DINNER BUSINESS MEETING
2/2/2012
GCMS BALL PHOTO BOOTH
MSMS COMMUNITY SERVICE AWARDS

GENESEE COUNTY MEDICAL SOCIETY
Organized Medicine's Leading Edge
We reward loyalty. We applaud dedication. We believe doctors deserve more than a little gratitude. We do what no other insurer does. We proudly present the Tribute Plan. We honor years spent practicing good medicine. We salute a great career. We give a standing ovation. We are your biggest fans.

We are The Doctors Company.

You deserve more than a little gratitude for a career spent practicing good medicine. That’s why The Doctors Company created the Tribute Plan. This one-of-a-kind benefit provides our long-term members with a significant financial reward when they leave medicine. How significant? Think “new car.” Or maybe “vacation home.” Now that’s a fitting tribute. The Michigan State Medical Society exclusively endorses our medical professional liability program and we are a preferred partner of the Michigan Osteopathic Association. To learn more about our program benefits, call our East Lansing office at (800) 748-0465 or visit www.thedoctors.com/tribute.
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.
We are embarking on an exciting phase of reexamination and renewal. As is true for many others, our Society has weathered a financial storm, but has emerged leaner and arguably stronger. Our strategic plan was last revised completely in 2005 and while we have continued to adjust as new events and priorities emerged, we have not looked at it in a comprehensive fashion since that time.

Our professional landscape has changed significantly since then. Passing the Patient Protection and Affordable Care Act (PPACA) has altered our practice environment more than any change since the enactment of Medicare more than 50 years ago, and we are still early in the period of rolling out the changes and formulating regulations. The mass implementation of Electronic Health Records that has consumed much of our practice-related brainspace is just one of the changes flowing from this law. More will come. Additionally, we have the advent and growth of a constructive consumerism as manifested in programs such as the Patient-Centered Medical Home and Patient/Family-Centered Care, and this all in the face of our growing burden of chronic diseases related to lifestyle factors volitional and structural. Oh yeah, and the economic downturn, our growing educational landscape in this area, emerging possibilities for grant funding, the widening partisan divide, the graying of the physician workforce, generational differences, increasing use of electronic communications, and social media!

WHAT HAVE I MISSED?

This is not an idle question. We need ideas from all members from of this society to make sure that this iteration of our plan will include all of the major categories needed, but also will be agile enough to meet emerging challenges and opportunities.

To make the most out of this opportunity, the Executive Committee will bring in a facilitator from MSMS and will start to generate a list of new components needed. We will be devoting the entire February Board of Directors meeting to the generation and discussion of our new plan. After drafting the new plan, it will once again come to the Board of Directors and subsequently to the General Membership meeting in May for approval.

What we need additionally as part of this process outline is the formative input of those not on the Board. We need YOUR ideas as early as possible as to what the major foci of the strategic plan should be, and in particular what is currently missing. This input can be given to me via email or phone, to any of the other Board members, to our Executive Director Pete Levine, posted via our new GCMS Facebook page – or, come to the February Dinner Meeting and talk to any of the leadership there. We are looking for your input, and we are listening.
“As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection.”

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

What we do control as physicians: our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine and understand my business decisions. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.
WHY CAN’T THEY BE LIKE WE WERE, PERFECT IN EVERY WAY?

Children have never been very good at listening to their elders, but they have never failed to imitate them. – James Baldwin (1924 - 1987)

A stroll around any public place where children tend to congregate; shopping malls, movie theaters, amusement parks, sporting events; reveals that there are a lot of fat kids out there these days. Fast food places are as abundant as dandelions in spring and children’s menus are loaded with high-fat, high-sugar, highly processed foods. Many kids would rather play video games than kickball. It’s no wonder that the rate of obesity among children and adolescents in the United States tripled between 1980 and 2000. In 2008, 32% of children were considered overweight or obese. A 2011 study of infants and toddlers found that nearly one-third of children at 9 months and 2 years of age were overweight. This is a tremendous public health problem and the cost of treating the results of childhood obesity is likely to break the bank.

Body Mass Index (BMI) is the usual method used to determine if a person is overweight or obese. A growth chart can show how a child compares to other children of the same age and sex. The Centers for Disease Control and Prevention (CDCP) pegs a BMI in the 85-94th percentile as overweight and 95th percentile or above as obese. Other considerations include skeletal frame and musculature and variations in individual growth patterns. Although genetic and hormonal causes can contribute to childhood obesity, the usual cause is too much intake and not enough expenditure of calories. Children (and adults) love high fat and sugary foods. It’s in our nature. These calorie sources tend to be less expensive and more highly processed than healthier options such as fresh fruits and vegetables and whole grains. Hours and hours of television, video games, and computer watching does not burn up energy like running and playing outdoors. A family history of obesity is a common risk factor for childhood obesity. Some kids react to emotional stresses or boredom by eating and children from lower socio-economic classes are more prone to obesity.

Diseases that were once considered adult problems are now common in children. Type 2 diabetes, hypertension, elevated cholesterol, and coronary artery disease are no longer rarities in kids. Asthma and sleep disorders can be exacerbated by being fat, and early puberty is common among overweight children. Obese children tend to have low self-esteem and are prone to depression, behavioral problems, and learning difficulties at school. They can be the target of bullies and tend to be more socially isolated, withdrawn, and anxious than their normal weight peers. Growing up is tough enough today without the added burden of being the “fat kid.”

Dealing with childhood obesity requires a strong parental commitment. Parents need to closely monitor what goes their kid’s mouth without becoming the Gestapo. Healthy snacks should replace cookies, crackers, and chips. Sweetened drinks should be limited. Fast food should be a rare treat instead of a daily menu fixture. Families function better when they sit down together for a meal, just like the Cleavers did. Eating in front of the television is counterproductive. Kids need physical activity, not just exercise. Organized sports and structured activities are great but just playing outdoors can burn just as many calories. Medication and weight loss surgery should be reserved for the rare case where common sense approaches are not effective.

Michelle Obama is leading the battle against childhood obesity with the Let’s Move Campaign. The lofty goal is to eliminate childhood obesity in one generation. Strategies include encouraging restaurants to reduce portion sizes and improve children’s menus, planning safe parks and playgrounds, bringing grocery chains to under served neighborhoods, and educating parents about the positive effects healthy food choices and the negative aspects of junk food. Normal weight children have a greater chance of becoming normal weight adults which can prevent many of the associated diseases that carry such a high personal, family, and societal cost. After all, isn’t good health its own reward?
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COMMIT TO FIT PERSONALLY AND IN YOUR OFFICE

As most of you know at this point, GCMS is pushing both organizationally and as part of the Greater Flint Health Coalition to improve the health of this community. Improving the health of this community will improve patient satisfaction and outcomes which will improve physician satisfaction and outcomes. This is not sarcasm. There are so many opportunities to participate in this process. One is by going to the GCMS website and signing up for Commit to Fit for yourself and your office. You can track progress (or lack thereof) and measure yourself and your office against others. Most of all, you’ll feel better.

But then there is the issue of office practice “fitness.” It is amazing, how many phone calls I receive asking for help with issues that a physician’s office is already paying somebody to figure out. Don’t take this as a request not to call. I love it when a physician calls, and love it even more when I can figure out how to solve the problem. It does raise concerns that perhaps physicians are remaining committed to services that are not rewarding that loyalty by providing good service. All I am really saying, is a service needs to be evaluated. An entity may not be ready for HIPAA 5010 or ICD 10 or may not understand how to use specific billing modifiers, or consistently makes payroll mistakes. Whatever the service is, sometimes they are wonderful and sometimes they are not. It is just something to pay attention to.

One of the services that GCMS provides, which is of remarkable value, is the meetings that we hold on the fourth Thursdays of most months at 8 a.m. This is the meeting of practice managers or other key individuals who physicians send to talk about critical issues. It is amazing how much these people learn from each other, and how excited they are to meet with their peers, to talk things out and share ideas. If your key staff are not attending these meetings, please consider sending them. It might save you a lot of money and headaches in the long run. It is amazing to me how often somebody will raise an issue and almost everyone else in the room nods and says, “oh my gosh, I am dealing with that too.” If you have any interest in signing your key staff up, please have them call Sheree Ayres at 733-9923 or email her at sayres@gcms.org. If you would like to talk to me about the relative value of sending your staff, please do not hesitate to do so. I can be reached at 733-9925 or plevine@gcms.org.

This is a time when we all need to get more physically and businesswise. Together we reinforce each other, and can create real positive change.

Check Out Our Website: www.gcms.org
Call Sheree Ayres to give her your password (810) 733-9923.
NO SMALL ACHIEVEMENT:
LEARNING THE BUSINESS OF MEDICINE

CHALLENGE: When Dr. Navalgund came out of medical school, he had all the right medical training. But when he decided to open his own practice, he needed something new — an education in the business side of medicine.

SOLUTION: Dr. Navalgund had the Cash Flow Conversation with his PNC Healthcare Business Banker, who put his industry knowledge to work. Together, they tailored a set of solutions to strengthen his cash flow: loans for real estate and equipment along with a line of credit to grow his practice, plus remote deposit to help speed up receivables.

ACHIEVEMENT: DNA Advanced Pain Treatment Center now has four private practices and a growing list of patients. And Dr. Navalgund has a place to turn for all his banking needs, allowing him to focus on what he does best.

WATCH DR. NAVALGUND’S FULL STORY at pnc.com/cfo and see how The PNC Advantage for Healthcare Professionals can help solve your practice’s challenges, too. Or call PNC Healthcare Business Banker Jeff Holt at 810-664-3350 to start your own Cash Flow Conversation today.

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LEVERAGE ONLINE TECHNOLOGY
ENSURE ACCESS TO CREDIT

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for the ACHIEVER in us all™
READY, SET, ADVOCATE! MSMS MAKES IT EASY FOR YOU TO ENGAGE IN LEGISLATIVE ISSUES

Guided by its 2012 Legislative Agenda, MSMS is both the physician’s and the patient’s advocate in Lansing, ensuring that health care across the state will only improve and not backslide. The Agenda outlines what we hope to accomplish this year through the state legislature, and was compiled with input from county and specialty medical societies. From Medicaid funding to scope-of-practice issues, the Agenda tells legislators—and others in health care—which issues matter the most to organized medicine.

This year, we will continue to work in Lansing to stop dangerous changes to our model Auto No-fault Law, to preserve our crucial tort reform laws, to adequately fund Medicaid so that vulnerable populations continue to have access to quality health care, and to improve the health of the public by attacking the obesity epidemic in Michigan, to name a few goals. Read the 2012 MSMS Legislative Agenda online at www.msms.org/legagenda.

Also, MSMS makes it easy for you to spend as much—or as little—time as you want on legislative advocacy issues through its many programs and convenient tools. Your involvement is crucial and appreciated, whether you are able to devote an entire day or just a few minutes. Read more below.

HOW YOU CAN HELP

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.mdpac.org), the political arm of MSMS. MDPAC enables you to contribute, engage, unite and lead at the grassroots 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.

MSMS TOOLS KEEP YOU INFORMED

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.
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We aim to save our clients time and money and provide a one-stop solution. The comprehensive services we offer to our clients opens the door to endless possibilities for any financial situation. For more information about our firm or services, contact us today!

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Genesee County Medical Society

SHAFI AHMED, MD, a Genesee County internist and his wife RUQSANA AHMED have received an MSMS Foundation Community Service Award for being devoted supporters of the Distress Children and Infants Foundation. Its purpose is to return child laborers in Bangladesh and India to their homes and create incentives to eliminate the cycle of child labor. Doctor Ahmed and his wife have traveled to Bangladesh to serve this Foundation and also to provide financial support. They also have helped promote fundraising for this charity and others.

MSMS Alliance

SUSAN KIRBY, a member of the Genesee County Medical Society Alliance, has received an MSMS Community Service Award for her many years of active service to the community. She has been the chairman of GCMSA’s “Save in the Schools” program for several years. She is a volunteer member of Flint Area Congregations Together (FACT), and co-created a professional development day for safety advocates in the Flint Community Schools on the topic of “Bullying.” Ms. Kirby is a charter volunteer member of the Genesee County Safe Schools Coalition, and a volunteer member and past chairman for the Genesee County Community for Peace. She also collaborated with the University of Michigan to create a peace garden and install a statue of Gandhi in a downtown Flint city park. Susan led a Community Mindfulness Meditation this past September at the Unitarian Universalist Church of Flint, involving a peace flag art project for children. Susan is also a substitute teacher in youth religious education programs, a Flint Community Schools mentor, and a Genesys-Hurley Cancer Institute volunteer.
Let PIA Clear the Air!

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Let MSMS Physicians Insurance Agency (PIA) explain your options as you approach Medicare.

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“one call does it all”
Dr Asif Ishaque is now the Medical Director of Heartland Healthcare Center-Briarwood.

Please join the staff at a reception for Dr. Ishaque on Wednesday, February 22nd, 2012 from 2-5pm.

3011 N. Center Rd., Flint

Please stop in and visit our rehabilitation center, enjoy some Indian cuisine and wish Dr. Ishaque well!

RSVP to Judi Cottrell at 810-275-9998.

Heartland Briarwood
810-736-0600

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 Sheree at sayres@gcms.org or call 733-9923. Thank you.
The Leadership in Medicine for the Underserved (LMU) program was designed in 2004 by the College of Human Medicine (CHM) at Michigan State University to provide medical students with the opportunity to work with and learn from underserved populations. Based out of CHM’s Flint campus, LMU supplements traditional clinical medical training with the acquisition of knowledge, skills and attitudes necessary to address the varied medical needs of urban, rural and international underserved populations.

The purpose of the program is to:

1. Provide experiences for medical students to help them care for underserved populations with sensitivity and expertise, while helping communities address public health needs affecting levels of wellness of individuals and groups
2. Appreciate the impact of direct care delivery, epidemiologic research and health education on health status as well as health policy implications.

Throughout their clinical years, students spend time in the community providing health education programming and learning about the health needs of the Greater Flint residents. For three weeks during their Family Medicine rotation, students live and work in rural Michigan communities. And during their fourth year, the students travel to international locations such as Central and South America, Africa and India. The LMU program graduates a cohort of physicians who possess, in addition to the fundamental core of knowledge and skills for the medical degree, a special set of knowledge, skills and attitudes that will enable them to lead efforts to address the needs of medically underserved populations of the United States and internationally. Currently, LMU selects 18 students during their first year of medical school to begin the program in the third year of their curriculum.

**FROM THE STUDENTS –**

As medical students, the needs of the greater Flint community tend to require more from us than what we are able to provide during our clinical rotations. We have quickly been made aware that patient’s health needs neither begin nor end at the Emergency Department doors, and that these needs seem to be distributed unequally throughout the greater Flint population. We also believe that as medical students we have a unique opportunity to act in a way that cuts to the heart of this issue: to provide health care and focus attention on those who most require it, those who might be otherwise ignored. The LMU program offers us an opportunity to do something beyond the traditional medical student role in health care delivery. In order to fully combat any disease or public health crisis we must first fully understand the scope of the issue. With this in mind, we believe the LMU program trains us to be physicians cognizant of the inseparable relationship between clinical medicine and community/public health. We are in the process of exploring the specific health needs of the greater Flint community with the hope of working collaboratively with the population in order to affect real change. To this end, we look forward to forming and maintaining existing relationships with GCMS and other leaders in the Flint community!
AMA Releases Health IT Tutorials for Physician Practices

For immediate release:

Jan. 17, 2012

Chicago - The American Medical Association (AMA) released three online educational tutorials today to help physician practices better implement health information technology (health IT).

"Physician practices may need to redesign and reorganize their office routines so that they can successfully and efficiently adopt health IT," said AMA President Peter W. Carmel, M.D. "The AMA created these tutorials to help physicians understand how to best implement new technologies, such as ePrescribing, into their practices."

This series of short video tutorials feature downloadable tools and best practices about health IT for physician practices. The tutorials will provide physicians with guidance on how they might better use health IT in their practices.

The three tutorials cover ePrescribing, pre-visit planning and point-of-care documentation. The first tutorial explains the value of ePrescribing and the quality, safety, and efficiency of ePrescribing compared to handwritten prescriptions. The tutorial also allows physicians to identify opportunities for medication management improvement while enhancing physician and patient convenience.

The pre-visit planning tutorial will help physician practices to establish a pre-visit planning structure that provides full patient information to the physician before the patient arrives. This can create new efficiencies that will allow more time for patient-physician interaction and shorter patient wait times. The point-of-care documentation tutorial addresses decisions regarding the type of hardware used during an office visit. The tutorial also helps physician practices understand the type and format of information that should be entered during a visit.

These activities have been certified for AMA PRA Category 1 Credit™. To view the tutorials, visit www.ama-cmeonline.com/health_it_workflow.

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Announcement

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

For details, contact:

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906 Mott Foundation Bld., Flint, MI 48502
Helped 2 individual practices with significant billing problems
Helped 2 practices with significant patient-physician relationship issue
Planned prompt payment issue of Bulletin for March with Greater Flint Health Coalition Prompt Payment Task Force
Kept membership and practice managers abreast of SGR issues
Began process of preparing for Strategic Planning
Arranged presentation at hospital medical staff meeting
Began work on grant proposal relating to Advanced Care Planning relating to End-of-Life issues
Met with legislators on helmet law, and no-fault auto insurance
Provided media interviews relating to Commit to Fit
Provided media interviews relating to news items

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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3 CE Credits Available

“End of Life Ethics”
Exploring ethical dilemmas and decisions that occur at the end of life, the principles of ethical decision making, and the effects of these decisions on families and staff.

When: April 24, 2012

Time: 8:00 a.m. Registration
      8:30 a.m.-12:30 p.m. Program

Where: Genesys Banquet Center
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Sponsored by: Avalon Hospice, Genesys Hospice, Heartland Hospice, McLaren Hospice, Hurley Medical Center, and Brown, Hill and Reigle Funeral Homes.

Funded by a grant from the Community Hospice Foundation

For reservations or further information, contact Audrey Charlton @ Avalon Hospice 810-730-7250
A Town Hall Meeting on

HEALTH & FITNESS
Getting Our Patients Healthy Is In Their Best Interest (And Ours)

What do we know about our community and its resources relating to health and fitness? What do we know about managed care and its perspective on health and fitness? What do we know about local resources and directions relating to health and fitness? What are some healthy ideas to use in our practice? What are some of our members doing relating to health and fitness in their practice?

Come to the General Membership Meeting on February 2, 2012 to find out.

One of the major coming issues in health care is that of Payment for Performance. It is very much wrapped up in outcomes of care and the overall health of patients and their satisfaction.

The Genesee County Medical Society, working alone and within the context of the Greater Flint Health Coalition, is aggressively pursuing improved health of the greater Flint area. The reasons for doing this are myriad. One is that it’s the right thing to do. The work of physicians is to make their patients and the general population as healthy as possible. The second reason is that healthier patients in this community make the community more attractive to employers, and third party payers.

Speakers for this meeting will include Kirk Smith, President and CEO of the Greater Flint Health Coalition. Erik Helms, Vice President of Provider Network Development and Business Intelligence of HealthPlus, Mark Valacak, Director of the Genesee County Health Department, and Dawn Hiller who manages the Hurley Medical Center Wellness Services Division Program. Input will be solicited from members as well.

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

$30 - GCMS members, spouses & their practice managers
$20 - Residents & students
$50 - Non-members & non-member practice managers

Reservations required by January 31, 2011

FLINT GOLF CLUB
3100 Lakewood Dr., 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 Sheree at 810-733-9923 or email at sayres@gcms.org for more information.
MALPRACTICE LITIGATION:
PLAINTIFF’S COUNSEL TACTIC OF
OBTAINING TREATER AFFIDAVITS

By: Jonathan M. Hartman, Esq., Cline, Cline & Griffin, PC

An emerging trend has developed in the prosecution of medical malpractice claims. The practice of plaintiff’s counsel seeking and obtaining affidavits from treating physicians in support of claims has been observed with increasing frequency. This aggressive tactic can tip the balance in favor of the plaintiff many times before the soon-to-be defendant physician or hospital even learns that a claim is being investigated. Unfortunately, defendants do not enjoy the same luxury of unfettered communication with treating physicians, particularly in the early stage of a claim investigation or lawsuit.

The practice of plaintiff’s attorneys pursuing affidavits from treating practitioners is conceivably an outgrowth of recent developments in the law. First, the promulgation and enactment of various tort reform statutes in Michigan (and elsewhere), the primary aim of which were the insulation of medical professionals from frivolous litigation, created the need to obtain and file an affidavit to support the merits of a case. Prospective plaintiffs thereafter were required to secure, either through a treating practitioner or a hired expert, a supporting affidavit merely to initiate a case. The significant cost of hired experts seemingly led counsel to inquire first of the treating physician, usually the subsequent treating physician, as a potential cost-saving strategy. Moreover, a supportive treating physician is almost universally viewed as more credible as an expert than is a hired expert. By comparison, the defendant physician or his or her attorney is simply not able to consult with the same treating doctor, not to mention obtain a requisite affidavit to support the defense.

Plaintiffs have increasingly attempted to assert the physician-patient privilege as a shield against defense counsel contact with treating physicians. Historically, Michigan Court Rule 2.314 has provided for discovery of medical information concerning a party. Thus, the filing of a malpractice action traditionally has served to waive the said privilege. In 1991, the Michigan Supreme Court furthermore decided that a medical malpractice defendant’s counsel could properly conduct private meetings with a plaintiff’s treating physicians.

Notwithstanding, the 1996 enactment of HIPAA served to...
curtail defense counsel’s access to treating physicians. No longer could the defense conveniently meet with physicians of the injured party to learn of opinions and anticipated testimony without having to incur the expense and uncertainty of depositions. The Plaintiff’s bar exploited this advantage by cultivating treating physicians through communication and affidavits. Plaintiffs had unbridled access to their client’s doctors and the defense did not. Thus, the practice of obtaining a “leg up” in the case by convincing the client’s doctor to sign an affidavit was borne.

In 2010, the Michigan Supreme Court partially restored the balance by ruling that defense counsel and treating physicians were permitted to communicate under Michigan law and consistent with HIPAA. The only condition imposed in the ruling was that reasonable efforts be made in advance to secure a protective order from the court of jurisdiction. Thus, most malpractice defense representation involves the early motioning of the court for a protective order. Such requests continue to be opposed (by the Plaintiff’s bar) on the basis of privilege and under HIPAA, but are routinely granted by Michigan courts. Yet, many times the courts, in issuing such protective orders, require notice be given to the plaintiff’s counsel, and even in some cases an opportunity to attend treating physician meetings. Therefore, in spite of a leveling of the playing field, the plaintiff continues to have advantageous access to treating physicians.

In practical terms, the opportunity for a treating physician to simply sign an affidavit, usually in return for a promise to keep his or her role in the litigation to a minimum, may present as an attractive option to the busy medical practitioner. In some extreme cases, treating physicians have reportedly been subjected to threats to either sign or be added to the litigation. The language of the proposed affidavit is routinely slanted in favor of the plaintiff’s theory. I have personally dealt with several affidavits, presumably signed in haste by a treating doctor, which turned out to be both factually and medically inaccurate. These missteps by the affiant physicians resulted in their extensive involvement at the forefront of the litigation and significantly compromised their professional credibility.

The message being communicated is that one needs to proceed with extreme caution when presented with an affidavit prepared by a self-interested attorney prosecuting a medical malpractice case for a patient. The affiant’s intended result, and the plaintiff’s attorney’s promise of minimal involvement, can be turned on its face. The affiant can very easily become the plaintiff’s star witness for the long haul, and in some cases in front of the jury. By all means, at a minimum, read the affidavit carefully, do not hesitate to demand revisions, or better yet decline to communicate with the plaintiff’s attorney altogether.
CALL TO ORDER:
The meeting was called to order at 6:10 p.m. by Laura Carravallah, MD, President in the Rapport Conference Room. She welcomed everyone to the meeting and introduced new Board Members: Brenda Rogers-Grays, MD, Venu Vadlamudi, MD, and Farhan Khan, MD.

Review of Minutes:
Motion: That the minutes of October 25, 2011 Board of Directors meeting be approved as presented. The Motion Carried.

Reports:
A) Alliance Report:
On behalf of Rosa Wang, who unable to attend the meeting, Pete Levine reported that the Ball was a major success with over 330 attendee’s. He also reported that the Alliance will be holding “An Evening With Maestro Enrique Diemeck” on January 26, 2012. Reservations are still available.

B) Finance Committee Report:
Motion: That the Budget to Actual Report for the period ending October 31, 2011 be approved as presented. The Motion Carried.

The Board expressed appreciation to Pete Levine for careful stewardship of the Medical Society dollars last year. Levine thanked the Board for its financial efforts on behalf of the Society as well.

C) Legislative Liaison Committee:
Dr. Cathy Blight reported that the Legislative Liaison committee had met earlier in the month to discuss opposition to changes to the Auto No-Fault System and to the legislative initiative to no longer require the use of helmets when riding a motorcycle. She also reported that GCMS supports Senate Resolution 642 which creates new penalties for individuals involved in violence and threats of violence against physicians and other health care workers. Finally, Dr. Blight reported that the Congressional Super Committee has failed in its effort to resolve budgetary issues including the SGR. It is very important to communicate with our members of Congress about this.

D) Community & Environmental Health Committee:
Pete Levine provided an update from the last Community & Environmental Health Committee meeting, which revolved around Commit to Fit and how to engage physicians.

E) Membership Committee Report:
Dr. S. Bobby Mukkamala reported that membership is bringing in more dues revenue than last year but with less members. A big portion of the reduction in members is still the Genesys residents. He also reported that there has been a change in staffing at Genesys which might result in improved opportunities to recruit residents.

Motion: That the following requests for membership be approved.

Requesting Membership:
Manoochehr Sharifabad, MD - Sleep
Premasudha Ramadas, MD - IM
McLaren Residents Requesting Membership:
Bhavana Bangalore, MD
Marcillo Santos-Schmidt, MD
Ridhwi Mukerji, MD
The Motion Carried.

Consensus: That Amanda Winston be invited to join the Membership Committee.

The Board discussed how to best communicate with students and residents. Dr. Carravallah reported that a Facebook page has been established for the Society and might be a good way to communicate meeting dates and opportunities to participate to residents and students.

Consensus: That residents and students be given a page in the Bulletin to communicate with other residents and students on critical activities.

F) Greater Flint Health Coalition:
Dr. John Waters reported that the Board had met on the previous Monday. He noted that the GFHC will be requesting that GCMS hold a meeting on EMR and HIE.

Consensus: That the timelines for the February Board Meeting are too short.

Motion: That the February DBM revolve around Commit to Fit and general fitness. It is to involve the GFHC, the Alliance, and potentially others such as the Farmer’s Market.

It was noted that Dr. Rima Jibaly was featured on TV-12 on a weight loss related story involving one of her patients who recently lost 30 pounds at Dr. Jibaly’s suggestion.

G) President’s Report:
Dr. Laura Carravallah reported that she has been appointed to the Genesee County Board of Health at the suggestion of the GCMS. She also reported that she has a developed a GCMS Facebook page which is already getting contacts from others. It is available not just to GCMS Members but also to Alliance Members and Alliance Groups.

Directive: Staff was directed to provide a link to the GCMS Facebook page on its own website and to ask MSMS to provide a link to the GCMS Facebook page.

H) District Directors Report:
Dr. Venkat Rao reported that the Federal Super Committee had failed to achieve any kind of consensus on the SGR issue. This will result in a 27% reduction in physician payments on January 1st unless some action is taken to reverse that. All Board Members were encouraged to call Congressman Kildee and Senators Levin and Stabenow.

I) Old Business:
1) GCMS Strategic Plan
Motion: That the Executive Committee convene before the January Board Meeting to address how to perform a new Strategic Plan as well as the evaluation of the Executive Director. The Motion Carried.

J) New Business:
1) Adjournment for December
Motion: That the December Board Meeting be adjourned. The Motion Carried.

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

FEBRUARY 2012

HAPPY BIRTHDAY DOCTOR

Kiran Kinra 2
Kumbla Bhakta 3
Mark Weiss 3
Murugusundaram
Veeramani 4
John Damm 4
Shavell Karel 4
Evelyn Alumit 5
Gregory Fortin 5
Ahmed Akl 5
Bradford Murphy 6
Mohamad El Mortada 8
Avery Jackson, III 9
Craig Copeland 10
Frederick Lim 12
Jay Holmes 12
Ramesh Misra 12
Sunil Nagpal 12
Sharon Dowd 14
Cynthia Corpron 14
Jami Foreback 15
Rajeevi Pandyan 15
Frederick Armenti 16
Edward Gomez-Seoane 16
Rabbi Salimi 16
Amy Yanmin Wu 17
Shawn Wiggins 18
Raymond Rudoni 19
Athear Alrawi 20
Charles Saflery 20
Dianne Trudell 20
Richard Hennig, Jr. 21
David Wiese 21
Jonathan Arbogast 22
Daniel Bernstein 22
Steven Boskovich 22
Donald Canada 22
George Tumaneng 22
Ali Esfahani 24
Laura Ann Carravallah 24
Nanci Mercer 24
Kurk Kralovich 26
Pino Colone 26
Naresh Kinra 27
Samuel Richard
DeNardo 27
Thomas Wright 27
Marvin Latchana 28
Wilfredo Rivera 28

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 Pete Levine at 810-733-9925.

If you or someone you know would like to advertise in The Bulletin please contact Sheree at sayres@gcms.org or (810) 733-9923.
**State and County Medical Society Membership Application**

**Please PRINT or TYPE**

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**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)**

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**PROFESSIONAL DATA**

Present Type of Practice (check appropriately): [ ] 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 GENESSEE 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!