that 10 centuries ago, an Ethiopian goatherd named Kaldi noticed that his charges seemed to have boundless energy, skipping and prancing about tirelessly, after nibbling on the fruit of a common shrub. He tried the berries himself and experienced the first human caffeine buzz. The rest is, well, history. Caffeine, ingested in numerous concoctions such as soft drinks, chocolates, coffee, tea, and headache remedies, is the most popular psychoactive substance used, and abused, on the planet. Cocaine was removed from Coca Cola in 1903 and replaced with caffeine to keep the stimulant effect of the soft drink intact so that it could continue its popularity as the “Ideal Brain Tonic.” Even back in the early 1900s there was concern about possible deleterious effects of caffeine.

The amount of caffeine in energy drinks and soft drinks varies widely. Two ounces of your 5 Hour Energy contains 207 milligrams (mg) while eight ounces of most of the other energy drinks mentioned above have about 70-80mg. Twelve ounces of most soda pop brands that



*Daniel Ryan, MD*

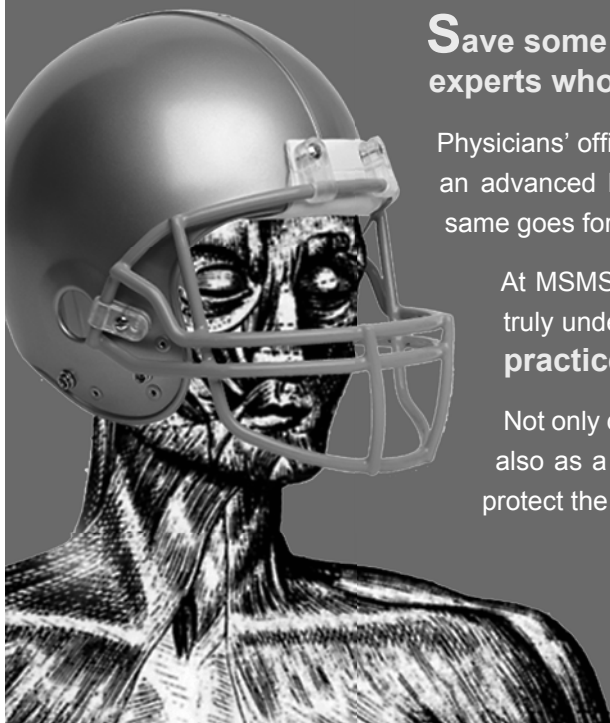
contain caffeine have 30-40 mg while Mountain Dew boasts 46-55 mg. By comparison, a typical cup of McDonald's Premium coffee contains about 100 mg while a Starbucks Pike Place Brew tops 330 mg of caffeine. Tea generally has considerably less caffeine than coffee but that all depends on how long it is steeped and the variety of the tea leaves. Coffee content also varies with the grind along with roasting and brewing time. Over the counter medicines often contain caffeine as a key, or only ingredient. Excedrin has 130 mg while No-Doz powers up at 200mg.

So the question is, is caffeine hazardous to your health, can it harm or kill you?

The fatal dose of caffeine is more than five grams. However, underlying medical conditions, such as liver or heart disease, can exacerbate the effects of the drug and then it becomes a toxin in certain people. Caffeine stimulates the central nervous system and acts as a diuretic. Energy drinks mixed with alcohol can lead to a wide-awake drunk. Myocardial infarction, convulsions, and one spontaneous abortion have possible links to caffeine overuse. Certain prescription medications may slow excretion of caffeine and accelerate its effects on the central nervous system. The F.D.A. does not regulate caffeine as an ingredient and energy drink and other caffeine containing product manufacturers are not required to disclose the amount in their product.

Red Bull describes its drink as a “functional beverage” that vitalizes the body and mind (whatever that means), developed for times of intense exertion, for an active life style, and a zest for life. No one wants the government to interfere with their caffeine intake but consumers of caffeinated beverages would be well served if they had a very good idea of just how much caffeine they are ingesting with use of a particular product. Labeling of caffeine content should be universally required.

# A CEREBRUM IS A TERRIBLE THING TO WASTE



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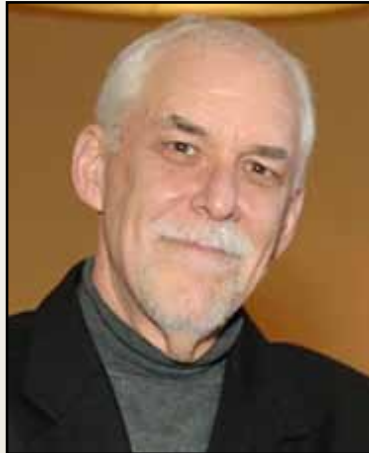
## THANKS FOR THE SUPPORT, HELMETLESS BIKERS DIE MORE, AND ARTICLE ON EMR INTERFACE

I would like to thank everyone for their kind words and thoughts following the death of my father. I know that many of you have gone through this before and everyone will go through it at some point. It is invaluable to have leaders, friends and colleagues, who care enough to reach out during difficult times, as they made sure that I knew that taking care of family is the top priority and that work would be here when I got back. They were right and it felt good to come back. One of the strange things about having the opportunity to reflect is that my enjoyment of the Genesee County Medical Society and its members is even stronger now. One of my dad's greatest pieces of fatherly advice was it is one's obligation to enjoy one's work and to put everything you've got into it. I have had the pleasure of enjoying this work for a long time and look forward to continuing to do so.

This issue of *the Bulletin* contains a very brief article written by Doug Dietzman, Executive Director of Michigan Health Connect, providing tips on how to talk to your EMR vendor about the cost of an interface with a health information exchange. This is an invaluable document. It is a simple document. Everyone needs to spend a moment reading it, because it is something that everyone at some point in the near future will need to do.

I want to personally thank our Ball Committee, JoyDawn Hardman, Anjali Misra, Cheryl Thoms, Jeanette Rivera, Marianne Almeida, Oya Agabigum and Bobby Mukkamala, for their superb work on the 2012 Ball. I missed the ball because of my father's passing, but have heard nothing but excitement about it. Please take a moment to read the article about it. The decorations were spectacular. The entertainment was marvelous. The food was terrific and people danced until all hours. What a lovely gift that the Alliance gives to this medical community. Next year is expected to be a world's record for attendance. Please reserve now in case it fills up before we even select a date.

Surprisingly enough, a recent front page series on helmetless motorcyclists shows that they have a 43% greater likelihood of serious injuries than



*Peter Levine, MPH*

helmeted bikers. Six percent of those without helmets died in crashes in Michigan and 2% of those with helmets died. It is still incredible to me that, in a world in which we are trying to control health care costs, and so much energy goes into those efforts to manage finite resources, that this legislation passed. So much sadness is caused by accidents in general. What folly to create more sadness and cost due to the desire of some to expose their heads to even more danger.

I am saddened by the fact that the legislature passed such legislation, ignoring its cost and the impact those costs have on their people who will not get other services

because a motorcyclist's need to feel free trumps some other legitimate need.

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# CONGRATULATIONS! YOU WON!!

*(No, I am not trying to sell you something.)*

Thanks to all your hard work and political support, you re-elected a Michigan Supreme Court which will uphold the hard fought malpractice lawsuit reforms born during the crisis of the 1980s. On top of that, through your hard work and political support, our re-elected conservative legislature has passed, and the Governor has signed into law, important updates to those reforms which will buttress our defense against the constant efforts to chip away at those reforms by the trial bar. And while we did not get the same legal standard of negligence that applies to attorneys, I believe they will



*John Waters, MD  
District VI Director*

have a very hard time, in the coming legislative session, refuting the argument that both professions should be judged by the same standard.

Please take the time to write your legislatures and the governor, thanking them for their support of our critical issues. Then please thank the hardworking legislative staff at MSMS, led by Colin Ford. Then pat yourself on the back for all you have accomplished. Finally, tell your colleagues how good it feels to be a part of such a great organization and encourage them to join us. We will need our strength in numbers for our upcoming goals.

Have a Great Holiday.

**We hate lawsuits.** We loathe litigation. We help doctors head off claims at the pass. We track new treatments and analyze medical advances. **We are the eyes in the back of your head.** We make CME easy, free, and online. We do extra homework. We protect good medicine. **We are your guardian angels. We are The Doctors Company.**

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# Recap of 2012 Interim Meeting

## *MICHIGAN RESOLUTIONS, ICING ICD-10, & SCOPE ISSUES ADOPTED AT AMA*

Two of three Michigan resolutions submitted to the Interim meeting of the AMA House of Delegates on Nov. 9-13 were adopted and a third was reaffirmed as existing policy.



Several other policies regarding employed physicians, ICD-10, and scope of practice also were adopted.

A resolution submitted to the AMA through the MSMS House of Delegates from Oakland County delegate Robert Levine asked that the AMA seek federal legislation or rule changes that would stop Medicare and Medicaid from decertifying physicians due to unpaid student loan debt and replace it with a system to garnish these payments to repay delinquent student loans. It was adopted with minor amendments.

A St. Clair County Delegation resolution that asked the AMA to lobby the Centers for Medicare and Medicaid Services (CMS) and other national payers to reimburse physicians for filling out patients' forms using code 99080 was adopted.

An Oakland County Delegation resolution asking that the AMA seek federal legislation to allow academic and clinical research on "medical marijuana" was reaffirmed as existing policy. One other resolution to the AMA from the 2012 MSMS House regarding the reclassification of Tramadol as a scheduled drug was submitted to the AMA by letter.

The AMA House of Delegates set several new policies including new guiding principles for physicians entering into employment and contractual arrangements including conflict of interest, advocacy, contracting, hospital-medical staff relations, peer review and performance evaluations, and payment agreements.

Strong support was shown to have the AMA contact CMS and Congress asking for the elimination of ICD-10 with its 140,000 codes and instead wait for the adoption

of ICD-11, which is viewed as much less onerous.

The AMA House also adopted policies for The Structure and Function of Interprofessional Health Care Teams that squarely puts the physician as the leader of the team while allowing others on the team to perform according to their education, training and licensure at the discretion of the physician team leader.

See all AMA Interim meeting actions at <http://www.ama-assn.org/ama/pub/meeting/reports-resolutions-listing.shtml>.





## DR. LAURA CARRAVALLAH Exaugural Remarks

### ***WHAT A BEAUTIFUL VENUE AND EVENT!***

Our ALLIANCE puts so much energy and heart into all of its activities and events, including the Healing Hands Walk and decorating the Whaley Children's Center – and we have many members with great taste! I say “we” because I am a member, as are our board members and their spouses, and I hope that all GCMS members will also become members and supporters of our Alliance.

### ***WELL - IT HAS BEEN A BUSY YEAR!***

It's clear that we live in challenging times. As we all are well aware, we are just starting to emerge from an economic freefall which has profoundly affected our patients, our community and our medical society. Yet in many ways we are emerging stronger. This is no mean feat, as this has always been one of the best county societies in this state, with a strong voice at the state and even the national level.

Our patients and community have suffered. While Flint was listed in the top 25 cities for health care (Daily Beast),– Genesee County is also listed in the bottom 5% for health status in the state.

### ***HOW CAN THIS BE?***

The Daily Beast recognized us for comprehensive coverage of all age groups, and acceptance into care by

the vast majority of local physicians. This is in part due to the Genesee Health Plan, for which we helped to successfully renew the millage in this past election, and for which most of our physicians accept payment for our patients.

However, while a large number of people can be seen by a physician, our county population is in the bottom 10% for health outcomes in the state, ascribed in a large part to health behaviors, social and economic factors and the physical environment. This is unacceptable by any measure.

This disconnect is part of what prompted us to reframe our strategic plan this year.

The Genesee County Medical Society has always believed that if we hold the interests of our patients first and foremost, including ensuring a stable and sustainable physician workforce, it is very easy to make the argument as to how to proceed to address practice, regulatory and payment issues that concern our members. And, our Society has always been involved in community and environmental health issues, most recently under the leadership of Drs. Jed Natzke and Gary Johnson.

But, with the increased socioeconomic challenges facing our patients – poverty, and its companion violent crime - our medical society decided that it needed to



sharpen its focus on community health, and make this direction clear in our strategic plan. In keeping with this, we have continued to work collaboratively, and to provide direction as appropriate, through our steady involvement in the Greater Flint Health Coalition, a very special group which also includes our medical institutions, employers, insurance providers, higher education, and community leaders. Involvement in fitness programs, the advanced care planning initiative to help coordinate end-of-life planning, shared office visits for diabetes, and the prompt payment task force have all been important activities that align with our strategic plan. We also continue to work to strengthen our alignment and relationship with the GCHD, which maintains many vital programs for our patients.

Additionally, if we are to have a steady supply of physicians, we must look to the younger members of our profession to add their energy and voice to our process. We have benefited from the increased involvement of the MSU-CHM medical students who have been steadily attending our board meetings, and who have participated in our committees and in building our strategic plan. We look forward to continued benefit from their energy and perspective. Personally, I can't wait to see what they may achieve as they become more familiar with the structure and function of our group. And, we're now on Facebook – so Like us!

On a personal note, thank you so much for entrusting this presidency to me this year. It has been an unexpected pleasure, and an honor to represent you

this year in so many important causes. I will tell you that I was quite surprised to find myself nominated to this office, and I struggled a bit as to what should be my major agenda or goal in this year. What I quickly realized is that my role was to take my watch at the helm of this fast-moving ship and to steer with a light hand.

Thank you to the entire Board, whose members encouraged and supported me. You are the wind and sails of this organization. There are many people who are very dear to me on our board. Some have mentored me since I was a student, and I am humbled and grateful for your friendship. I would like to give a special thank you to Dr. Cathy Blight who is a vital part of the institutional memory of our society, and to a great extent, the keeper of our culture. She has been particularly gracious in helping me to get to an understanding of some of the underpinnings and context for current issues.

I also want to thank Becky Doty for all of her efforts, and even working while she was sick to help us through this busy season.

Our magnificent Executive Director Peter Levine does a spectacular job for our organization, and for most in the community is the face and heart of GCMS. He is the keel that keeps this ship steady on course, and I will never be able to thank him enough for all of the help and support he gave to me.

Lastly, I want to thank my husband Asif Ishaque and our son Danyal. It's been a very busy year for all three of us in many different arenas and Asif, who most of you know has an extremely busy practice, has been very supportive of me and of this Society's efforts.

I look forward to being able to continue serving under the energetic and clearly defined leadership of Dr. Raymond Rudoni – you'll be spectacular, Ray!

Thank you, and enjoy the dancing!

# HEALTH OF THE COMMUNITY AND FUTURE OBSERVATIONS

The following material was gleaned from The Greater Flint Health Coalition Annual Report to its Board. It includes information that should be of great interest to physicians in terms of looking at this community's trends. Please note that the material includes only a small portion of the data that the Greater Flint Health Coalition has available regarding the community at large. What does the data show? Genesee County falls very near the bottom for all overall health factors and indicators. The one small exception to this is clinical care which sits in the top 20% of all communities, an incredible fact given the overall morbidity of the community. The data shows that the population had declined in 2000 from 436,441 to 425,790 in the county and from 124,943 to 102,000 in the city of Flint.

In 2005 residents aged 50 and above represented 29% of the population. In 2011 persons aged 50 and above made up 34.9% of the population. Data also shows that 71% of the county residents are obese or overweight. This is the cause of nearly every chronic condition. Please note also that the mortality rate for every major scorecard indicator increased dramatically between 2009 and 2010.

There are infinite opportunities for physicians and their families to become involved in changing the health of this community. Those opportunities exist within the confines of the Genesee County Medical Society and in the context of Greater Flint Health Coalition activities which are supported by the Medical Society. For more information, please do not hesitate to contact Pete Levine at [plevine@gcmg.org](mailto:plevine@gcmg.org) or 810-733-9925.

*To download the full report please visit: <http://www.gcms.org/Bulletins/GR-90-PRESIDENTSREPORT-111912KS.pdf>.*



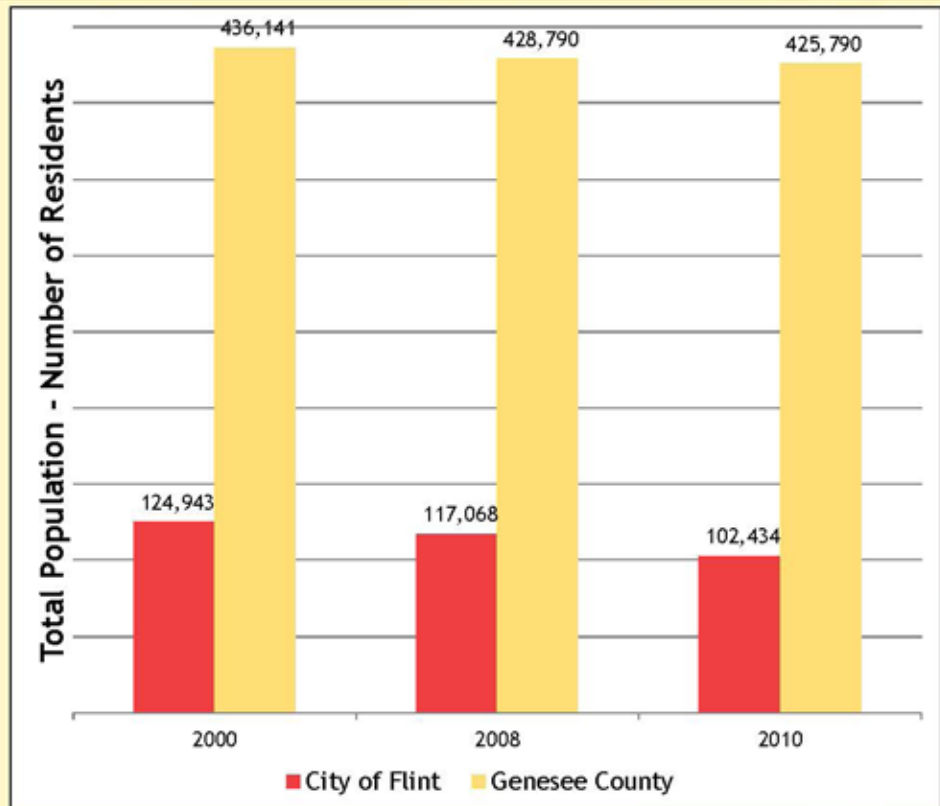
## Why our work is so critical now...

### Genesee County Health Rankings

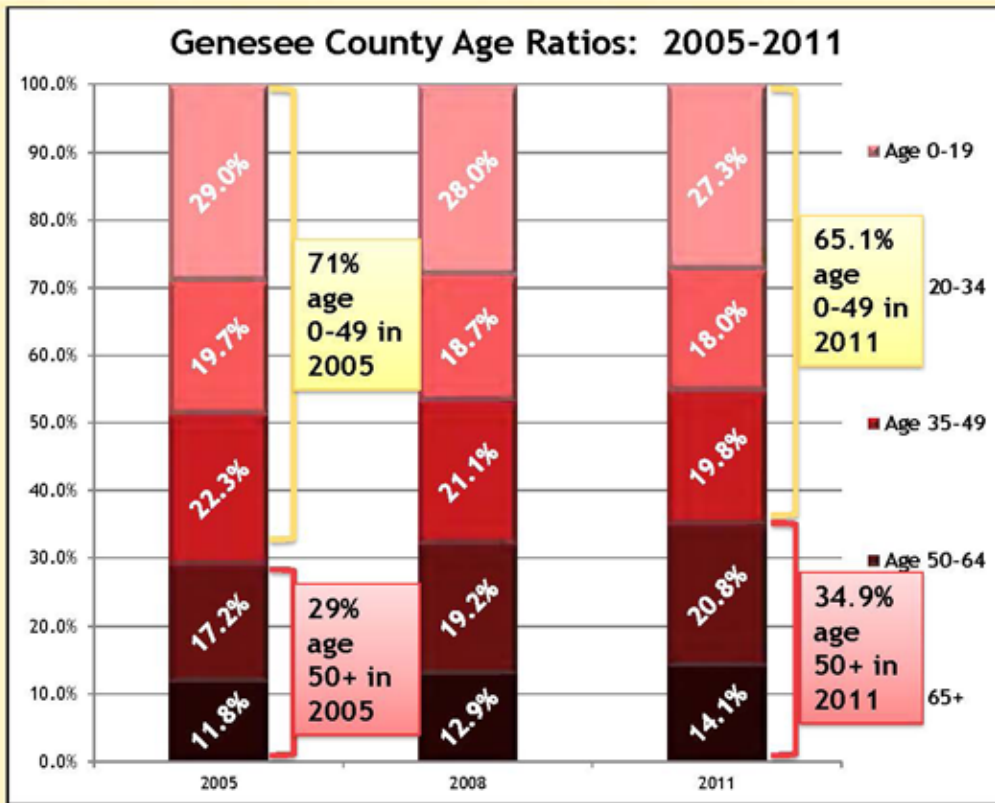
HEALTH INDICATOR	2010 RANKING	2012 RANKING
<b>OVERALL HEALTH OUTCOMES</b>	78 of 82	77 of 82
Morbidity	79 of 82	77 of 82
Mortality	73 of 82	73 of 82
<b>OVERALL HEALTH FACTORS</b>	81 of 82	75 of 82
Health Behaviors	82 of 82	77 of 82
Clinical Care	21 of 82	18 of 82
Social & Economic Factors	78 of 82	75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

### POPULATION DECLINE – OUTMIGRATION

- Decrease in total population for both the City of Flint & Genesee County



# POPULATION CHANGE – AGING



- Residents age 50+ represented 29% of the population in 2005
- For 2011, age 50+ now makes up 34.9% of the population

**NOTE: U.S. Average for 2011 was for only 32.7% of population to be age 50+**

## Why our work is so critical now...

### County Health Status Scorecard Indicators

Genesee County / Flint, Michigan	CY 2009 Data	CY 2010 Data	% Recent Change
Mortality Rates, Total (per 100,000 residents)	905.5	963.1	6.36%
Heart Disease	240.0	254.9	6.21%
Cancer	206.1	225.9	9.61%
Chronic Lower Respiratory Diseases	52.4	56.4	7.63%
Stroke	52.0	54.0	3.85%
Unintentional Injuries	37.2	42	12.90%
Diabetes Mellitus	35.7	38.7	8.40%
Alzheimer's Disease	28.3	28.8	1.77%
Pneumonia/Influenza	13.6	14.6	7.35%
Kidney Disease	22.8	24.1	5.70%
Intentional Self-harm (suicide)	10.6	11.6	9.42%
All other causes	206.8	212.2	2.61%
<b>Obesity Rate</b>	35.5%	<b>36.5%</b>	2.82%
<b>Overweight Rate</b>	31.6%	<b>34.5%</b>	9.18%
Diabetes Rate	9.6%	10.6%	10.42%

**This means 71% of county residents are now obese or overweight. This issue will cause nearly every chronic condition listed on this page, and more.**







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

### Child & Adolescent Psychiatry

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

### Child & Adolescent Health

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

### Child & Adolescent Dentistry

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

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

## VALLEY AREA AGENCY ON AGING We're Here to Help!

If you're an older adult, a caregiver or a friend concerned about the well being of an older adult, the Valley Area Agency on Aging is here to help. The Valley Area Agency on Aging is a non-profit agency serving persons age 60 and older, and/or disabled individuals in Genesee, Lapeer and Shiawassee Counties. VAAA is able to assist you with the following services:

- Information & Assistance
- MI Choice Waiver Program
- Care Management
- Crisis Intervention Program
- Medicare Medicaid Assistance Program
- Adult Day Care
- Health Screenings
- Legal Assistance
- Nutrition Programs

For more information on programs and services available, please call the

**Valley Area Agency on Aging**

at (810) 239-7671 or visit our website at [www.valleyaaa.org](http://www.valleyaaa.org).

## EDITORS NOTE:

Dear GCMS members, the following is a roster of GCMS Committees and members serving in them. Please let Pete Levine or Dr. Ray Rudoni know if you would like to serve on any of the committees.

– Dan Ryan, MD, Editor

---

*Any physician volunteering for any committee was placed on the committee(s) of their choice.*

*Physicians still wishing to volunteer for committees are encouraged to do so.*

---

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# Genesee County Medical Society General Membership Meeting

## Thursday, February 7, 2012



A Town Hall Meeting on

## Massive Changes in the Medical Political Environment:

### Tort Reform, Restructuring the Blues, Scope of Practice, The Affordable Care Act and More

Our faculty for this fascinating session will be Colin Ford, Senior Director, State and Federal Government Relations of the Michigan State Medical Society.

Mr. Ford is in charge of State Legislation, Federal Legislation, State Political Issues, Federal Political Issues, Medicaid Regulations, Licensure Issues, and Public Health Issues.

The recently passed election has many consequences resulting in power shifts, and some new names and faces came onto the scene. This will be an opportunity to hear firsthand about the power shifts and the actions which resulted during the lame duck session and since. The exciting tort reforms, the supreme court election outcomes, the beating back of scope of practice expansion legislation, the reorganization of the Blues, the implementation of the Affordable Care Act, and pending legislation in the new legislative session will all be covered. All of these things will impact the future of medicine and the medical family. Do not miss this tremendous opportunity. Feel free to bring members of your family and staff.

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

\$35.00 GCMS Members, Spouses and their Practice Managers

\$25.00 Residents and Students

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

### RESERVATIONS REQUIRED BY FEBRUARY 4, 2013

#### FLINT GOLF CLUB

3100 Lakewood Drive, Flint, MI 48507

6 p.m. Registration and Social Hour

6:30 p.m. Dinner - 7 p.m. Meeting - 7:15 p.m. Presentations

Please mail check with reservations to:

Genesee County Medical Society

4438 Oak Bridge Dr., Ste. B

Flint, MI 48532

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

# A Stranger's Reflections on the President's Ball

by Stephane Irwin

Participating in this year's GCMS Ball was a blast. Pete Levine had asked me to work at the registration table and I was looking forward to doing so for many reasons. The venue was the Flint Institute of Arts which is one of the city's most shining gems and I was intrigued, to say the least, to see how the "Rock of Ages" theme would play out there. I hadn't seen the movie (or musical) but a rock 'n roll inspired physicians' ball at an art museum sounded like something I had to experience.

As it turned out it was indeed quite a lot to take in. I visit the FIA quite often in the daytime but the building really sparkles at night. All that color, glass and lighting made quite an impression as I drove up. A huge Christmas tree and the permanent Chihuly sculpture on the ceiling accentuated the lobby beautifully. The coat check, bartenders and valets were at their posts and the caterers from the Redwood Lodge were scurrying around.

Walking into the ballroom took my breath away! Rolanda Moore's (of Me'Loi Décor) interpretation of the rock theme was truly artful. Each table represented a different '80s band with 3' tall centerpieces. I'm not one to fuss about table décor but this was extraordinary and, whether intentional or not, drew partygoers from one table to the next to check out the various bands represented and made for great conversation starters. Chocolates in the shapes of guitars and peace signs topped it off.

"Black tie optional" sure leaves things wide open doesn't it? It also made for some great people watching as guests arrived in their tuxes, suits and dresses of all colors, lengths and silhouettes. In the first hour the museum was open to walk through. The collection at FIA rivals those of the largest cities in the country. What a jewel of the community.

When the program got going, JoyDawn Hardman did a great job filling in for Pete Levine on short notice as emcee. Dr. Laura Carravallah passed the gavel to Dr. Ray Rudoni and he had some fun with her when she walked away from the podium with his notes.

The food was delicious with vegetarian, chicken and beef choices, "red meat" being the most popular. Jeanette Rivera fired up the crowd and introduced "The First Class Band," which did everything from soft jazz through dinner to an Elvis impersonation to dance music. There were people on the dance floor throughout the entire evening, some with drinks in hand, rocking out.

At some point later in the evening, the DJ got a request for Kid Rock's "Bawitdaba" from the new president. Kid's lyrics keep ringing through my head, "And for my 'hoods of the world misunderstood, I said it's all good and it's all in fun. Now get in the pit and try to love someone."

The 2012 GCMS Presidents Ball, like "Rock of Ages," was nothin' but a good time.

## President's Ball

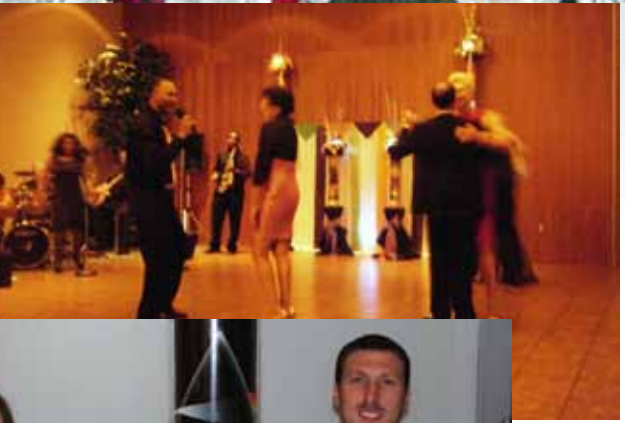


# President's Ball





# President's Ball



# President's Ball





# President's Ball



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



**Please PRINT or TYPE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROFESSIONAL DATA**

Present Type of Practice (check appropriately):

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

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

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

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

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

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

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

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

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

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

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

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



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

# GETTING HELP WITH LAW ENFORCEMENT'S 'SLIDING SCALE'

By Glenn M. Simmington, Esq., Cline, Cline & Griffin, P.C.

Nothing gets in the way of an unfair prosecution better than the presence, and the early involvement, of a good defense attorney. The US Constitution's founders certainly knew this, and even though the original Constitution, ratified in 1789, surprisingly contained no provision guaranteeing the right to counsel for persons accused of criminal wrongdoing, the first 10 amendments<sup>1</sup> included an explicit provision (in Amendment VI) that "[i]n all criminal prosecutions, the accused shall enjoy . . . the assistance of counsel for his defence."

The importance of this right to the assistance of counsel when facing potential criminal liability is almost impossible to overstate. "The awesome power of the Government," whether one is referring to federal, state, or local government, is more than just a cliché. The constitutional freedoms and liberties guaranteed to ordinary citizens would in many cases cease to have any meaning at all, in the absence of this prerequisite guarantee.

It is not, however, only the area of criminal prosecutions that the right to counsel is a pre-eminent liberty. Increasingly, non-criminal alternatives to prosecution exist, in the form of civil and regulatory actions — actions initiated by state Attorneys General, the US Department of Justice, etc. — which do not include the threat

of incarceration, but do include financial and regulatory sanctions that are, themselves, purposely designed to "adequately deter, punish, and rehabilitate [persons, including corporations] engaged in wrongful conduct." (See Principles of Federal Prosecution of Business Corporations, [the so-called "McNulty Memo"], issued by US

Deputy Attorney General Paul McNulty, 2008.)

Such "merely" civil and regulatory sanctions can, moreover, be literally devastating, whether with respect to individual careers, with regard to the health (and even existence) of corporations and their shareholders (qua shareholders), or both.

This is no accident. It is, in fact,

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an expressed “General Principle” among the directives given to federal prosecutors that, when deciding whether to bring criminal charges against a corporation, (or whether, instead, to initiate a civil or regulatory enforcement action), the prosecutor is first to decide the course of action that will best fulfill the “primary goals” of “deterrence, punishment, and retribution.” If there is believed to exist (1) an “egregious violation,” (2) “a pattern of wrongdoing,” or (3) “a history of non-criminal sanctions without proper remediation,” then the prosecutor is instructed to consider that “non-criminal sanctions may not be an adequate response” — meaning that the decision to charge criminally should be favored in such situations.

In that case, further, the federal prosecutor is directed to “charge . . . the most serious offense that is consistent with the nature of the Defendant’s misconduct and . . . is likely to result in . . . conviction.” (McNulty Memo, section 9-28.1100.)

Either way — whether the alleged wrongdoer is threatened with criminal prosecution, or “only” with a civil enforcement action — the intended outcome is, by design, the same: the imposition of a penalty that is sufficiently severe to “deter, punish, and rehabilitate.”

And since, in the case of corporations, an additional “General Principle” that federal prosecutors must follow when making these decisions is that the corporation

“should not be treated leniently [just] because of their artificial nature . . . ,” Ibid, the importance of such alleged wrongdoers always insisting upon the early involvement of competent defense counsel, once again, cannot be overstated. This concept simply does not depend on whether the threat faced is individual or corporate, or whether it is criminal or civil.<sup>2</sup>

<sup>1</sup> Known collectively as the “Bill of Rights,” and all ratified within the short space of two years after the Constitution, itself, was ratified.

<sup>2</sup> (See “Level Playing Field? Not a Chance,” *The Bulletin*, Vol. 86, No. 11, November 2010).

## YOUR \$\$\$ AT WORK

- § Two significant tort reform bills passed and were signed into law
- § Wildly successful legislative lame duck session completed
- § Scope of practice bills beaten back in state legislature
- § GCMS/Greater Flint Health Coalition “Commit to Fit” program focused on physician practices up and running
- § Greater Flint Health Coalition advanced care planning project commenced
- § GCMS and GCMSA successfully held a Rock of Ages Presidents Ball

## EMR Interface Office Talking Points

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The best time to talk to your vendor and negotiate the cost of an interface is during the negotiation process for the EMR itself. Once you are an existing customer, your leverage is mostly gone. The points below are intended to inform the discussion with your EMR vendor. Each vendor is unique and there is no single “script” that apply to each one, but the following points will get the right questions on the table so they can be dealt with upfront during the selection and sales process.

1. For most vendors, EMR interfaces are additional modules that you’ll need to license. These licenses fall into one of 3 buckets today:
  - a. Biggest bucket – each interface from every different source hospital will be implemented uniquely and have an upfront cost and associated ongoing maintenance fee. So if you work with 3 hospitals in town, these vendors will charge you 3 separate interface license fees and there will be 3 separate projects even though the data is coming from the HIE. Allscripts is an example vendor in this bucket.
  - b. A smaller bucket of vendors leverage a “hub” that speeds interface delivery and lowers the cost for offices. Each source hospital connects to the hub once and then the hub simplifies the connection with each office. But like the first bucket, each different source hospital will be a separate license fee and ongoing maintenance cost. eClinicalWorks is an example of a vendor in this bucket.
  - c. By far the smallest number of vendors are those that use of hub for the efficiencies noted above, but only charge the office one time for connectivity to the HIE regardless of how many source hospitals are sending data. Greenway is an example of a vendor in this bucket.
  
2. There are different base interfaces you’ll want to talk about and include in your contract:
  - a. Results interface – electronic interface of result data (laboratory, radiology, & transcribed documents). Some vendors charge a single fee for an “all results” interface, other vendors charge a separate interface cost for each of these result types.
  - b. Lab Orders interface – ability to send electronic lab orders to your lab service providers. Often this ordering interface will be combined with the results interface into a single “bi-directional interface” cost.
  - c. Admission/Discharge Notifications (ADT interface) – ability to receive ADT messages from your local hospitals.
  - d. CCD Exchange interface – ability to send and receive CCD message to/from the HIE and/or another offices with your EMR.
  - e. Immunization interface – ability to send immunization data to the MCIR registry.
  - f. Registry interface – ability to send core clinical data to a registry system in support of Meaningful Use population health management requirements.
  
3. Identify the facilities with which you get results or send lab orders and estimate the number of interfaces you are ultimately going to need from the vendor. Be sure to include state registries, e.g., MCIR, you will be required to integrate with for meaningful use or other reasons.



## EMR Interface Office Talking Points

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4. Determine whether the hospitals and other data sources you have just identified have an EMR interface subsidization program. Many hospitals have a program whereby they are helping provider offices they work with to cover the upfront cost of interfaces. This will help you understand what costs you will need to bear and which will be subsidized by your partners.
5. Negotiate these interfaces into your contract upfront with the EMR vendor. See if you can get one or more of them included at no cost as a stipulation of signing up for the EMR. Ask for discounts to include them in your contract now. You'll get additional insight into how the different vendors think about you as a customer based on the way they work with you on the interfaces.
6. Include these interface costs in your total cost of ownership model. Understand and compare across vendors what it will cost you to integrate their product into the community HIE – the lowest EMR cost may not be the lowest overall cost once this integration is introduced.

Bottom line, you don't want to be surprised with large additional costs after you've negotiated your EMR vendor contract. Your negotiating leverage is at its absolute highest before you sign your base EMR agreement. Be sure to discuss and include these interfaces in your selection and negotiation process upfront and you will save yourself some money and angst down the road.

*By Douglas Dietzman,  
Executive Director at Michigan Health Connect*

### GCMS MEMBERS

If you are interested in having access to the "Members Only" section on the GCMS.org website please call or email your password to Becky Doty at [bdoty@gcms.org](mailto:bdoty@gcms.org) or 810-733-9923. Thank you.

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

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Small office located by front door of Genesee County Medical Society suite. Great exposure for businesses seeking visibility with physicians. Conference room availability possible. Office size 100 sq. ft. at \$12 per sq. ft. triple-net. Additional office space available. Contact Pete Levine at (810) 733-9925 for details.

#### PHYSICIANS NEEDED

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

# PHYSICIANS NEEDED AT THE EMERGENCY MEDICAL CENTER OF FLINT

*Various shifts are available for part-time.  
Full time may be an opportunity as well.*

Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care, much like family practice.

Hours of operation:

12-9 pm, 7 days a week, closed on major holidays

Located at 2284 S. Ballenger Hwy.,

Suite 2, Flint, 48503.

***Contact Joyce Ashe at 810-2322710  
or Pete Levine at 810-7339925.***