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The GCMS Bulletin
August 2016 Volume 111, Number 29

FEATURE ARTICLES

Meet Justin Kimber, Public Health Communication Specialist 7
Flint Lead Crisis Gives Rise to AMA Policy 8
Guest Editorial 12
GCMS Recommendation Regarding Flint Municipal Water 14
2016-2017 Slate of Nominees for GCMS Offices 16
Practice Managers Get Insurance 101 18
Dinner Business Meeting 19
Commit to Fit 20
Charitable Activities of GCMS 22
Key activities of GCMS 23
Obituary 25

REGULARS

President’s Message 4
Director’s Message 6
Your $$$ at Work 18
GCMS Board of Directors Meeting Minutes 27
Classified 29
Happy Birthday Doctor 29
GCMS Meetings 29

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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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.
THE WATER SEEMS A LITTLE LESS MURKY

As the dog days of summer are upon us, we gain a greater than ever appreciation for that most basic necessity of life: water. The people of Flint have endured one of the worst, if not the worst, water crises in American history. Even now as the quality of water improves, there is uncertainty, there is distrust, and there is disparate information being provided.

GCMS has been at the forefront fighting the battle from the beginning, exhausting staff and resources that we don’t have. GCMS has consistently asked governmental agencies difficult questions, not being satisfied with rhetoric or non-answers, so that we may provide guidance to our patients.

Most recently GCMS published a press release (published on page 14 of this magazine, click here to view) that seemed to cause controversy where none should have existed. This carefully worded document, first and foremost, was meant to be a guide for physicians and patients with straightforward language and recommendations on drinking the water, based on facts and science. As a result of this clear, concise patient-centered approach, GCMS was praised by numerous stakeholders and we did many interviews with print and broadcast news outlets.

We must remember that there has been an erosion of trust by those meant to serve and protect the public good, and that will take time to rebuild. No one can undo what has been done. Our role as physicians and as parts of the medical society is to advocate and care for our patients, and be their source of medical truth.

The right decisions for our patients must not be swayed by politics.

Even as we emerge from this crisis, we must remain vigilant.
UNDER THE BIG TOP

Annual President's Ball  
A Family Affair

Please Note the Date Change

November 19, 2016
CONGRESS CARES MORE ABOUT ONE COMMUNITY THAN ANOTHER

We are now nearing the 11th anniversary of Hurricane Katrina. It was a terrible natural disaster which resulted in massive federal intervention. What are our images of the response to it? Uniforms everywhere of every color. Major equipment, major coverage, major energy. Thousands of folks coming to help. Aren’t those the images that you remember? According to an article dated 8/21/15 in the New Orleans Times-Picayune by Bruce Alpert, federal officials estimate that federal spending related to the Katrina "totals more than $120 billion — about $76 billion of that going to Louisiana projects. That’s almost three times the size of Louisiana’s annual budget."

Now let’s juxtapose that with the federal response to the Flint Water Crisis. Granted, it was not a natural disaster. It was man-made. A natural disaster is random. It is not focused on a specific community. It just hits according to tides or wind patterns. Flint’s crisis is not a natural disaster. But it is a disaster. The images I will carry from it include kids crying as they get poked for their blood. Old folks hoping someone will deliver water because they cannot carry it. Parents pushing a grocery cart with a case or two of water with their kids trailing behind them as they walk home with not enough water. A few uniformed federal folks trying to help out, but doing so without dollars behind their presence. President Obama saying that Flint will be better after the crisis than before and that he will not leave the city behind. Sadly, he forgot to mention that no real federal financial support would be provided except the Medicaid expansion for Flint and the sale of bottled water and filters at a discount to the state of Michigan for the city. How can one region merit the equivalent of a declaration of war to support it, and another get virtually nothing?

Sadly, we now know that Congress cares more about one community than another. It would be interesting to know why that is. Now that the congressional office buildings are found to be rife with lead in their water, it will be interesting to see how long it takes Congress to allocate the funds to repair their own office buildings versus how quickly they allocate money to fix the water crisis in Flint. I would bet that they will allocate more to fix those pipes than they will allocate to all of Flint. Talk about self-serving.

Peter Levine, MPH

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Meet Justin Kimber,
Public Health Communication Specialist

We would like everyone to meet Justin Kimber, our newly hired member of the Genesee County Medical Society staff. He has been hired via a grant from the United Way. His responsibility is to update and maintain our database of physicians (members and non-members) with current contact information to use for sending public health and water oriented updates. We will be seeking email, cell phone, office address, practice managers name and contact information. He is eagerly looking forward to talking with each of you at some point.

Justin was born and raised in Grand Blanc. Upon graduating high school, he attended Grand Valley State University, U of M Flint and graduated from Central Michigan University with a Bachelor’s Degree in Actuarial Science. He then spent the next 7 years in the banking world before recently settling in with the Medical Society. He enjoys being outdoors, whether camping or going for walks, being with friends and family whenever possible, and also enjoys disc golfing.

Please make him welcome when he contacts you or your office for the information needed for the new Public Health Communications System. Justin can be reached at 616-890-2711 or jkimber@gcms.org

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The GCMS Bulletin
The AMA took vigorous action in response to lead contamination in the water in Flint, Mich., with extensive policy intended to promote public health and safety not only in that city but across the nation.

Making a clear connection between Flint’s crisis and the health of all Americans, the AMA adopted policy at the 2016 AMA Annual Meeting, encouraging the timely removal of lead services lines, public availability of water test results, regular testing of water at schools, daycares and health care facilities, and more.

“We must do everything in our power to ensure that another Flint-like water crisis never happens again,” incoming AMA President Andrew W. Gurman, MD, said in a news release. “To truly ensure that our nation’s water supply is safe and free of lead, we are calling for measures to actively monitor the drinking water within our communities, require timely notification to the public when lead levels are high, and completely move away from a lead-based plumbing infrastructure.”

The new policy calls for:
- Removing in a timely manner lead service lines and other leaded plumbing materials that come into contact with drinking water
- Requiring public water systems to establish a mechanism for consumers to access information on lead service line locations
- Informing consumers about the health risks of partial lead service line replacement
- Requiring the inclusion of schools, licensed daycare and health care settings among the sites routinely tested by municipal water quality assurance systems
- Improving public access to testing data on water lead levels by requiring testing results from public water systems to be posted on a publicly available website in a reasonable timeframe to allow consumers to take precautions to protect their health

FLINT LEAD CRISIS GIVES RISE TO AMA POLICY PROMOTING WATER PURITY
• Establishing more robust and frequent public education efforts and outreach to consumers that have lead service lines, including vulnerable populations
• Requiring public water systems to notify public health agencies and health care providers when local water samples test above the action level for lead
• Seeking to shorten and streamline the compliance deadline requirements in the Safe Drinking Water Act

“We know that there is no safe level of lead consumption, yet 20 percent of the lead that is ingested comes from the drinking water that flows through lead plumbing in communities across the nation,” Dr. Gurman said.

“Evidence clearly shows that lead plumbing is a major source of lead in our drinking water,” he said. “The AMA believes now is the time for America to take swift action to replace all lead plumbing throughout the country. We pledge to advocate for the removal of lead plumbing as well as federal standards to ensure that our drinking water is actually lead-free.”

Monitoring water at schools and daycare sites

Children are among the most vulnerable to the toxic effects of lead, yet schools and daycare centers are not required to test the water they give children.

As a result of today’s policy action, the AMA also will advocate for laws that require all schools and registered daycare sites to receive routine municipal water quality assurance testing. Current laws do not require municipalities to test water at school and daycare sites in the U.S., and water testing by the facility is voluntary. According to the Environmental Protection Agency, 90,000 public schools and 500,000 child care facilities are not being regulated, and may or may not be conducting quality testing of their drinking water.

“Even though children and infants absorb more lead than the average adult, there are no real safeguards in place to ensure that the drinking water is safe at the facilities where most of their time is spent,” said Dr. Kobler. “We must do everything we can to change the law to make sure our young people are kept safe and healthy.”

Because those affected from lead exposure will continue to require dedicated attention, the AMA is advocating for biologic testing for children with elevated blood lead levels and health screenings and nutritional support for all people exposed to lead contaminated water.
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The GCMS Bulletin GCMS.ORG August 2016 11
Some consumers who use health insurance copays to buy prescription drugs are paying far more than they should be and would be better off paying with cash, especially for generics.

The added cost runs as high as $30 or more per prescription, say pharmacists, and the money is largely being pocketed by middlemen who collect the added profit from local pharmacies.

Cash prices started to dip below copays a decade ago when several big box stores started offering dozens of generics for as little as $4 per prescription. But as copays have risen and high-deductible insurance plans become more common, more consumers are now affected.

The phenomenon illustrates the complexity of how drugs are priced in the U.S. and has led to finger-pointing about who is benefiting or who’s to blame.

Pharmacists say large pharmacy benefit management (PBM) firms that handle benefit claims for millions of Americans are pocketing the difference, while those firms say pharmacists themselves are being greedy.

“In some cases, consumers are blaming high drug prices on manufacturers, but really the cause of their costs may be the insurance company or the pharmacy or the pharmacy benefit manager,” said Adam J. Fein, who follows the drug industry for management advisory firm Pembroke Consulting in Philadelphia. “It’s very hard to figure this information out.”

‘A Bewildering Array Of Factors’

How much consumers pay at the pharmacy counter depends on a bewildering array of factors, including health insurance policies that set copayments and deductibles, the pharmacies they choose, and which behind-the-scenes PBM their employer or insurer hires to manage claims and negotiate prices with pharmacies and drugmakers.

The back-and-forth between pharmacists and PBMs is part of a long-running feud between the two groups. Not every PBM negotiates prices that allow for these overpayments, the pharmacists say, and not all drugs are affected.

Still, here’s how pharmacists say consumers are getting squeezed. At the pharmacy counter, patients pay their share of the cost — the copay — as set by their PBM and insurance plan.

Days or weeks later, the PBM firm takes back a portion of that patient payment from the pharmacy after the PBM determines what it will actually pay for the drug — a practice sometimes called a “clawback.” That money does not go to the consumer but is generally kept by the PBM.

“It’s a fraudulent misrepresentation to the patient of
what is the cost of the drug,” said Susan Hayes, principal with Pharmacy Outcomes Specialists, which audits pharmacy programs on behalf of insurers.

In a survey by the National Community Pharmacists Association taken in early June, members provided examples. None of the pharmacists would talk on the record for fear of being kicked out of the PBM networks, so their responses could not be independently verified.

One told surveyors that a major PBM required the pharmacy to collect a $35 copay for a generic allergy spray, then took $30 back from the pharmacy. Another said a PBM charged a $15 copay for insomnia drug Zolpidem, then took back $13.05. Patients were charged $30 above the cash price for a generic cholesterol medication at another pharmacy.

In effect, the customer has paid more for the drug than the PBM ultimately pays even though “they assume what they are paying is the cost of the drug,” said Susan Pilch, vice president for policy and regulatory affairs with the pharmacists’ group.

In response, the CEO of the benefit managers’ trade association blames pharmacists, whom he says should simply offer customers the cash price of the drugs — if cheaper — bypassing their insurance plans altogether.

“Not everything has to go through the plan,” said Mark Merritt, president and CEO of Pharmaceutical Care Management Association. “The only reason [for pharmacies] to process the claim is to keep the copay for themselves.”

While agreeing that in some cases consumers could get their drugs for less if they paid cash, Pilch said pharmacists are specifically barred from discussing the cash price under terms set by contracts between them and the PBMs. Its June survey of 650 pharmacists found that more than 38 percent said they were unable to tell patients about cheaper cash prices 10 to 50 times in the previous month.

“We are required to run it through insurance and we do not have the option of advising the patient regarding matters of the terms of their plan or their options, or we run the risk of being cut from the network,” she said.

For their part, PBMs say patients pay the amounts specified by their insurance plan benefit design. And the amounts they take back, they say, can help hold down cost and slow future premium increases to the insurers and employers who hire them.

Still, Louisiana lawmakers this month passed legislation to rein in the practice by directing pharmacists to tell patients about all their options — including less expensive alternatives.

Arkansas lawmakers last year passed a law that bars PBMs and pharmacies from collecting more from customers for medications than the pharmacy will ultimately be paid.

The laws “should eliminate these consumer clawbacks, which I believe are rare, but are an example of bad behavior by a PBM making a drug more expensive than it should be,” said Pembroke’s Fein.

Marketplace Practices

OptumRX, a PBM that is part of UnitedHealth Group, was cited as a firm engaged in such efforts by the national pharmacy association and its affiliates in Arkansas and Louisiana.

UnitedHealth spokesman Matt Wiggin said only a small portion of claims were affected, although he could not give a specific percentage. The firm, he said, is moving to change its contracts to avoid the situation in the future.

At Cigna, another firm called out by the pharmacists, spokeswoman Karen Eldred would not say if it takes back a portion of the customer’s payments from pharmacists. But she said customers “would not pay more than the retail price (cash price) reported to Cigna by the pharmacy.”

A spokesman for Express Scripts, one of the nation’s largest PBMs, said the firm does not engage in the practice, which he described as “not in the best interest of patients or the country,” said David Whitrap.

Market experts agree that shopping around and doing some legwork are tactics that will help consumers avoid paying too much because of the clawback.

Cigna, Express Scripts and other insurers also have apps and websites where members can check drug prices at multiple pharmacies and decide for themselves how best to proceed. But if a health plan or PBM doesn’t offer an app, consumers can check the cash price for prescriptions through one of the online websites like GoodRX or Blink health before heading to the pharmacy.

In some cases, it might be less expensive to pay cash. But experts caution that such cash payments don’t always count toward annual drug deductibles. Consumers who expect a lot of drug costs might want to think twice about paying cash. But others may still find it saves them money, even if they never hit their deductible.

“The safest thing to do is always know what the pricing is in the marketplace,” said Mike Miele, an area president who advises employers on benefits for consulting firm Arthur J. Gallagher. “There are literally thousands of generics that are below $10.”

KHN’s coverage of prescription drug development, costs and pricing is supported in part by the Laura and John Arnold Foundation.

Kaiser Health News, a national health policy news service that is part of the nonpartisan Henry J. Kaiser Family Foundation.
FOR IMMEDIATE RELEASE

MEDIA CONTACT:
Peter Levine, MPH
Genesee County Medical Society
Phone: 810-733-9925 | Email: plevine@gcms.org
June 29, 2016

Press Release: GCMS Recommendation regarding Flint Municipal Water

The Genesee County Medical Society has reviewed the announcement in which the CDC stated that Flint municipal water which has been correctly filtered is no longer a health hazard for lead, as well as the EPA report on which it is based.

Data supports decreasing lead levels in Flint municipal water during the period of January-April 2016. When levels were high in the tested samples, filters which were properly maintained did not allow lead levels above 15 ppb, the EPA “action level.” This is the lead level for which a formal response is triggered if more than 10% of homes are measured at or above this number, although all acknowledge that no level of lead is considered “safe”.

However, despite these encouraging results, the Genesee County Medical Society wishes to caution that this data was collected before the system flushing program in May 2016, so it is important to have the residential water tested again to make sure that no lead sediment was dislodged in the pipes leading to a residence. Bare metal in the pipes or stray metal flakes (lead and other metals), could unexpectedly cause higher levels in water than previously measured in an individual home.

Further, in order for filtered Flint municipal water to be safe, the filter system must be used correctly at all times, with the filter changed as instructed and never left beyond its recommended date of use. The aerators must be flushed according to instructions on a regular basis, as the recent pipe flushing has raised the risk of lead particles dislodging from inside the pipes and being caught in the aerators.

Lastly, it is also very important that consumers of Flint municipal water understand that the filters for lead do not filter out legionella or other microorganisms. Those who are at high risk for legionella infections due to the following risk factors are recommended to continue using only bottled water for drinking, cooking and brushing teeth:

Legionella Risk Factors for Individual Adults and Children (as applicable):

- Recent travel with an overnight stay away from home (up to 14 days prior to symptom onset), recent hospital or outpatient (office) healthcare exposure (up to 14 days before symptom onset)
- Exposure to hot tubs (such as whirlpool spas) including either direct use, walking or sitting near a spa.
- Recent repairs or maintenance work on household plumbing
- Chronic kidney or liver disease including end-stage organ disease (such as kidney dialysis)
- Diabetes mellitus
- Chronic lung disease (such as chronic obstructive lung disease – COPD, emphysema, chronic bronchitis, severe asthma and other severe lung conditions)
- Solid organ or hematologic malignancy (such as cancer, leukemia, lymphoma, sarcoma)
- Immune system disorders (such as HIV/AIDS, transplant patients on immunosuppressant drugs, long-term steroid use)
- Current or former smokers
- Age ≥ 50 years

In summary, the Genesee County Medical Society is making the following recommendations:

For those people who are most at risk for the negative effects of lead on the brain - Children less than 6 years old and pregnant women (for the fetus) – we recommend remaining on bottled water until the water is tested if it has not been tested since the beginning of this June (2016). Filters should be maintained and changed as per the individual instructions. Filters should not be used more than 3 months under any circumstances.

Aerators on any taps used for drinking, cooking or
brushing teeth should be checked regularly to remove any metal bits that may have been caught.

People who are in the high risk groups for legionella (see above) should continue using only bottled water for drinking, cooking and brushing teeth, and should continue to follow the other guidelines to reduce legionella risk, because of the risk of aspiration.

People who are using filters correctly, have had their water tested and shown to be negative for lead, and who are not members of one of the high risk groups (see list), may use correctly filtered Flint Municipal Water.

While it is our understanding that bottled water will be available indefinitely for those who need it, the GCMS also reminds our patients to be prepared for unforeseen circumstances. State and federal agencies advise that to prepare for any emergency anywhere everyone should keep enough water to provide three gallons of water to last three days for each person and pet in the household (i.e. 9 gallons for each person or pet).

For questions or comments, please contact Peter Levine at plevine@gcms.org

FOR MORE INFORMATION OR QUESTIONS, PLEASE CONTACT PETER LEVINE, MPH, AT 810-733-9925.

Announcement

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

For details, contact:

POTTER & ROOSE INSURANCE

810-767-8590

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

906 Mott Foundation Bld., Flint MI 48502
2016-2017 SLATE OF NOMINEES FOR GCMS OFFICES
as presented to the Board of Directors on July 20, 2016 for approval and published for members’ review in the August 2016 Bulletin

**PRESIDENT-ELECT:**
Gerald Natzke, Jr., DO

**SECRETARY:**
Qazi Azher, MD

**DELEGATES:**
Qazi Azher, MD
Amitabh Banerjee, MD
Cathy Blight, MD

Ed Christy, MD
Pino Colone, MD
Niketa Dani, MD

**DELEGATES:**
Deborah Duncan, MD
Hesham Gayar MD
John Hebert, III, MD
Rima Jibaly, MD

**ALTERNATE DELEGATES:**
Sunil Kaushal, MD
Rama Rao, MD
Venkat Rao, MD

Lawrence Reynolds, MD
Punam Sharman, MD

**FINANCE COMMITTEE:**
Raymond Rudoni, MD

**INTERNATIONAL MEDICAL GRADUATES DELEGATION:**
Shafi Ahmed, MD
Shagufta Ali, MD
Qazi Azher, MD
Amitabha Banerjee, MD
Edward Christy, MD
Hytham Fadl, MD
Hesham Gayar, MD
Ayman Haidar, MD
Mona Hardas, MD

Rima Jibaly, MD
Ahmad Kaddurah, MD
Sunil Kaushal, MD
Kavitha Kesari, MD
Sreenivas Mannam, MD
Vijay Naraparaju, MD
Sayed Osama, MD
George Predeteanu, MD
Yaseen Rafee, MD

Rama Rao, MD
Venkat Rao, MD
Jawad Shah, MD
Mahesh Sharman, MD
Parul Sud, MD
Tarik Wasfie, MD
Sania Zainuddin, MD

**YOUNG PHYSICIANS SECTION:**
Amanda Winston, MD – Delegate
Manisha Kia, MD – Alternate Delegate (upon obtaining GCMS membership)

**PRESIDENT FOR A DAY AWARD:**
Paul Schroeder, MD

**HERO OF MEDICINE AWARD:**
Mona Hanna-Atisha, MD

**MSMS COMMUNITY SERVICE AWARD:**
BB Ganatra, MD
BK Ganatra, MD
Cheryl Thoms – GCMSA
UNDER THE BIG TOP

Annual President's Ball
A Family Affair

Please Note the Date Change

November 19, 2016
Practice Managers Get Insurance 101

In late June, practice managers convened to hear Cheri Vaupel and Allison Ship of The Doctors Company provide practical, valuable information regarding physician practice insurances. The session was non-proprietary. Vaupel discussed how to keep practices safe from an insurance perspective. She noted that their malpractice insurance is endorsed by the Michigan State Medical Society with a 5% discount for members.

The types of insurances that most practices need to consider are: malpractice, cyber liability, worker’s compensation, business operating practices, employment practices, directors and officers (if they have a Board of Directors), errors and omissions, bonds, health, umbrella, disability, and medical directors. Terms were translated as well as concepts.

The practice managers present asked to move the Medicaid Drug Formulary session from August to September. The August practice manager’s session will be entitled “Alphabet Soup”. It will involve a presentation by Michigan State Medical Society staff on PO’s, ACO’s, and other acronyms, MSS, PGIP, PCMH, PQRS, and Meaningful Use. In addition, staff leadership from the various PO’s and ACO’s will be invited. The October session will cover MACRA.

YOUR $$ AT WORK

• GCMS is critically involved with several practices which are having payer problems as patients shift from one insurance plan to another.

• Maintenance of Certification is a major focus of GCMS, MSMS and the AMA. GCMS presents on this issue at every opportunity.

• The political season is in full swing. You will have lots of opportunities to support candidates who are friendly to physicians. We will continue sending out notices of these fundraisers, and hope you can attend!

• GCMS is still working on the Flint Water Crisis issues. Your Board of Directors and Community and Environmental Health Committee are working overtime. We are also advocating on behalf of physicians who are impacted by the Flint Water Crisis, making sure the most up to date information is available to the medical community.

• The Medical Society Foundation is trying to get a capital campaign under way. With no dues increase in nearly 30 years, the Foundation needs to be built up to help keep the Medical Society going. Please consider donating appreciated stocks, cash, IRA disbursements etc. Our Campaign Goal is $2,000,000.

• GCMS is working with the Greater Flint Health Coalition on the development of the State Innovation Model project. This is a project which you will hear more about, and will want to consider putting time into. It will provide resources to your practices which will benefit you and your patient outcomes and bottom line. Keep your eyes open!

• GCMS will hold a Town Hall on September 8th: What is New - The Payer’s Perspective, What it Means to Physicians. This is a tremendous opportunity to meet with and communicate with CMO’s of the major payers.

• The February Town Hall Dinner Meeting will be on the MACRA issue.
The physicians and practice managers of Genesee County are unlikely to have seen such an assembly of insurance company chief medical officer's in one place. Everyone should come to this meeting to hear what is coming, and to have an opportunity to dialogue with them. Whether you are in an ACO, PO, or you have other affiliation such as hospital employee, etc, this is not a meeting to miss!

Please invite other physicians and practice managers to this meeting!

**Presenters:**

Naim Munir, MD  
Senior Vice President and Chief Medical Officer  
Health Alliance Plan

James Forshee, MD  
Chief Medical Officer  
Molina

Kathleen Kudray, DO  
Chief Medical Officer  
McLaren Health Plan

Marc Keshishian, MD  
Senior Vice President and Chief Medical Officer,  
Blue Care Network

Thomas Simmer, MD  
Senior Vice President and Chief Medical Officer,  
Blue Cross Blue Shield of Michigan

**Meeting Location:**  
Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507

**Evening Schedule:**

6 pm, Registration & Social Hour  
6:30 pm, Dinner  
7 pm, Meeting  
7:15 pm, Presentations

RSVP’s requested by August 31, 2016

Please mail your reservation payment to:  
Genesee County Medical Society  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532

GCMS Physicians, spouses, GCMSA, family members, practice staff  
and other interested professionals are encouraged to attend!

$40.00 - GCMS Members, Spouses, Practice Managers, & Staff  
$40.00 - Genesee County Osteopathic Association Physician Members & Spouses  
$25.00 - Residents & Students  
$50.00 - All Non-Member Guests

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.
### COMMIT TO FIT CLASS SCHEDULE

Commit to Fit offers fitness classes at **no cost** to all individuals who live or work in Flint and Genesee County. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details.

**Click HERE to Access the Nutrition Education & Resources Calendar**

**August 2016 Calendar**

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<tr>
<th>Monday</th>
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**GCMS Bulletin**

**FACEBOOK.COM/GROUPS/GENESEECMS/**
**FREE! Commit to Fit! Class Schedule**

**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

**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 page for up-to-date information!

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

**Crim Festival of Races: Health and Fitness Expo presented by Commit to Fit!**

Thursday, Friday & Saturday, August 25 – 27, 2016
Riverfront Conference Center
1 Riverfront Center West Flint, MI 48502

**BikeParks!**: A great opportunity for EVERYONE to participate in a ten week bike education and bike riding program. Each week is a 30 minute bike safety lesson followed by a 1 ½ hour ride using the roads and bike trails in the parks. You can participate even if you don’t have a bike or helmet because they will provide them for you!

**Bokwa® Punch and Strike**: Think Mixed Martial Arts (MMA) with added cardio to keep your heart pumping. It’s controlled, so there’s no guessing involved! It’s easy to learn and it’s for ALL fitness levels. For all ages and abilities.
Cost: FREE!

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

**TIMES & LOCATIONS:**
Hasselbring Senior Center
1002 Home Ave. Flint, MI 48504
(810) 766-7128 Mon, Weds, & Fri 9-10 am

Carriage Town Ministries 605 Garland St Flint, MI Tuesday 2:39-3:30 pm

Faith United Methodist Church
2266 Coldwater Rd Flint, MI
Tuesdays and Thursdays
12:30-1:30 pm

Triumph/North Star (MBC) 1657 Broadway Blvd Flint, MI
Mondays- 6:00-7:00pm & Thursdays 5:30-6:30 pm

Flint Farmers’ Market- Tuesdays & Thursdays 10:00-11:00 am
300 E. First St Flint, MI 48502
(810) 232-1399

**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.

**Questions? Email**
commit2fit@flint.org

**YMCA Downtown Flint**
411 E. 3rd Street
Flint, MI 48503
(810) 232-9622
Charitable Activities of the Genesee County Medical Society
Supported by the Medical Society Foundation

Community Partnerships

- GCMS has played a critical role in exposing the Flint Water Crisis, and is working tirelessly to assure timely dissemination of critical, vetted public health and water related information to physicians.

- GCMS fully supports the Greater Flint Health Coalition and its myriad activities, including:
  1. Commit to Fit and its various challenges
  2. Advanced care planning projects
  3. Health improvement initiatives
  4. Access and environmental initiatives
  5. Quality and innovation initiatives
  6. Cost and resource planning initiatives
  7. Workforce development initiatives

- GCMS serves on every element of the Health Coalition and linking all of its activities to the Genesee County Medical Society’s Strategic Plan for the benefit of the community.

- GCMS works with other organizations to create smoke-free environments and improve fitness of the community in an effort to improve medical outcomes and the overall improvement in the morbidity and mortality rates of the community.

- GCMS works to coalesce all players in the community to meet the Genesee County Medical Society’s goals that relate to the health of the community.

- GCMS supports the GCMS Alliance in its community health activities.

Healthy Community Activities

- GCMS supports the Governors’ 4x4 Wellness Plan: 440 physicians trained in the preventative health components of the plan.

- GCMS plays a critical role in the function of the Genesee County Free Medical Clinic and Genesee Health Plan.

- GCMS donates space to the Free Clinic, the Medical Society Alliance, and the Greater Flint Health Coalition for meetings, and in some cases, for storage.

- GCMS has held several educational programs on human trafficking, attended by over 200 medical professionals.

- GCMS staff, and leaders, work with individual members of the medical community to encourage their participation in the Genesee County Free Medical Clinic, the Genesee Health Plan, and the expanded Flint Medicaid.

- GCMS aggressively supported the Genesee Health Plan millage, provides a direct representative to its Board of Directors, and aides in securing participation in the Genesee Health Plan by its members.

- The Medical Society Foundation and the Genesee County Medical Society, for many years, served as the convener of the Regional HIV Task Force and assured state of the art care for HIV patients. During that period, hundreds of thousands of dollars were passed to providers and non-profits with no administative overhead taken.

- GCMS supports the school-based health programs coordinated by the Genesee Intermediate School District and the Greater Flint Health Coalition.

- The Medical Society Foundation has actively supported provision of indigent care at the Emergency Medical Center of Flint, with two substantial directed donations from one individual.
Key Activities of GCMS

- GCMS is the only venue where physicians from all hospitals, all specialties, all ethnic, racial, and national backgrounds, all the PHO’s, and all of the ACO’s, can meet to talk about physician issues.

- During GCMS activities and meetings, the elected members of the Board and committee members, function as physicians, not specialist, versus primary or representing individual hospitals. They speak on behalf the profession, and their patients.

- GCMS provides a venue for practice managers to come together to deal with issues on behalf of physician and patients, which is non-territorial, non-threatening, and supportive. They meet on a monthly basis.

- GCMS has played a critical role in defeating scope of practice legislation in the past several years, including this very year.

- GCMS played a critical role in defeating “Physician Tax” in Michigan several years ago, which saves each physician their full GCMS/MSMS membership dues, for each $33,000 in gross practice receipts, each year.

- GCMS provides a vehicle through which physician and patient perspectives are heard in important community settings and within important community organizations.

- GCMS serves as a major voice at all levels of the political spectrum on behalf of physicians, their families, and their patients.

- GCMS is able to advocate on behalf of individual physicians and groups of physicians with third-party payers and regulators, when appropriate.

- GCMS produces a monthly magazine, designed to keep physicians, practice managers, and physician families abreast of what is going on in the medical community. It also provides an avenue for physicians and practice managers to communicate with one another.

- GCMS is a critical component organization of the Greater Flint Health Coalition, which is represented by every key organization in the community, relating to the health of the community. The Medical Society serves on nearly every committee and staff attends a majority of the Health Coalition meetings to make sure the needs of physicians and their patients are heard.

- GCMS endorses the Emergency Medical Center of Flint, which provides service to physicians and their patients. It is a not-for-profit, providing financial support to the Medical Society to keep its membership dues down.

- GCMS has functioned at an extremely high level without a dues increase since 1990.

- GCMS holds quarterly Town Hall meetings on critical issues.

- Considerable focus has been on the state budget and health reform issues. In addition, for our county’s perspective significant energy has been expended communicating the vitality of the Michigan Patient Compensation Act concept, which you may know as the No-fault Liability initiative, which MSMS has drafted legislation for.

- GCMS works closely with the Genesee County Medical Society Alliance to foster leadership development, and the leveraging of resources to increase lobbying efforts on behalf of physicians and their patients.

- GCMS works very hard on leadership development relating to young physicians, foreign physicians, and physicians in general in an effort to refurbish its leadership core on an ongoing basis. The GCMS Board Is approximately 40 individuals with a process ongoing to make sure that new leadership develops and those leaders who are not stepping up effectively are replaced with those willing to try to participate.

- GCMS works closely with MSMS on developing leaders, lobbying, fostering physician development in all aspects of MSMS activities and related AMA activities.
The Medical Society Foundation is engaged in a capital campaign. 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
Cory E. Cookingham, MD

Dr. Cory Cookingham passed away in Grand Rapids, MI, after a brief illness on June 4, 2016, at the age of 91 years. He is survived by his wife of 68 years, four children, and seven grandchildren.

Dr. Cookingham was born in Westminster, Ohio. The family moved to Flushing, MI where he graduated from high school in 1943. Dr. Cookingham served in WWII, U.S. Army, Private First Class, in the 26th Infantry Division, 328th Infantry regiment. He fought in the Moselle River Basin front line in northeast France. He received the following military citations: Good Conduct Medal, European Theater of Operations Medal, Two Battle Stars, Combat Infantry Badge and the Bronze Star for bravery. He Graduated from the University of Michigan Medical School in 1953. He completed an internship at Queens Hospital in Honolulu, HI and then worked for the Hawaii-Brewer Sugar Company as a general practice physician before moving back to Flint in 1955 to begin a Pediatric residency at Hurley Hospital. He was awarded a Mott Foundation Pediatric Fellowship and finished his Pediatric residency and Allergy and Immunology fellowship at the University of Michigan. He was the first Board Certified pediatric allergist in the State of Michigan. From 1958 to 1960, he worked as a staff pediatrician for the Mott Children’s Health Center where he founded the Allergy Clinic, and there he cared for underprivileged children until 1994. In 1961, he entered into private practice in Flint, where he practiced until retiring in 2012 at the age of 87.

The first cigarette smoking withdrawal clinic in the United States was started in 1963 by Dr. Cookingham. It drew national attention from the tobacco companies and press. From 1971-73 he served as the President of the Genesee Valley Lung Association and Director of the Michigan Lung Association. He also served as the President of the Michigan Allergy and Asthma Society. He was a member of the Flint Rotary Club for over 50 years and served as its President from 1978-1979.

Cremation has taken place and a military service and burial will occur on August 22, 2016, 2:30 pm at Great Lakes National Cemetery, in Holly, MI.

Please direct patients to www.flintcares.com for the latest information regarding Flint water issues
The physicians and practice managers of Genesee County are unlikely to have seen such an assembly of insurance company chief medical officer's in one place. Everyone should come to this meeting to hear what is coming, and to have an opportunity to dialogue with them. Whether you are in an ACO, PO, or you have other affiliation such as hospital employee, etc, this is not a meeting to miss! Please invite other physicians and practice managers to this meeting!

Presenters:

Naim Munir, MD  
Senior Vice President and Chief Medical Officer  
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McLaren Health Plan

Marc Keshishian, MD  
Senior Vice President and Chief Medical Officer,  
Blue Care Network

Thomas Simmer, MD  
Senior Vice President and Chief Medical Officer,  
Blue Cross Blue Shield of Michigan

Meeting Location:

Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507

Evening Schedule:

6 pm, Registration & Social Hour  
6:30 pm, Dinner  
7 pm, Meeting  
7:15 pm, Presentations

RSVP’s requested by August 31, 2016

Please mail your reservation payment to:  
Genesee County Medical Society  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.
I. Call to Order

The meeting was called to order at 6:00pm, by Pino Colone, MD, President, in the Rapport Conference Room.

II. Review of Minutes

Motion: that the minutes of April 26, 2016, Board of Directors meeting be approved as presented. The motion carried.

A) Community & Environmental Health Report

Dr. Gerald Natzke reported that the Community and Environmental Health Committee has been meeting biweekly, and will continue to do so to discuss the issues of chelation and legionella. He noted that the legionella update for physicians and clinics has been completed and distributed by GCMS. It has been signed off on by the Michigan Department of Health and Human services, the Genesee County Health Department, the Genesee County Medical Society and others. It will also be published in The Bulletin.

Drs. Soderstrom and Kulkarni noted that if the Medical Society does perform a study on chelation, it would be possible to create a positive out of a negative.

Dr. Soderstrom reported that the skin study is now completed. Dr. Barkey is working with the CDC to write up the study and is willing to speak with the Board.

B) Finance

Dr. Soderstrom reported that there have been a lot of complaints about skin issues. 300 individuals of been interviewed with over 100 screened. Stasis dermatitis is the primary diagnosis so far. It is unknown if it is truly water related because there is no obvious connection. The elephant in the room is the TTHM's which had been known to be in the water previously.

Motion: that the Budget-to-Actual report for the period ending April 30, 2016 be approved as presented. The motion carried.

Peter Levine reported that he has sent a proposal letter to the United Way for a physician public health alert system. A proposal has also been submitted to Wayne State University as part of their Legionella project.

The Board of Directors went into Executive Session to discuss finances.

C) Membership

Levine reported that the current 2016 NPD list is relatively small. The Board agreed to divide up the names to contact.

D) Legislative Liaison Report

On behalf of Dr. Cathy Blight, Peter Levine reported that the Legislative Liaison Committee had met on May 2nd to review resolutions from the MSMS House of Delegates likely to result in legislative activity. The May meeting also covered where’s the importance of expanding residency slots and several other issues.
E) District Directors
Dr. John Waters reported that the MSMS strategic planning process is moving forward. Maintenance of Certification remains a major issue for MSMS.

F) Presidents’ Report
Dr. Colone reported that the GCMS letter to the President of the United States on the Flint Water Crisis resulted in a very fast response by Dr. Lurie from the US Public Health Service. That meeting helped to clarify several issues and was very productive.
Dr. Colone provided a final review of resolutions which were presented to the MSMS House of Delegates.
Dr. Danic reported that the VA handbook is being released on Wednesday which will free advanced practice nurses from supervision by physicians. The document from the Association of Anesthesiologist will be sent out via email and will also be brought up by the Legislative Liaison Committee.

III. Next Meeting
The next meeting of the GCMS Board of Directors will be June 28, 2016

IV. Adjournment
No further business appearing, the meeting was adjourned at 8:00pm.

Respectfully submitted,

Peter Levine, MPH
Executive Director
The GCMS Bulletin

Legislative Liaison Committee
Recessed until October 3rd

Community & Environmental Health Committee, 8/17
12:30pm, GCMS Office

Finance Committee, 8/23
5:15pm, GCMS Office

Board of Directors, 8/23
6pm, GCMS Office

Practice Managers, 8/25
8am, GCMS Office

2016 Ball Committee, 8/16
12pm, GCMS Office

MSF Fundraising Committee, 8/25
6pm, GCMS Office

Scott Plensdorf, MD ............................................. 1
Leo Madarang, MD .............................................. 2
John Schultz, MD ................................................. 2
Amanda Winston, MD ........................................ 2
Harvey Olds, MD ................................................. 3
Christopher Sweet, MD ........................................ 4
Venkat Rao, MD .................................................. 5
Brian Nolan, MD .................................................. 6
Paul Musson, MD ................................................. 8
Kimberly Pummill, MD ........................................ 8
Melvyn Wolf, MD .................................................. 10
James Forshee, MD ............................................ 10
Louinda Zahdeh, MD ......................................... 11
Frazer Wadenstorer, MD ................................... 12
Edward Christy, MD .......................................... 13
Robert James, Sr., MD ......................................... 14
Mohammed Saleem, MD ..................................... 14
Deborah Duncan, MD ......................................... 15
Ayman Tadros, MD ............................................ 15
Carlos Petrozzi, MD .......................................... 16
Larry Young, MD ................................................. 16
Cathy Blight, MD ............................................... 17
Iqbal-Husein Allarakha, MD ................................ 17
Fidel Seneris, MD ............................................. 18
Lavanya Cherukuri, MD ................................... 19
Cheng-Yang Chang, MD .................................. 20
Marcos Machado, MD ........................................ 24
Gary Johnson, MD .............................................. 26
Mohamad Arja, MD ............................................ 26
Michael Kirby, MD ............................................ 28
Jack Portney, MD .............................................. 29
Orlando Filos, MD ............................................ 29
Lisa Guyot, MD .................................................. 31
Kavitha Kesari, MD ........................................... 31

HAPPY BIRTHDAY DOCTOR

READY TO MOVE IN 4,500 SQ. FT.
Custom designed physician office. Available for rent or purchase in Stone Bridge office complex off Linden Rd. across from Genesee County Medical Society. New roof and heating/cooling. Contact 810-610-0965

AUTOCLAVE NEEDED
by not-for-profit urgent care center. Please contact Brenda at bcraft@gcms.org or call (810) 232-2710.

PHYSICIANS NEEDED
at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. Contact Pete Levine at 810-733-9925.

CHECK OUT OUR WEBSITE WWW.GCMS.ORG

GCMS.ORG  August 2016 29
State and County Medical Society

MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at www.joinmsms.org

☐ I am in my first year of practice post-residency. ☐ I am in my second year of practice post-residency. ☐ I am in my third year of practice post-residency. ☐ I have moved into Michigan; 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. ☐ I am a resident/fellow.

☐ Male ☐ Female

First (legal) Name: ________________ Middle Name: ___________ Last Name: ________________________

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

Job Title: _______________________________________________________________________________________

W Phone ___________________ W Fax  __________________   H Phone  _________________ H Fax  _________________

Mobile:  _______________________________Email Address ________________________________________________

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, 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:  _______________________________

Application Code: ___________________________