



THE Bulletin

DECEMBER 2011 Volume 87, Number 12

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DECEMBER 2011 Volume 87, Number 12

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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NATIONAL HOSPICE/ PALLIATIVE CARE MONTH

November was National Hospice/Palliative Care Month. Despite the fact that you will be reading this in December, I still wanted to take the opportunity to highlight this crucial and still underutilized branch of medicine.

Advance care planning took a serious policy hit when the “death panel” debate stopped the proposed additional Medicare visit designated for this purpose, although it is still possible to bill according to time when discussing various options in the context of chronic illness.



Laura A. Carravallab, MD,

Even so, the good news is that hospice has become a much better understood option for people with terminal illness, and our patients are using it more. From 2000 to 2007 the CDC estimates that there has been a 68% increase of patients in hospice care. And, while still slightly more than 40% of patients admitted had a malignancy, the prevalence of other diagnoses, including cardiovascular, pulmonary and neurologic disease is increasing.

This is good news, because in addition to improving the quality of life for almost all patients and their caregivers, there is evidence that some of these patients actually live longer with the extra support that hospice provides. With the removal of the 180-day limit for the Medicare hospice benefit, we still must estimate that a patient has less than six months to live to qualify for hospice, but if the patient is fortunate enough to exceed that prediction, they won't be punished by having their support removed. And there is also a set of easily interpretable guidelines for a number of non-cancer illnesses that help to take the guesswork out of prognostication – something that can be quite difficult in non-cancer illnesses.

Still, the same report estimates that in 2007 only 37% of patients received care for at least 30 days, and the median length of service was 16 days (30 days is

considered to be the most effective length of stay to get the best benefit from hospice care). And a significant racial discrepancy also remains – approximately half of the expected proportion of African Americans enter into hospice as compared to Whites.

Palliative care is a “cousin” of hospice – related, but not the same. Palliative care does not require that a person have a terminal illness. We don't need to wait until someone has less than six months to live to start palliative care – and in fact we should NOT. A recent NEJM

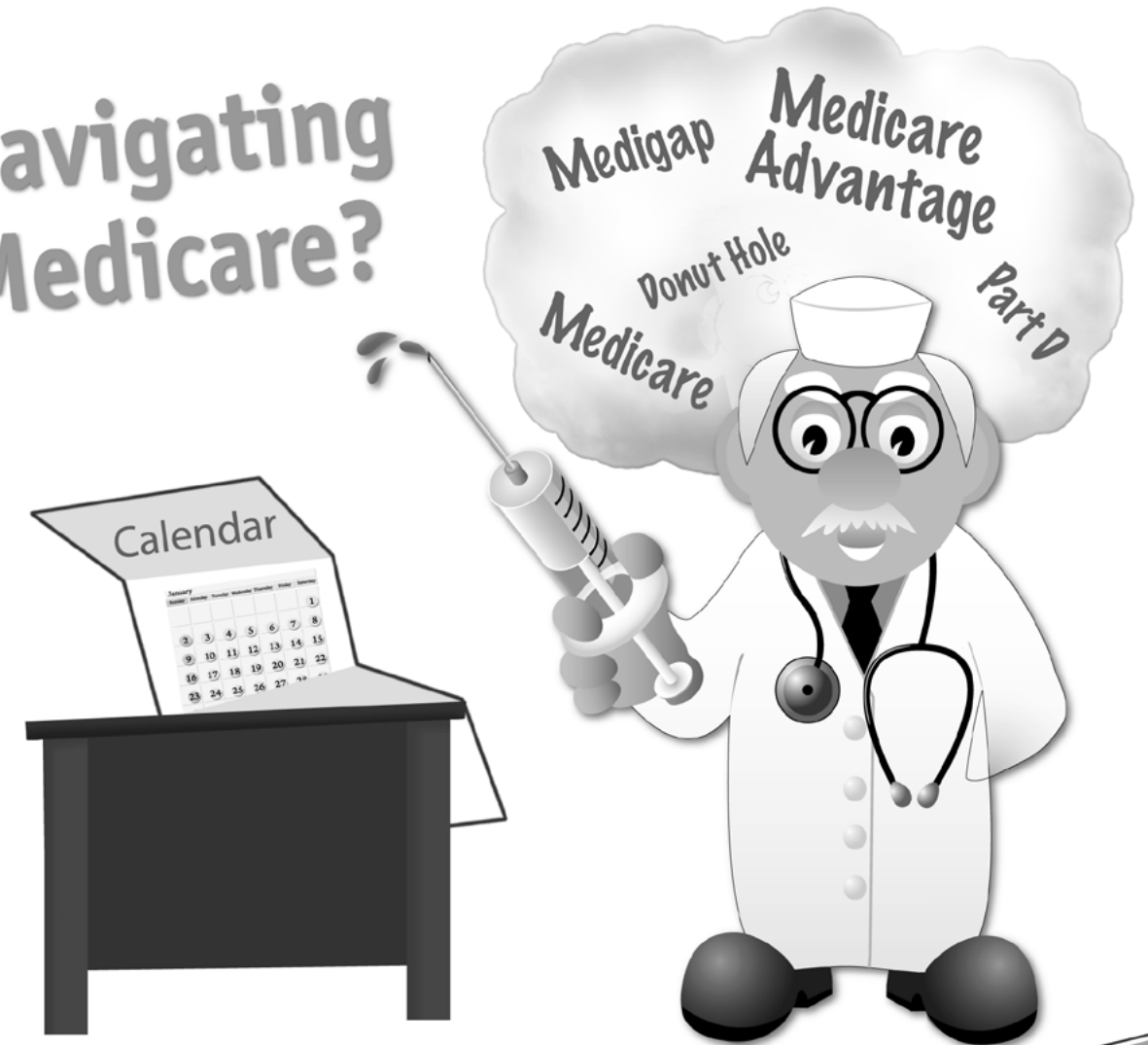
article by Temel, et al showed that patients with metastatic non-small-cell lung cancer randomized to a palliative care intervention at diagnosis have better quality of life (no surprise) and, despite less aggressive care, better survival!

Fortunately, palliative care is becoming much more prevalent, with many physicians in the area in the process of certifying for the new boards. This is good news as the specialty likely will gain more funding for research and advances in evidence-based practice. However, aside from advanced symptom management which tends to be a small part of the picture, much of what palliative care encompasses can and should be done by a patient's attending physician: exploring an individual patient's goals and wishes in the face of serious illness, coordinating the patient's care to match those goals, attending to the symptoms – small and large (especially pain) – which decrease the quality of life, and when necessary, helping the patient to complete their life's story in a way that best serves their goals.

What is the goal of our profession – to cure disease, alleviate suffering, or promote health? Most of us would argue that it should be all of the above, but it takes mindfulness – and time – to be able to balance all of these in one patient.

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YOU'D BETTER WATCH OUT FOR BURNOUT

Who has a fiercer struggle than he who strives to conquer himself?
 – Thomas a Kempis (1380 - 1471)

A recent issue of a throw-away periodical ran an interesting article on physician “burnout” tucked in among all the usual items on the latest technologies, treatments, diagnoses, and decision making in caring for patients.

The term “burnout” has moved from being an informal slang term into the social and psychological vernacular. It is a succinct description of an apparently common phenomenon of our times. Physicians are certainly not immune, but who has the time to sit and figure out if they’re burned out?

Signs of burnout include emotional exhaustion, cynicism, ineffectiveness, and a sense of depersonalization in relationships with patients, co-workers, family, and friends. It is associated with impaired performance on the job, headaches, sleep disturbances, irritability, and fatigue. It is often a contributing factor to illnesses such as hypertension, depression, myocardial infarction, weight loss or gain, and alcoholism and drug dependency.

Residency training is famous for long hours that can lead to exhausted doctors and a higher risk of medical errors. But physicians out in practice are often subject to the same stressors and more. The fear of making mistakes and being sued, altering of the traditional doctor-patient relationship, loss of autonomy to third-party payers, and loss of collegiality with peers and staff are contributing factors. And work-family conflicts are one of the leading causes of burnout.



Daniel Ryan, MD

Wayne M. Sotile, Ph.D., is a psychologist who specializes in counseling troubled physicians. He is the author of “The Resilient Physician: Effective Management for Doctors and Their Medical Organizations.” “It’s okay to love your work. The key is to balance achievements and expectations. That’s the real deal. You want to go for a ratio of 1:1,” Dr. Sotile advises.

Experts that deal with physician burnout suggest some coping and management strategies for physicians who feel that burnout is creeping into

their lives. Avoid cynicism characterized by a “me against them” attitude. Don’t commiserate but confide in a trusted friend. Take positive steps to eliminate sources of burnout in your life. Do read about stress and stress-related illnesses. Consider support groups or individual therapy if circumstances get out of control.

It’s a fact of the human condition that the circumstances of life can sometimes become overwhelming and getting through a day can seem a daunting task. Burnout is a common problem for both lay people and physicians. The upcoming holidays can often exacerbate a depressed attitude and feelings of exhaustion. The key thing to remember is that help is available and burnout does not have to result in burn up.

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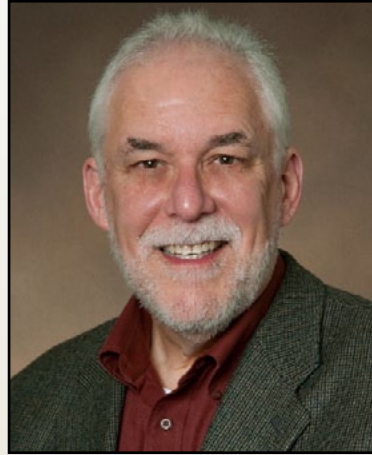
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MOVE THE NEEDLE



Peter Levine, MPH

When it comes to health related issues, the dollar figures overall are staggering. When it comes to health related issues, the rankings of this community and Michigan as a whole are so bad that they are also staggering. The frank truth is, to move the needle either in terms of our overall health (or lack of it), or in terms of health care costs, ever so slightly can make a huge difference to us now and in the future.

Over the course of the last two decades, one thing has been proven:

Forcing physicians and hospitals, alone, to reduce costs has simply not worked over the long haul. Bubbles of demand arise after periods of cost containment. Public behaviors do not change, and the problems become exponentially worse as time goes on.

Perhaps the best example of the coming huge bubble of demand revolves around the epidemic of childhood obesity which will result in massive demand in the future if the trend is not checked.

We can only hope that others will realize what providers have long known. The best way to reduce the cost of health care is to reduce demand. The best way to reduce demand is not to reduce quality or access expectations but to reduce cost by controlling the actual morbidity caused by behavioral and environmental issues. This will become even more important, as high cost technologies become available for diseases which are completely preventable. Some of the new therapies are expected to cost \$100,000 per year, per individual. Why not just prevent disease? While it is difficult to change the behavior of one person, it is even more difficult to impact the behavior of entire populations. This is, however, our only hope.

This is not to say that the health care provider community has no responsibility in the field of cost containment and prevention. We need to continue to work toward positive outcomes and to be involved in the efforts to reduce cost in appropriate ways. In addition, we all need to be involved in efforts to move the needle with key organizations to improve the health of our communities. In Genesee County, the Medical Society is completely committed to the community wide efforts which have been brought

to bear by the Greater Flint Health Coalition with the full support and pressure from the Medical Society. The other members of the Health Coalition need to be equally committed to this effort in the greater Flint area, as do the rest of the communities around Michigan and the United States. We must consider not just the normal behavioral factors such as diet, nutrition, smoking, substance abuse, violence, and injuries. We also need to be aware of environmental factors which we can control, and which have dramatic impact on the cost of care and morbidity and mortality.

The Genesee County Medical Society took a resolution to the Michigan State Medical Society several years ago to adopt the principal of reverse onus, which would require policy makers to refuse to allow new chemical compounds into the environment until they have been proven safe. While it may seem pie-in-the-sky, MSMS did adopt this principle and other organizations should too. Major corporations should as well.

I look forward to everyone working together to improve the health of this community. It is what we are here for.

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Whether it's advocating in Washington, DC, to permanently fix the flawed Medicare SGR formula, working in Lansing to stop dangerous changes to our model auto no-fault law or fighting to preserve our crucial tort reform laws, MSMS is the best advocate for our profession and our patients. MSMS offers members—and friends of medicine—the opportunities and the means to build working relationships with legislators, become a resource for them on health care policy issues, and help drive our Legislative Agenda (www.msms.org/legagenda).



Venkat Rao, MD
District VI Director

level of advocacy and politics. For more information about Doctor of the Day or MDPAC, contact Joshua Richmond at 517-336-5788 or jrichmond@msms.org.

STAY CONNECTED & INFORMED WITH THESE TOOLS

- **USE ROBUST WEBSITE FEATURES** - MSMS has expanded its Advocacy web page (www.msms.org/advocacy) by adding even more online resources about state and federal legislative advocacy that deliver news and updates in real time. Features: Top Stories (latest headlines); Advocacy Calendar (legislative sessions, committee hearings, grassroots events, etc.); State Legislative Media (audio and video clips); MDPAC Twitter and Facebook (live feeds); National News Feed (variety of top news sources); and Archive (saved articles).

- **TAKE ACTION NOW** – Use the MSMS Action Center (www.msms.org/action) to send an electronic message to lawmakers, media, and others right from your computer, urging them to support our agenda.

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

- **CONTACT YOUR LAWMAKERS** – Whether it's by phone or in person, it's important to develop a working relationship with your lawmakers—in the district, in DC and in Lansing—to educate them about health care issues and ask for their vote on important health care policy. Find lawmaker contact information online at www.msms.org/lawmakers.

For more information about MSMS legislative advocacy efforts, contact Colin Ford at 517-336-5737 or cford@msms.org.

SHOW UP & CONTRIBUTE

MSMS and the Michigan Doctors' Political Action Committee (MDPAC) remind MSMS members, MSMS Alliance members, medical students, and Michigan Medical Group Management Association members to help drive the MSMS Legislative Agenda by participating in the "Doctor of the Day" program in Lansing (www.msms.org/docofday). As a physician who has participated in a "Doctor of the Day" visit, I can assure you it is time well spent.

No matter how they end up voting, lawmakers do remember those who take time to make their voices heard in person. As physicians, we have a golden opportunity—and an obligation—to meet with our legislators, build relationships with them, educate them about health care issues, and speak up for our patients and our profession. Term limits make this even more crucial.

During these visits, you will meet with key legislators, influence health care policy, and learn more about the legislative process. MSMS will accompany you, coordinate the day, and provide materials.

Another way to make an impact and help accomplish our legislative goals is to join MDPAC (www.mdpc.org), the political arm of MSMS. MDPAC enables you to contribute, engage, unite and lead at the grassroots

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- Nutrition Programs

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PRACTICE MANAGERS

Blue Cross, PGIP & PCMH

On October 27, Blue Cross staff Tina Gach and Kate Simon provided an overview on the PGIP and PCMH programs of Blue Cross. Those in attendance participated in a lively discussion, with very focused questions directed at the Blue Cross staff. Future meetings of the practice managers group are as follows. The January 26th meeting will cover Meaningful Use and HIPAA 5010. Presenters will be Dara Barrera and Stacey Hettiger of the Michigan State Medical Society. This will not be a meeting to miss. The February 23rd meeting will have as its topic Commit to Fit, a program of the Greater Flint Health Coalition designed to improve the community's overall health and enhance physician practices by focusing the community on better outcomes. Please let Sheree Ayres know of practice managers who should be attending these sessions.



INVITATION **Greater Flint Health Coalition 2011 (15TH) Annual Meeting**

WHEN: Wednesday, December 7, 2011
2:00 p.m. – 4:00 p.m.
(Reception immediately following)

WHERE: Riverfront Banquet Center
1 Riverfront Center West, Flint, MI 48502
(Downtown Flint across from U of M Pavilion)

FEATURED KEYNOTE SPEAKER
Dee Edington, Ph.D.

**“Population Health as a Serious Business
Strategy in the 21st Century”**

**This is a public annual meeting. Attendance is free with a RSVP
submitted before December 7, 2011.**



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**Tentative Dates for Genesee County Medical Society Committee and other Meetings for 2012*

Bioethics - Meets as needed at 6 p.m.

Board of Directors – Meets the fourth Tuesday of the month at 6 p.m. at GCMS

January 24	April 24	Recess for July	October 23
February 28	May 22	August 28	November 27
March 27	June 26	September 25	Recess for December

Bulletin Committee – Meets the first Wednesday of the month at 7:30 a.m. at GCMS

January 4	April 4	July TBD	October 3
February 1	May 2	August 1	November 7
March 7	June 6	September 5	December 5

Constitution & Bylaws Committee – Meets on an as-needed basis

Community & Environmental Health – Meets the fourth Wednesday of the month at 12:30 p.m. at GCMS

January 25	April 25	Recessed for July	October 24
February 22	May 23	August 22	November 28
March 28	June 27	September 26	Recess for December

Finance Committee – Meets the fourth Tuesday of the month at 5:15 p.m. at GCMS

January 24	April 24	Recess for July	October 23
February 28	May 22	August 28	November 27
March 27	June 26	September 25	Recess for December

Legislative Liaison Committee-Meets the first Monday of the month at 8:00 a.m. approximately 9 times a year

Recess for January	April 2	Recess for July	October 1
February 6	May 7	Recess for August	November 5
March 5	June 4	Recess for September	Recess for December

Membership Committee – Meets on the third Monday of each month at 12:00 p.m. at GCMS

January 16	April 16	Recess for July	October 15
February 20	May 21	August 20	November 19
March 19	June 18	September 17	Recess for December

Practice Managers – Meets the fourth Thursday of the month at 8 a.m. at GCMS

January 26	April 26	Recess for July	October 25
February 23	May 24	August 23	Recessed for November
March 22	June 28	September 27	Recess for December

Peer Review: Mediation/Ethics/Aid to Impaired Physicians-Meets on an as-needed basis

Political Action Strike Force—Meetings TBD

Dinner Business Meetings: February 2, May 3, September 6, and Presidents' Ball November 2012 - TBD

MSMS House of Delegates: April 27 – 29, 2012, The Henry, Dearborn



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GCMSA proudly announces a special program:

An Evening with Maestro Enrique Diemecke

January 26, 2012, Thursday

Please mark your calendar for this special evening, a fine dining experience with world renowned conductor, **Enrique Diemecke** at the FIM Anderson Room, 6:30pm

Catered by the famed chef from Frandangles

The GCMS Alliance along with FIM will provide one free ticket for the January 28, 2012 concert at the Whiting Auditorium (worth \$50 per ticket) per person attending the dinner.

Maestro Enrique will give us an exclusive talk about music, about symphony orchestra and perhaps we might get to know more about his personal life. You will definitely enjoy the time spent with this warm, humorous and charismatic conductor.

Please encourage others to join us to this special event created by GCMSA and supported by Genesee County physicians.

The elegant dinner is only \$60 per person.

Please respond with your choice of meal: Chicken, Salmon, Vegetarian dish (Choose one only)

We need your support and your commitment by the end of December.

(Your check is your reservation) Thank you!

Please respond to: rosawang1@gmail.com or 810-655-8555

Rosa Wang, President, Genesee County Medical Society Alliance

YOUR \$\$\$ AT WORK

- S** 2 physicians decertified by third-party payor reinstated following GCMS intervention
- S** GCMS & GCMSA members and staff aggressively supported AMA work to solve the Medicare SGR problem
- S** Letter sent to GFHC requesting a meeting to discuss the need for GYN Oncologist for the community
- S** Completed 2011 Presidents' Ball preparation
- S** Strategic Plan results updated
- S** Presidents transitioned from Dr. Mukkamala to Dr. Carravallah
- S** Multiple meetings held with other organizations to forward GCMS goals
- S** GCMS members and staff participated in MSMS Governance Task Force
- S** Personnel Manual drafted
- S** Multiple meetings held with individual practice managers and group practice managers regarding issues of concern to members

Why should we celebrate 75? ★

The movie, "Jaws", premiered in '75

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JOINT ANNOUNCEMENT
from
GENESYS HEALTH SYSTEM, McLAREN HEALTH CARE
& HURLEY MEDICAL CENTER

Genesee County Hospitals announce a shared Regional Health Information Exchange Strategy in partnership with Michigan Health Connect & Medicity

BACKGROUND

Exciting things are happening in Michigan, where a broad, regional health information exchange, or HIE, has been steadily evolving. The benefits will soon accrue to the health care providers and residents of Genesee County, as well as those from neighboring counties.

The state of Michigan, going back a few years, had provided multiple planning grants to explore the development of regional HIEs throughout Michigan. The counties of Genesee, Lapeer, and Shiawassee were designated as one of nine regions, also known as medical trading areas. Since mid-2007, regional leaders from Genesys Health System, Hurley Medical Center, McLaren Regional Medical Center, Lapeer Regional Medical Center, and Memorial Healthcare have come together via the Greater Flint Health Coalition to investigate the best local strategy to establish HIE.

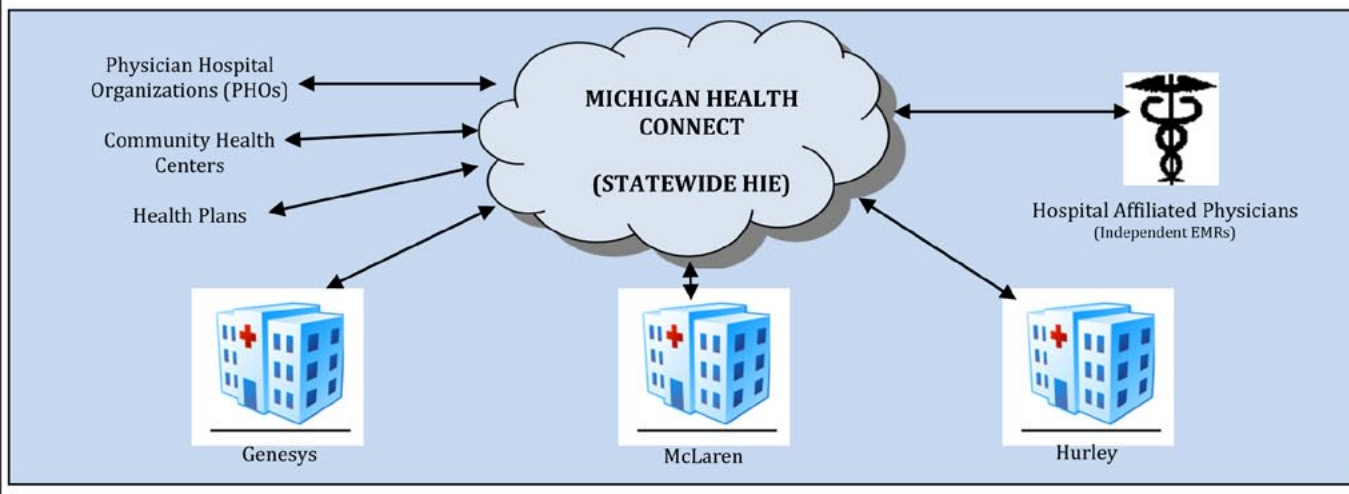
While a lengthy process of planning and evaluation has transpired in the midst of an ever-changing landscape related to federal requirements for health information technology, electronic medical records, and meaningful use, the three Genesee County hospitals and the Greater Flint Health Coalition are pleased to announce a shared regional Health Information Exchange strategy in partnership with Michigan Health Connect.

ABOUT MICHIGAN HEALTH CONNECT

Michigan Health Connect (MHC) seeks to advance the delivery of patient-focused health care by collaboratively leveraging information technology and clinical data exchange. It also encourages the adoption of EMR systems across the provider community and facilitates their meaningful use. MHC is led by a collaborative of 8 prominent health systems and currently consists of 47 hospital facilities whose service area spans over 80% of the counties in Michigan's Lower Peninsula.

In partnership with Medicity (a leading HIE vendor), MHC has deployed results delivery, laboratory and radiology ordering and EMR interfaces to hundreds of physician practices statewide, including technology to enable referrals between practices.

By adopting Medicity's full HIE infrastructure, MHC will have the ability to aggregate and match patient data to create longitudinal patient records while enabling the participating health systems and their physician partners to maintain ownership of their own data. Via its growing clinical messaging platform, MHC has over 640 physician offices connected to receive results. These include EMR offices as well as paper-based offices whose results are placed into an electronic "drop-box", replacing inefficient fax delivery.



ARE DIFFERENT ELECTRONIC MEDICAL RECORD (EMR) SYSTEMS CAPABLE OF WORKING WITH THIS HEALTH INFORMATION EXCHANGE STRATEGY? IF SO, WHAT EMR's DO THE REGION'S HOSPITALS ENDORSE OR RECOMMEND?

Yes. To date, Michigan Health Connect has developed 48 discrete interfaces representing 22 different health information technology vendor systems. MHC doesn't endorse any but will work with all EMR systems.

In our region, our local hospitals have also selected different EMR vendors to achieve "meaningful use" requirements. Each regional hospital's selected EMR system for employed physicians is noted below. We fully endorse and encourage your use of these EMR systems if your practice is in the process of making such a decision.



Genesys Health System

Allscripts
Enterprise
EMR



McLaren Health Care

Allscripts
Enterprise or Professional or
MyWay EMR



Hurley Medical Center

Epic
EMR

FOR HOSPITAL AFFILIATED PHYSICIANS (NON-EMPLOYED), NUMEROUS OTHER EMR SYSTEMS WILL WORK WITH THE MICHIGAN HEALTH CONNECT HEALTH INFORMATION EXCHANGE, HOWEVER, INTERFACING COSTS FROM THOSE EMR VENDORS SHOULD BE ANTICIPATED.

WHERE CAN YOU LEARN MORE ON HOW TO PARTICIPATE?

Below please find the contact information for the Chief Information Officer of the region's hospitals. Their team is prepared to answer your questions and refer you to the necessary steps to take advantage of the forthcoming regional health information exchange strategy as it is implemented in 2012 and beyond...

Daniel Stross
Chief Information Officer
Genesys Health System
Ascension Health Information Services
(810) 606-6607
daniel.stross@genesys.org

Gayle Consiglio
Chief Information Officer
McLaren Health Care
(810) 342-1169
gaylec@mcclaren.org

Gary Townsend
Chief Information Officer
Hurley Medical Center
(810) 262-4955
GTownse1@hurleymc.com

In partnership,

Elizabeth L. Aderholdt

Elizabeth Aderholdt
President & CEO
GENESYS

Donald Kooy

Donald Kooy
President & CEO
McLAREN
REGIONAL MEDICAL CENTER
A McLAREN HEALTH SERVICE

Patrick D. Wardell

Patrick Wardell
President & CEO
HURLEY
MEDICAL CENTER

REG-18 MHCannouncement.flint.101311ks

Genesee County Medical Society Board Meeting

October 25, 2011 - MINUTES

CALL TO ORDER:

The meeting was called to order at 6 p.m. by S. Bobby Mukkamala, MD, President in the Rapport Conference Room.

Introduction of Guests:

Dr. S. Bobby Mukkamala introduced Amanda Winston, a Michigan State University student in her third year of studies. She is originally from Goodrich.

Review of Minutes:

Motion: That the minutes of September 27, 2011 Board of Directors meeting be approved as presented.

The Motion Carried.

Reports:

A) Alliance Report:

Rosa Wang reported a wonderful GCMSA board meeting held earlier in the day. She noted that next Tuesday the Alliance will hold a fundraiser for charity. On January 26th, Maestro Enrique Dominic will be the speaker at a lovely dinner to be held at the FIM for Alliance members and their guests.

B) Finance Committee Report:

Motion: That the Budget to Actual Report for the period ending September 30, 2011 be approved as presented.

The Motion Carried.

Dr. Suresh Anné thanked Board members and Finance Committee members for making the Genesee County Medical Society viable again. Some of the decisions were painful but have reversed the negative financial trend of the Society. He thanked Pete Levine for sacrifices and thanked Dr. Hesham Gayar for his service on the Finance Committee which he is leaving on November 1, 2011.

Motion: That 6% be allocated to the 401k plans for eligible employees (Marcia Gzym and Peter Levine) and \$2,000 be paid to Peter Levine as partial reimbursement for his life insurance expense for the past year. The Motion Carried.

C) Legislative Liaison Committee:

Dr. Cathy Blight reported that the committee met on October 3 and discussed Medicaid, Auto No-Fault, Prior Authorization Standardization, and Violence in the Work Force.

Dr. Raymond Rudoni provided an update on the Legislation and Regulations Committee of MSMS.

D) Community & Environmental Health Committee:

Dr. Gary Johnson reported that the Community Health Committee is focusing on the Commit to Fit program and the dissemination of the information to physicians regarding Commit to Fit.

E) Membership Committee Report:

Motion: That the following requests for membership be approved.

Requesting Membership:

Ezequiel Martinez-Madrigal, MD – FP
Christopher Papp, MD – Ophthalmology

Hurley Residents Requesting Membership:

Ahmad Al-Najjar, MD
Samer Saleh, MD

McLaren Residents Requesting Membership:

Nandan Shah, MD
Michael White, MD

Students of MSU Requesting Membership:

Eve Hood – MSU
Amanda Winston – MSU

The Motion Carried.

F) Greater Flint Health Coalition:

A brief overview was provided on the activities of the Commit to Fit program, and the fact that all 3 hospitals have acknowledged that they will be using Michigan Health Connect Health Information Exchange.

G) President's Report:

Motion: That the nomination of Dr. Shafi Ahmed and Ruqsana Ahmed be forwarded forthwith to the MSMS as a recommendation for the Community Service Award because of their good work against child labor in Bangladesh in India. The Motion Carried.

I) Old Business:

1) Zero Tolerance Policy on Threats Against Physicians

Dr. S. Bobby Mukkamala reviewed the AMA Policy on Threats Against Physicians, and Senate Bill 642 which is pending in the Michigan Legislature. Senate Bill 642 establishes penalties for violence and threats of violence against healthcare workers. Dr. Raymond Rudoni, chair of the MSMS Legislation and Regulations Committee, reviewed the importance of supporting Senate Bill 642.

Motion: That a letter be sent to key Senators indicating GCMS' unequivocal support of Senate Bill 642 and to copy that letter to the MSMS. The Motion Carried.

Consensus: That if staff hears of a threat against a physician or a member of the staff, that threatened person is to be informed of that threat. In addition *the Bulletin* should have an article on the issue of zero tolerance of violence against healthcare workers.

seasoned
seasoned
attained distinctive quality.
to make fit by experience.

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2) Letter to GFHC regarding GYN Oncology

Consensus: That staff contact Deb Cherry, chairperson of the Greater Flint Health Coalition, to give her background on the issue of GYN Oncology and note for her that there needs to be two GYN Oncologists so that coverage is possible when one is away. The hospitals need to be convened to look at this issue. Staff is to let her know that she is welcome to attend a GCMS Board Meeting and discuss the issue if she would like.

J) New Business:

1) GHP

Dr. S. Bobby Mukkamala reported that the Genesee Health Plan is working on improving health care services in the schools and is looking for volunteers to work on that initiative.

Consensus: That a pediatrician be solicited to volunteer to serve on the GFHC School Health Services Task Force.

2) Executive Director

Motion: That a job description be developed for the Executive Director and to develop an executive evaluation process. The Motion Carried.

3) Blue Cross Certification

Peter Levine reported that two other physicians have been recertified by Blue Cross following intervention by GCMS Staff. He noted that this is a very serious problem for physicians who let their board certification drop.

4) Thank you to Dr. S. Bobby Mukkamala

Dr. Cathy Blight stated on behalf of the Board that she wanted to thank Dr. Mukkamala for an excellent year as President. She noted that he brought the Society through difficult times and dealt with difficult subjects legislatively and in the media. He also shepherded the Society through its staff transitions. Dr. Mukkamala received an ovation following Dr. Blight's comments.

Dr. Mukkamala noted that the year was outstanding, partially because he blinked and it was over. He noted that the organization is on a good course and in no small part because of Pete Levine's leadership. He noted that he very much appreciated the confidence of the board members, their participation, their commitment to attend and participate in the meetings, and thanked everyone for their support.

Adjournment:

No further business appearing. The meeting was adjourned at 7:30 p.m.

ATTENTION!!!
The new GCMS hours will
be 8 a.m. to 4:30 p.m.
Mon-Thurs
The GCMS offices will be
closed on Fridays.

Announcement

**GCMS members now entitled to 15% discount on
automobile and homeowners insurance.**

For details, contact:

POTTER & ROOSE INSURANCE
810-767-8590

Providers of insurance for the GCMS
& its members for 50 years.

906 Mott Foundation Bld., Flint, MI 48502

MEDICAL SOCIETY FOUNDATION

Consider a donation to the Medical Society Foundation for all of your holiday giving. What a wonderful way of expressing your holiday sentiments while supporting important health related causes.

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time that you tell others how much their health - and the health of those who are most vulnerable in our community - really means to you.

In the past, the Medical Society Foundation funds have been used to support specific public television programs, support of HIV programs, Reach Out and Read, Michigan State Medical Society Alliance, continuing medical education programs, Greater Flint Health Coalition, Turkish Red Crescent Society, Orissa Relief Fund, Sloan Museum's health exhibits, The Genesee County Free Medical Clinic and the Richard A. Rapport Memorial Conference Room.

Contributions can also be made in memory of an individual or to honor someone.

If you want to designate your gift(s) to a special cause, please indicate your choice on your check. A holiday card will be sent to the person(s) of your choice acknowledging your gift. (We will deduct only 10% from the amount of your check to cover expenses).

Mail your donations to:
Medical Society Foundation
4438 Oak Bridge Drive, Suite B, Flint, MI 48532-5467

For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact Peter A. Levine, MPH at (810) 733-9925 or at plevine@gcms.org.

Medical Society Foundation Mission Statement:
The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.

Legislative Liaison



On November 7, the Legislative Liaison Committee met with Senator David Robertson and Representative Richard Hammel. The committee heard a review by Josh Richmond of Michigan State Medical Society on several legislative issues including the initiative to alter auto no-fault insurance laws, and to repeal the helmet laws of the State of Michigan relating to motorcycles. The GCMS members present assertively opposed those pieces of legislation. Richmond reported that the Michigan Health Marketplace which is designed to provide health insurance options under national health reform is not moving forward quickly. Legislation to fund an advanced directive-end of life registry, for the State of Michigan is something that MSMS and GCMS support. Richmond also reviewed the SGR situation relating to Medicare and explained the politics of what is happening in Washington. It was also reported to those present that GCMS supports Senate Resolution 642 which creates penalties for violence against health care workers.

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AMA Foundation 2011

WHERE DOES THE MONEY GO?

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

GENESEE COUNTY MEDICAL SOCIETY ALLIANCE

• AMA Foundation Holiday Greeting 2011 •

Contributor(s) _____

Amount of Contribution \$ _____

Address _____

DESIGNATED FUND:

Scholars Fund _____
(Medical School Name, City, State)

Fund for Better Health _____

Development Fund _____

Mail your completed form, along with check payable to The AMA Foundation,
to Kee Ja Kang, 8511 Hidden Forest Court, Grand Blanc, MI 48439.

For questions or more information, please call Kee at (810) 603-1020.

HAPPY BIRTHDAY DOCTOR

Piyush Patel	1	Raed Al-Rajabi	16
Samiullah Sayyid	1	Edward Stack	17
Gary Wease	1	Nimrod Golovoy	17
Saiqua Waien	3	F Dale Roth	18
Sridhar Rao	3	Gagandeep Singh	18
Basim Towfiq	3	Jack Benkert	19
Sumathi Mukkamala	4	Samasandrapalya Kiran	20
Paul Lauber	5	Rao Botta	22
Randall Sturm	5	Siavosh Varjavandi	22
Eduardo Reyes	6	Gail Cookingham	22
Miriam Pellerito	7	Peter McLeod	23
Imran Shafique	7	Sukamal Saha	23
Abner Espinosa	8	Russell Becker	23
Stephen DeFriez	8	Abd Alghanem	25
Mary Marshall	9	Edgardo Paguio	26
William Naill	9	Mohammad Ashraf	27
Omar Bakr	10	Robert Michels	27
Ureddi Mullangi	11	David Dobies	28
Frank White	11	Saqib Hasan	28
Randy Hicks	12	Haesook Kim	28
Zheng-Ping Guo	12	David Eilender	29
Tejal Joseph	12	Evelyn Del Rosario	30
Ahmed Hamoda	13	Leon Friedman	30
John Martin	14	Paul Schroeder	30

CLASSIFIEDS

OFFICE SPACE AVAILABLE

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

FULL-TIME PHYSICIAN 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 Joanne Pratt, RN at 810-232-6101 or Pete Levine at 810-733-9925.

GCMS/MSMS NEW MEMBER APPLICATIONS

GCMS NEW MEMBERS

Manoochehr Sharifabad, MD
Internal Medicine
 Pulmonary Associates P.C.
 G-3252 Beecher Rd.
 Flint, MI 48532
 Dr. Sharifabad received his medical degree from Iran University of Medical Sciences in 2001. He did his residency at Englewood Hospital and Medical Center, Englewood, NJ. He also completed fellowships in Sleep and Pulmonary and Critical Care Medicine at Winthrop University Hospital, Mineola, NY.

Premasudha Ramadas, MD

Internal Medicine
 Dr. J. Katneni, MD P.C.
 1170 Charter Drive, Suite A
 Flint, MI 48532
 Dr. Ramadas received her medical degree from Kempegonda Institute of Medical Sciences, Bangalore, Inida.

McLaren Residents Membership:

Bhavana Bangalore, MD
 Ridhwi Mukerji, MD
 Marcillo Santos-Schmidt, MD
 Nandan Shah, MD
 Michael White, MD

Hurley Residents Membership:

Samer Saleh, MD

Michigan State University Student Membership:

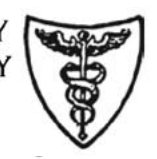
Amanda Winston



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

State and County Medical Society Membership Application

GENESEE COUNTY MEDICAL SOCIETY
 4438 Oak Bridge Dr., Suite B
 Flint, MI 48532
 810-733-9923



Please PRINT or TYPE

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

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!

