TELL YOUR AT-RISK PATIENTS ABOUT OUR
CT LUNG CANCER SCREENING
UTILIZING A SPECIFIED LOW-DOSE (LDCT) PROTOCOL

Early detection of lung cancer leads to easier treatment, reducing deaths by **20% more** than chest x-rays. Most insurance carriers (including Medicare) provide coverage, subject to eligibility. RMI also offers a **$149 cash** pay option.

SCREENING ELIGIBILITY:
- 55-77 years of age
- Current smoker or quit smoking within the last 15 years
- Have smoked at least 30 pack years
  (1 pack-year = smoking one pack (20 cigarettes) per day for 1 year)
- No history or symptoms of lung cancer

- LDCT reduces lung cancer mortality rate 20% compared to chest x-ray
- RMI is ACR accredited for lung screening
- We manage patient follow-ups making your job easier
- CTLS program headed by Dr. Ehab Youssef, thoracic radiology fellowship trained at University of Michigan

CT screenings are offered at three of our six locations: Lennon Rd, Flint  ▪  Fenton ▪  Grand Blanc
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.
HUMBLED, EXCITED, AND SADDENED

I have been a member of the Genesee County Medical Society since my medical student days. During that time I have seen so many great men and women serve as President of GCMS. This is the premier county medical society for many reasons, not the least of which is the fact that there has historically been a mix of great leaders and great cohesion among the non-leaders, working together to create positive change and speaking out on public health issues. This organization is still going full speed on issues like board certification, third-party payer relationships, regional information sharing, peer review, human trafficking, safe water, and many other issues. We are leading and pushing. I am humbled and excited. It feels strange to be President, following in the footsteps of so many renowned leaders. The GCMS Board calls the shots, and I will represent them and you, to my utmost. I appreciate the trust you have shown in me. Despite my excitement about this new role, I am also sad. I was unable to attend the President’s Ball because of my dad’s passing. It would have been great to have my parents there to meet everyone, but instead it was the day we buried my dad, and my place was with family. Thank you for all the expressions of support following my dad’s passing.

I have to express the appreciation of our members, and the community at large, to the group of GCMS members and staff, who have been at the forefront among those pushing for action on the Flint water issue. They have put in countless hours into this complicated issue, and continue to do so. Please keep looking at The Bulletin and our email blasts to keep track of water safety updates and the handling of water related health concerns.

Pino Colone, MD
The AMA House of Delegates in November took strong action on a number of important issues affecting physicians and patients including direct-to-consumer advertising, drug costs, EHRs, meaningful use, maintenance of certification, and graduate medical education funding, among others.

Three resolutions from the MSMS House of Delegates also were adopted including a policy supporting a ban on microbeads in personal care products, supporting the efficient transition of Veteran medics to civilian paramedics, and protecting consumers’ information on all health insurance marketplaces. Members of the Michigan Delegation, chaired by James D. Grant, MD, of Bloomfield Hills, testified in favor of these resolutions.

In a historic action, the AMA House adopted a policy to support the elimination of marketing pharmaceuticals by drug companies directly to patients through television, magazines, and other media. The argument was that the ads unnecessarily increase the overall cost of health care by convincing patients that they need a high-cost, brand name drug that is not necessarily appropriate for them. It was pointed out that the only countries in the world to allow it are the United States and New Zealand, and that the companies could put more of the $4.5 billion spent on ads back into research and development.

The AMA House also committed the AMA to help educate patients about the ever-increasing cost of pharmaceuticals by pushing for greater transparency in drug pricing, drug company mergers, and costs of R&D and marketing.

Action on other “hot button” issues included:
- Concern about the lack of health information technology interoperability and the need for the acceleration and development of universal interoperability standards applicable to all electronic health record vendors.
- Opposition to meaningful use penalties.
- Continued action to address the cost and questionable efficacy of Maintenance of Certification.
- Seeking fair and equitable reimbursement for out-of-network physicians.
- Pushing for increases in GME funding at least in proportion to what other health professions are receiving.
- Fighting the trend of hospitals to use employed hospitalists to limit the rights of private physicians to admit and treat patients while in the hospital.

Michigan Alternate Delegate Betty Chu, MD, MBA, of West Bloomfield, served on Reference Committee F, which deals with AMA finances, and Alternate Delegate David Walsworth, MD, of East Lansing, served on a special reference committee to review efforts of the AMA Council on Ethical and Judicial Affairs to modernize the AMA Code of Medical Ethics. GCMS members of the delegation included, Drs. Cathy Blight, Venkat Rao, and S. Bobby Mukkamala.

For more information about the Michigan Delegation to the AMA or more details about AMA Interim meeting actions and issues, please contact David Fox, Senior Director, Federation Relations at 517-336-5731 or Stacey Hettiger, Director, Medical and Regulatory Policy, at 517-336-5766 or shettiger@msms.org.
A recent series of articles in the Detroit Free Press entitled, “Detroit Rising,” explores how things have improved and what challenges remain in Michigan’s largest city, one year after emerging from bankruptcy. One story in the series focused on the difficulties at the Detroit Institute of Arts (DIA), in reaching the goal of building an endowment of $400 million before a regional millage expires in 2022. The income from the endowment would fund the bulk of the annual operating budget. One problem in realizing this amount is the phenomenon of “donor fatigue.” Public institutions, nonprofit organizations, and charities tend to appeal to the same core group of donors for support such as philanthropic foundations, large and medium sized corporations, local businesses, and individuals. Of course this situation is not unique to the DIA.

In the Flint area, we are fortunate to have a relatively stable base of donors that support cultural and charitable entities throughout the years. For example, imagine Flint without the Charles Stewart Mott Foundation. And members of the local medical community are certainly no slouches when it comes to opening up the checkbook. Many physicians’ names are prominent on the roster of donors and on boards of directors for cultural institutions such as, the Flint Institute of Arts, Flint Institute of Music, Sloan Museum, Longway Planetarium, and myriad charities such as Big Brothers/Big Sisters, the Whaley Children’s Home, food banks, shelters, and the list goes on. However, physicians are also subject to donor fatigue. Most receive numerous solicitations from this needy group or that one, every single week. And the more one gives, the more requests received. Now, there are more than a few doctors and dentists who practice, but choose not to make their home in Genesee County. Wouldn’t it be wonderful to have financial backing from new sources such as our out-of-town colleagues?

Where one decides to live is certainly one’s prerogative, (although a daily hour or more commute to the office or hospital) is not particularly appealing to me. However, living in the community where one practices medicine or dentistry fosters a connection to that community that is not possible for the daily cross-county line commuter. It also assures financial support of local merchants through patronage, and to local municipalities through tax dollars.

The Flint area is a great place to live and work. However, even if you don’t live here, you can still participate in our town by financially supporting the cultural institutions that enrich live here immeasurably, and the charitable organizations, such as the Medical Society Foundation, that aids those less fortunate than ourselves. Please give until it feels good.

And finally, after 10 years as editor of The Bulletin (and over 100 editorial columns), I have finally run out of things to say. The above words of wisdom (?), are the last gasp. Please welcome (and read) Dr. Amanda Winston, the new editor, whose thoughts will debut in this issue.
The Medical Society Foundation has begun a capital campaign just in time for the year-end giving season. With a goal of $2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society’s charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society’s efforts on behalf of a safer flint water supply, human trafficking advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,

Allen F. Tureck, MD
President
Medical Society Foundation

Deborah Duncan, MD
Immediate Past President
Genesee County Medical Society

Pino Colone, MD
President
Genesee County Medical Society

December 2015
FACEBOOK.COM/GROUPS/GENESEECMS/

The GCMS Bulletin
When you need it in Michigan.

Medical professional liability insurance specialists providing a single-source solution in Michigan

ProAssurance.com
Issues Of Serious Concern For Medical Practices!

Don’t let your practice manager miss these important meetings!

The following topics are tentatively scheduled, and subject to change

December: Meeting Recessed

January Topic: ICD-10 Update, Top payers will provide information on ICD-10 definitions and deficiencies that practices need to be aware of.


Light breakfast available - coffee, tea, yogurt, fruit cups and granola bars

Held 4th Thursday of each month from 8am to 10am.

Genesee County Medical Society Rapport Conference Room 4438 Oak Bridge Drive, Suite B Flint, MI 48532
LEAD TOXICITY PREVENTION FOR PHYSICIANS

Check for High Lead Levels:
• Water tested for free in Flint - City of Flint Water Plant - 810-787-6537 then press “1” to get more information.
• All children should be tested at both 1 and 2 years of age. Consider earlier testing if they have Flint City water in your house. Zip codes which may have Flint water are:
  - 48502, 48503, 48504, 48505, 48506, 48507, 48529, 48532
  - Pregnant and breastfeeding women – not universally tested, but consider if water in house is high in lead, or if someone in household with elevated blood lead level.

How to Prevent Lead Absorption:
• Lead clearing filters (NSF certified) are free!
  - Call 211 (United Way) for more information
  - Filters will need to be replaced at some point
  - Faucet aerators must also be cleaned – have been found with metal particles in them
• Nutrition can decrease absorption – should recommend for all
  - Family should enroll for WIC if eligible – need healthy foods (fruits, vegetables).
  - Foods high in iron, calcium and Vitamin C help keep lead from being absorbed
  - If diet inadequate or BLL high, consider giving a child’s multivitamin with iron.
  - Breastfeeding is best, but if mother’s BLL > 40 mcg/dl or >20mcg/dl with baby > 5mcg/dl, consider formula until BLL decreased.
• Water
  - Flush the pipes with cold water before use.
    • Get the water as cold as possible.
    • If no water used in house for hours, flush for 5 minutes (cost appx 16 cents)
    • If recently flushed the toilet or otherwise used water in home, flush at least 30 seconds
    • Regularly clean faucet aerators
  - Use only COLD tap water for cooking or drinking
    • Hot water increases the lead leaching from the pipes
    • Lead levels get higher in cooked food (like pasta and vegetables).
    • Use cold water with a filter (after flushing the taps) for drinking and making baby formula if can’t get bottled water.
• Pregnant women can pass lead on to their baby, and should carefully follow these precautions
  - The pipes have been affected by the Flint River water and will continue to be so for at least 1 year after the switch to Detroit water, so please continue to take these precautions.
• Other sources of lead – paint and paint dust on houses built before 1978 – still the greatest cause of lead poisoning
  - Wash hands, bottles, pacifiers and toys often
  - Take shoes off before going into the house
  - Avoid using power sanders, power tools, dry scrapers and sandpaper on paint
  - Paint over peeling or chipping paint

What if Child’s Lead Level comes back Elevated (>5 mcg/dl)?
• Consider recommending that the water be tested, as well as other members of the household, especially children, and pregnant or breastfeeding mothers.
• Consider Early On referral – free program via Genesee Intermediate Schools for children at risk for developmental delay

Questions?
• Genesee County Health Department:
  http://www.gchd.us/index.php (810) 257-3612
• City of Flint – Water: www.mi.gov/FlintWater (810) 787-6537
• Michigan Department of Health and Human Services:
  http://www.michigan.gov/lead (888) 322-4453
• MDHHS Lead Week – Provider Toolkit -
  http://content.govdelivery.com/attachments/MIDHHS/2015/10/16/file_attachments/436325/2015%2BLeadweek__Full_ToolkitforPartners.pdf
Help Fight Lead Poisoning with a Healthy Diet

Regularly Eat Healthy Foods

Children with empty stomachs absorb more lead than children with full stomachs. Provide your child with four to six small meals during the day. The following nutrients can help protect your child from lead poisoning:

Iron-Rich Foods
Normal levels of iron work to protect the body from the harmful effects of lead. Good sources of dietary iron include:
- Lean red meats, fish, and chicken
- Iron-fortified cereals
- Dried fruits (raisins, prunes)

Calcium-Rich Foods
Calcium reduces lead absorption and also helps make teeth and bones strong. Good sources of dietary calcium include:
- Milk
- Yogurt
- Cheese
- Green leafy vegetables (spinach, kale, collard greens)

Vitamin C-Rich Foods
Vitamin C and iron-rich foods work together to reduce lead absorption. Good sources of vitamin C include:
- Oranges, orange juice
- Grapefruits, grapefruit juice
- Tomatoes, tomato juice
- Green peppers
Simple Steps You Can Take to Protect Your Family from Lead Hazards

If you think your home has high levels of lead:

• Make sure your children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
• Get your children tested for lead, even if they seem healthy.
• Get your home tested for lead if it was built before 1978. Call 1-800-424-LEAD for more information.
• Always wash your hands before eating.
• Wash children’s hands, bottles, pacifiers, and toys.
• Do not use imported pottery to store or serve food.
• Let tap water run for one minute before using.
• Use only cold water for making your baby’s formula, drinking, and cooking.
• Regularly clean floors, windowsills, and other surfaces using wet methods that control dust.

For more information on childhood lead poisoning prevention:

Call

• Your child’s pediatrician
• Genesee County Health Department Lead Program (810) 257-3833
• WIC (810) 237-4537
• Michigan Childhood Lead Poisoning Prevention (888) 322-4453
• Michigan Department of Health & Human Services (517) 373-3740

Visit

• Michigan Department of Health & Human Services http://www.michigan.gov/mdhhs
• Michigan Childhood Lead Poisoning Prevention www.michigan.gov/lead
• Genesee County Health Department Lead Program http://www.gchd.us/new_other_services/childhood_lead_poisoning_prevention_program.php
The Nov. 7 Queen’s Royal Ball was a hit. The evening commenced with conversation, appetizers, and reveling in collegiality. In addition, many of the guests sat for photos on the throne attended by royal guards provided by the Kearsley Park Players.

Dinner was a delight, featuring Chicken Wellington and Potato Squash Curry. The dessert was a fantastic carrot cake. The elegant decorations, arranged by Vogt’s Flowers, were a feast for the eyes. The ivories, pearls, and whites glowed beautifully in the ballroom of Warwick Hills Golf and Country Club. The waitstaff was exceptionally attentive.

Following the expressions of appreciation to Dr. Duncan for her first-rate presidency, thanks were expressed to Dr. Peter Thoms, who has stepped off of the Medical Society Board of Directors to allow younger individuals to serve. Three new members were welcomed to the Board, Drs. Michael Danic and Rubin Raju, and Nick Harrison. A lovely concert of flute, cello, and guitar by Dr. Jessica and James Cech was especially delightful as they performed renaissance British music for those assembled.

Dr. Pino Colone was not sworn in as President, due to the recent death of his father. He will be sworn in at a Medical Society Board meeting. Dancing and general partying was then engaged in by all, as they celebrated the reign of their beloved GCMS Queen, Dr. Deborah Duncan.
The Medical Society Foundation has begun a capital campaign just in time for the year-end giving season. With a goal of $2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society's charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society’s efforts on behalf of a safer flint water supply, human trafficking advocacy and education, and support of end-of-life, fitness and community health initiatives.

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Sincerely yours,

Allen F. Turcke, MD
President
Medical Society Foundation
Deborah Duncan, MD

Immediate Past President
Genesee County Medical Society
Pino Colone, MD

President
Genesee County Medical Society

Pino Colone, MD
## Past Presidents

*Names in red indicate Presidents of MSMS*

<table>
<thead>
<tr>
<th>Year</th>
<th>President</th>
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<tr>
<td>1939</td>
<td>Lena Jenkins</td>
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<td>1940</td>
<td>Loretta Curtin</td>
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<td>1941</td>
<td>Marguerite Hubbard</td>
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<td>1942</td>
<td>Grace Gelenger</td>
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<td>Florence Thompson</td>
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<td>1943</td>
<td>Duffield Kretchmar</td>
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<td>1944</td>
<td>Brenice Wright</td>
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<td>1945</td>
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<td>Helene Smith</td>
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<td>1947</td>
<td>Betty Shantz</td>
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<td>Sarah Harper</td>
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<td>Rita MacGregor</td>
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<td>1950</td>
<td>Evelyn McLeod</td>
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<td>Alice Branch</td>
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<td>Genevieve Baird</td>
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<td>1995 Carol Batdorf</td>
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<td>1996 Deborah Pack</td>
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<td>2000 Sunny Dass</td>
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<td>2001 Susan Bhagat</td>
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<td>2002 Tammy Bruening</td>
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<td>&amp; Darcy Ojeda</td>
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<td><strong>2003 Lakshmi Tummala</strong></td>
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<td>2004 Marianne Almeida</td>
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<td>2005 Kee Kang</td>
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<td>2006 Cheryl Thoms</td>
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<td>2007 Rula Ali-Bakr</td>
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<td>&amp; Liesbeth Fernandez</td>
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<td>2008 Beth Schumacher</td>
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<td>2009 Elizabeth Jordan</td>
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<td>2010 Velynda Makhene</td>
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<td>2011 Rosa Wang</td>
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<td>2012 Oya Agabigum</td>
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<td>&amp; Vibha Kaushal</td>
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<td>2014 Ruqsana Ahmed</td>
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<td>2015 Maria McCann</td>
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<td>&amp; Raquel Yapchai</td>
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Thank You

2015 PRESIDENTS BALL SPONSORS

Queen
Fenton Medical Center

Princess
Genesys  Hurley Foundation  McLaren Flint

Countess
Dr. Michael McCann  Singh & Arora
Mott Children’s Health Center  Regional Medical Imaging
Professional Medical Corporation  Premier Medical Clinics – Cardiology

Baroness
Cline, Cline & Griffin  Michigan Vascular Center
Health Alliance Plan  Robert Soderstrom, MD

Lady
Cathy O. Blight, MD  Complete Eye Care

Donation
Dr. Shafi & Mrs. Ruqsana Ahmed
Allen F. Turcke, MD
## Past Presidents

Past Presidents For a Day

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
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<tr>
<td>1959</td>
<td>H. Cook</td>
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<td>J.E. Leach</td>
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<td>1976</td>
<td>C.J. Scavarda</td>
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<td>1984</td>
<td>C.B. Kimbrough</td>
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<td>1959</td>
<td>1850 S.S. Gorne</td>
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<td>1967</td>
<td>1886 E.V. Golden</td>
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<td>1976</td>
<td>1900 A.L. Tuuri</td>
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<td>1984</td>
<td>1924 R.C. Gumpper</td>
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Past President's For a Day

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<td>1984</td>
<td>1924 R.C. Gumpper</td>
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Generous County Medical Society

Names in red indicate Presidents of MSMS

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<th>Year</th>
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<tbody>
<tr>
<td>1841</td>
<td>J.A. Hoyes</td>
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<td>1866</td>
<td>R.D. Lamond</td>
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<td>2016 Jagdish Shah</td>
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**FREE! Commit to Fit! Class Schedule**

Commit to Fit offers fitness classes and healthy cooking demonstrations at no cost to all individuals who live or work in Flint and Genesee County. Depending on the facility, participants may be asked to complete a brief registration form prior to attending a class. Class sizes are limited and are on a “first-come, first-served” basis. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details.

**DECEMBER 2015 CALENDAR**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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</table>
| Senior Stretch  
YMCA - Downtown Flint  
10:00am  
Aqua Fitness  
UM-Flint Rec  
5:30 p.m. | Enhance Fitness  
Flint Farmers’ Market  
10:00 a.m.  
**Healthy Cooking Demonstration**  
Flint Farmers’ Market  
12:30 p.m.  
Fit Club  
at the Local  
5:30 p.m. | Zumba Gold  
(Beginner)  
GAC  
5:30 p.m. | Enhance Fitness  
Flint Farmers’ Market  
10:00 a.m.  
Basic Yoga  
IHFC  
6:45 p.m. | Enhance Fitness  
Hasselbring Senior Center  
9:00 a.m.  
Zumba Toning  
UM-Flint Rec  
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Zumba Toning  
UM-Flint Rec  
5:30 p.m. |
Class Descriptions & Locations

**Basic Yoga** (1 hour) - This class is a balanced flow of postures designed to build stamina, strength, and flexibility while promoting weight loss and general stress relief.

*Insight Health & Fitness Center (IHFC)*  
Formerly Hurley Health & Fitness Center  
4500 S. Saginaw St  
Flint, MI 48507  
(810) 893-6489

**Zumba Gold** (1 hour) - A less intense version of the classic Zumba. This class offers fun music to keep the excitement high while keeping the impact low.

*Genesys Athletic Club (GAC)*  
801 Health Park Blvd  
Grand Blanc, MI 48439  
(810) 606-7300

**Aqua Fitness** (1 hour) – An invigorating water workout. Ideal for all fitness levels. No swimming required

**Zumba Toning** (1 hour) - When it comes to body sculpting, Zumba! Toning® raises the bar. It combines targeted exercises and high-energy cardio work with Latin-infused Zumba® moves to create a calorie-torching, strength-training, dance fitness-party. Learn how to use light weights to enhance rhythm and tone target areas.

*University of Michigan-Flint Recreation Center (UM-Flint Rec)*  
401 Mill Street (for mapping)  
303 E. Kearsley  
Flint, MI 48502  
(810) 762-3441

**Healthy Cooking Demonstration** (30 minutes) - Learn how to cook a simple, healthy dish by a vendor at the Market and try a sample after!

*Flint Farmers’ Market*  
300 E. First St  
Flint, MI 48502  
(810) 232-1399

**Fit Club Workouts** (45 minutes) – Join the Fit Club every Tuesday at 5:30 pm for fun boot camp style workout videos. All ages are encouraged to attend! Check out their [Facebook](https://www.facebook.com) page for up-to-date information!

*The Flint Local 432*  
124 W. 1st Street  
Flint, MI 48503  
(810) 813-4000

**Enhance Fitness** (1 hour) – A fun, energizing class geared toward improving overall functioning and well-being. Improve your cardiovascular fitness, strength, flexibility and balance!

*Hasselbring Senior Center*  
1002 Home Ave.  
Flint, MI 48504  
(810) 766-7128

**Senior Stretch** (1 hour) - This class will help improve overall strength and flexibility. The class is led by a certified senior fitness instructor who will guide you through the exercises at your own pace. This class is perfect for all ability levels.

*YMCA Downtown Flint*  
411 E. 3rd Street  
Flint, MI 48503  
(810) 232-9622

Questions?  
Email  
commit2fit@flint.org

commit2fit.com
I. Call to Order
The meeting was called to order in the ballroom of Warwick Hills Golf & Country Club at 8:30pm, by Deborah Duncan MD, President.

Dr. Duncan thanked the Ball Committee members including Jeanette Rivera, Maria McCann, Raquel Yapchai, JoyDawn Hardman, Ruqsana Ahmed, Peter Levine, and Sherry Smith.

Dr. Duncan recognized the Genesee County Medical Society and Genesee County Medical Society Alliance Boards of Directors. She also thanked the sponsors for the evening.

Queen Level
Fenton Medical Center

Princess Level
Genesys
Hurley Foundation
McLaren Flint

Countess Level
Dr. Michael McCann
Mott Children's Health Center
Premier Medical Clinics – Cardiology
Professional Medical Corporation
Regional Medical Imaging
Drs. Singh & Arora

Baroness Level
Cline, Cline & Griffin, our Attorney’s
Health Alliance Plan
Michigan Vascular Center
Robert Soderstrom, MD

Lady Level
Cathy O. Blight, MD
Complete Eye Care

Donation Level
Dr. Shafi & Mrs. Ruqsana Ahmed
Allen F. Turcke, MD

II. Introduction of Alliance Co-Presidents
Dr. Duncan introduced Alliance Co-Presidents Maria McCann and Raquel Yapchai, who talked about what the Alliance is doing this year, and the importance of membership. They also thanked everyone for attending the Ball.

III. Finance Report
Dr. Duncan presented the budget for approval for fiscal year 2015-2016

Motion: that the budget prepared for the fiscal year 2015-2016 be approved as presented. The motion carried.

IV. Elections
Dr. Duncan introduced the Slate of Nominees as published in the GCMS Bulletin. She noted that Dr. Sawny would be unable to serve.

Motion: that the Slate of Nominees for GCMS positions, as published in the August GCMS Bulletin, be approved as presented. The motion carried.
V. **Retiring Board Member, New Board Members**

Dr. Duncan reported to those assembled the Dr. Peter Thoms is retiring as a Board member to make room for younger physicians to serve. She offered a standing ovation for Dr. Thoms. She also reported that Drs. Rubin Raju, Michael Danic, and medical student, Nick Harrison, will be new Board members this year.

VI. **Installation of New President**

Dr. Duncan reported that this year the installation of the new President will take place at the Board of Directors meeting, because Dr. Pino Colone's father recently passed away. A moment of silent prayer was observed by all present.

VII. **Presentation to Immediate Past President**

Dr. Peter Thoms was called to the podium to present Dr. Duncan with a special gift of a gavel holder tribute to display her Presidential gavel with pride. Dr. Duncan thanked Dr. Thoms and expressed appreciation to the entire membership, the Board, the staff, her husband, and Committee members, for making this such a productive year.

VIII. **Entertainment**

Peter Levine introduced Dr. Jessica Cech and Mr. James Cech who entertained the assembled with beautiful renaissance flute and cello.

IX. **Adjournment**

Peter Levine introduced Past Presidents after thanking the Ball Committee, Vogt's Flowers, Kay and Michael Kelly for help with entertainment, the Kearsley Park Players and Dr. Jessica and Mr. James Cech for their music.

Levine introduced from the Medical Society Alliance Past Presidents Ruqsana Ahmed, Beth Schumacher, and Cheryl Thoms. From the Medical Society, Levine introduced Past Presidents Drs. Shafi Ahmed, Samuel Dismond, Cyrus Farrehii, Bobby Mukkamala, AppaRao Mukkamala, Suresh Anne, Ray Rudoni, Peter Thoms, and Deborah Duncan.

The meeting was adjourned with the beginning of dancing.

Respectfully submitted,

Peter Levine
Executive Director
Images of Japan
by Robert Soderstrom, MD
Images of Japan
by Robert Soderstrom, MD
I am probably as surprised to be writing this editorial as you are to be reading it. I have to admit, it came as a surprise and an honor when I was asked to serve as Editor of the GCMS Bulletin. As I am only just beginning my journey in the world of medicine, I recognize and look up to the many leaders who have served as editor before me. I am looking forward to following in the footsteps of Drs. Dan Ryan, Peter Thoms and Cathy Blight, and thank you for giving me the opportunity to initiate and share in many discussions for years to come.

I’d like to start by introducing myself. I am currently a third year Med-Peds resident at Hurley Medical Center. My medical school training was done at Michigan State University, and I completed my clinical years in Flint. My husband and I are native to this area, and we both graduated from Goodrich High School. We have a young son who will also grow up in this community. I serve on the GCMS Board of Directors, and have been involved in the GCMS since I was a medical student. I plan on continuing to practice in this area upon completion of my residency. Needless to say, I’m committed to this community and grateful that I have been welcomed unconditionally into this medical society.

This issue is a tribute to Dr. Ryan, who has been a wonderful editor for the past 10 years. He is a skillful writer and a profound thinker. His ability to translate thoughts into words has captured readers across the state, and is evidenced by his numerous editorials which have been republished. I am pleased to announce that Dr. Ryan and Dr. Thoms will remain on the editorial board. I look forward to working with and learning from them to provide you with the same quality of discussion the Bulletin has emulated for years.

As editor, I welcome all member participation in future issues of The Bulletin. The Genesee County Medical community is involved in so many professional, volunteer, recreational and family activities that there should be a lot to write about. I invite you, the reader, to do so. There are many issues which have an impact on all of us and many concerns that we can offer thoughts on or write about. We can use the electronic magazine as a tool for communication, cohesion and reflection. I would love to stimulate some conversation so that we can continue to advance our profession and provide the best care for our patients.

Our January issue will feature healthy recipes, selected by the Community and Environmental Health Committee, as well as recipes specifically for patients with high lead levels. I welcome your input and look forward to working with each of you professionally, as Editor of the Bulletin, and in myriad other ways in the years to come.

The Medical Society Foundation has begun a capital campaign just in time for the year-end giving season. With a goal of $2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society’s charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society’s efforts on behalf of a safer flint water supply, human trafficking advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,

Allen F. Turcke, MD
President
Medical Society Foundation

Deborah Duncan, MD
Immediate Past President
Genesee County Medical Society

Pino Colone, MD
President
Genesee County Medical Society
HOLIDAY FRUIT & GOURMET BASKETS FREE DELIVERY

Fruit Baskets of $49.95 or more

Call & Mention This Ad or use code FRUIT2015 on VogtsFlowers.com

Beautiful and Delicious

Now through December 24, 2015

Voats Flowers 810-238-6487
728 Garland St
Flint, MI 48503

Flushing Florist 810-659-5741
505 Coutant St.
Flushing, MI 48433

Voats Flowers Grand Blanc 810-694-0008
11626 S. Saginaw St.
Grand Blanc, MI 48439

Anthony Flowers DIY Design Center
Market Flowers 810-235-0646
402 W. Court St.
Flint, MI 48503

Voats Flowers Davison 810-653-3700
425 S. State Rd.
Davison, MI 48423
In Tribute to Dr. Ryan's Editorial Prowess for the Past 10 Years

Dear Readers of the GCMS Bulletin,

Dr. Dan Ryan has served as an extraordinary editor of the Genesee County Medical Society Bulletin for the past ten years. What better tribute to him, than republishing several early editorials of his from the 2006 edition of The Bulletin. They could have been written and of relevance today. They are completely fresh and merit rereading. Enjoy!

Amanda Winston, MD
Editor

Editorially Speaking | January 2006 | Daniel J. Ryan, MD, Editor

New Year, New Editor

This past spring, Dr. Thoms stopped by my office one day and offered me a promotion, of sorts. Peter has served ably as the editor of The Bulletin for several years. Since he was scaling back his schedule in his medical practice, he felt it was also time to pass the editor’s baton (actually it’s a blue pencil) to someone else. Of course, I was flattered to be considered, told him that I would accept the position and thanked him for the opportunity.

After he left, a sense of buyer’s remorse struck me. What have I gotten myself into? I have been on The Bulletin committee for over five years. So far, my contributions have consisted of writing an occasional guest editorial and a short biography of the incoming president of the society each year. I occasionally offer opinions and comments on the format and content of the next month’s publication, and I help choose the winning picture for the annual photo contest. But preparing a column each month seemed reminiscent of being back in school with book reports, term papers, essays and compositions. In other words, hard work!

After my initial panic, I realized when I was reminded that the real effort of putting this fine magazine out each month falls to our crack staff members, Evelyn Lukes and Peter Levine. Regular contributors keep the membership up to date on such topics as issues before the AMA and the MSMS, and legal issues pertinent to medical practice. Some months, The Bulletin is dedicated to organizations like the GCMS Alliance and the Greater Flint Health Coalition.

I believe the chief task of the editor is to keep The Bulletin interesting and informative. Something the membership will actually read. If that is not the case, please let us know. Fortunately, there is an abundance of topics for the editorial page regarding the direction the practice of medicine is taking and patient care concerns.

All readers are invited and encouraged to contribute. Articles about your life experiences in and out of medicine are welcome. Travel journals are especially popular, and photos enhance the reader’s enjoyment. Letters to the editor are somewhat rare but eagerly sought. They let us know that you are reading. We do not want to be relegated to use as kindling for the fireplace or bird cage liner, at least not until you have read The Bulletin cover to cover. (This is very important to our advertisers, too.) Also, please remember to enter a photo or two in the annual photo contest. Your artsy picture would look great as The Bulletin cover. If you feel particularly inspired or enraged about some topic, guest editorials are accepted. It is important to glean opinions and perspectives from the general membership. It also gives the editor an occasional vacation.

Peter Thoms’ dedication to the GCMS as president for one and one-half years, member of the board of directors and editor of The Bulletin is admirable. I only hope I can fill his shoes as editor. However, I told him I would take the job with one condition. That under no circumstances was my picture to appear on the cover this month. Carry on.
If you feel that you are overpaid for the care that you provide to your patients, read no further. If your staff, landlord/mortgage holder, vendors, suppliers, utility providers, etc. would not object to automatic reductions in salaries or payments, this is not for you. Everyone else please read on.

Payment for physician services covered by Medicare was reduced by 4.4% as of January 1, 2006. Maybe you haven’t noticed yet, but you will if Medicare is a significant part of your payer mix.

Medicare payment for physician fees was scheduled for cuts in 2004 and 2005 but Congress averted those cuts with temporary band-aids that actually resulted in increases of 1.5% in 2004 and 0.5% in 2005. Many physician advocacy groups, including the AMA, MSMS, GCMS, and specialty societies and associations believe that the current system for determining fair reimbursement to physicians is seriously flawed.

The Centers for Medicare and Medicaid Services relies on the Sustainable Growth Rate formula to determine reimbursement levels for physicians, hospitals, nursing homes, etc. This formula is linked to the gross domestic product of the United States. The reasoning is that the growth in rate of medical services per beneficiary should not exceed the growth in domestic product. However, the cost of providing medical care is not particularly related to the nation’s economic vitality. It is, in many instances, driven by new technology, treatment options, and morbidity.

The SGR also includes the cost of prescription drugs as part of the physician fees. Therefore, a rise in drug prices implies that physician fees are rising. If the cost of drugs is not removed from the formula, all physicians who participate with Medicare will have their fees cut by about 24% by the year 2012.

With Medicare costs spiraling upward, only to get worse as the “baby boomers” start becoming eligible for coverage in less than five years, Congress is understandably looking for methods to decrease the increase. Slashing physicians’ reimbursement is not the right approach. Of equal concern is that many other insurance carriers’ payments are tied to Medicare levels.

Some specialty groups threaten to reduce the number of Medicare patients seen in their offices to ease the pain of large cuts. But many medical disciplines are primarily focused in the geriatric population and seeing fewer patients is not an option. The top four specialty groups receiving Medicare monies are Internal Medicine, Cardiology, Family Practice, and Ophthalmology. That is a very large percentage of physicians.

In mid-December, the U.S. House of Representatives voted to block the scheduled 4.4% fee cut planned for Medicare Part B. A strong lobbying effort spearheaded by organized medicine was effective. No increase and no decrease. The budget reconciliation bill then went to the Senate where amendments were made to the house version of the legislation. That triggered a return to the House for another vote. Then, they all went on recess for the holidays, the Senate until Jan. 18, and the House until Jan. 31. (Nice long holiday.)

Politicians do listen to their constituents. Telephone calls and emails are heeded. You can make a difference. Even if you are tired of hearing about this issue, take a few minutes to email your congressmen and senators or call (800) 833-6354 and tell your representatives in Washington to fix this problem for the long term. Carry on.
A recent item in the newspaper told the tale of an Ypsilanti couple in their late 30s who, having added considerable body bulk since their courtship and marriage, aspired to become contestants on the NBC weight-loss reality show, “The Biggest Loser”. Years of poor eating habits and inactivity had ballooned his weight to 401 pounds and hers to 289 pounds.

“The Biggest Loser,” in case you are pop culture deprived, is a show that offers severely overweight participants the opportunity to undergo a radical physical makeover without surgery. It is a takeoff on the popular “Survivor” series.

The husband was invited to be on the show alone because the couples’ slots had been filled. While away at a Simi Valley, California ranch for three months, he worked with a personal trainer and nutritionist. Although he was voted off the show (apparently he had a low weight loss week) he managed to lose 83 pounds and has become a zealot for healthy diet and lifestyle changes. Also, the wife lost 30 pounds with her own regimen. They were able to feed off their momentum, so to speak, and eventually drop to 216 pounds and 199 pounds respectively.

Congratulations to both of them. It is heartening to hear about people who take responsibility for their health and make positive changes that provide an example to the rest of us.

It is no secret to physicians in Michigan and Genesee County that obesity is at epidemic levels. Michigan actually ranks third in the nation in prevalence of obesity in our population, behind only Mississippi and West Virginia. Although fast food companies take much of the blame, they are only one factor among a host of reasons. Illnesses directly related to obesity are estimated to cost more than $100 billion in the United States and this is expected to double in the next 10 years. They include hypertension, diabetes, elevated cholesterol, degenerative joint disease, several types of cancer, myocardial infarction, sleep and respiratory disorders, gallbladder disease, and depression. Even if you are not a member of the obese fraternity, you are still paying for the cost of the epidemic. The obesity epidemic needs to be treated as a serious public health problem, much as tobacco use and secondhand smoke have been.

Childhood obesity is at record levels, estimated at 30 percent in the United States. Addressing the obesity problem in adults is vital, but it is in childhood that eating and activity habits are forged that will last a lifetime. Nutrition standards for school cafeterias, monitoring of vending machine products in schools and reinstatement of required physical education programs are essential. Body Mass Index monitoring can help identify kids that need help.

The success of a television show like “The Biggest Loser” may be a sad commentary on what passes for entertainment these days; however, there is an encouraging upside. Viewers may find inspiration from the “losers” in prime time and it can translate into healthier lifestyles. We can only hope.
It’s August, Have You Taken Your Vacation Yet?

*Men, for the sake of getting a living, forget to live – Margaret Fuller*

It’s likely that you have heard this story before. The old guy was on his last legs. He had enjoyed a long and productive career as a physician. He was respected by colleagues and adored by his patients. He had enjoyed a great life but now the end was near. His young associate came to his home to say his goodbyes. He was escorted into the bedroom and took his place by the bedside. His mentor beckoned him closer. Apparently he wanted to pass on some final advice and wisdom. As he leaned in to hear the faint voice, the dying man gasped once or twice and croaked, “I only have one regret in my life.” “What could that possibly be?” the young doctor thought. The oldster continued, “I only wish I had spent more time (cough, rale, gasp).” “Go on, go on,” pleaded the young man, “more time what?” The old man used the last of his waning energy to spit out his final words, “more time in the office seeing patients.” He then expired.

Okay, so it’s an old joke but most humor has an element of truth intertwined. Americans as a rule and physicians especially, probably work too hard and relax too little. Compared to other developed countries, Americans are allotted the fewest vacation days each year, on average. Compare the U.S. average of 14 days to 17 in Australia, 24 in Great Britain, and a whopping 39 in France. The oddest fact is, however, that we tend not to even use the few days allotted. A recent essay by Po Bronson in Time magazine stated that the average American will leave four vacation days unused, which adds up to a whopping 574 million days, collectively.

The problem seems to be that taking time off requires too much extra work. For physicians that may involve finding coverage while you are away, an increased patient load before and after vacation, catching up on dictation and lab results, dreaming up busy work for your staff or requiring mandatory vacation or unpaid time off while you are gone. It’s sometimes easier just to keep working. Only 14% of Americans will take a vacation of two weeks or longer this summer, according to Bronson.

When many folks do finally take time away from their work, it’s often not very relaxing. Stringent travel schedules, family obligations, adventure vacations, and trying to jam as much activity into a short time as is humanly possible is not exactly “vacating.” It seems we play as hard as we work. And attending a meeting or seminar, no matter how lovely the location, on nodal dissection accommodations, does not qualify as a vacation.

Take the pledge now to reserve some time for yourself and your family away from the stress and deadlines of medical practice and daily life in general. Even a stay at home respite can reset your priorities. You will be doing yourself, your staff, and your patients a huge favor when you return refreshed, relaxed, and ready to jump on the rollercoaster again.

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**YOUR $$$$ AT WORK**

- GCMS met with legislators on scope of practice, board certification, and other legislation
- GCMS provided physicians with up to date information on how to handle and communicate on the Flint water issue
- GCMS worked with several other organizations and elected officials on communications and changes to the testing process related to the Flint water crisis
- A practice manager’s session was held on Health Plus changes and updates needed by practices
- GCMS has transitioned presidents and added three new Board members
“Everybody Wants to Rule the World” was a hit song of the band Tears for Fears in the mid 1980s. Maybe everyone is not interested in ruling the world, but if one examines the list of bills that are, or have been, under consideration in the legislatures of just about every state in the union over the past several years, one would come to the conclusion that everybody wants to be the doctor.

Few medical specialties are immune from the onslaught of non-physician providers attempting to expand their scope of practice by legislative fiat. The list includes chiropractors, podiatrists, physical therapists, athletic trainers, psychologists, pharmacists, massage therapists, optometrists, nurse midwives, physician assistants, homeopathists and naturopaths (whatever that is).

The latest, but unlikely to be the last, scope-of-practice-related legislation in the Michigan Senate is Senate Bill 1245. Passage of this bill would give independent prescriptive authority to advance practice nurses. It would also allow the national certifying organizations for nurse practitioners, certified registered nurse anesthetists, and nurse midwives the power to determine the scope of practice as it relates to writing prescriptions, in effect, making an end run around the State of Michigan Public Health Code. Of course, the Michigan State Medical Society, along with numerous medical specialty organizations, oppose the legislation.

Under current Michigan law, APNs are able to write prescriptions for medications with the direction and under the supervision of a licensed physician. SB 1245 does not improve access to care, insure the quality of care, or reduce the cost of care. MSMS President Paul O. Farr, MD, voiced opposition to SB 1245 in the Detroit Free Press in August. He iterated that organized medicine is not “anti-nursing.” “It is for the protection of the public health. The potential for harm is real,” he wrote.

Many practitioners of so-called complementary and alternative medicine are skeptical of physician claims that concern about the quality of care delivered to patients is the crux of objections to expansion of scope of practice. James Winterstein, DC, a chiropractor and president of National University of Health Sciences wrote in Dynamic Chiropractic, “If patient care is the true concern, then it is well past time that physician members of all professions find a way to work together to become colleagues rather than competitors. The allopathic profession brings a shame upon itself with this reversion to self-aggrandizing turfism.” Unfortunately, one group’s concern for quality of care is another group’s “turfism.” The truth is non-physician providers are not colleagues of physicians, no matter what title they assign to themselves.

Legislation is not a substitute for education, training, and experience. If an individual would like to practice medicine, how about trying this approach: Attend medical school and earn a degree, complete the post-graduate training in a particular field, and pass the required licensing examinations! Legislation to expand scope of practice should cease to be an option for allied health care providers.

Please voice your opinion today regarding S.B. 1245 by visiting the MSMS Action Center (http://action.msms.org) to contact your local newspaper and members of the Senate Health Policy Committee. Let them know this bill is bad medicine.
A recent issue of a throw-away periodical ran an interesting article on physician “burnout” tucked in among all the usual items on the latest technologies, treatments, diagnoses, and decision making in caring for patients.

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

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

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

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

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

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

If none of the above is effective in relieving that burned out feeling, there is the guaranteed cure. Call now to make your reservation for the GCMS President’s Ball on Saturday, Nov. 4th. Take an evening away from the “Sturm and Drang” and enjoy the ambience of the beautiful new Flint Institute of Arts. Take the opportunity to mingle with your colleagues, enjoy good food, thank the outgoing president, Dr. Prasad Kommmareddi, and welcome our new president, Dr. Hesham Gayar.
HEALTHPLUS
UPDATES PRACTICE MANAGERS

On Oct. 22, the practice managers met with Shannon Wejrandt, Manager, Provider Relations, and Peggy O’Neill, Provider Network Educator, both of HealthPlus.

The purpose of this meeting was to review billing issues relating to the Molina changeover and to discuss provider ICD-10 updates, as well as providing your self-service issues through the web.

The next meeting of the practice managers will take place in January. The topic will be the top payers who will talk about ICD-10 definitions or deficiencies that they are seeing.

The February meeting will involve Great Lakes health connect with demonstrations.

A future meeting will be an update on the HAP and HealthPlus merger.
WE WANT YOU FOR THE LEGISLATIVE LIAISON COMMITTEE!

Young physicians - are you looking for interchange with your legislators?

Seasoned physicians - would you like to help bring GCMS and MSMS positions to the forefront?

Become involved in the GCMS Legislative Liaison Committee!

Be a part of an elite group of communicators who meet with our elected officials.

You are invited to engage in conversation with your legislators on the first Monday of each month at 8:00am in the Rapport Conference Room at the GCMS office.

You may contact Pete Levine at plevine@gcms.org or call 810.733.9925, if you would like to participate.

This is a valuable opportunity; don’t let it go to waste!
I. Call to Order
The meeting was called to order at 6:05pm, by Deborah Duncan, MD, President, in the Rapport Conference Room.

II. Presentation on Lead in Flint Water by Mona Hanna-Attisha, MD
Dr. Mona Hanna-Attisha presented data developed at Hurley Medical Center testing lead levels in children aged 0-5, both before and after the cut-off from the Detroit water system. Post cut-off lead levels are much higher than the pre-cut-off levels.

Motion: that a resolution asking the Genesee County Health Department and the City of Flint to issue an immediate lead advisory be developed which includes next the “next-steps” component of Dr. Hanna-Attisha’s presentation. The motion carried.

Amendment: that the resolution ask the city to reconnect to Port Huron water as soon as is practicable.

Amendment: that the City of Flint be requested to convene the Technical Water Advisory Team as soon as is practicable, and to have it meet monthly.

Motion: that a clause be added to the resolution calling on the City of Flint and the County of Genesee to work collaboratively as much as is practicable, and to share information regarding water quality issues on a proactive basis. The motion carried.

III. Review of Minutes
Motion: that the minutes of the August 25, 2015 Board of Directors meeting be approved as presented. The motion carried.

IV. Reports
A) Human Trafficking Victim Identification Toolkit
Peter Levine reviewed the Human Trafficking Victim Identification Toolkit for Physicians and Other Medical Professionals and explained the distribution process for printed copies. He also noted that the Community Symposium on Human Trafficking was a major success, with much higher attendance than expected, representing 30-40 organizations.

B) Finance
Motion: that the Budget-to-Actual report for the period ending August 31, 2015 be approved as presented. The motion carried.

C) Membership
Current NPD GCMS Members for 2015 year
Pete Levine reviewed the list of NPD’s as of September 22, noting that the number is now 43.
D) Legislative Liaison
Dr. Cathy Blight reported on the Washington Update that was held with Congressman Dan Kildee on August 26th. She noted that topics of the meeting were far ranging, and focused primarily on the impact of federal changes on physician practices. She noted that a lot of frustration was expressed to Congressman Kildee.

E) Presidents’ Report
Dr. Duncan reviewed the September 10th Town Hall Meeting, which revolved around Great Lakes Health Connect, she noted that the meeting was reasonably well attended, and was first-rate, from an information standpoint.

Dr. Duncan also reminded everyone of the September 15th Community Symposium on Human Trafficking, as well as the October practice manager’s meeting which will involve a HealthPlus update.

V. Adjournment
No further business appearing, the meeting was adjourned at 7:45pm.

Respectfully submitted,
Peter Levine, MPH
Executive Director
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 living in Genesee County

Mott Children’s Health Center
806 Tuuri Place
Flint, Michigan 48503
(810) 767-5750
www.mottchc.org
The Medical Society Foundation has begun a capital campaign just in time for the year-end giving season. With a goal of $2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society’s charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society’s efforts on behalf of a safer flint water supply, human trafficking advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,

Allen F. Turcke, MD
President
Medical Society Foundation

Deborah Duncan, MD
Immediate Past President
Genesee County Medical Society

Pino Colone, MD
President
Genesee County Medical Society
Join MSMS online at www.joinmsms.org

State & County Medical Society Membership Application

120 W. Saginaw Street • East Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762 • Fax: 517-336-5797

I am in my 1st year of practice post-residency.
❖ I am in my 2nd year of practice post-residency.
❖ I am in my 3rd year of practice post-residency.
❖ I have moved into Michigan, and this is my first year practicing in the state.
❖ I work 20 hours or less per week.
❖ I am currently in active military duty.
❖ I am in full-active practice.

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Male ❖ Female

First (legal) Name: ____________________________ Middle Name: ____________________________ Last Name: ____________________________ ❖ MD ❖ DO

Nickname or Preferred Form of Legal Name: ____________________________ Maiden Name (if applicable): ____________________________

Job Title: ____________________________

W Phone: ____________________________ W Fax: ____________________________ H Phone: ____________________________ H Fax: ____________________________

Cell: ____________________________ Email: ____________________________

Office Address ❖ Preferred Mail ❖ Preferred Bill ❖ Preferred Mail and Bill

City: ____________________________ State: ____________________________ Zip: ____________________________

Home Address ❖ Preferred Mail ❖ Preferred Bill ❖ Preferred Mail and Bill

City: ____________________________ State: ____________________________ Zip: ____________________________

* Please base my county medical society membership on the county of my (if addresses are in different counties):
❖ Office Address ❖ Home Address

* Birth Date: _____ / _____ / _____ Birth Country: ____________________________ MI Medical License #: ____________________________ ME #: ____________________________

Medical School: ____________________________ Graduation Year: ____________________________ ECFMG # (if applicable): ____________________________

Residency Program: ____________________________ Program Completion Year: ____________________________

Fellowship Program: ____________________________ Program Completion Year: ____________________________

Hospital Affiliation: ____________________________

❖ Primary Specialty: ____________________________ Board Certified: ❖ Yes ❖ No

❖ Secondary Specialty: ____________________________ Board Certified: ❖ Yes ❖ No

Marital Status: ❖ Single ❖ Married ❖ Divorced ❖ Spouse’s First Name: ____________________________ Spouse’s Last Name: ____________________________

Is your spouse a physician?: ❖ Yes ❖ No If yes, are they a member of MSMS?: ❖ Yes ❖ No

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 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 Fax to (517) 336-5797. Thank you!