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Our Vision
That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Our Mission
The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

PLEASE NOTE
The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

THE BULLETIN
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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.
I have been privileged to chair the MSMS Legislative and Regulations Committee for nearly four years and have truly enjoyed learning about the political process, specifically as it relates to patient care, physicians and the future of our profession. Our quarterly meeting in Lansing was held on Wednesday, November 14th at MSMS headquarters and the timing was perfect for analyzing the 2012 election results from a local, state and national perspective. Colin Ford from MSMS and our very own Pete Levine have been outstanding resources for me during these exciting times and I wanted to send out a thank you to each of them.

Locally, the renewal of the Genesee Health Plan millage was a huge victory for our community! Dr. Carravallah was an outstanding physician spokeswoman for this endeavor and in my opinion was the perfect representative for our county medical society, especially in the local media. This program will assist patients and families in need-it is as simple as that! Great work Laura and thanks to everyone who supported this unique program.

At the state level, the Michigan House retains a Republican majority (59 to 51). An important victory occurred within the Michigan Supreme Court where the Republican majority was victorious and maintained a 4-3 majority on the bench. Though the trial lawyers spent a ton of resources on advertising, when the votes were counted it was our state/county medical societies and concerned/knowledgeable citizens who were victorious! Many thanks to the GCMS members who hosted a local fundraiser for justices Markman, Zahra, and O’Brien at the Brickstreet in Grand Blanc: Dr. Shafi Ahmed, Mohammad Arsiwala, Cathy Blight, Nita Kulkarni, S. Bobby Mukkanala, Venkat Rao, Seif Saeed, Ajay Srivastava, Peter Thoms and the MDPAC. Though only two of the three Republican Justices were victorious (Markman and Zahra) Michigan physicians can breathe a sigh of relief in this regard.

The momentum of the Supreme Court victory will hopefully lead into an exciting and successful lame-duck session in Lansing these next few weeks as the fate of five Tort Reform Bills may be decided on November 27th. Though it is clear there are other hot items in Lansing, including the continued metamorphosis of BCBS of MI into a different corporate entity, most physicians will be anxiously awaiting news from Lansing on whether or not the Michigan Legislature can take tort reform to the next level. Remember to call your legislators and ask for their support! Go to www.gcms.org to the Action Center to make it easy!

With a 54%-45% vote, Michiganders contributed to the re-election of President Obama which has no doubt kept the Affordable Care Act (ACA) alive and moving forward. The ACA has survived the Supreme Court, a re-election and now the states will begin the process of working through the details of what to do next. In some states insurance exchanges are slated to go live October 2013. Others, however, have already gone on record denouncing support of the ACA specifically as it relates to increasing state Medicaid coverage.

The federal government’s “Medicare pay for Medicaid care” (Primary Care Parity Payment Program) for internal medicine, family practice and pediatrics begins (and will be fully funded by the Feds) January 2013 and continue through 2014. In 2015, however, this program will end and states will be back in the business of budgeting and paying for Medicaid services as they did previously, plus or minus the impact of the ACA.

As 2012 comes to an end, it is no surprise that Congress continues to delay a permanent fix to the SGR. If no action occurs prior to year’s end, a “small” calculation in the Conversion Factor, will result in a “drastic” 27% reduction in the Physician Medicare fee schedule. Physicians have faced this challenge many times in the past, and most experts are predicting yet another band-aid approach to this critical issue, as opposed to the potential disastrous effect such a cut would have on Medicare beneficiaries and physicians alike.

As 2012 comes to an end, my prediction for 2013 is simply this...Expect Change! Nothing more, nothing less.

Happy Holidays and looking forward to a productive 2013.
“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.
ARE WE HELPLESS AGAINST MEDICAL MISTAKES?

With Pleasure own your errors past, And make each Day a Critic on the last.
Alexander Pope (1688 - 1744)

A recent story in Newsweek titled “Hospitals Can Kill You” presented a mind-numbing and sobering statistic. The number of people who die of preventable medical errors in the United States annually is equivalent to four jumbo jets crashing every week. The airline industry would never survive such a record of error because no one would feel safe enough to get in the plane. However, people still willingly get admitted to the hospital every day. A study in the New England Journal of Medicine found that 25% of all hospitalized patients will be subjected to some type of medical error and 100,000 will die each year. Medical error is the sixth leading cause of death surpassing breast cancer and AIDS. Categories of medical error range widely including, but not limited to, misdiagnosis or delayed diagnosis, wrong drug or improper drug administration, wrong site surgery, and inaccurate record keeping. The cost in morbidity, mortality, and dollars is staggering and likely incalculable.

Medical errors can occur because of individual carelessness or incompetence but are often the result of flawed procedures and policies. A partnership between the Michigan Health and Hospital Association and Johns Hopkins University, known as the Keystone Project, reduced the rate of sepsis by two-thirds among ICU patients receiving central lines. Procedures were improved and monitored - from hand washing to wearing masks, gowns, and gloves- and checklists were developed to assure compliance with guidelines. Although mistakes will never be totally eliminated from medical practice, (to err is human after all), hospitals and physician practices need to promote a culture of safety.

Patients can be partners with their physicians in reducing the incidence of medical errors. Patients must make sure that their doctors are aware of all medications, (including supplements and over-the-counter drugs), allergies and adverse reactions, and thorough health history information. Patients need to know why they are on a medication, how to take it properly, and adverse effects to be aware of. They should insist on hand washing by health providers in the hospital and doctor's office. Patients need to be aware of the treatment plan after discharge from the hospital. Surgeons and patients must agree on exactly what procedure will be done. The primary care physician should be informed of the specialist’s involvement so that care can be coordinated. Also, the patient must be informed of test results instead of assuming no news is good news.

In New York state the early 1990s, heart surgery death rates were horrendous. Health care policy makers decided to make public the morbidity and mortality rates for these institutions and mortality rates dropped precipitously over the next three years. So, another key to reducing medical errors is transparency and accountability.

At one time, health care was an industry built around a passive and trusting customer who was discouraged from questioning the authority of the all-knowing and infallible physician. Fortunately, those days are ancient history. Today, patients and their families tend to be more educated about their medical problems and involved in their care, or should be. A critical role for physicians is to be facilitators of that education and involvement and we will all be better off in the long run.
A CEREBRUM IS A TERRIBLE THING TO WASTE

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There is much to celebrate this month. Not only is it the holiday season with a spectacular ball scheduled for December 1, but it is also a time to laud some accomplishments.

First and foremost, I hope to see all of you at the GCMS/GCMSA President’s Ball on December 1. We have lots of fun entertainment planned. This is a great chance to relax and enjoy your extended medical family in a very positive environment. It is of course also an opportunity to say thank you to past presidents for their great work on your behalf.

The elections were a great success for all of us. MDPac-endorsed candidates won virtually every race. As a result of these elections we will continue working with Debbie Stabenow in the U.S. Senate. We will enjoy working with Dan Kildee in the U.S. House. Jim Ananich will continue to be a pleasure to work with on the Health Coalition Board and in the legislature. We will continue our positive relationships with Woodrow Stanley, Charles Smiley and Joseph Graves in the legislature and Pam Ferris to be welcomed to the Michigan House. We have had the pleasure of working closely with her on the renewal of the Genesee Health Plan millage which was successful and to be greatly celebrated. Justices Brian Zahra and Stephen Markman were also successful with the help of many Genesee County physicians and Alliance members in achieving reelection to the Michigan Supreme Court. With that noted, and with the rule of law justices still in the majority, the Michigan State Medical Society, with the help of the Genesee County Medical Society, will aggressively pursue passage of the tort reforms which the legislature did not finish their work on before the elections. We will be calling upon all of you for help in this.

We welcome Nick Bendle to our staff for a period of 11 months. This Bulletin contains a brief article about his work on the Commit to Fit Program as it applies to physicians’ offices. Please welcome Nick when he contacts you to set up an appointment to talk about this.

This issue also contains a list of physicians serving on GCMS committees. If you would like to serve on any, please do not hesitate to contact me or Dr. Rudoni.

Here is to a happy, healthy holiday season and to a terrific new year!
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GREETINGS FROM YOUR
DISTRICT DIRECTORS

Much has transpired since my last writing. At that time, all topics seemed to revolve around the recent election. MSMS and GCMS made a strong push for our support of Supreme Court Justices Markman and Zahra.

Now that this is in the rear view window, we can all breathe a sigh of relief since our candidates were victorious.

We continue to hold a 4-3 advantage on the court when it comes to defense of our existing tort reform laws.

But instead of resting on laurels, our MSMS continues to advocate on our behalf as it relates to the medical liability climate in our state. Currently senate bills 1115-1118 are in limbo. If they were passed, they would significantly strengthen our current laws. Just look over some of the talking points pulled from the always informative MSMS website: msms.org

Close a confusing legal loophole that allows unnecessary suits—Removing the “Loss of Opportunity” doctrine would clear up ambiguous statutes that cloud the judicial waters, a solution Michigan Justices have been asking for.

Prevent trial lawyers from using a loophole into default judgments against physicians—By reforming guidelines that cover the timely filing of legal documents trial lawyers will no longer be allowed to win default judgments against physicians by failing to notify them that they are being sued.

Put patients first, not their lawyers—Right now, trial lawyers are collecting interest payments on expenses they have not incurred. Ending this deceptive practice will ensure timely representation and that patients benefit most from judgments, not their lawyers and my favorite...

Hold physicians to the same standards as trial lawyers—Physicians will be held to the same negligence standards that attorneys are, leveling the playing field.

Ever hear of an attorney getting sued for malpractice? I didn’t think so.

So, when the time comes that the MSMS asks for your participation in getting these bills passed, please take some time to write to your legislators or perhaps even come to a hearing in Lansing.

Both the supreme court elections and stronger tort reforms will ensure that Michigan remains an attractive place for our graduating residents to start their practices.

S. Bobby Mukkamala, MD
District VI Director

Announcement

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

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DEAR GCMS MEMBERS, GCMS ALLIANCE MEMBERS AND PRACTICE MANAGERS:

I am pleased to report that the Genesee County Medical Society has received a small grant from the Greater Flint Health Coalition for the purpose of promoting the “Commit to Fit” program to physicians’ offices and clinics. This program has the expressed purpose of increasing the health of the community in general via specific efforts by physicians and their staff. It involves virtually no effort except interest and willingness to disseminate information during office visits. It will provide tools which physicians’ offices can use to track fitness trends among patients and also provides tools patients can use to help themselves.

We have hired Nicholas Bendall to bring this program to your offices. He holds a Bachelor of Science in Health and Fitness with a minor in Psychology from Central Michigan University. He is a certified exercise specialist with certifications in cardiac rehabilitation. If you would like him to come to your practice, your residency program or to a clinic, to explain the benefits of the “Commit to Fit” program, feel free to contact him at 517-243-2008 or by email at nbendall@gcms.org. If you would like more information about what GCMS is doing, please visit the following URL, www.gcms.org.

Thanks in advance for your interest in this important endeavor,

Peter Levine, MPH
GCMS, GCMSA Members, and Practice Managers,

Send in your fitness photos - any photos that you might have of yourself, members of your family or your practice working out or just staying active. We will run a fun photo contest featuring these photos as part of the Commit to Fit! program. Please consider signing your practice up for the Commit to Fit! programs, and use the tools to help your patients become healthier at the Commit to Fit! website.

In the meantime, send your photos to bdoty@gcms.org.

Nick Bendall has been hired to help the Genesee County Medical Society promote the Commit to Fit! Program within the medical community. He will be engaging practices, clinics and residencies in utilizing tools which can move patients individually and in groups toward healthier lifestyle behaviors (physical activity, improved nutrition, quitting smoking, etc.) and to increase the frequency and efficacy of physical examination. The Greater Flint Health Coalition has provided the funds to support Nicks work with the Medical Society.

Nick Bendall is a Clinical Exercise Specialist with a background in cardiac rehab and clinical exercise stress testing. He received his B.S. degree in Health Fitness in Preventative and Rehabilitative Programs from Central Michigan University in 2011. He is a member and contributor to the American College of Sports Medicine (ACSM) and also holds the ACSM’s Exercise Is Medicine credential. After completing a full time cardiac specialty internship with Ingham Regional Medical Center in Lansing, Michigan, Nick has brought his expertise and enthusiasm for healthy lifestyles to the Flint and Genesee county area. In his free time, Nick enjoys long distance running, fishing, and spending time with his family.

Please contact him if you would like to meet to discuss the Commit to Fit Program, and welcome him if he contacts your practice. He can be reached by phone at 517-243-2008 or by email at nbendall@gcms.org.
On November 1 a day of seminars was held featuring Edward Shahady, M.D. The seminars were hosted jointly by the Greater Flint Health Coalition and the Genesee County Medical Society.

The day began with a session held at the Genesee County Medical Society during which Dr. Shahady, who serves as Medical Director of the Florida Academy of Family Physicians Foundation Diabetes Master Clinician Program, spoke of the value of group medical visits (shared medical appointments). The purpose of this concept is to reduce chronic disease morbidity, improve the quality of life of individuals, increase patient education and improve disease management. It also creates improved outcomes and improved patient and physician satisfaction. While the primary focus of the group visit project, which the Greater Flint Health Coalition has spearheaded, has been diabetes, other major chronic conditions such as heart failure, asthma and obesity are perfect for implementation.

Dr. Paul Dake provided an overview of the implementation of the diabetes shared medical appointment program at the McLaren Family Practice Residency Program. The results described by both Drs. Dake and Shahady were quite dramatic. One study compared randomized groups of insulin treated patients aged less than 80, randomized to either group or individual care. It showed that after four years, patients in the group-care cadre had lower A1C, total cholesterol, LDL cholesterol, triglycerides, systolic and diastolic blood pressure, BMI and serum creatinine, and higher HDL than the controls.

Dr. Shahady described the process of seeking reimbursement for group visits as well as an in-depth look at the principles of group visits. Laurie Kunkle of the Greater Flint Health Coalition provided those assembled at both the morning and afternoon sessions with an overview of staff and material support available to physicians’ offices wishing to implement such programs. Step-by-step how-to manuals are available as well as training. Over the course of the day, approximately 100 physicians were introduced to the shared medical appointment concept with great enthusiasm exhibited by those in attendance.
Group Visit Project

Medical Group Visits for
Chronic Diseases

(Diabetes as the Model)

November 1, 2012
Sarvis Conference Center
Forty years ago, Villa El Salvador began as a shanty town on the outskirts of Lima, Peru on a stretch of barren land in a vast, empty desert prairie—a forgotten land. Today it’s the world’s most remarkable and well-organized squatter settlement. The residents of Villa El Salvador, (VES), have created a model neighborhood for Lima’s poorest; they have organized themselves to bring basic services such as transportation, electricity, and health centers to their community. Residents of VES are working hard toward total self-management and self-sustainability.

In 1971, VES began with a massive invasion of disaster-stricken, peasant families who had left their primitive villages in the Andes Mountains escaping the war between the army and the terrorist guerilla group, The Shining Path. Thousands of people were killed in the conflict. Villages were destroyed by the soldiers and relatives murdered by the guerillas. The villagers fled with what they could carry on their backs and came to hide in Lima.

My first reaction of learning that we were going to visit a shanty town was unenthusiastic. As our group of 13 travelers entered the gated barrio of VES, marked off-limits to tourists without special permission, our first stop was the local outdoor market where we bought fresh vegetables, mostly potatoes, to give to the VES soup kitchen. As we walked through the dry, dusty neighborhoods of mostly colorless, ramshackle shanties, void of any landscaping, we all fell silent. My eyes scanned the unpaved streets. There were stray dogs everywhere, single and in packs, mostly scavenging the rotting garbage and rubbish for something to eat. Small children either stared or smiled back when I waved, or ran into their house and peeked out the window. An open water canal ran alongside the narrow roads serving as the sewer. The homes ranged from simple to downright crude. Most had dirt floors, a few had linoleum. Most homes had one room with areas often separated by a curtain or sheet. Often we spotted some sort of makeshift outhouse behind the house, but others had none. The backyards were tiny and filled with trash, rocks, building materials, a clothesline and perhaps some animals, such as chickens, rabbits or guinea pigs. Guinea pigs are not pets, but meals. Bedrooms consisted of several mattresses lined up next to each other on the floor. Homes built high up on dirt hills had no steps leading to the house, one would have to walk over rocks, sand and boulders to reach the makeshift front door.

A short walk later, we reached the soup kitchen, run by neighborhood women, and gave them our donation. They were thrilled and thanked us as they poured the sacks of vegetables into their large, boiling soup kettles. For a few cents, VES’s poorest can enjoy a hot bowl of soup.

All the residents of VES own their piece of land and live in houses built by their own means. The land claim process takes a long time and costs about $12 in legal fees. As they await their land deed, new residents start the process of looking for work,
and building their first home by scavenging through the nearby heaps of uncollected trash for building materials such as thick cardboard or woven bamboo panels for the sides, with thin corrugated metal or plastic sheets to cover, or partially cover the roofs. Most of the first phase houses go unfinished. The poverty level is around $1 per day. Drinking water is brought in twice a week, if one can afford it.

Gradually as people find work, they rebuild their first home with a sturdier structure using cement or wood and begin decorating their homes, outside and in, with brightly colored paint. Windows eventually become covered with curtains and flowers spring up in beds between the water canal and the home’s entrance.

Since there is no welfare system in Peru, nor early government involvement in the sustainability of VES, a nucleus of self organizing community leaders began negotiating with the Peruvian government over the urgent needs of their community such as a road linking to Lima, the building of schools, street lighting and the distribution of drinking water. Through the efforts of these community leaders, the neighborhood became supplied with these vital necessities. VES became an official district of Lima in 1983.

Today, Villa El Salvador’s community has a growing population of around 350,000 people, mostly young people coming in from rural farming areas to find work in the city. Community leaders continue to fight for the basic rights of the community. VES, in conjunction with the Peruvian government, now has several additional programs including public kitchens, medical clinics, (where minimal costs are paid up front) and income-generating projects.

Phase 4, the latest project for VES, is a newly established business area of small shops, owned and operated by residents, where they can manufacture and sell their handmade products. A few of the shops we visited were art studios, furniture makers and wood crafters. I hope that with the passing of the new Free Trade Agreement with Peru these entrepreneurs will be able to sell their products worldwide.

Forty years ago, Villa El Salvador was just another part of the desert: no houses, no life, and definitely no infrastructure. It is incredible to me that they have managed to build an entire town out of nothing but sand and solidarity. There is a sense of community and unity helping to overcome the barrier of poverty and out of poverty build a new life. In 1986, VES boasted a Nobel Peace Prize nomination for its excellence in social work and community growth.
WHERE DOES THE MONEY GO?

– The Fund for Better Health provides grants to support community-based public health service projects in areas such as substance abuse prevention, violence prevention and healthy lifestyles.

– The Development Fund is an unrestricted fund that allows the AMA Foundation to respond quickly to issues as they arise or provide support in areas of greatest need.

– The Scholars Fund distributes approximately $500,000 annually in tuition assistance to medical students across the country. Gifts to this fund can be designated to specific U.S. medical schools.

GENESEE COUNTY MEDICAL SOCIETY ALLIANCE
• AMA Foundation Holiday Greeting 2012 •

Contributor(s)__________________________________________________________
Amount of Contribution $__________________________________
Address_______________________________________________________________

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(Medical School Name, City, State)

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

For questions or more information, please call Kee at (810) 603-1020.
**TENTATIVE DATES FOR GENESEE COUNTY MEDICAL SOCIETY COMMITTEES AND OTHER MEETINGS FOR 2013**

Bioethics – Meets on an as-needed basis

| Board of Directors – Meets the fourth Tuesday of the month at 6 p.m. at GCMS |
|----------------------------------|-----------------|-----------------|
| January 22                       | April 23        | Recess for July |
| February 26                      | May 28          | August 27       |
| March 26                         | June 25         | September 24    |

| Bulletin Committee – Meets the first Wednesday of the month at 7:30 a.m. at GCMS |
|----------------------------------|-----------------|-----------------|
| January 2                        | April 3         | July 3          |
| February 6                       | May 1           | August 7        |
| March 6                          | June 5          | September 4     |

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<th>Constitution &amp; Bylaws Committee – Meets on an as-needed basis</th>
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<th>Community &amp; Environmental Health – Meets the fourth Wednesday of the month at 12:30 p.m. at GCMS</th>
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<th>Legislative Liaison Committee – Meets the first Monday of the month at 8:00 a.m. at GCMS</th>
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<th>Practice Managers – Meets the fourth Thursday of the month at 8 a.m. at GCMS</th>
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<th>Peer Review: Mediation/Ethics/Aid to Impaired Physicians – Meets on an as-needed basis</th>
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<th>Political Action Strike Force – Meetings TBD</th>
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<th>Dinner Business Meetings: February 7, May 2, September 5, and Presidents’ Ball November 2013 – TBD</th>
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The GCMS Bulletin
Any physician volunteering for any committee was placed on the committee(s) of their choice.

Physicians still wishing to volunteer for committees are encouraged to do so.
MEMBERSHIP COMMITTEE
Amitabha Banerjee, MD, Co-Chair
Bobby Mukkamala, MD, Co-Chair
Shaﬁ Ahmed, MD
Walid Abuhammour, MD
Peter Thoms, MD

NOMINATING COMMITTEE
Syed Ahmed, MD
Brenda Rogers-Grays, DO
Cathy Blight, MD
Lawrence Reynolds, MD
Paul Dake, MD, Chair
Koteswara Vemuri, MD
Niketa Dani, MD

PEER REVIEW COMMITTEE
Laura Carravallah, MD, Chair
Paul Musson, MD
Rima Jibaly, MD

AID TO IMPAIRED PHYSICIANS
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Allen Ebert, DO, Co-Chair
Laura Carravallah, MD
Samuel Dismond, Jr., MD
Sunil Kaushal, MD
Michael Kia, DO
Seif Saeed, MD
Mike Zarr, MD
Rama Rao, MD

ETHICS
(Subcommittee of Peer Review)
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Suresh Anné, MD
Walt Griffin, Attorney
Ronald Hunt, MD
Linda Norrell, MD
Ravikumar Peddireddy, MD
Rabbi Salimi, MD
Jagdish Shah, MD
Tommy Stevens, MD
Michael Zarr, MD
Rima Jibaly, MD

MEDIATION
(Subcommittee of Peer Review)
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Jagdish Shah, MD, Co-Chair
Shaﬁ Ahmed, MD
Abd Alghanem, MD
Suresh Anné, MD
Laura Carravallah, MD
Leonard Dias, MD
Ali Esfahani, MD
Walt Griffin, Attorney
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Harvey Olds, MD
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Venkat Rao, MD
Elmahdi Saeed, MD
Tommy Stevens, MD
Tarik Wasfie, MD
Barina Zado, MD
Michael Zarr, MD
Michael Kia, MD

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Cheryl Thoms
PRACTICE MANAGERS MEET TO DISCUSS UPDATES WITH PROFESSIONAL MEDICAL CORPORATION (PMC)

In October the practice managers group met for the first time in a series of meetings with area physicians organizations. The first meeting was held with Professional Medical Corporation (PMC). They received an update on the activities of PMC and exchanged ideas on how to work more efficiently from the practice and PMC perspective. There will be no practice managers meeting in December. The January session will be held with McLaren Health Plan on the group’s normal meeting date, the 4th Thursday of the month from 8-10 a.m.
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

Services provided at no cost to low income families

806 Tuuri Place • Flint, Michigan 48503 • (810) 767-5750 • fax (810) 768-7511 • www.mottchc.org

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

VALLEY AREA AGENCY ON AGING
We’re Here to Help!

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

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

For more information on programs and services available, please call the Valley Area Agency on Aging at (810) 239-7671 or visit our website at www.valleyaaa.org.
FIVE MILLION DOLLARS

By Timothy H. Knecht, Cline, Cline & Griffin, P.C.

If you are fortunate enough to have amassed a significant amount of money or if you have a significant amount of life insurance or other assets, read on.

Congress has given Americans until the end of 2012 to transfer up to $5,000,000 per person, $10,000,000 per couple, estate tax free. Through the end of this year, individuals and couples can pass along a significant amount of money without worrying about the estate tax. The rules are scheduled to change January 1, 2013.

If Congress does nothing, and I emphasize the word “if,” as of January 1, 2013, the estate tax will be due and owing on all assets over $1,000,000 per person at the rate of Fifty-Five (55.00%) percent. In the case of husbands and wives, no tax is due on the first death but, upon the death of the first spouse, if the second spouse inherits everything, the tax bill could be horrendous. Most likely, Congress will do something. The problem is nobody knows exactly what Congress will do. It is unlikely that estate taxes will be due on everything over $1,000,000. All of us wish we could predict what the number will actually turn out to be. Since we cannot make that prediction, think about the opportunities which exist in the year 2012, but don’t think too long. The window of opportunity expires on December 31, 2012.

There are a variety of ways to give away money and to give away assets other than money. The person giving the money, in some cases, can retain income. The money can be given to family. If you are charitably minded, money can be given to charity and, in some cases, both income tax and estate tax benefits can be achieved.

If you are inclined to give money to family, this can be accomplished by outright gift or by a gift to an irrevocable trust which would set out the terms upon which the family could obtain the money. Distributions could be limited to income or could include income and principal. Distributions could be over a period of years or even over a person’s lifetime. Multiple generations can be included.

For individuals wishing to retain income, a charitable remainder trust...
can be established or a grantor retained annuity trust can be established.

For individuals who have a charity in mind or would like to see a charity get income for a period of time, a charitable lead trust can be established. At the end of the time frame, the money is returned to the person making the gift or to that person’s family.

There are ways to give away appreciated assets. There are ways to give away real estate. By giving away assets, you do lose control of those assets but, it is possible to retain income or to set up rules so that people receiving the gifts do not have the opportunity to use it imprudently.

If you would like more information, please feel free to contact the author at (810) 232-3141 or tknecht@ccglawyers.com. Remember, this opportunity is likely to expire December 31, 2012.

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.

Check Out Our Website: www.gcms.org
### Physician Information

**Physician Name:**

**Practice Name:**

**Office Address:**  

**Office Telephone:**  

(____) _______  

(Listed)  

(____) _______  

(Unlisted-for GCMS office use only)

**Office Fax:**  

(____) _______

**Pager:**  

(____) _______

**Office Email Address:**

**Board Certified (Specialty):**

**Year Board Certified:**

**Board Eligible In:**

### Personal Information

**Home Address:**  

**Home Telephone:**  

(____) _______

(Listed)  

(____) _______

(Unlisted-for GCMS office use only)

**Home Fax:**

(____) _______

**Home Email Address:**

**Spouse’s Name:**

**If you are retired, where are your previous patient’s medical records located?**

*Please notify GCMS when a change in this information occurs.*
**State and County Medical Society Membership Application**

**Please PRINT or TYPE**

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<th>FULL NAME</th>
<th>MD or DO (Circle One)</th>
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**EDUCATION (please complete or attach CV)**

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<tr>
<th>License: MI</th>
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<th>License held in other states/countries (list states or countries)</th>
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**PROFESSIONAL DATA**

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<th>Research</th>
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<th>Specialty(ies)</th>
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<th>Board Certifications (list specialties &amp; dates)</th>
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<th>Present Hospital Appointments (list dates)</th>
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<th>Practice History</th>
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<th>Previous Medical Society Membership (list dates)</th>
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<th>Specialty Society Memberships</th>
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Within the last five years, have you been convicted of a felony crime? | Yes | No | If YES, please provide full information. |
Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked? | Yes | No | If YES, please provide full information. |
Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff? | Yes | No | If YES, please provide full information. |

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

Signature | Date

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