Updated Info From Community Scorecard

Medicare Cuts Due to Sequestration

Who is Your Judge?

Butts Cleaned Up
RMI. Where Interventional meets Interpersonal.

You understand the importance of referring patients to highly experienced experts for image-guided vascular, interventional, and pain management procedures. That’s RMI, home of some of the area’s most respected interventional clinicians. Your patients want to know you’re sending them to a convenient, comfortable facility, where our caring staff will bend over backwards to deliver a patient-friendly experience and calm their concerns by thoroughly explaining the procedure—so they’ll know what to expect at every step. That’s RMI too—where interventional meets interpersonal!

- Easy scheduling
- Same day or next-day service available in most cases
- Minimal wait times
- Convenient location on Lennon Road
- Free and ample parking

Regional Medical Imaging
rmipc.net • (810) 732-1919

THE BULLETIN is published monthly by
The Genesee County Medical Society

EDITOR
Daniel J. Ryan, MD
ASSOCIATE EDITOR
Peter Thoms, MD

GCMS OFFICERS 2012-13
President – Raymond Rudoni, MD
President Elect – Shahd Ahmed, MD
Immediate Past Pres. – Laura Caravallah, MD
Secretary – Jagdish Shah, MD
Treasurer – Shahd Ahmed, MD

MSMS OFFICERS 2012-13
Treasurer – Venkat Rao, MD

DELEGATES
Shah Ahmed, MD
Qazi Asher, MD
Amitabha Banerjee, MD
Cathy Brign, MD
Laura Caravallah, MD
Edward Christy, MD
Pino Colone, MD
Deborah Duncan, MD
Hesham Gayar, MD
Mona Haridas, MD
John Hebert II, MD
Paul Lazor, MD
Sreen Maniam, MD
Raymond Rudoni, MD
Jagdish Shah, MD
Jawad Shah, MD
Tarik Wasef, MD

ALTERNATE DELEGATES
Surekh Annt, MD
Nitika Dani, MD
F. Michael Jaggi, DO
Rima Jhaly, MD
Farhan Khan, MD
Samandrapalya Kiran, MD
AppaRao Mukkamala, MD
Gerald Natlak, Jr., DO
Lawrence Reynolds, MD
Brenda Rogers-Grey, DO
Daniel Ryan, MD
Robert Soderstrom, MD
Peter Thoms, MD
Venu Vadlamudi, MD

DISTRICT DIRECTORS VI
S. Bobby Mukkamala, MD
John Waters, MD

OTHER BOARD MEMBERS
Khaidh Ahmed, MD
Jagdish Bhagat, MD
Pramith John, MD
Kenneth Steibel, MD

Executive Director – Peter A. Levine, MPH
Executive Secretary – Becky Doty

APRIL 2013 Volume 90, Number 4

REGULARS

Presidential Message 4
Editorially Speaking 6
Director’s Message 8
District Director Update 10
Monthly Meetings 10
Your Money at Work 17
Board Minutes 28
Legal Advisor 32
Happy Birthday Doctor 34
Classifieds 34

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
Published by the Genesee County Medical Society Publication Office
4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-6260 Fax (810) 230-3737

By subscription $60 per year. Member subscription included with Society dues. Contributions to THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.
PRESIDENT’S MESSAGE

THE PROBLEM: PRIMARY CARE PHYSICIAN WORKFORCE SHORTAGES

THE SOLUTION: EXPANDING SCOPE OF PRACTICE?

Quite the conundrum! A serious workforce and patient access situation is upon us! The problem has been studied, published, and discussed (as it was in JAMA, December 2012) and yet short and long term solutions remain politically and economically divisive. Many believe the answer to the Primary Care Physician Workforce shortages today and in the future can be addressed with a quick fix by allowing non-physicians (physician extenders) to expand their scope of practice and provide services independently of physicians. This is absolutely, without a doubt, the wrong solution, and has the potential to create greater challenges than those we face today.

I offer my disclosures: my wife Paula is a practicing family physician, which may somewhat skew my opinions. In addition, I have worked side-by-side with PAs and NPs in the Emergency Department and Emergency Observation setting for over 20 years, and truly believe they have a valuable place in a setting which allows them to practice WITHIN their scope and along side a physician as PART OF THE HEALTH CARE TEAM. I have found their contributions to be and learned from.

The PCP workforce shortage can be easily understood by reviewing objective and somewhat shocking data provided by the Council on Graduate Medical care (GME) funding, to increase GME to stay in under-served areas? Step one is obvious and there is viewed as a step to promote growth and retention in the PCP workforce, this federal program has a shelf life of two years, then what?

How about training more PCPs and providing incentives to stay in under-served areas? Step one is obvious and there must be an increase from Medicare, the deep pockets in graduate medical care (GME) funding, to increase GME positions. In 2012 the federal government contributed $9.5 billion to fund 110,000 resident slots at 1,100 teaching hospitals. Unfortunately, any political attempt to increase funding and GME spots was recently placed on hold and placed at the 1996 level of 98,000. The president and Congress must address this mismatch and if successful it is simply not enough to train more PCPs. We must find creative ways to keep them practicing in the office and in geographic locations where they are needed. Incentivise the positions so they can compete financially with positions in more desirable locations. Incentive methods can include Medical School debt assistance, increased reimbursement, lower fixed costs (markedly reduced malpractice premiums, or EMR assistance) or a combination of all the above. If we need more PCPs, we need a fairer and more attractive playing field.

If the federal and state governments are truly concerned with this national health care dilemma, then hard financial and political decisions are required. The answer to PCP shortages, and access limitations, is not to allow those who did not obtain a medical degree along with post-graduate residency training, to practice independently. Though I imagine some politicians and insurance companies might find this solution financially attractive, I am very concerned that our patients will not receive the best medical care they deserve from those without the training and expertise of our profession. I am also convinced that any scope expansion decisions will not increase the physician extender workforce in under-served areas. I expect our physician extender colleagues will converge on the same populated areas physicians are working, driven by economic decisions. In closing, this discussion is never an easy one, but unfortunately it must be heard. I have nothing but true respect and admiration for our physician extender colleagues who work every day with physicians as invaluable members of the health care team, but I remain skeptical and unconvinced that expanding their scope of practice outside this arena is the answer to our workforce and access challenges. Our patients deserve primary medical care from primary care physicians. Other solutions seem short-sighted and, frankly, unsafe.

As always, I welcome your comments: Raymond.Rudoni@McLaren.org.

Ray Rudoni, MD
HOSPICE; A VALUABLE ASSET FOR END-OF-LIFE CARE

Death plucks my ears and says, “Live - I am coming”.
Virgil (70 - 19 B.C.E.)

In his book entitled How We Die, Dr. Sherwin Nuland says that, “Death belongs to the dying and those who love them. Though it may be sullied by the invasive havoc of disease, it must not be permitted to be further disrupted by well-meant exercises in futility.” The growth of hospice care in the past 30 years in this country has helped return control of the process of dying to patients and families.

Specialized care for the terminally ill was an obscure aspect of the health care system in this country when the first hospice was begun in New Haven, Connecticut in 1974. The modern hospital had become the center of birth and death, events that were once commonplace in the home, and family members were often relegated to the role of guests or observers. Direction of an important part of our lives was shifted from the family to physicians and nurses. There was a growing movement to return some measure of involvement to families.

The term hospice can be traced to the middle ages when monks provided hospitality to weary travelers, a place of shelter and comfort on their long journey. The name was first applied to the care of dying patients in Lyon, France in 1842. The modern movement to provide care directed to the terminally ill was started by Dame Cicely Saunders in 1967 with the founding of St. Christopher’s Hospice in London.

Today, hospice is no longer necessarily a place, but a philosophy and ideal for directed care of illness that is life limiting. Most hospice patients actually are tended to in their own home, or the home of a relative or friend. Treatment is also provided in hospitals, nursing homes, and long-term care and assisted living facilities. Some hospices do provide residential units.

Medicare has covered hospice services since the benefit was made permanent in 1986. Most states also provide coverage through Medicaid. Private insurers, Blue Cross/Blue Shield, and most HMOs also provide hospice coverage, which has allowed for the rapid growth of the hospice movement from a largely volunteer-based system into large corporate providers, both non-profit and for-profit, with paid staff and standardization of care policies.

To be eligible for hospice care, certain criteria must be met. The patient’s physician must certify that the patient is expected to live less than six months if the illness runs its natural course. Aggressive treatment must not be providing improvement or relief. The patient and family must understand that the focus of care is on comfort and not cure. However, patients can be discharged from hospice care if they show improvement and standard medical treatment can resume.

About one in four patients who die receives some level of hospice treatment. There are more than 3,200 hospice organizations in the United States and 100 in Michigan, the largest being Hospice of Michigan, which provides care for about 25% of hospice patients in our state.

Confronting end of life care issues is unavoidable aspect of every physician’s experience, whether it involves patients, family members, or even ourselves. We can be grateful that hospice care is a part of modern medical philosophy and treatment.
PARTICIPATION ENCOURAGED

The Genesee County Medical Society Board of Directors would like to let members know that its meetings are open to them. Board meetings are held on the fourth Tuesday of all months with the exception of July and December at 6 p.m. If you would enjoy coming to see what is discussed or to provide input, you are most welcome to do so. If you would like to attend a Board meeting, please let me know by responding to plevine@gcms.org. You will be very impressed by the breadth of issues discussed and also the depth of discussion at each meeting.

In May we will be holding a dinner business meeting focusing on stealing and embezzlement in the medical practice. Everyone is encouraged to attend.

We are always looking for people to write on interesting topics in the GCMS Bulletin. It is fun to do and quite enjoyable for our members to read. You can write about trips, reflections on medicine, reflections on practice, the medical family or hobbies, anything that you might enjoy.

The Genesee Health Plan recently gave a very nice award to Dr. Laura Carravallah for her work in support of the Genesee Health Plan millage renewal. She did this work on behalf of the GCMS Board and really knocked herself out doing so. It is always fun to watch one of our leaders get recognized for the work that they do on behalf of physicians and their patients.

This issue contains more snippets of data from the Greater Flint Health Coalition’s community data scorecard. Perhaps most profound in the report is an increase shown in uncompensated care which is up 60% in the period 2006-2011. There is plenty of other juicy data contained in this issue of The Bulletin so take a look.
GREETINGS FROM YOUR DISTRICT DIRECTORS!

I am happy to report that the Universal Prior Authorization bills that you may have heard about a while ago are far from dead. In fact, they are out of committee and action is expected soon in Lansing. I feel like Dorothy imagining Oz when I think about how much better things could be if we just had one form to fill out to get prior authorization for medications.

The bills to restructure Blue Cross are moving through the legislative process. I, personally, am very happy that the transition is being contemplated carefully so as to make sure that we are not creating more problems by making this switch.

As I write this our legislators are quickly trying to decide about whether to go with the will of our president and governor regarding expanding Medicaid by accepting the federal dollars that are part of health care reform. While there are pros and cons, it seems that the more it gets pondered, the more people are convinced that it would be foolish not to do so.

At our recent MSMS board meeting, we heard about how the state is approaching the health insurance exchange issue. We were informed about the role of the feds and the role of the state in educating and enrolling people and navigating through this new insurance structure. I was pleasantly surprised at the level of MSMS engagement on this issue. As I write this though, I just read that the state senate has decided not to participate in the exchange. Now we are in a holding pattern regarding Medicaid expansion.

So, as we work in our office and hospitals, the world of health care turns around us. Our county and state medical societies are involved in all the key conversations that will shape our future and for that I am thankful.

S. Bobby Mukkamala, MD
District VI Director

Legislative Liaison Meets with Delegation

In March, the Legislative Liaison Committee met with Senator Dave Robertson, Representative Jim Ananich and Tim Sneller of Representative Charles Smiley's staff to discuss scope of practice issues and Blue Cross mutualization. There was also an extended discussion about the future of health care in the community. Members wishing to attend Legislative Liaison Committee meetings are welcome to do so. Meetings are held on the first Monday of most months at 8 a.m. Please contact Becky Dory at bdoty@gcms.org if you are interested in being added to our notification list. There will be no meeting in April of the Legislative Liaison Committee.

GCMS MEETINGS
– APRIL 2013 –
4/3 – 7:30 a.m. Bulletin Committee @ GCMS
4/23 – 5:15 p.m. Finance Committee @ GCMS
4/23 – 5:30 p.m. District Directors Briefing @ GCMS
4/23 – 6 p.m. GCMS Board of Directors @ GCMS
4/24 – 12:30 p.m. Community & Environmental Health Committee @ GCMS
4/25 – 8 a.m. Practice Managers @ GCMS
4/26-4/28 MSMS House of Delegates @ The Amway Grand Plaza, Grand Rapids
5/2 – 6 p.m. General Membership/Dinner Business Meeting @ Flint Golf Club
GENESEE COUNTY, MI – Genesee County residents can dedicate more time to diet and exercise, but without improvements to the social, economic and physical environment the overall health of the community will not improve, health officials say.

The county ranked 80 out of 82 counties – one county had no data – in the state for overall health, according to the fourth annual County Health Rankings which were released Wednesday, March 20, by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Genesee County is the third unhealthiest county, dropping three spots from last year, when it had the ranking of 77 out of 82.

“It is much the same of last year. It is sort of what we expected to see at this point,” said Kirk Smith, CEO of the Greater Flint Health Coalition. “The reality is we may get worse before we get better, even if that’s hard to believe. The issues are a bit more complex and they are interconnected.”

Poor health behaviors are one thing, but community aspects – poverty, violence, unemployment rates and the physical environment – will continue to hold the community back if nothing is changed, Smith said.

When looking at physical environment, which includes access to recreational facilities, limited access to healthy foods and use of fast food restaurants, Genesee County is working to clean up the communities, he said. Resources need to be shared. And it’s important to support groups like the Genesee County Land Bank, which is working to clean up the communities, he said.

“The conditions in Flint neighborhoods were created over a number of decades. The purpose of the long-term master plan is to get strategic investments so we can improve these conditions,” Wailing said. “This report should also send a message to the state and federal governments that there needs to be investments in our community to reverse these trends.”

It’s important to know that the rankings do not focus on current information, Smith said, but data does create tension, which creates action.

The 2013 rankings look at years 2008 through 2010, while the 2012 rankings looked at years 2006 through 2008.

“We can’t rely on hospitals to make everyone healthy. It’s also business leaders, educators, government policy makers that have a role to play. This really needs to be elevated on their radar,” Smith said. “What we know here is access to healthy foods is an issue. Access to places for people to be safe and active is an issue.”

Genesee County’s strength is in clinical medical care, where it ranks 18 out of the 82 counties. But having good hospitals and good physicians isn’t enough when the rest of the physical environment is falling apart, Smith said.

The issue needs to be addressed in neighborhood, church, government, education and business groups, Smith said. Resources need to be shared. And it’s important to support groups like the Genesee County Land Bank, which is working to clean up the communities, he said.

“It really starts with collaboration,” Smith said.

Patrick Remington, associate dean for Public Health at the University of Wisconsin School of Medicine and Public Health spoke on how rankings affect health care and public policy during a teleconference Wednesday morning.

“We've seen that the rankings are changing the conversation about health in communities from one that has been focused mostly on health care or treating diseases to one that focuses on how we live can promote health and prevent diseases,” he said.

THE BIGGER PICTURE

The County Health Rankings data look at multiple health factors that influence overall health, measuring things such as alcohol use, diet and exercise, education, smoking and sexually transmitted infections.

Many of the categories saw little change in Genesee County, if any at all, from last year's report. But some stood out with some differences.

The 2013 data showed 666 cases of sexually transmitted infections for every 100,000 people, compared to 725 in 2012. The patient-to-physician ratio was 1,093:1 for the 2013 data and 934:1 in 2012.

Unemployment went to 10.9 percent in this year's data from 13.7 percent listed in the report last year.

Many of the categories saw little change in Genesee County, if any at all, from last year's report. But some stood out with some differences.

The 2013 data showed 666 cases of sexually transmitted infections for every 100,000 people, compared to 725 in 2012. The patient-to-physician ratio was 1,093:1 for the 2013 data and 934:1 in 2012.

Unemployment went to 10.9 percent in this year's data from 13.7 percent listed in the report last year.

Looking at only one category, however, does not show the true nature of the county's health status, health officials said.

“When you look at the studies, it’s a combination of factors,” said Mark Valalcak, health officer for the Genesee County Health Department. “It’s very similar to the previous year and I think it’s reflective to the general economy.”

The county still sees problems with obesity and smoking. Valalcak said. Community groups should continue to put an emphasis on encouraging people to be more physically active.

In Genesee County, 36 percent of adults are obese, which is higher than the national average of 25 percent.

And 23 percent of Genesee County residents smoke every day or almost every day.
GOVERNOR SIGNS MALPRACTICE BILL

Governor Snyder held a ceremonial bill signing in early March for tort reform bills (SB 1115 and 1118) that were officially signed into law in January. Representing MSMS in the photo: MSMS State & Federal Government Relations Senior Director Colin Ford (far left); MSMS Chief Operating Officer Ben Louagie (3rd from left); MSMS President-elect Kenneth Elmassian, DO (4th from left); MSMS Immediate Past President Steven Newman (5th from left); MSMS Treasurer Venkat Rao, MD (6th from left); and MSMS Chief Public Policy & Legislative Affairs Steve Japinga (2nd from right).

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.

We fight frivolous claims. We smash shady litigants. We over-prepare, and our lawyers do, too. We defend your good name. We face every claim like it’s the heavyweight championship. We don’t give up. We are not just your insurer. We are your legal defense army. We are The Doctors Company.

The Doctors Company built its reputation on the aggressive defense of our member physicians’ good names and livelihoods. And we do it well: Over 82 percent of all malpractice cases against our members are won without a settlement or trial, and we win 87 percent of the cases that do go to court. So what do you get for your money? More than a fighting chance, for starters. The Michigan State Medical Society exclusively endorses our medical malpractice insurance 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.

We need to work hard with the physician community to see that when they are making a recommendation for someone to stop smoking, they are making a connection with clauses,” he said. “The same goes for encouraging physical activity and getting into schools for nutrition education, he said. But it also comes down to residents having access to the fresh fruits and vegetables.

“Looking at what communities don’t eat five servings of fruits and vegetables and that corresponds with those that don’t have access,” Valacak said. “We have to make some environmental improvements within our communities.

If residents can’t afford a gym membership, but don’t feel safe exercising on their sidewalks, that’s an issue, Valacak said. And some communities don’t have sidewalks.

“This is Vehicle City and we’ve built an auto culture here where we drive to the store. Planning needs to look at how you can design your communities to be better communities,” he said.

Amy Krug, president and executive director of Priority Children, said a focus also needs to be on the younger generation with programs like preschool and head start. Putting resources into the younger generation will benefit the entire community in the long-term outcome, she said.

“There are so many really great programs in our community. There are a lot of people working to make sure resources are being used and families are getting help. There are still needs in our community that need to be met,” Krug said. “It’s impacting the whole community. It’s really not an us/them issue.”

Programs and agencies in the county have already started to look into what they can do, to meeting families in need where they are, but that is something that needs to be continued in the future, Krug said.

The rankings and data released Wednesday should not be a surprise, but community members need to remember to work together, Krug said. “We are an incredibly resilient community. We have been through some really, really tough times, but we hang in there,” she said. “When there’s poor health, it’s not due to one factor.”

It’s a big problem that’s going to take time to correct, Krug said. But in the meantime community members throughout the country need to start thinking about what they can do to help on their street, in their church, in their workplace and in the community.

“Looking at what communities don’t eat five servings of fruits and vegetables and that corresponds with those that don’t have access,” Valacak said. “We have to make some environmental improvements within our communities.”

The same goes for encouraging physical activity and getting into schools for nutrition education, he said. But it also comes down to residents having access to the fresh fruits and vegetables.

“We need to work hard with the physician community to see that when they are making a recommendation for someone to stop smoking, they are making a connection with clauses,” he said. “The same goes for encouraging physical activity and getting into schools for nutrition education, he said. But it also comes down to residents having access to the fresh fruits and vegetables.

“Looking at what communities don’t eat five servings of fruits and vegetables and that corresponds with those that don’t have access,” Valacak said. “We have to make some environmental improvements within our communities.”

If residents can’t afford a gym membership, but don’t feel safe exercising on their sidewalks, that’s an issue, Valacak said. And some communities don’t have sidewalks.

“This is Vehicle City and we’ve built an auto culture here where we drive to the store. Planning needs to look at how you can design your communities to be better communities,” he said.

Amy Krug, president and executive director of Priority Children, said a focus also needs to be on the younger generation with programs like preschool and head start. Putting resources into the younger generation will benefit the entire community in the long-term outcome, she said.

“There are so many really great programs in our community. There are a lot of people working to make sure resources are being used and families are getting help. There are still needs in our community that need to be met,” Krug said. “It’s impacting the whole community. It’s really not an us/them issue.”

Programs and agencies in the county have already started to look into what they can do, to meeting families in need where they are, but that is something that needs to be continued in the future, Krug said.

The rankings and data released Wednesday should not be a surprise, but community members need to remember to work together, Krug said. “We are an incredibly resilient community. We have been through some really, really tough times, but we hang in there,” she said. “When there’s poor health, it’s not due to one factor.”

It’s a big problem that’s going to take time to correct, Krug said. But in the meantime community members throughout the country need to start thinking about what they can do to help on their street, in their church, in their workplace and in the community.

We need to work hard with the physician community to see that when they are making a recommendation for someone to stop smoking, they are making a connection with clauses,” he said. “The same goes for encouraging physical activity and getting into schools for nutrition education, he said. But it also comes down to residents having access to the fresh fruits and vegetables.

“Looking at what communities don’t eat five servings of fruits and vegetables and that corresponds with those that don’t have access,” Valacak said. “We have to make some environmental improvements within our communities.”

If residents can’t afford a gym membership, but don’t feel safe exercising on their sidewalks, that’s an issue, Valacak said. And some communities don’t have sidewalks.

“This is Vehicle City and we’ve built an auto culture here where we drive to the store. Planning needs to look at how you can design your communities to be better communities,” he said.

Amy Krug, president and executive director of Priority Children, said a focus also needs to be on the younger generation with programs like preschool and head start. Putting resources into the younger generation will benefit the entire community in the long-term outcome, she said.

“There are so many really great programs in our community. There are a lot of people working to make sure resources are being used and families are getting help. There are still needs in our community that need to be met,” Krug said. “It’s impacting the whole community. It’s really not an us/them issue.”

Programs and agencies in the county have already started to look into what they can do, to meeting families in need where they are, but that is something that needs to be continued in the future, Krug said.

The rankings and data released Wednesday should not be a surprise, but community members need to remember to work together, Krug said. “We are an incredibly resilient community. We have been through some really, really tough times, but we hang in there,” she said. “When there’s poor health, it’s not due to one factor.”

It’s a big problem that’s going to take time to correct, Krug said. But in the meantime community members throughout the country need to start thinking about what they can do to help on their street, in their church, in their workplace and in the community.
GCMS staff helped several practices with internal problems
GCMS leaders met with legislators on several issues of critical import to the medical community and their patients
GCMS staff met with 30 practices on Commit to Fit!
Governor signs Malpractice Bill
GCMS Practice Managers meeting held with Genesys PHO staff
GCMS Practice Managers meeting held on Meaningful Use: Stage 2 and RAC Audits
GCMS Board planned May Town Hall on embezzlement in the medical practice

STEALING AND EMBEZZLEMENT IN MEDICAL OFFICES

Faculty: Jeff Holt, Healthcare Business Banker, PNC Bank
Anita Abrol, CPA, Principal, Lewis & Knopf, CPAs, P.C.
Walter P. Griffin, Attorney at Law, Cline, Cline and Griffin

This is a serious problem. Over 60% of practices, big and small, are impacted by embezzlement and stealing. Come and hear how it is done, how to reduce your chances for losses, and how to react to it. This session is designed for physicians, practice managers and spouses. Interested guests are also invited. This faculty is made up of key individuals who have years of experience in this field. There will also be local physician input into how this problem impacted them. It is a session which you will not regret spending your time on.

A brief synopsis of the Michigan State Medical Society House of Delegates actions will also be provided.

Sponsored by: ModuleMD, PNC Bank

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 APRIL 25, 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 Presentations

Please mail check with reservations to:
Genesee County Medical Society
4438 Oak Bridge Drive, Suite B, Flint, MI 48532

Email Becky at bdoty@gcms.org for reservations or more information.
GFHC COMMUNITY DATA SCORECARD REPORT

DEAR READERS,

The Editorial Board of The Bulletin would like to provide a series of charts which were developed by the Greater Flint Health Coalition showing the data trends and projected community health issues for Genesee County. The data is amassed from myriad local, state and national sources and is a first rate compendium. Rather than overwhelm you with material, we will provide it in logical sections. In this issue we have provided several chats from the Environmental Findings to Acknowledge as Factors Influencing Health. Next month we will cover the Major Healthcare Access and Cost Trends.

Daniel Ryan, MD, Editor

GFHC Community Data Scorecard

Environmental Findings to Acknowledge as Factors Influencing Health

* Decrease in the total population for the City of Flint & Genesee County, although the “Out County” population has increased
  • Also of note, in 2010 39.4% of employees who work in Genesee County live outside of the County

* It is also an aging population: Median Age has increased from 35.0 years in 2000 to 38.5 years in 2010 (a 10% increase in age in just 10 years)

* 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+
**DEMOGRAPHICS – Social Determinants of Health**

**CHILD SOCIOECONOMIC STATISTICS**

<table>
<thead>
<tr>
<th>Economic Status &amp; Well-Being</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Children Receiving FAP (Food Assistance Program)</td>
<td>29.1%</td>
<td>29.3%</td>
<td>32.0%</td>
<td>37.7%</td>
<td>38.5%</td>
</tr>
<tr>
<td>% of Children Ages 0-19 Owed Child Support</td>
<td>29.2%</td>
<td>31.0%</td>
<td>32.5%</td>
<td>32.0%</td>
<td>35.2%</td>
</tr>
<tr>
<td>% of Children in Poverty</td>
<td>25.4%</td>
<td>24.6%</td>
<td>23.3%</td>
<td>29.5%</td>
<td>30.5%</td>
</tr>
</tbody>
</table>

- NOTE: All statistics shown here rank Genesee County 70th or worse out of 81 Michigan Counties ranked

**DEMOGRAPHICS – Social Determinants of Health**

**EDUCATION**

<table>
<thead>
<tr>
<th>High School Graduation Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flint</td>
</tr>
<tr>
<td>Genesee County</td>
</tr>
<tr>
<td>Michigan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bachelor’s Degree Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genesee County</td>
</tr>
<tr>
<td>Michigan</td>
</tr>
<tr>
<td>United States</td>
</tr>
</tbody>
</table>

- Genesee County’s educational attainment is significantly lower than the State of Michigan and the United States
  - For reference, Oakland County’s bachelor degree attainment is 42.4% while Saginaw County’s is 18.8%
  - Flint high school graduation rates are 20% lower than the State average

**DEMOGRAPHICS – Social Determinants of Health**

**HOUSING UNITS & BLIGHTED PROPERTY**

- Number of vacant homes in Genesee County has increased 74% since 2000
- Blighted Property within the City of Flint is significant
  - 35% of all property in Flint is “abandoned”
  - Total of about 20,000 blighted parcels
  - 12,000 vacant lots

**DEMOGRAPHICS – Social Determinants of Health**

**CRIME RATES**

- Violent Crime Rate remains significantly higher than State and National Averages
  - In 2010-2012, 1 out of every 565 Flint residents was the victim of a homicide
  - The number of crimes (violent crimes & property crimes) per square mile is over 600% higher in the City of Flint than the State or Nation
PRACTICE MANAGERS

PRACTICE MANAGERS MEET WITH GENESYS PHO LEADERS

In late February the GCMS practice managers group met for the third in a series of meetings with POs and PHOs from this region. This session focused on an open discussion with the Genesys PHO. Presenters included Michael James, CEO of the Genesys PHO and Candace Jones, Vice President of Physician Services at the PHO. They presented on what was new at the Genesys PHO as well as in the pioneer ACO. The presentation was highly informative and the discussion animated. Physicians wishing their practice managers to attend these meetings are welcome to add their practice managers’ names to the list. Please address those updates to Becky Doty at bdoty@gcms.org.

APRIL 25TH PRACTICE MANAGERS MEETING

Presenting will be Stacey Hettiger, Manager, Health Care Delivery, Michigan State Medical Society

Her topics will include a medical records update. A lot has changed, in the legal and regulatory field relating to medical records, in recent years in the medical practice setting. This is the single most complained about issues from the patients’ perspective. Please be sure to attend for a major tune-up on this critical issue. These are topics of immediate use to your medical practice.

Practice managers and members, please RSVP to Becky Doty at bdoty@gcms.org to reserve your spot as soon as possible! Seating is limited!

Thursday, April 25, 2013
8-10 a.m.
Rapport (GCMS) Conference Room
4438 Oak Bridge Drive, Suite B
Flint, MI 48532

• The Health Care & Medical Sciences is up from 118% in 2001
• The Skilled Production Workers is down from 128% in 2001
Attention: All readers of the bulletin

GCMS Staff is ready to come to your office to place these Commit to Fit! posters in your exam rooms and waiting areas. Contact Nick Bendall today to have them delivered and to see the other materials which you and your staff can use to improve outcomes and fitness. Nick can be reached via email at nbendall@gcms.org or via cell at 517-243-2008.

Local practices, physicians, and medical office staff are at the forefront to helping our patients, residents, and community in developing necessary healthy lifestyles. The Commit to Fit! program is aimed at doing just that, and provides free resources that can increase the efficiency and practicality of prescribing physical activity, nutritional counseling, and smoking cessation to patients. These materials (shown below) include brochures, posters, healthy living prescription pads, pocket cards, and even free exercise and nutrition classes.

Did you know that Cigarette butts are the most common form of litter? The Smoke-Free Multi-Agency Resource Team (SMART) facilitated a cigarette butt and trash clean up event at the Mill Street Clio City Park on November 15th, 2012, in support of the American Cancer Society’s GREAT AMERICAN SMOKEOUT. Volunteers collected five bags of cigarette butts during the one-and-a-half-hour clean up.

In addition to the health hazards associated with smoking and exposure of second hand smoke, cigarette butts are an environmental hazard. They contain chemicals such as cadmium, arsenic and lead that are partially filtered out during smoking. When butts are discarded, these chemicals leak into the environment, contaminating our waterways and land. Eighty percent of discarded butts on the ground find their way into our water systems and impact the quality of our drinking water. Filters are composed of cellulose acetate and can take up to 10 years to completely break down.

Cigarette butts also pose a threat to children and wildlife. A study on the effects of ingesting cigarette butts on children showed that 1/3 of the children had symptoms such as vomiting, nausea, flushing, gagging, and lethargy, and half of those had to be taken to a health care facility. Every year over 500 children are taken to the emergency room for accidentally swallowing cigarette butts. Littered filters have been found in the stomachs of fish and birds that mistake them for food.

Health Advocates across Michigan are working to influence policy makers to enact smoke-free Parks and Beaches policies. So far, 23 jurisdictions have policies to restrict or prohibit tobacco use in their parks. We are so pleased that the Genesee County Medical Society has endorsed the SMART Coalition’s resolution to prohibit tobacco use in parks and beaches, and that it is taking a resolution to the Michigan State Medical Society House of Delegates asking MSMS to do the same, and to ask the AMA to propose a national policy of a similar nature.

Volunteers will conduct another cigarette butt clean up at Clio City Park in support of Earth Day on April 22nd from 3:00-4:30PM. For more information on this issue you may contact Ann Goldon at the Genesee County Health Department (810) 341-5898 or agoldon@gchd.us.
EPI NEWS
VOL. 1 NO. 1

Winter 2013

A Publication of the Genesee County Health Department

Gonorrhea In Genesee County

Sexually transmitted diseases (STDs) continue to be a major public health problem across the United States. Every year it is estimated that there are 19 million new infections and over half of them occur in people aged 15 to 24 years old.1 Annually, the direct medical costs of STDs in the United States are $17 billion.2 Consequently, STDs have been termed the ‘hidden epidemic’ as their rates continue to rise in contrast to other communicable diseases. Michigan and Genesee County are not exceptions from these trends. Michigan ranks among the top fifteen states with the highest occurrence of STDs in the United States. Within Michigan, these rates are driven by a handful of high incidence counties including Wayne, Oakland, Genesee, and Kent Counties.

Two STDs, chlamydia and gonorrhea, top the list of most reported communicable diseases. The Centers for Disease Control (CDC) report an 8% increase in chlamydia and a 4% increase in gonorrhea since 2010.3 Though rates remain at near historic lows nationally, this is the second consecutive year of increase for gonorrhea.4 Nonetheless, both of these diseases are believed to be considerably under-diagnosed and under-reported. This is in part because the majority of those who are at highest risk, persons aged 15-44, have never been tested for any STD other than HIV.5 As a result, it is estimated there are up to twice as many gonorrhea and chlamydia infections occurring throughout the United States.

Like the national trends, Genesee County has seen an increase in chlamydia and gonorrhea cases since 2010. However, in Genesee County there have been very significant increases in the total number of gonorrhea cases each year since 2010. Gonorrhea is currently our greatest focus of concern related to sexual health in Genesee County.

From 2010 to 2011, there was a 33.4% increase in the number of gonorrhea cases. During this period, there was a 30% increase in cases among African Americans and a 92% increase in Caucasians. This pattern of increase does not continue in 2012. The number of gonorrhea cases increased substantially from

584 to 916 in African Americans and remained steady with a small increase from 211 to 216 cases in Caucasians.

Figure 1: 2010-2012 Gonorrhea Cases in Genesee County by Race

Substantial disparities are seen between races in Genesee County. Gonorrhea rates are higher in African Americans than Whites. Accurate STD rates for other racial groups in Genesee County are not known because of the small number of reported cases. Biases in reporting of cases may lead to an overrepresentation of minorities among the reported cases. Reporting of race and other patient demographics is more complete from the public sector than from private providers which make these trends more accurate for populations served by public clinics such as minorities. Similar percentages and distributions of incomplete race reporting are seen across the nation, but these racial disparities are real and are also observed nationally.

In order to more accurately define risk groups and guide public health efforts, health care providers must ensure complete and timely STD reporting. This involves providing those who submit reports to public health, including laboratories, all the information required to be submitted on the reporting form. Continued and precise surveillance allows awareness of the true impact of STDs and further knowledge of STD risk factors.

Similar to the rest of the United States, the burden of sexually transmitted infection is greatest in those 15-24 years of age. Furthermore, the distribution across age groups for gonorrhea infections is disproportionately larger in females aged 15-24 years old. Overall, gonorrhea infection rates are 2.2 times higher in women of all ages compared to men. The distribution of gonorrhea cases by age and gender for 2012 can be seen in Figure 2.

Figure 2: Genesee County Gonorrhea Cases by Age and Gender 2012

Used on local reporting, the burden of disease, is greatest among African American women. In 2012, 565 African American women were infected with gonorrhea compared to 176 Caucasian women. The disparity in cases by race and gender is greater in men. In 2012, 355 African American men were infected with gonorrhea cases compared to 41 Caucasian men.

CDC Screening Recommendations

1. Annual chlamydia screening for all sexually active women age 25 and under, as well as older women with risk factors such as new or multiple sex partners.
2. Yearly gonorrhea screening for at-risk sexually active women (e.g. those with new or multiple sex partners, and women who live in communities with a high burden of disease).
3. Syphilis, HIV, chlamydia and hepatitis B screening for all pregnant women and gonorrhea screening for all at-risk women at the first prenatal visit to protect the health of mothers and their infants.
4. Screening at least once a year for syphilis, chlamydia, gonorrhea and HIV for all sexually active gay men, bisexual men and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3 to 6 month intervals). In addition, MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.

The purpose of this quarterly newsletter is to inform the community and health care providers in Genesee County about disease trends and in the county. We welcome any comments or questions. Contact: Suzanne Cupai, MPH, Epidemiologist, at (810) 768-7970, or email scupai@gcgd.us. Visit our website at http://www.gcgd.us

Genesee County Health Department
Mark Valaskic, MPH, Health Officer - Gary K. Johnson, MD, MPH, Medical Director
630 S. Saginaw Street, Suite 4, Flint, MI 48502

1 CDC Trends in Reportable STDs in the US, 2011
2 American Sexual Health Association – STD/STI Facts
I. Call to Order:
The meeting was called to order at 6:00 p.m. by Raymond Rudoni, MD, President in the Rapport Conference Room.

II. Review of Minutes:
Motion: That the Board of Directors meeting minutes of January 22, 2012 be approved as presented. The Motion Carried.

III. Reports:
A) Finance Committee Report:
1. Budget to Actual Report for the period ending January 31, 2013
Motion: That the Year Budget to Actual Report for the period ending January 31, 2012 be approved as presented. The Motion Carried.

B) Legislative Update:
1. Legislative Liaison Committee Meeting of February
Dr. Cathy Blight reported that the Dayne Walling (Mayor of Flint), Pam Farris, and Jim Ananich attended the Legislative Liaison Committee meeting and discussed committee appointments, Blue Cross mutualization, J-1 visa waivers and scope of practice as well as liability and access issues. Also discussed was Mr. Ananich’s physician retention practice setting using case studies involving local doctors.

Consensus: That a letter of support of Dr. Raymond Rudoni be sent to all Delegates, signed by Dr. Carravallah as Immediate Past President.

C) AMA Delegate:
Dr. Rudoni reported that Dr. Pino Colone will be running for Speaker. Dr. Rudoni will be running for Vice Speaker.

D) House of Delegates Campaign Updates:
Dr. Rudoni reported that Peter Levine has been working on the development of a seminar on best practices to avoid having your office staff stealing from you.

Consensus: To hold the May Dinner Business Meeting on the topic of fraud, stealing and embezzlement in the medical practice setting using case studies involving local doctors.

Dr. Kulkarni noted that she has a case that she is very aware of and will contact that physician about allowing his case to be discussed.

Consensus: That a Survey Monkey be performed to see what members would like for meetings and a prize be provided for responding to the survey monkey.

E) AMA Update:
Dr. Waters reported that there is a new Commit to Fit! campaign with free health classes being offered.

F) District VI Directors Report:
Dr. S. Bobby Mukkamala reported that the Blue Cross mutualization bill is moving forward. The governor is focusing on mental health at this point as well.

G) Greater Flint Health Coalition:
Dr. Waters reported that there is a new Commit to Fit! campaign with free health classes being offered.

H) AIA Update:
The National Advocacy Conference was held recently where it was reported by Dr. Blight that the cost of repealing the SGR has decreased.

IV. New Business:
A) May Dinner Business Meeting Topic Ideas:
Dr. Rudoni reported that Peter Levine has been working on the development of a seminar on best practices to avoid having your office staff stealing from you.

Consensus: To hold the May Dinner Business Meeting on the topic of fraud, stealing and embezzlement in the medical practice setting using case studies involving local doctors.

Dr. Kulkarni noted that she has a case that she is very aware of and will contact that physician about allowing his case to be discussed.

B) AMIA Update:
Dr. Blight reported that there is a new Commit to Fit! campaign with free health classes being offered.

C) AMA Delegate:
Dr. S. Bobby Mukkamala and Pino Colone are running. Dr. Shafi Ahmed is running for AMA IMG Section Governing Council.

Consensus: A letter of support of Dr. Raymond Rudoni be sent to all Delegates, signed by Dr. Carravallah as Immediate Past President.

V. Next Meeting:
The next meeting of the Genesee County Medical Society Board of Directors will take place on March 26, 2013 at 6:00 p.m. The combined District Directors Briefing and Board meeting will take place on April 23, 2013 with the Briefing taking place first at 5:30 p.m.

VI. Adjournment:
No further business appearing. The meeting was adjourned at 7:30 p.m.
I have been an outpatient primary care physician for 18 years. While a lot of that time has been joyful, I have had my share of patients who continued to have uncontrolled medical problems despite my best efforts. A few years ago, I was looking for more comprehensive ways of improving my health as well as that of my patients. The answer came to me in the form of “Isha Yoga and meditation.” Since trying this, the beneficial effects on my overall well-being and that of several of my patients, are astounding and worth sharing.

Like most physicians, I never really scheduled any time to take care of myself and I paid the price. I am a recovering “stressaholic” and a victim of “burnout syndrome.” About 9 years ago, I had the insight that I didn’t want to ride my life like a high speed roller coaster. Until then, I wasn’t smart enough to pay attention to the 100% diagnostic accuracy of the finger pointing test of blaming everyone and everything for my problems. While vacationing in Hawaii shortly thereafter I remember watching a man who was standing up paddle boarding for hours with minimal effort. No matter how the ocean waves crashed around him, he maintained his balance. It was at that time my quest to find a tool that would enable me to care more deeply about my patients than before. I have a better awareness of my own implicit biases and see people for who they really are, instead of who I think they are. I am also able to find effective solutions to decrease my mental distress that comes from situations in which I feel powerless. I love the time that I spend with my patients and coworkers. I can better sense their unmet and unasked needs and offer them solutions not only to heal their body and mind but more importantly their soul.

If you invest 15-30 minutes a day in improving your wellness, and your whole day goes better, what would you call that intervention in QI terms? It’s a low effort/high yield intervention. How do I know that the results of my n of 1 trial are accurate you ask?

The comments from my family members such as “you don’t get bent out of shape over little things,” “you are more laid back,” “you are serene” “I am glad that we had this important conversation, without getting upset with each other” validate the results. But the astute researchers among you might question whether my results are due to some confounding factors in my life that lead to the results. Besides n of 1 trial also limits generalisability.

I would now like to tell you some of the sharings from my patients, so that you can decide whether there is generalisability to this experiment.

“There may be pain but there need not be suffering,” how is that possible?

CHRONIC PAIN – “Pain won the battle. Let me try to explain how the Isha Kriya has helped in the aspect of pain. First, I had to realize that this was something that truly existed in my body. I had to get in harmony with the pain and stop fighting against it. I’m learning that I have to think happiness and wellness to be well. I can truly say that after 15 days of using this method, I can feel a difference in my overall well-being. The biggest difference is the joy and happiness that I feel.”

PANIC ATTACKS – “The daily Isha Kriya with Sadhguru has helped me focus and relieve stress. I find it very easy to make the time to do this daily. Throughout my day any time I get stressed out, or feeling overwhelmed, I simply state that I am not this body. I am not this mind silently and almost instantly I feel an improvement in my mood.”

WEIGHT GAIN – “I am doing the Isha Kriya meditation every day. Ironically, it has been motivational which seems counter-intuitive. I seem to be taking more control over how I organize my day and a better sense of how much I can accomplish

How does meditation really help? Perhaps an explanation from one of my patients might help in shedding light on this issue. “When I do meditation, I feel like my body and mind step out of the out of the way and give a chance for my soul to heal!”
WHO IS IN CHARGE ANYWAY?

By Barbara J. Hunyady, Esq., Cliner, Cliner & Griffin, PC.

Every day we are affected in some way by the decisions of our highest courts. For example, who we can marry is shaped by the decisions of the Supreme Court; who we can run, what we can be sued for, and what penalties we can be punished by are all shaped by the decisions issued by these courts. Do you know who is making these decisions for you? A survey conducted by FindLaw reported that two-thirds of people polled were unable to name at least one US Supreme Court justice. Less than 1 percent were able to name all nine. This alarming statistic and the recent changes on the bench prompted this refresher course on our justices.

MICHIGAN SUPREME COURT

Chief Justice Robert Young, Jr.

Chief Justice Robert Young, Jr. has been on the Supreme Court since 1999. He is a 1977 graduate of University of Cincinnati Law School. Justice Markman served as a legislative assistant in the U.S. House of Representatives, Chief Counsel of the U.S. Senate Subcommittee on the Constitution, and Deputy Chief Counsel of the U.S. Judiciary Committee. He served as the Assistant Attorney General of the United States and later as the United States Attorney in Michigan based on nomination by President George H.W. Bush. He was in private practice for two years at Miller, Canfield, Paddock & Stone. In 1995 Governor Engler appointed him to the Michigan Court of Appeals. In 1999, Governor Engler appointed Justice Markman to the Michigan Supreme Court, and he has been re-elected in subsequent terms.

Justice Mary Beth Kelly

Justice Mary Beth Kelly has been on the Supreme Court since 2000. She is a graduate of the University of Notre Dame Law School. She was in private practice as a commercial litigation attorney and a partner at Dickinson Wright and an adjunct professor at University of Detroit Mercy Law School. In 1999 she was appointed to the Wayne County Circuit Court by Governor Engler, and in 2002 the Michigan Supreme Court appointed her as Chief Judge of the Wayne Circuit Court. In November 2010 she was elected to the Michigan Supreme Court.

Justice Brian Zahra

Justice Brian Zahra has been on the Supreme Court since 2011. He is a 1987 graduate of University of Detroit Mercy Law School. He served as a Federal Law Clerk to Judge Zatkoff for two years and then entered private practice at Dickinson, Wright, Moon, Van Dusen & Freeman, where he remained for 5 years. In 1994 he was appointed to the Wayne County Circuit Court by Governor Engler and in 1998 he was appointed to the Michigan Court of Appeals by Governor Engler. Justice Zahra was appointed to the Michigan Supreme Court in January 2011 by Governor Snyder.

Justice Bridget Mary McCormack

recently took the bench with the Supreme Court; she was elected in the November 2012 general election and her term started in January 2013. She is a 1991 graduate of New York University Law School. She practiced with the Legal Aid Society and later at the Office of the Appellate Defender, both in New York. In 1996 she became a faculty fellow at Yale Law School and in 1998 she joined the faculty at the University of Michigan Law School. There she taught criminal law, legal ethics, supervised the General Litigation Clinic, and created numerous other clinics at the Law School. In 2002 she was made Associate Dean for Clinical Affairs.

Justice David Viviano

Justice David Viviano is the newest member as he was appointed by Governor Snyder on February 27, 2013, in place of Diane Hathaway, the former Justice who left the Court just prior to pleading guilty.

The former Justice who left the Court just prior to pleading guilty.

University of the Pacific. He has served on numerous advisory committees for the federal government. He was appointed to the United States Court of Appeals for the Ninth Circuit in 1975. President Reagan nominated him for the Supreme Court and has been with the Court since 1988.

Justice Clarence Thomas

was born in Georgia and is a 1974 graduate of Yale Law School. He served as Assistant Attorney General of Missouri, and later worked as an attorney with the Monsanto Company. He was as a Legislative Assistant with Senator Danforth until he took the position as Assistant Secretary for Civil Rights, U.S. Department of Education, and later as Chairman of the U.S. Equal Employment Opportunity Commission. Justice Thomas was nominated for the Court by President Bush in 1991.

Justice Ruth Bader Ginsburg

was born in New York and attended Harvard Law School and graduated from Columbia Law School. She served as law clerk for a federal judge and later took a position with Columbia Law School and Rutgers University School of Law. She was named as Assistant Secretary for Civil Rights, U.S. Department of Education, and later as Chairman of the U.S. Equal Employment Opportunity Commission. She was appointed to the United States Court of Appeals for the District of Columbia Circuit. She was nominated by President Clinton and she took her seat in 1993.

Justice Stephen Breyer

was born in California and is a Harvard Law School graduate. He served as a Supreme Court law clerk, as a Special Assistant to the Assistant U.S. Attorney General for Antitrust, as an Assistant Special Prosecutor of the Watergate Special Prosecution Force, Special Counsel of the U.S. Senate Judiciary Committee, and as Chief Counsel of the committee. He was appointed to the Supreme Court for the Third Circuit in 1990. In 2006 President George W. Bush nominated him for the Supreme Court.

Justice Sonia Sotomayor

was born in New York and is a 1979 graduate of Yale Law School. She served as Assistant District Attorney in the New York County District Attorney’s Office and later was nominated by President Obama as the Solicitor General of the United States Court of Appeals for the First Circuit before being nominated to the Supreme Court by President Clinton in 1994.

Justice Samuel Anthony Alito, Jr.

was born in New Jersey. Before taking the bench, he was a Special Assistant to the Assistant U.S. Attorney General for Antitrust, an Assistant Special Prosecutor of the Watergate Special Prosecution Force, Special Counsel of the U.S. Senate Judiciary Committee, and Chief Counsel of the committee. He was appointed to the United States Court of Appeals for the Third Circuit in 1990. In 2006 President George W. Bush nominated him for the Supreme Court.

Justice Elena Kagan

was born in New York and is a 1986 Harvard Law School graduate. She served as a federal court of appeals and U.S. Supreme Court law clerk. She was briefly in private practice before she became a law professor. She served in the Clinton Administration as Associate Counsel to the President and then as Deputy Assistant to the President for Domestic Policy. She became Dean of Harvard Law School and later was nominated by President Obama as the Solicitor General of the United States. In 2010 President Obama nominated her to the Supreme Court.
**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 Blvd., Flint, MI 48502

---

**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.

**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.

---

If you or someone you know would like to advertise in The Bulletin please contact Becky Doty at bdoty@gcms.org or (810) 733-9923.

---

**HAPPY BIRTHDAY DOC**

Devinder Bhrany 1
Muhammad Jabbar 1
Gail Dawson 2
Vemblassery Jayabalan 3
Kenneth Jordan 3
Wilbur Boike 5
Imad Issawi 5
Qazi Azher 6
Carlo Dall’Olmo 6
Kurt Mikt 7
Mohammed Shaik 8
John Bauer 9
Gregorio Lecea 9
Susan Smith 9
Byung Ho Chang 10
Syed Sattar 10
Edwin Smith 10
Elisea Singson 12
Jeffrey Diskin 13
Huda Elhwairis 13
W Archibald Piper 13
Fook Cheung Kuet 15
Don Rubino 15
M Varkey Thomas 15
Peter Thoms 15
Abdullah Raffee 19
Gregory Forsll 21
Gerald Cole 22
Louis Corias 22
Alan Weamer 22
Thomas Bossi 23
Donald Bryant 24
Ziyaed Khoury 25
Rima Jibaly 26
Nita Kulkarni 26
James Martin 26
Hesham Gayyar 28
Ok Kyun Kang 28
Richard Prior 28
Mark Camens 29
Sunita Tummala 29
Seif Saeed-Elasad 30
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.