

THE *Bulletin*

SAGINAW COUNTY MEDICAL SOCIETY
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Patients in Peru along the Amazon River waiting to see Dr. Jim Hines and the team from GHO



Dr. Larry Whiting with children in Syria



Dr. Farhaj Siddiqui and Medical Students ready to screen patients at the 10th Annual Health Fair in March 2014



Drs. Matt Deibel and Audrey Stryker with Emily Deibel working at the East Side Soup Kitchen

SCMS MEMBERS HELPING AT HOME AND AROUND THE WORLD

There is no Membership Meeting in December



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in the news

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All statements or comments in the Bulletin are those of the writers, and not necessarily the opinion of the Saginaw County Medical Society. Contributions are welcome. We publish committee reports, letters to the editor, Alliance reports, public health activities of the members, and some personal items (birthdays, weddings, graduations and like events). The Editor determines which are accepted. Advertisements are accepted as space is available at our going rates. Members may advertise office information, professional services, skills, and procedures, also at our going rates. We do not accept advertisements from non-members, or non-Saginaw hospitals.

The Bulletin is mailed free of charge to SCMS members. Complimentary copies are sent to various other parties. Others may subscribe at the rate of \$30 per year.

president's letter



M. Sohail Jilani, MD

As you know, winter is here as well as cold and flu season, but people are more concerned about the Ebola virus. Patients and their family members have been asking questions about the Ebola virus, its symptoms and treatments. Are we ready to prevent the spread of the Ebola virus in Michigan?

Even though I do not treat patients for viral illnesses in my practice, but because of patients and their families concerns and questions, I did some research and found that the Michigan Department of Community Health (MDCH) has been diligent about viral illnesses and other infectious diseases. They have been coordinating with health care institutions, as well as, local health departments and providing education. They have provided links on their website for information. They have been actively monitoring individuals for 21 days from departure from the infected areas. So far, they have not found anyone positive for the Ebola virus in the state of Michigan.

The MDCH has been meeting with health care departments to learn directly from them about their preparedness efforts and facilities. They are also working to ensure that proper information and training is available to health care professionals, including knowledge about the use of per-

sonal protective equipment and ways they can support their efforts.

The MDCH has also established emergency response plans. In fact, the state lab is one of the 14 labs in the nation with capabilities to complete testing of suspected Ebola cases.

The CDC warns that symptoms of infection of Ebola resemble many other viral illnesses, and include headaches, fever, weakness, muscle pain, diarrhea and nausea; therefore, it is very important to ask about travel history for any patient presenting with these kinds of symptoms.

Please read the guidelines and information provided by the CDC at <http://www.cdc.gov/vhf/ebola/index.html>.

Check the MDCH website for updates at <http://www.michigan.gov/emergingdiseases/0,4579,7-186-69879---,00.html>.

The AMA also has a lot of information about Ebola on their website at <http://www.ama-assn.org/ama>. The AMA Ebola resource center can be found at <http://www.ama-assn.org/ama/pub/physician-resources/public-health/ebola-resource-center.page>.

Please educate your staff. ☐

HEALTH INFORMATION EXCHANGE MARK YOUR CALENDAR!

Date: Tuesday, April 21, 2015
Membership Meeting

Speaker: George Bosnjak
Great Lakes Health Connect

Topic: Health Information Exchange

Michigan Health Connect and Great Lakes Health Information Exchange have merged to form Great Lakes Health Connect, one of the nation's largest providers of health information exchange, allowing hospitals, physicians and other medical professionals to quickly and securely share the health records of more than five million people.

SCMS FOUNDATION

Make a Tax Deductible* Gift Today!

The Saginaw County Medical Society Foundation gives loans to medical students with "ties" to the Saginaw community, in anticipation that these new physicians will stay in Saginaw to practice medicine once they complete their training. The Foundation receives approximately seven loan applications per year, with an average request of \$10,000. In order to help as many deserving medical students as possible, the Foundation continually needs to raise funds. *If each active member donated \$500, our goal would be achieved.*

➤ *If you would like to honor a colleague who is living or deceased, please make a contribution to the SCMS Foundation*

➤ *Please remember the SCMS Foundation in your Will*

**Gifts to the Saginaw County Medical Society Foundation have charitable tax benefits so please consult with your tax advisor for specifics.*

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✂-----✂

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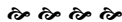
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Checks should be made payable to the SCMS Foundation and sent to the SCMS office at 350 St. Andrews Road, Suite 242, Saginaw, Michigan 48638-5988. Thank you!

from the editor



Louis L. Constan, MD

Fair Treatment

Do you remember the Institute of Medicine (IOM)? They're the influential group that, a few years ago, determined that 100,000 patients died in American hospitals each year from preventable complications. That was a huge shock to the American public, to the payers, and to the medical profession as a whole. Huge changes occurred as a result of this scathing denunciation of hospital care, and the reverberations are still echoing today. JACHO, Medicare, the American Hospital Association, our specialty societies - everyone, it seems got involved, and as a consequence, the face of American medicine has changed forever.

I mention this history because this very same IOM has just, at the instigation of the U.S. Congress, foundations, think tanks, medical services researchers, the Medicare Payment Advisory Commission, and the Council on Graduate Medical Education, issued another scathing and groundbreaking report.

The IOM concludes that our graduate medical education system (GME), set up in 1965 and little changed since then, the system that paid our salaries during internship and residency, is seriously flawed. It is largely responsible for the calamitous decline in numbers of Primary Care Physi-

cians (PCPs), the doctors who traditionally provide the majority of the diagnosis and treatment of American patients, the majority of the nation's preventive care, the majority of post hospital follow-up care and the majority of referrals to specialists. A critical cog in the medical machine is cracked. How can this be?

It's all about the funding, IOM says. It turns out that the checks the government writes to fund GME are written directly to hospitals, and hospitals have used that money largely to maximize their own financial positions. Hospitals have come to view, the IOM says, GME as a revenue stream rather than as an educational mission.

How exactly does that work? It's complicated, of course, but here is my understanding: Hospitals have the money, and they pick out which GME positions will bring in the most profit to their institutions. Hospital executives know that, when a primary care resident is getting his training in a community doctor's office, the hospital realizes no money from that training. But, when a subspecialist resident gets his training in the hospital, this training generates profits through hospital daily fees, procedures, labs and imaging. (Whoa! Could that mean that the time you spent volunteering to supervise residents in your office was not particularly viewed favorably by your hospital?) The primary care residencies are neglected when it's time to allocate hospital resources. Salaries of faculty are low; there is less money for nurses, secretaries, supplies, office space, and all the incidentals that can make a residency successful. The result? Smaller, struggling primary care residencies, unable to attract medical students, and fulfill their mission of providing critically needed PCPs to care for their communities.

It appears from the IOM report that the general malaise that has settled over the primary care community and led to this critical shortage is not just a function of

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the poor pay primary care doctors receive; it starts during residency, where there is grudging and inadequate support for the very positions that would alleviate that critical shortage. Everyone, it seems, say they want more PCPs, but nobody wants to free up the money necessary to make that happen.

This situation as it stands is untenable. The federal government has a duty to the American people to use their tax money wisely, and the massive amount of money it spends on GME is long overdue for a review. That money must be aligned with the needs of those who are paying the bill. Primary care must be given its fair treatment. The IOM report is the first step in that review. Change is in the works. Expect some of that change to be seen in our little town. Next month (next year), I will offer some thoughts on how all this might affect us here. ☐

letters to the editor

Dear Friends:

Thank you for your thoughts, prayers and so many kind and thoughtful gestures during our time of loss. Your support will continue to be a blessing to us as we reflect back on all that has happened during this time. ☐

*Many thanks,
The Family of Michael Felten
Dr. Bill, Jennifer, Rachel and Nicole*



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SCMS MEMBERS HELPING AT HOME AND AROUND THE WORLD

Members of the SCMS are very generous in their donation of time and money in serving the residents of Saginaw County and others around the world.

“The Doctor Is In!” Annual Health Fair is held each March at Horizons



Dr. Bryon Chamberlain answers a question at the 10th Annual Health Fair

Conference Center in Saginaw. In 2014, attendance grew to 1,100, with 82 vendor booths. The Health Fair includes numerous health screenings that would not otherwise be available to the public. Many SCMS physicians, residents and medical students volunteer to serve those attending by answering questions, giving out information or providing screenings. “The Doctor Is In!” Health Fair is one of a kind and planned in cooperation with CMU Healthcare, Covenant HealthCare, Health Delivery, Inc., Michigan CardioVascular Institute, Saginaw County Osteopathic Society and St. Mary’s of Michigan. The 11th Annual Free Health Fair will be held on Saturday, March 21, 2015, at Horizons Conference Center from 9 a.m. to 1 p.m.

Members of the SCMS, their families and office staff serve twice each year at the **East Side Soup Kitchen** in Downtown Saginaw. In addition to packing lunches for the afterschool program, prepping food, and preparing and serving lunch, the SCMS



Drs. Bill Engelman and Ron Jenson make sandwiches for the after school program at the Soup Kitchen in November

pays for the cost of the day’s food. Dr. William Engelman started this semi-annual tradition many years ago, and continues to serve to this day. SCMS members also serve at the free Medical Clinic located at the Soup Kitchen several times a month, and other clinics throughout Saginaw County on a regular basis for those who cannot afford medical care.

One Saturday in each October, members and their families serve breakfast to approximately 150 Saginaw residents at First Congregational Church in Downtown Saginaw through **Homes from Heaven**. The SCMS also pays for the food served that day.

The SCMS Foundation hosts its annual **Golf Outing** each June at the Saginaw Country Club. The purpose of the event is to raise money for the Foundation so it can continue to make low interest loans to medical students with ties to the Saginaw



Medical student loan recipient, Liz Irish, with Drs. Ramesh Raju and Bapineedu Maganti

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area, and encourage them to return to Saginaw to practice. If they do return to Saginaw to practice after residency, all interest is forgiven. Many medical students who have received loans from the Foundation have returned to Saginaw to practice medicine and raise their families. Over the past five years, over \$108,000 has been raised by the Golf Outing which was started by Past President, Rao V.C. Gudipati, MD. The 6th Annual SCMS Foundation Golf Outing is tentatively scheduled for Saturday, June 13, 2015, at the Saginaw Country Club.

The SCMS Foundation also sponsors an **Essay Contest** each spring for high school juniors and seniors in Saginaw County who want to become physicians. Winners receive cash prizes and mentorships with SCMS physicians. Additionally, the SCMS Foundation assists the SCMS Alliance in awarding seven \$500 **scholarships to nursing students** from Saginaw County.



2014 Essay contest winners with Drs. Matt Deibel and Dick Hausler

Each March, the SCMS, in cooperation with the Township Times, publishes a **Healthy Living** supplement for residents of Saginaw County. Included in the publication is information regarding various health services available to Saginaw County residents, and information on various conditions. The SCMS also publishes an annual **Membership Directory** for the public with information about SCMS physicians and practices.

Many SCMS physicians travel around the world on **medical mission trips**. Following are mission trips of Drs. Jim Hines, Larry Whiting, Tony deBari, Kimiko Sugimoto and George Carty. □

PROVIDING NEW
HOPE for HEALING

A nurse in a clinical setting is attending to a patient who is lying inside a hyperbaric oxygen chamber. The nurse is looking down at the patient, and the chamber is open, showing the patient inside. The background is a soft-focus clinical environment.

A circular logo with a stylized 'C' inside, representing the Covenant Regional Wound Healing & Hyperbaric Medicine Center.

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SCMS MEMBERS AND THEIR FAMILIES SERVE BREAKFAST



On Saturday, October 4, members and their families and friends served breakfast to approximately 150 of Saginaw's needy at First Congregational Church in Downtown Saginaw. The SCMS also donated funds to cover the cost of the morning's food. The SCMS would like to thank the following for volunteering, as well as, Tammy of Homes from Heaven for coordinating the breakfast:

Dr. Bill Engelman
Dr. Chandra Kiran Jwala
Dr. Neil Love
Phyllis Love
Dr. Haritha Machavarapu
Mala Nahata
Dr. B. Babu Paidipaty
Dr. Kamala Paidipaty
Dr. Meena Ramani
Tiba Raval
Dr. Farhaj Siddiqui
Dr. Mary Jo Wagner and her daughter, Clara Bihn

The SCMS generally serves this breakfast on the first Saturday in October, so please mark your calendar for Saturday, October 3, 2015, from 7:30 a.m. to 12:30 p.m. (we work in two shifts). ☐

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SCMS VOLUNTEERS AT SOUP KITCHEN



On Wednesday, November 12, 2014, the SCMS volunteered at the East Side Soup Kitchen. Volunteers packed lunches for the after school program, helped prepare and serve grilled cheese and soup to 301 people, and cleaned and chopped celery for another day before serving lunch. Drs. B. Babu and Kamala Paidipaty donated \$600 for the day's meal in honor of the marriage of their daughter, Sailaja Paidipaty to Christopher Grzywacz on May 10, 2014.

The SCMS would like to thank the following who volunteered to serve at the Soup Kitchen:

Madhu Atri
Dr. Lou Constan
Joan Cramer
Dr. Bill Engelman
Dr. Ena Hanna
Dr. Dick Hausler
Dr. Ron Jenson
Lakshmi Karunakaran
Dr. Larry Kelly
Sandy Kelly
Stephanie Krieger
Dr. Neil Love
Mala Nahata
Dr. Meena Ramani
Alyce Wechter

The SCMS would also like to acknowledge and thank SCMS members who staff the clinic at the Soup Kitchen on a regular basis. ☐



Pam Cole, Drs. Ron Jenson and Neil Love, Stephanie Krieger, Dr. Lou Constan, Sandy Kelly, Drs. Ena Hanna, Larry Kelly, Meena Ramani and Dick Hausler, Madhu Atri



Drs. Bill Engelman and Ron Jenson making sandwiches for the after school program



Drs. Meena Ramani and Ena Hanna, Madhu Atri, Lakshmi Karunakaran and Mala Nahata



Stephanie Krieger, Alyce Wechter and Dr. Ena Hanna

DR. JIM HINES' AMAZON RIVER MEDICAL MISSION

Imagine with me the excitement of travelling down the Amazon River and stopping at villages to provide medical and dental care to needy villagers! For me, it doesn't get any better.

Our medical/dental team of 40 flew out of Miami on March 14, 2014, to arrive in Lima, Peru the next morning and then on to Iquitos, Peru. In Iquitos, we boarded a large, newly built, river boat that would carry us and our supplies up the Amazon River, further into the rain forest. The team included six dentists, three physicians, nineteen dental students, seven medical students, one nurse and a number of support staff.



This medical/dental trip was organized by GHO (Global Health Outreach) utilizing the "Health Education Program for Developing Countries." This program enables short-term medical teams to have a long-term impact by introducing desperately needed evidence-based health education services to the community. The program also facilitates the provision of safe, high quality, individual medical care by team and local health care providers.

We slept on the river boat at night with two to three team members per cabin. Our meals were prepared for us, and the team



ate together in a fairly large cafeteria on the boat. This was nice since it put us all together for team meetings and planning sessions.

The medical and dental work was done under tents, put up by the boat crew (along the riverbank) which were brought in for the occasion. The tents were necessary to keep the hot sun and the rain off our heads and the supplies. The local churches and village communities supplied long benches and tables for the various stations.

There were "stations" for dental and medical triage, teeth cleaning, repairing cavities, tooth extraction, tooth prosthesis, medical exams, ophthalmology (reading glasses), physical therapy, spiritual counseling, medicine distribution and foot washing with sandals given/fitted for each patient. It was fascinating to watch villagers being moved from one station to the next, and sometimes back and forth.

I kept one or two medical students busy all the time, examining patients and coming up with differentials and treatment options. It was a lot of fun! We had no laboratory or x-ray capabilities, so we relied on our clinical acumen to care for our patients. This reminded me of my work in Africa where ancillary facilities are very limited or nonexistent.

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During our week along the Amazon River, we provided medical care for 518 medical patients, 291 dental patients, and washed 472 pairs of feet.

In addition to the medical work, I did get to hold an anaconda snake that was freshly killed. There were a multitude of beautiful birds and a tremendous thick jungle, accessible only by the massive, flowing Amazon

River. What a memorable experience! We were blessed to be able to participate briefly in the lives of these Peruvian people and to provide for them dental, medical and spiritual care. We also trust that we had an impact on the formation of the medical and dental students, encouraging them to be men and women of competence and compassion. ☐



PEER REVIEW ETHICS COMMITTEE

The Saginaw County Medical Society has a **Peer Review Ethics Committee** ("Committee") which is comprised of Waheed Akbar, MD – Chair, Caroline G.M. Scott, MD and James R. Hines, MD. Members of the Committee are elected by the membership.

The following is the definition of the Committee pursuant to Chapter IX Conduct and Discipline of Members of the SCMS Bylaws:

Section 5. PEER REVIEW ETHICS COMMITTEE. This Society shall have a standing committee designated the Peer Review Ethics Committee, charged with duties and powers concerning the maintenance of standards of conduct and

discipline of members including the duties and powers specifically set forth in this chapter. Whenever any matter of alleged misconduct is referred to the Peer Review Ethics Committee, such Committee shall have the right to conduct investigations and hearings thereon, both informal and formal, and to make findings of fact and recommendations for discipline.

If you need to refer a matter to the Committee, please contact Drs. Akbar, Scott or Hines, or Joan Cramer at the Saginaw County Medical Society office. All matters are confidential and are not to be disclosed to the Board or membership.

VASSAR DOCTOR SAVES LIFE OF 4-YEAR-OLD IN LEBANON

Reprinted with permission of ABC12 News

Moved by pictures and news reports covering the conflict in Syria, a local doctor decided to help. He made the dangerous trip to the war stricken region; it was a mission that saved a 4-year-old's life. Longtime SCMS member, Dr. Lawrence Whiting of Vassar, took the trip in mid-May.

He went by himself. He had no solid plans - not even a place to stay - only a will to heal those hurting.

"I would just have a sort of pull in my heart anytime I seen anything on the Syrian refugees," he said.

Determined to help, Dr. Whiting did something many doctors wouldn't dare. He packed his bags and traveled to Lebanon - alone. It was a brave quest that put him in the path of men, women and children in desperate need of care.

"There is no organization in these camps, it's just 40-50 people, maybe more, everybody shooting, they wanted to be treated, just chaos," he said. Whiting set up camp at the Lebanon-Syrian border. He found shelter in tents and slept on mattresses around strangers.

He met Johnnie Hays, a man with no medical background but who was also doing what he could to help the suffering. "The Syrians aren't helping, the Lebanese aren't really helping and the United Nations aren't really helping these groups," Whiting said.



While lending a hand, Whiting was introduced to Kahlid Walid Juma, a very sick 4-year-old with a life-threatening heart condition. "I just had the sense that he was not going to live too much longer," Whiting said. He reached out to the Frankenmuth International Aid Foundation, which donated \$8,000 to pay for Kahlid's urgent surgery at a medical center in Beirut. "If he thought it was the right thing to do, the foundation is here to support Larry," said Bill Zehnder, of the Frankenmuth International Aid Foundation. The doctor's quick actions and the generous donation kept little Kahlid's heart pumping.

It was a life-saving mission trip that Dr. Whiting says he knows in his heart he'll make again. "It was probably the most difficult three weeks I've had in my life, and yet it was perhaps the most rewarding," he said.

Whiting plans to begin another mission trip to Honduras in early June. He says the medical skills he taught in Lebanon will allow other refugees to get the help they need. □



VISIT OUR NEW WEBSITE
www.saginawcountymys.com

EMPLOYED MEDICAL STAFF EXPANDS

St. Mary's of Michigan continues to expand its specialty care to better meet the needs of the communities we serve. We welcome several new physicians to our employed medical staff.

NEUROSURGERY



Joseph Adel, M.D., joins E. Malcolm Field, M.D., and Naman Salibi, M.D., at St. Mary's of Michigan

Neurosurgery Associates. Dr. Adel is a dually trained neurosurgeon in endovascular interventional procedures as well as open vascular surgeries.

**Medical Arts Building III,
4677 Towne Centre Rd., Saginaw
(855) 298-9888**

CARDIOTHORACIC SURGERY



Adebambo Kadri, M.D., cardiothoracic surgeon, joins St. Mary's of Michigan and the MCVI

physician team for coronary surgery, valve replacement and repair, thoracic aortic surgery and lung cancer surgery.

**1015 S. Washington Ave., Saginaw
(989) 754-3000**



PULMONARY & CRITICAL CARE

Shrinish Kambali, M.D., joins B. Babu Paidipaty, M.D., and M. Shaffi Kanjwal, M.D., at St. Mary's of Michigan Pulmonary & Critical Care Associates, caring for those with conditions affecting the lungs including cancer, asthma, COPD, emphysema, pulmonary fibrosis, complicated pneumonias, sleep apnea, and sarcoidosis.

**1015 S. Washington Ave., Saginaw
(989) 907-7636**



PATHOLOGY

Ibrahim Malak, M.D., pathologist, joins St. Mary's of Michigan. He will serve as the in-house pathologist.

**800 S. Washington Ave., Saginaw
(989) 907-8015**



MEDICAL ONCOLOGY

Asma Taj, M.D., medical oncologist, joins the St. Mary's of Michigan cancer care team, with special interests in breast, lung and gastrointestinal cancers.

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DR. TONY DeBARI'S HAITI MEDICAL MISSION



I have been blessed over the past 10 years to have been able to go on a number of mission trips to various countries. My first trip was to Honduras under the leadership of Dr. Larry Whiting. From there, I began going to a small village in Nigeria quite a number of times, and then branched out to other countries including Sierra Leone, Kenya, Georgia (in Eastern Europe) and most recently, the Democratic Republic of the Congo. While each place is very different, they all share one common thing: The need for quality health care that they are unable to get at home. Thus, the need for missionary doctors (and nurses, dentists, etc.), not only to help take care of the individual patients, but to teach the local doctors how to do certain procedures or take care of certain problems when we are gone.

One of my favorite places to go is to Haiti. I have been there three times now with teams from Hopevale Church where I attend. Dr. Mike Papenfuse was introduced to the ministry COCINA (Care of Children in Need Association—www.haiti-cocina.org) at a mission's conference in 2009, and has led several yearly trips there since. A man named Hu-



gues Bastien, who grew up

in the Haitian town of Ounaminthe, started COCINA as a means of raising support for the educational and spiritual needs of children in his home town of 120,000 people. In 1994, he moved back to Ounaminthe and established the Institution Unvers with 84 children enrolled and three teachers. Since then, the school has grown tremendously and now has 2,200 children enrolled from pre-kindergarten through high school. Many of the children were displaced from the earthquake that struck Haiti in 2010. In 2006, the Unvers Centre Medical clinic was built to serve the medical, dental, surgical and maternity needs of the surrounding area. There are currently three full-time physicians working there along with 48 support personnel. On the third floor of the clinic is a one-room surgical suite with a pre- and post-operative area. U.S. medical teams perform approximately 250 surgical procedures there annually.

This past May, I had the opportunity to again work in the medical clinic with a team consisting of three nurses, one nurse anesthetist, one surgical tech, one engineer (a nurses' husband), a pre-dental student (who is Haitian and served in translating as well as screening patients for surgery) and a college professor who served as our evangelist. My wife, Anne, who has been to Nigeria with me on two trips but has not participated in a mission trip since her cancer of five years ago, served as one of the nurses. For me, that was the highlight of the trip! She did things she hadn't done in 25 years and did very well with them.

One of the most interesting things I have found in medical missions is that although many of the things you see are quite routine (which is why I think every physician can serve as a missionary), there are things that

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are very challenging. These can range from unusual diseases or conditions we don't or rarely see here at home to things that we do see at home but are not of the same degree. For instance, dislocations of the hip are not very common injuries here, but do happen occasionally. They are relatively easy to treat. The patient arrives in the hospital shortly after the injury (usually football, car accident and even water skiing) and they are sedated either in the emergency room or operating room, and after traction is applied by the able-bodied orthopaedic surgeon (or ER physician), the hip is reduced. This time in Haiti, I had the pleasure (!!!) of taking care of three different patients with hip dislocations. Two were the usual posterior dislocation and the third was an anterior dislocation, which are incredibly rare. In fact, in my 30 years of practice and four years of orthopaedic residency, I had only seen three anterior hip dislocations previously. The first two were on the same night when I was a first year ortho resident, and the third was 33 years later in the Congo. The other interesting thing with this newest anterior hip dislocation was that it had occurred over a year prior to his coming to the clinic! There was no way this was going to go in by mere traction on the leg, so an open reduction was needed. After cutting away a lot of scar tissue and releasing everything in sight, I was able to reduce the hip.

The other two patients were equally as interesting. The first was a man who had dislocated his hip in a motorcycle accident seven months prior to coming to the clinic. I attempted an open reduction in him as well. I say "attempted" as I never did get

the hip reduced. For two and a half hours, I released everything possible, but the head would not come down. In fact, it was quite soft and fragile, so I wound up cutting the head off (a femoral head resection or "Girdlestone" procedure). This would afford him (hopefully) pain relief, but certainly a big limp. After struggling for three hours, I was finally done. However, the clinic is not a hospital, and theoretically, doesn't have any beds to stay overnight. Fortunately, the first floor medical clinic now also serves as a sort of emergency room, and they are now open 24 hours. We were able to carry the patient down the three flights of stairs on a sheet (they apparently have never heard of elevators over there) and had him stay in the emergency room section where the nurses could watch him overnight. The next 48 hours were interesting, as I wasn't sure what really would happen with him. But, as God would have it, miracles do happen, and he was able to get up and walk with crutches that we found somewhere and went home pretty much pain free.

The third patient was a lot easier. His hip had been out for four years and I decided to go straight to the Girdlestone, probably the best decision I made all week there.

It will be interesting to see what kind of patients show up this year in Haiti or wherever I go. I am always challenged by what I see. I usually have very little equipment to work with (except in Kenya where there are two incredibly well-stocked and well-staffed hospitals associated with World Medical Missions, a division of Samaritan's Purse, the organization I have been going on my trips through most recently). Orthopaedics is very equipment and tool dependent, but it is amazing what you can do when you lack so much. I thank God that I trained in an inner-city hospital (in Newark, New Jersey) when I did - before we had a lot of our new-fangled equipment and hardware. I have to dig deep down inside to remember what I used to do over 30 years ago, but I have been well-prepared, and the patients are very thankful no matter what little I am able to do for them. □

DR. KIMIKO SUGIMOTO'S HAITI MEDICAL MISSION

"We must be the change we wish to see in the world" - Gandhi

Although I was not sure what to expect when I headed to Haiti in October, I knew that it would be a chance to be reminded that the world is larger than my little sphere in Saginaw, Michigan. The trip did not disappoint and was unlike any other trip that I have taken.



I flew into Port-au-Prince and was met by Dr. Gardy, my contact in Haiti for OSAPO. When I told Dr. Gardy that the purpose of my trip was to better understand how our community could come alongside and help their community, I did not think that he believed me. Somewhere along the way, I think it finally sunk in that I was sincere in this. He has become so accustomed to those who desire to be benefactors coming to him with their agenda that he was unsure how to deal with this crazy surgeon from Michigan!

Throughout my trip, I had the opportunity to see the community health projects - safe drinking water, agricultural education, nutrition, cholera prevention and more. Furthermore, I had the opportunity to meet the staff that makes OSAPO a success on a daily basis. Despite the short length of my trip, it was packed with many more experiences than a typical medical trip where most of my experiences centered on patient interactions. There were three experiences that warrant mentioning because I think that

they speak to the reason why I cannot walk away from Haiti.

The first was a sad commentary on our Western way of thinking about humanitarian work and how to succeed. Dr. Gardy and I drove through Cité Soleil, the slums of Port-au-Prince. He told me that more money has been poured into that neighborhood than any other area of Haiti by foreign aid organizations yet there is little difference in the lives of the people. This highlighted the importance of self-sustaining projects that deal with the root of the poverty and that empower the people.

The second was the story of OSAPO's success in dealing with cholera, which was epidemic. They realized that education, although important, was not the key to success in preventing this disease. The three-tiered project involves education, availability of safe drinking water and empowering the people to build and utilize latrines. Thirteen hundred latrines later, there has not been a case of cholera treated in their community since 2013. Not



only have they managed to control a disease that was epidemic, but they have empowered the people. The recipient of a latrine is not given the facility, but has to contribute over half of the cost of the latrine in the form of labor and materials. Latrines have become a source of pride in their communities.

Finally, the third experience is the reason why I am a physician and continue to provide care wherever God leads me. Dr. Gardy and I got up early one morning

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to hike up the hill and catch the sunrise. As we were returning, we were told that there was an emergency up at the hospital. We came into the small ward to see the lady who had walked behind the hospital and fallen off the cliff into the river. Despite available toilets inside, patients and visitors are often caught using the area behind the hospital near the cliff. Initially, this was the thought of what had happened. Unfortunately, we later discovered that she was a patient returning for follow-up after a unilateral mastectomy for breast cancer. Per her husband and sister, she had been depressed. Therefore, what was initially deemed a tragic accident looked to be a tragic suicide attempt. By the time



we evaluated her, her blood pressure was dangerously low and it was clear on exam that she needed a chest tube. While we were placing this, the anesthetist told me that her pupils, which had been reactive, were dilated and fixed. She had died. Although we were unable to prevent or treat this tragedy, it re-emphasized to me why I do what I do.

The objectives of my trip were met and exceeded. After my last trip to Haiti, I was disappointed with my lack of connections to the Haitians. I returned to the United States this time with a wealth of budding relationships, a glimpse into the amazing resilience of the people and opportunities to assist in self-sustaining medical care in Haiti for the future. □



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DR. GEORGE CARTY'S HONDURAS MEDICAL MISSION



In March of this year, I returned to Honduras as part of the Hackett Hem-wall Foundation medical mission, with the purpose of providing modern and sustainable vein care to the

indigent population afflicted by common and debilitating conditions such as leg swelling, chronic leg ulcers, and advanced soft tissue injury.

Arriving at the San Pedro Sula airport, I met with the rest of the group of physicians, ultrasound technologist and nurses. The airport's food court was the place to rekindle old friendships, as well as, eagerly engage new acquaintances. We the 'veterans' knew that soon, through the camaraderie that is born of hard work, long hours and shared goals, these 'first timers' would become important additions to the team, as well as, life long friends.



After loading our supplies and belongings into two rumbling old school buses, we settled in for the three hour journey to the east coast of the country. Early the next morning, with all of the group meetings behind us, we separated into three teams. As I had in the past, I stayed in La Ceiba, while the other two teams went on to the coastal city of Tela and the interior city of Olanchito. We then set out to prepare our



working environment, or makeshift clinics, at our designated location. Each site clinic had eight to 10 working stations, where skilled and accomplished clinicians provided treatment to as many patients as humanly possible with the goal not to leave any patient untreated. Local and less experienced practitioners were teamed appropriately in order for them to gain maximum exposure to the use of portable ultrasound equipment and to become familiar with the treatment modalities at hand. The safety and quality of care being delivered was always of utmost importance. By the end of the week, nearly 1,800 patients were treated between all three clinics.

Most of the treatments consisted of image-guided percutaneous injections into enlarged, incompetent superficial axial veins or incompetent perforating veins, responsible for the ulcerations and extensive surrounding soft tissues damage. Next came the chore of digging into our donated supplies for an adequate compression stocking necessary to increase the odds of a successful treatment outcome. This ancillary garment, in extremely short supply, has limited our ability to carry out bilateral treatments in one visit. As an unintended product of this shortage, we were able to see

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patients in consecutive years and observe first hand the results of the prior treatment.

Treating the Honduran population is a very rewarding and satisfying experience. We were encouraged to hear from them when they came back full of hope and trust that this time also they were about to be freed from a chronic and debilitating ailment. The stories of hazardous long distances travelled are disheartening, particularly in these times of civil unrest and high crime. Boarding a bus in the capital city of Tegucigalpa to travel all night across the country to the coastal cities where our clinics are located, does not always guarantee a safe and timely arrival. Yet after all these ordeals, a long wait at the clinics remains in store for them, which



they endure with truly amazing patience and anticipated gratitude.

We returned home tired, but always appreciative for the opportunity we had to carry out the work that otherwise would not get done. We remain grateful to have touched so many lives in a meaningful and lasting manner. □



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HUMAN TRAFFICKING PART 2 – MARK YOUR CALENDAR NOW!

As a complement to the September Meeting on *“Human Trafficking in Saginaw County – What You Need to Know,”* the SCMS will host *“Human Trafficking Part 2”* at the January Membership Meeting which is joint with the Dental Society.

Date: Tuesday, January 20, 2015

Program: “Human Trafficking Part 2”

Speaker: Trooper Steven A. Kramer, Flint MSP Post

Location: Horizons Conference Center

Time: 6:30 p.m. social (cash bar), 7 p.m. dinner and program

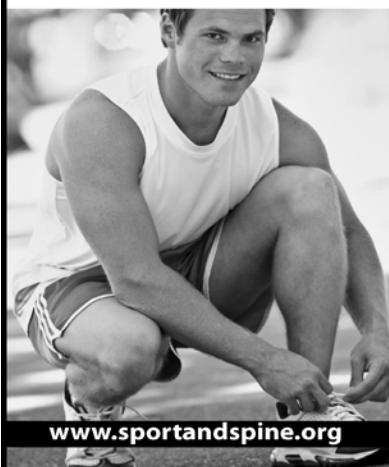
Dinner Cost: SCMS Members/Spouses and Dental Society Members/Spouses—no charge
Guests \$35 per person (payable in advance) Reservations are required!

Invitations will be mailed in early January

The hour-long program will include:

- Terminology used in the industry
- Facts about the industry
- Real cases and stories
- Photos and videos
- The differences and similarities between human trafficking and sex trafficking
- Things to look for and common forms
- How it is advertised and how the victims get trapped
- Information on how it is prosecuted

The program is designed to give general information on the industry, to show how real it is, and to bring awareness to the problem. Currently it is the second fastest growing criminal enterprise. ☐



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MARK YOUR CALENDAR FOR 2015

Please note the upcoming events for 2015 on your calendar so you will be able to attend. Postcard meeting notices with return RSVP are mailed and emailed each month we have a membership meeting, and are due a week before the meeting. Board members, Delegates and Alternate Delegates also receive an email and fax with board meeting information each month.

Tuesday, January 20, 2015 – SCMS Board Meets at Horizons Conference Center at 5:30 p.m. Membership Meeting at Horizons Conference Center which is joint with the Dental Society and spouses. Social at 6:30 p.m. (cash bar), followed by meeting and program at 7 p.m. Program: Human Trafficking Part 2. Guests welcome @ \$35 per person.

There is no Membership Meeting in February.

Tuesday, February 17, 2015 – SCMS Board Meets at MCVI in the Board Room at 5:30 p.m.

There is no Membership Meeting in March.

Tuesday, March 17, 2015 – SCMS Board Meets at MCVI in the Board Room at 5:30 p.m.

Saturday, March 21, 2015 – 11th Annual SCMS Health Fair “The Doctor Is In!” at Horizons Conference Center from 9 a.m. to 1 p.m.

Tuesday, March 31, 2015 – SCMS serves at the East Side Soup Kitchen in honor of Doctor’s Day. Volunteers needed to prepare and serve lunch!

Tuesday, April 21, 2015 – SCMS Board Meets at Horizons Conference Center at 5:30 p.m. Membership Meeting at Horizons Conference Center. Social at 6:30 p.m. (cash bar), followed by meeting and program at 7 p.m. Program: Health Information Exchange (HIE).

Tuesday, May 19, 2015 – SCMS Board Meets at Horizons Conference Center at 5:30 p.m. Membership Meeting at Horizons Conference Center. Social at 6:30 p.m. (cash bar), followed by meeting and program at 7 p.m. Annual Meeting.

Saturday, June 13, 2015 – 6th Annual SCMS Foundation Golf Outing at the Saginaw Country Club – tentative. ☐

ATTENTION RETIRED MEMBERS!

Retired physicians meet for lunch every Wednesday at 12 noon at IHOP, 2255 Tittabawassee Road in Saginaw. Those attending are responsible for their own lunch, and the informal gathering lasts about an hour. Join your retired colleagues whenever you like!



If you have any questions, please contact Joan Cramer at the SCMS office at 790-3590 or by email at joan@saginawcountymys.com. ☐

NOTICE TO RETIRED MEMBERS

You are a long-valued member of the Saginaw County Medical Society (SCMS) and Michigan State Medical Society (MSMS), and we thank you for your membership and life of service as a physician. The SCMS is a component society of MSMS, and to be a member of one requires membership in both organizations.

In the near future, you will receive a 2015 dues invoice from MSMS. Due to a recent change in the MSMS Bylaws, MSMS is no longer able to offer a dues exempt Retired membership category. They now have other options from which to choose. Please note that the SCMS has not adopted the change and will not ask you to pay SCMS dues.

If you choose to be a MSMS “**Active Emeritus**” member, you will pay \$150 per year and have the following MSMS benefits: (1) Receive all publications; (2) may serve on committees; (3) may vote in elections and hold officer positions; (4) may serve as delegate or alternate to the House of Delegates; and (5) will be eligible for insurance and member rate for MSMS sponsored CME.

If you choose to be a MSMS “**Emeritus**” member, there is no charge. However, (1) you will not receive MSMS publications

by mail but will have member access to the website; (2) may not serve on committees; (3) may not vote in elections or hold officer positions; (4) may not serve as a delegate or alternate to the House of Delegates; and (5) will be eligible for MSMS insurance and member rate for MSMS sponsored CME.

If you do not choose to pay dues as an Active Emeritus member, your membership WILL NOT count in the SCMS District Director and Delegate count for the annual MSMS House of Delegates (HOD). We currently are entitled to 11 Delegates (one for every 50 members). Once we lose delegates, it is very hard to get them back. Approximately 20 percent of our members are non-dues paying retired physicians, and we could potentially see a cut of two SCMS Delegates. We are one of the few counties that has a full delegation every year at the HOD which is the policy-making body of MSMS. If you are able, please consider remaining an Active Emeritus member of MSMS. As previously stated, your SCMS membership will not change. Please feel free to contact Joan Cramer at (989) 790-3590 or joan@saginawcountymys.com with any questions. ☐



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New Primary Care Office in Pinconning

St. Mary's of Michigan primary care practice is growing. Effective December 1, 2014, the Pinconning Medical Center is now St. Mary's of Michigan Pinconning Family Medicine. As part of this exciting transition, we are pleased to welcome back Brenda Badour, FNP, as the primary care provider in collaboration with Brody Lynch, MD from St. Mary's of Michigan Standish Hospital.



Brenda, Board Certified Family Nurse Practitioner, has 25 years of nursing experience. She earned her Masters of Science in Nursing specializing in Family Practice from Saginaw

Valley State University and is currently pursuing her Doctorate of Nursing at the University of Michigan, Ann Arbor focusing on the care of the underserved population and improving diabetic outcomes.

Pinconning Family Medicine is located at 204 W. 3rd Street, Pinconning, MI 48650. For more information or to schedule an appointment, please call the office at (989) 879-3771.

Believe in Better

Together, St. Mary's of Michigan, St. Mary's of Michigan Standish Hospital and St. Joseph Health System are a regional family of health care providers with the shared belief that the very best care starts with a faith-based mission.

To us, medicine isn't a business. It's a sacred bond between doctor and patient,

one person caring for another. We put this into practice every day with passion and commitment. We are guided by the understanding that health care goes beyond the walls of a hospital, with friends and neighbors caring for friends and neighbors in a variety of ways and settings. We truly believe better care means better communities. Our beliefs help us focus our passion and commitment every day to accomplish truly amazing feats.

Believe in Better unites our three health ministries. You'll be seeing more of this theme throughout the coming year. In essence, it sums up what truly unites us as associates, volunteers, physicians and facilities. It underscores our compassionate care, modern technology and a medical staff with nationally recognized expertise. At the core of everything we do, we believe in better, every day with every patient.

Reclaim Your Health Retreat

St. Mary's of Michigan invites your patients to join us for a fun, informative day to invest in themselves by listening, learning, and asking questions regarding weight loss options and overall health.

The Reclaim Your Health Retreat is geared specifically towards those wishing to change their life for the better. Those who will find the retreat most helpful will likely be 100 pounds or more overweight, unsuccessful in keeping off weight through diet and exercise, suffering from weight-related problems like sleep apnea, diabetes, high blood pressure, heart disease, infertility or arthritis, and are looking for support, motivation and inspiration to finally make a change.

The FREE event will feature real people who have successfully navigated a journey culminating in significant weight loss. Nationally acclaimed author, motivational speaker and weight loss success story, Colleen Cook, will be there to guide you through her personal journey and share her story as well.

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St. Mary's of Michigan offers the region's only bariatric surgeon board certified in obesity medicine and the state's only certified bariatric coach.

The Reclaim Your Health Retreat will take place **Saturday, January 10, 2015**, from 10 a.m. to 2 p.m. at Horizon's Conference Center. To register or for more information, call (989) 907-8716.

Celebrating 140 Years of Service Tribute Video

This past August marked 140 years of St. Mary's of Michigan service to the community. On August 21, 1874, the Daughters of Charity arrived in Saginaw and founded the city's first hospital — at the time, the only hospital north of Detroit.

Eleven days later, the hospital admitted its first patient, an individual with typhoid fever.

At St. Mary's of Michigan, we pride ourselves in having not only the latest and greatest technologies, but also the best staff and family providing care for our community. We continue to be leaders in innovation, pioneering new expertise and achieving a long list of Saginaw firsts.

We remain committed to being the pioneers, visionaries and innovators who built St. Mary's of Michigan to what it is today. To help commemorate 140 years of service, a special tribute video was created. You can view the video by visiting our webpage at www.stmarysofmichigan.org or by clicking here <http://www.youtube.com/watch?v=BvpylXPgG-8&feature=youtu.be>. ☐

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Aortic Valve Replacement without Open Heart Surgery

“This new procedure gives treatment to those who are considered high risk for open heart surgery, and not only improves survival, but it can also improve patients’ quality of life,” says Safwan Kassas, MD, FACC, Invasive and Interventional Cardiologist and primary operator for the procedure.

As a farmer of nearly 7,000 acres in the Saginaw area, Stafford Trinklein is used to hard work. As the years went on, he found himself unable to do the physical labor he loves, let alone tie his shoes without taking a break. He was diagnosed with aortic valve stenosis, a condition caused by the narrowing of the aortic heart valve preventing normal blood flow. He was frequently fatigued and short of breath, preventing him from living the quality of life wanted. Trinklein was not eligible for a traditional open heart surgery due to other risk factors including diabetes, COPD, and decreased kidney function. At 86 years old, he was not interested in having such an invasive procedure.

Currently, medicine can help sufferers like Trinklein feel better in the short-term, however, there is no drug therapy treatment for severe aortic stenosis. The only effective treatment for the condition is an aortic valve replacement. While replacing one of the heart’s valves through open-heart surgery is the most common treatment, for patients like Trinklein, a transcatheter aortic valve replacement (TAVR) may be an alternative.

TAVR is a procedure for patients who were previously deemed high risk for open heart surgery, allowing a new heart valve to be implanted. This procedure does not require the chest to be opened or the heart to be stopped, rather a valve is replaced in the catheterization laboratory (cath lab) us-

ing a sheath (a short hollow tube) inserted in the groin and through the femoral artery to the heart. A balloon is then inserted in the sheath and used to open up the narrowed heart valve. From there, specialized equipment is used to place the new valve in the patient’s heart. The new valve, made from cow pericardium, is custom fit using CT scans.

The benefits to patients? Recovery is quicker, patients are moving sooner, go home earlier, and re-hospitalization rates are lower. The procedure also results in a survival rate the same or better than open-heart, and improves the patient’s quality of life. As Covenant Interventional Cardiologist, Manoj Sharma, MD, FACC, points out, “Without this new procedure, many patients would be left untreated due to their high surgical risk.”

Covenant Center for the Heart physicians are collaborating on this procedure with Dr. Safwan Kassas of Michigan CardioVascular Institute (MCVI) who performed the first TAVR procedure at Covenant on September 30, 2014. After nearly three years of rigorous hands-on training and testing, cardiologists work with an entire team of clinical specialists to bring this new treatment to the region.

Trinklein’s wife, Marilyn, cannot believe the improvement. “After the surgery, he told me ‘I’ve got to see the first semi truck load of soybeans come out of the field.’ By the second week after his surgery, he would go watch the combines and semis from his truck. Now, he’s on the tractor in the fields with his children. This has been his life for many years. Staff is out in the field, feels wonderful, and is happy about it.” Marilyn is hoping she will qualify for the procedure as well.

Anyone interested in more information about the TAVR procedure and who qualifies should call MCVI at 754-3555 extension 4353 or Covenant Center for the Heart Physician Group at 497-9395.

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Covenant Foundation Donors Save Lives

Every dollar counts. The Covenant HealthCare Foundation supports the Covenant Medical Center by raising funds through the generosity of businesses, foundations and individuals like you. Dollars donated to the Foundation are utilized throughout the hospital to fund lifesaving equipment and programs.

If you have a passion you wish to support, you may choose to designate your gift to a specific area such as Cancer Care, Covenant Kids, Cardiovascular Services, the Spiritual Care Fund and many more. Or, you may allocate your gift to the general fund to support various needs that arise at

the hospital.

To learn more or make a donation, visit www.covenanthealthcarefoundation.com or call 583-7600. Because donors chose to give to the Covenant HealthCare Foundation, the oscillating ventilator kept Heather alive when she was sick and couldn't breathe on her own.

Season's Greetings and Happy New Year

Wishing you happy holidays and a joyous new year! From all of us at Covenant HealthCare, we look forward to all that 2015 brings. ☐



applications

Application for membership which may be recommended for acceptance at the February 17, 2015, Board Meeting:



Walker N. Foland, DO
(Covenant HealthCare Emergency Dept.)

Primary: Emergency Medicine.

Medical School: Michigan State University College of Osteopathic Medicine, 2010.

Internship/Residency: Genesys Regional Medical Center, 7/10 to 7/14.

Sponsors: Doctors Kathleen M. Cowling and Matthew D. Deibel. ☐

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Representatives from the Liaison Committee on Medical Education will visit Central Michigan College of Medicine locations in Saginaw and Mount Pleasant February 15-18, 2015.

Currently, the CMU College of Medicine is accredited with preliminary status. In November, the medical school filed a data collection instrument and self-study report to the LCME. The February LCME visit will show the accrediting body CMU is on track with a full four-year curriculum, M1 and M2 students are receiving expected educational opportunities, and the college has a well-rounded, full staff of faculty. The site visitors will file a report with the LCME, and CMU will learn its accreditation status in June or July.

The graduate medical education office in Saginaw was visited by Accreditation Council for Graduate Medical Society representatives November 18-19, 2014, for a Clinical Learning Environment Review – usually referred to as a CLER visit.

ACGME officials observed residents in their clinical and hospital environments. Specifically, the CMU and CMU Medical Education Partners institutions

and residents were evaluated on the six competencies of resident training as defined by the ACGME:

- Medical knowledge
- Patient care
- Professionalism
- Interpersonal communication
- Practice-based learning and personal improvement
- System-based practice/system improvement

CLER visits are part of a new method the ACGME developed to monitor the quality of accredited graduate medical education programs. This first visit is a non-punitive visit as the ACGME collects data nationwide to benchmark programs. Subsequent visits will occur approximately every 18 to 24 months. CLER visits serve as one of two main components of ACGME accreditation. The other is an annual self-study report to the ACGME dealing specifically with the metrics of quality of each accredited program.

Dr. Jerry Rogers, who serves as the designated institutional official and program director for the CMU surgery residency program, said he expects a written summary from the CLER visit by the end of December. ☐

SCMS PHYSICIAN HEALTH & WELL-BEING COMMITTEE

Confidential assistance to physician members with personal issues affecting their private and professional lives

The SCMS Physician Health & Well-Being Committee is a CONFIDENTIAL resource for SCMS members who have issues affecting their private and/or professional lives. The Committee acts totally independently, and NO INFORMATION is shared with the SCMS Board, members or staff. If you are in need of confidential assistance, or know of another member who is having a difficult time, please contact Dr. Kaushik Raval, Chair of the Committee, at 989-799-7742. ☐

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member news

K.P. Karunakaran, MD was awarded the Outstanding Philanthropist Award on November 10, 2014, by the Mid-Michigan Chapter of the Association of Fundraising Professionals as part of National Philanthropy Day.

Dr. Karu believes in service before self, and practices the Indian values of togetherness and family. He believes it is vital to share knowledge, and is often quoted by his family and peers. He believes education and information are key for people to improve their everyday lives.

Dr. Karu founded the K.P. Karunakaran Family Foundation at the Saginaw Community Foundation responsible for helping



countless initiatives and nonprofit agencies across the region. He created an endowed scholarship at Saginaw Valley State University to assist and encourage students in India to come to the United States and SVSU to pursue degrees. He is currently serving as president of the new Tri-City Hindu Temple which will provide a place for worship and feature a medical clinic providing free health screenings and services to the community.

Congratulations, Dr. Karu! ☐

*Source: Saginaw Community Foundation Blog
Photo courtesy of Dr. Kala Ramasamy*

BENEFITS OF SCMS/MSMS MEMBERSHIP

112 Years of Caring for Saginaw County Residents

Joan M. Cramer, SCMS Executive Director

I have been asked many times by both members and non-members “Why should I belong to the SCMS and MSMS?” “What do you do for me?” Some have responded they “don’t use their membership because they don’t go to SCMS meetings.” SCMS and MSMS membership is so much more than membership meetings. We are not only support for you, but for your office staff as well. I’m hoping the information below will help members who are on the fence about paying their dues decide to remain members, and also convince non-members why they should belong. If you or your office staff run into a roadblock, whether you are a solo practitioner, in a group or hospital-employed, please feel free to contact me at joan@saginawcountys.com or 790-3590 and I will work with you to come up with a resolution for your problem through a variety of resources available to you as a SCMS/MSMS member.

The Saginaw County Medical Society (SCMS) is the professional association of physicians in Saginaw County, and is a component of the Michigan State Medical Society (MSMS). In order to be a member of one, you must be a member of both. AMA membership is optional. Membership is open to MDs and DOs.

- Active physician dues are \$795 per year (\$495/MSMS and \$300/MSMS).
- The SCMS offers a 50 percent discount for first year physicians.
- MSMS offers a 75 percent discount for first year physicians, 50 percent discount for second year physicians and 25 percent discount for third year physicians, and also discounts the second membership when physician spouses are both members.

The SCMS is one of the most active county societies in Michigan, and has the

largest percentage of physician members in the state (75 percent or 533 physicians).

SCMS Membership Provides Members and Their Staff:

- **The Bulletin** is printed and distributed nine months per year via mail and email with articles and information pertinent to SCMS members and their staff.
- **Pictorial Membership Directory** used by members and their staff on a regular basis. Our Directory provides access and information on your practice to other member physicians outside your specialty. In addition, a Directory that includes office address and phone (but not pagers, fax numbers or email) is printed and distributed to 1,000+ households in Saginaw County. The response from the public on this listing of SCMS physicians has been extremely positive.
- **Website** which is full of useful information and resources www.saginawcountys.com
- **Referrals** to patients seeking new doctors – we do not give out information for non-members.
- Five **membership meetings** per year where our members have an opportunity to network and enjoy the camaraderie of fellow physicians who love the practice of medicine and want to see progress made in the Saginaw medical community. In addition, our meetings include interesting speakers and an opportunity to earn **CME credits**.
- **Contact with local, state and federal legislators** regarding issues of importance in Saginaw County. The SCMS maintains contact with local legislators to provide

Continued on page 31

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issue education and help them understand the impact of healthcare legislation.

- **A unified voice** on medical issues to our legislators, our area hospitals, insurance companies, etc.
- **Political activism** in support of medicine-friendly candidates.
- **Loans and scholarships** to local medical students and nursing students.
- **Community service** to actively and tangibly give back to the community where you live and work through SCMS sponsored projects, such as:
 - o Donating funds (and helping to build) a Habitat for Humanity House in Saginaw.
 - o Donating funds and serving at the Saginaw East Side Soup Kitchen twice each year.
 - o Donating funds and serving breakfast each October through Homes from Heaven.
 - o Donating funds for a drug education program in the Saginaw schools.
 - o Donating funds for the medical wing at Mid-Michigan Children's Museum.
 - o Donating funds to the Underground Railroad and other area non-profits.
 - o Hosting a Health Fair each year for the Saginaw community attended by 1,100+ offering free health screenings and information, plus the opportunity for residents to speak with our member physicians directly to answer questions and promote your practice.
 - o Providing presentations in Saginaw County middle and high schools on nutrition, exercise and sexually transmitted diseases.
- An active **Peer Review Mediation Committee** to provide a forum for patient complaints to be heard. Peer Review reduces the number of medical liability cases.

- An active **Peer Review Ethics Committee** for physician to physician issues.
- An active **Physician Health & Well-Being Committee** for our members who may be experiencing difficulties in their personal/professional lives which is strictly confidential.
- Physicians to interact with the news media regarding important medical issues.
- And more!

MSMS Membership Provides Members and Their Staff:

- Lower insurance rates through MSMS Physicians Insurance Agency.
- Full-time lobbying at the State Capitol representing organized medicine.
- Statewide or regional media campaigns on issues important to physicians and medicine.
- Information for physicians on economic issues related to the business side of running a medical practice, hospital employment and group employment.
- Relationships with state agencies related to the health care delivery system.
- Educational programs related to topics impacting all Michigan physicians.
- Health Information Technology.
- Reimbursement Advocate.
- Pay-For-Performance Initiatives.
- Coding Alerts & Assistance.
- ICD-10 Resources.
- Practice Handbook.
- CMS 1500 Forms.
- HIPAA information.
- Legal Alerts.
- Guides, Checklists and Toolkits.
- Scope of Practice Guidebook.
- And more!

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EDUCATION & LEADERSHIP

- The **MSMS Annual Scientific Meeting** and hundreds of other CME and practice management courses attract thousands of MSMS/SCMS members who benefit from the member discount.
- MSMS/SCMS offer many effective committees and a variety of opportunities for leadership experience. The beauty of MSMS/SCMS is that you can be as active as you wish to be. We need members to participate in activities, as well as, “checkbook” members who help pay the bills.

“MEMBERS ONLY” BENEFITS

- The **MSMS Reimbursement Advocate** who can cut loose the toughest claims caught in insurance company red tape is available only to MSMS members.
- The “**members only**” **portion of the MSMS website** at www.msms.org is loaded with valuable practice management tools that non-members cannot access.
- The cutting edge technology of **MSMS Connect** is available to MSMS members. With MSMS Connect, you can purchase

discounted applications that you can easily use to qualify for the standards of “meaningful use” of technology and avoid the scheduled reductions in Medicare payments that you will be subjected to if you are not using any technology in your practice.

WHY PAY DUES?

- Your practice already directly benefits financially from MSMS/SCMS efforts, whether or not you are a dues paying member. **Why pay membership dues** when you get all of this for free? Because all physicians need to “fund their voice.”
- National polls show physicians as one of the **most respected professions**. Sadly, we don’t use our clout often enough to preserve our profession and protect our patients.
- MSMS/SCMS are doing very well, but **we could be doing even better**. There is strength in numbers. Together we are stronger. ☐

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in memory



Kyung Sik "Ken"

Ahn, MD passed away on October, 24, 2014, at the age 73, at Seoul National University Hospital-Bundang. He was born in South Korea on May 15, 1941, the eldest of six children

born to Hae Choon and Ji Hyun Ahn. He attended Seoul National University to pursue his medical degree, and from 1966-1969, served his country in the Republic of Korean Army. He immigrated to Michigan in 1969 for his medical residency at St. John's Hospital in Detroit, and the Jewish Hospital in Cincinnati, Ohio.

In 1971, Ken moved to Saginaw for his surgical residency. In 1977, he joined the medical staff at St. Luke's Hospital practicing General Surgery and Emergency Medicine. He served as preceptor for Emergency Medicine residents at Covenant HealthCare through the Michigan State University Medical Program while on staff, finally retiring in 2004. Ken enjoyed traveling and spent most of his later years abroad, splitting time between Saginaw and Seoul, Korea.

He is survived by his wife (June Ahn), three children (Susan, Andrew and Nicholas) and their families; as well as his mother, two brothers (and their families) and two sisters (and their families). A Memorial Service was held at the Korean Presbyterian Church in Saginaw on November 9, 2014. Those planning an expression of sympathy may wish to consider donations to the National Parkinson's Foundation or the Michigan State University Medical Program in his name.



Thomas Oliver Lohr, Jr. died unexpectedly at his home in Michigan City, Indiana after a brief illness on Wednesday, October 29, 2014, at the age of 58. He was born on January 6, 1956,

in Saginaw to Thomas Oliver Lohr Sr., MD and Dawn (Nielsen) Lohr.

Tom graduated from Eisenhower High School in 1974, and received his BA in Marketing from Michigan State University in 1979. After graduation, Tom moved to Chicago to pursue a career in Advertising. His strong strategic, creative and people skills helped him produce very successful national and international marketing campaigns for some of the best known brands while working at DDB and FCB advertising agencies, and SPM Marketing & Communications.

During his years in Chicago, Tom contributed his time and energy to a variety of charitable organizations. He was a member, supporter and volunteer for Youth Guidance, The Center on Halsted, Alcoholics Anonymous and The Alzheimer's Association. He also participated in two AIDS Rides. In 2012, Tom left Chicago and joined his partner, Roger Boike, to assist him in running his growing business, Groundworkes, in Lakeside, Michigan. Tom and Roger enjoyed this new and rewarding chapter in their life together, spending spring, summer and fall busy with Groundworkes, and spending their winters enjoying time at their second home in Palm Springs, California.

Surviving are his life partner, Roger Boike; his beloved dogs; his father, Thomas Oliver Lohr, Sr., MD of Taos, New Mexico; sister, Elizabeth Lohr of Tucson, Arizona; brother, James Lohr (Kimberly) of Traverse City and other family members. He was preceded in death by his mother, Dawn Lohr, and his brother, Robert Lohr. Those planning an expression of sympathy may wish to consider memorials to the Michiana Humane Society, 722 Indiana 212, Michigan City, IN 46360. □

❖ **BCBSM PGIP Specialty Fee Uplifts in 2015**

Blue Cross Blue Shield of Michigan's (BCBSM) Physician Group Incentive Program (PGIP) continues to grow and to evolve. PGIP initially focused predominantly on building primary care infrastructure; however, over the past few years, there has been increased emphasis on bringing specialists into the PGIP mix. MSMS has dedicated a tremendous amount of time and effort successfully advocating that BCBSM expand the number of specialty physicians eligible to receive increased professional fees (a/k/a fee uplifts) and include specialty societies in the identification of appropriate quality metrics used for selection by BCBSM.

In 2014, the number of specialties eligible for fee uplifts increased from seven to 24. BCBSM reports that in 2015, all specialties except for anesthesiology* will be eligible for fee uplifts in PGIP. The inclusion of specialists in BCBSM PGIP specialty fee uplifts is intended to help promote the evolution of the Patient-Centered Medical Home (PCMH) to the PCMH "neighborhood" (PCMH-N) in which specialists are actively engaged in transformation efforts including enhanced interaction and coordination with their respective PCMH partners.

To be considered for a fee uplift, a specialty practice must be nominated by their Physician Organization (PO) or by a PO in which the majority of their patients are attributed. Nomination does not guarantee that a practice will receive an uplift. Determinations are made annually based on one or more metrics of quality, utilization, efficiency and cost performance. Most measures look at population-level performance versus practice-level performance. Fee uplifts are effective beginning in Feb-

ruary of each year and are applied to PPO traditional commercial claims.

In this current year, approximately two-thirds of the nominated practices in eligible specialties received an uplift (10 percent for the top third and five percent for the second third). This designation will change in 2015, with only the top half of ranked, fully nominated practices receiving either a 10 percent fee uplift (top quartile) or a five percent uplift (second quartile). The decision to adjust the threshold is largely budget driven. While more total dollars will be dedicated for uplift financing, they will be distributed amongst a larger pool of specialists.

Instead of "watering down" the amount of the increase, BCBSM chose to keep the tiered uplift amounts the same and increase the selection threshold. BCBSM predicts that the number of specialists receiving uplifts will increase from more than 5,000 in 2014 to more than 6,000 in 2015.

It is important that specialty practices communicate with their affiliated POs to determine the status of their nominations. If you have additional questions regarding PGIP, please contact your BCBSM Provider Consultant or Stacey Hettiger, MSMS Director of Medical and Regulatory Policy, at (517) 336-5766 or shettiger@msms.org.

**BCBSM has indicated that anesthesiologists will not be included at this time due to the manner in which they are reimbursed.*

❖ **SGR, Ebola, MOC and Unionization Discussed at AMA Interim Meeting**

The Michigan Delegation to the AMA House of Delegates discussed, debated and acted upon on a number of critical health care issues during the AMA Interim meeting held November 7-11 in Dallas. Hot topics at the AMA Interim Meeting included the following.

SGR REPEAL: The AMA's lead lobbyist and two U.S. Congressmen told the House of Delegates that repealing and replacing the flawed Sustainable Growth Rate

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formula in this fall's lame duck session of Congress is the best opportunity for a fix. Texas Congressman Michael Burgess, MD, said "we are in extra innings," but there remains bipartisan, bicameral support to fix the SGR. His fellow Texas Congressman Kevin Brady said the difficulty remains the "pay fors," in other words, what will be cut in the budget to pay for the \$150 billion fix. AMA lead lobbyist Richard Deem said Michigan Congressmen Fred Upton and David Camp have pushed the legislation to the point that "we are closer than ever." However, he noted that "legislation is the art of compromise, but this (fix) is a clear improvement over current law." He said a "patch 18" would be unacceptable to the AMA. Deem also noted that the AMA will work to repeal the Independent Payment Advisory Board in the next legislative session.

EBOLA: A leading expert on Ebola from the CDC told the House of Delegates in a special two-hour educational session that "ultimately, the best way to protect the U.S. is to stop the outbreak in Africa." Details about diagnosing and treating patients, as well as, protecting health care workers were provided. The House later discussed four resolutions regarding Ebola and combined them into one that called for support of global efforts to fight Ebola and other epidemics and pandemics, and to work to ensure that quarantine interventions are based on science and not politics or emotion. The House also committed the AMA to being a trusted source for dissemination about all information regarding Ebola on its Ebola Resource Center at www.ama-assn.org. Ebola information is also available on the MSMS website at www.msms.org/ebola.

MEANINGFUL USE: A very popular resolution among delegates about electronic health records called for the AMA "to continue to advocate that the Centers for Medicare & Medicaid Services suspend penalties to physicians and health care facilities for failure to meet Meaningful Use criteria." Testimony emphasized the fact

that the meaningful use program remains a significant cost and disruption to physicians, and that EHRs are not yet capable of exchanging health care information across different systems.

MAINTENANCE OF CERTIFICATION: Four resolutions about various aspects of Maintenance of Certification engendered significant, strong discussion in reference committee and on the floor of the House regarding the balance between the costs and burdens of MOC versus maintaining physician competence and public trust. A combined, substitute resolution was adopted that called for the AMA to add a number of amendments to its current Principles on MOC to use when in discussions with the American

Continued on page 36

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Continued from page 35

Board of Medical Specialties including cost, relevance and design. Also added was that MOC should not be a mandated requirement for licensure, credentialing, reimbursement, network participation, or employment, as well as, to eliminate the practice performance assessment modules. The AMA Council on Medical Education will send a report back to the AMA House of Delegates at the Annual meeting in June 2015.

E-CIGARETTES: Three resolutions were combined with a new report from the AMA Council on Science and Public Health that called on the AMA to support legislation to set 18 as the minimum age for buying and using any e-cigarette product, to prohibit the use in any health care setting, and to apply the same restrictions as those on tobacco for marketing and sales including a prohibition on television advertising.

PHYSICIAN UNIONS: A resolution calling for the AMA to conduct a study about physician unionization was adopted after arguments on both sides of the issue were aired. On the con side, some delegates argued that the only way unions are effective is through work stoppages, and that medical ethics outlaws such activity by physicians. On the pro side, the argument was made that the number of employed physicians in all practice settings has increased significantly since the last time the AMA studied this issue in 2001. A new AMA study will be conducted, but a timeframe for reporting back was not immediately set.

❖ **Michigan Physicians: Get Vaccinated to Prevent Further Whooping Cough Outbreaks**



Nearly 100 Confirmed, Probable Cases of Whooping Cough Close Traverse City-Area School Despite

Availability of Safe, Simple Vaccine
Physicians with the Michigan State

Medical Society this week strongly urged parents across Michigan to get their children vaccinated against pertussis and other vaccine-preventable diseases as a whooping cough outbreak sweeps through one school in northern Michigan.

According to the Grand Traverse Health Department, as of Monday evening, November 10, there have been 10 confirmed cases and as many as 83 probable cases of whooping cough at the Grand Traverse Academy in Traverse City, prompting school administrators to close the entire school and cancel all school activities for the week.

Data released in October by the Centers for Disease Control and Prevention found that Michigan ranks 4th worst nationally with 5.4 percent of parents choosing not to vaccinate their children against preventable, potentially deadly diseases.

Preventable diseases like whooping cough have been increasing in Michigan in recent years. There were nearly 850 cases of whooping cough in Michigan in 2012, and a three-month-old Michigan girl lost her life to the disease. Because of their developing immune systems and exposure in settings like school and daycare, children and infants are especially vulnerable to vaccine-preventable diseases. Infants who are too young to be fully vaccinated are not protected from many preventable diseases making it critical to protect the entire family, especially school-aged children, through immunizations. □



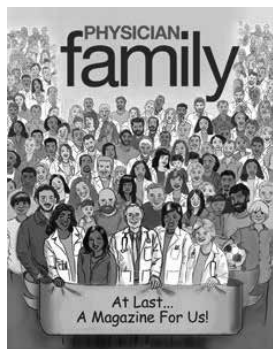
Birthdays

January Birthdays

Jamal U. Akbar MD	1/9
Naveed Akhtar MD	1/27
Fuad H. Al-Qassab MD	1/3
Sarosh Anwar MD	1/30
Manohar L. Atri MD	1/21
Edward Austin MD	1/29
Ernie P. Balcueva MD	1/20
John K. Bartnik MD	1/22
Ronald A. Bays MD	1/20
Abbas Bekhrad MD	1/28
Craig W. Bohnhoff MD	1/7
Robert L. Borenitsch DO	1/28
Gary A. Brooks MD	1/12
Paul B. Bry MD	1/27
Lowell A. Butman MD	1/30
Erica L. Canales MD	1/1
Doris D. Cataquiz MD	1/3
Bryon C. Chamberlain MD	1/6
Moonyoung S. Chung MD	1/27
Louis L. Constan MD	1/11
Elvira M. Dawis MD	1/10
Laxmi V. Devisetty MD	1/2
Angie Lynn F. Domingo MD	1/27

Richard D. Goldner MD	1/4
Kamara W. Graham MD	1/6
Leatha B. Hayes DO	1/25
Gregory C. Hazen MD	1/9
Ali E. Ibrahim MD	1/1
Mohammad Jafferany MD	1/24
Roger N. Kahn MD	1/28
Samer H. Kais MD	1/7
M. Yahya Khan MD	1/27
Young H. Kim MD	1/28
Mark R. Ludka MD	1/9
Ben R. Mayne MD	1/2
Todd A. McGrath DO	1/26
B.L. Nahata MD	1/10
Mark Navarro MD	1/4
Sunil P. Pandit MD	1/8
Sagar P. Patel MD	1/4
Tanoja Rath DO	1/14
Harsukhdeep S. Sarkaria MD	1/18
Douglas J. Saylor MD	1/31
Susan K. Schmiede MD	1/3
Michael L. Schultz MD	1/21
Eugene O. Seals MD	1/10
Maliha N. Shaikh MD	1/31
Harpal Singh MD	1/27
Venkatramana R. Vattipally MD	1/8
George N. Vavilis MD	1/19
Daniel J. Wechter MD	1/27
Arno W. Weiss, Jr. MD	1/25
Paul T. Werner MD	1/14

Physician Family Now Available



Physician Family, the first publication created specifically for the families of MD's and DO's and those in training, is now LIVE at www.physicianfamilymedia.org! This free online magazine can be accessed from your computer, laptop, tablet or phone. The quarterly publication features information and advice for all stages of life with a physician - medical school, residency and fellowship, active practice and retirement, as well as information about finance, legal issues, relationships, making a difference, food, travel and more, all from the perspective of the medical family. Check out our weekly blog, "Like" us on Facebook (www.facebook.com/physicianfamilymedia) and follow us on Twitter @PhysFamilyMedia! Please share this with every physicians' family member you know!



HOW TO WRITE RESOLUTIONS TO THE MSMS HOUSE OF DELEGATES

The Process

Business is introduced to the MSMS House of Delegates (HOD) through the presentation of resolutions by voting delegates on behalf of their county delegation, specialty society, ethnic medical society, MSMS membership section or as individual delegates. In addition, the MSMS Board of Directors may present reports with recommendations for HOD action.

In order to be considered as regular business of the HOD, resolutions must be submitted to MSMS 60 days prior to the meeting of the HOD.

Once resolutions are received by MSMS, they undergo MSMS and AMA policy review, legal review and appropriate editing. Resolutions are then

assigned numbers and referred to one of the seven HOD reference committees. A complete set of resolutions is included in the Delegate Handbook that is emailed to delegates prior to the meeting of the HOD, as well as, on the MSMS website at www.msms.org.

Special briefings for delegates and alternate delegates are held in April of each year to review submitted resolutions, as well as, major activities and issues of MSMS. All delegates are invited to the briefings held in their respective districts.

Deadline to submit resolutions: Monday, February 23, 2015

Late Resolutions

Late resolutions received by MSMS after the deadline are reviewed by the Committee on Rules and Order of Business that meets prior to the opening session of the HOD. The Committee will provide introducers of late resolutions an opportunity to

explain the reasons for submitting late resolutions. The Committee will make recommendations to the HOD regarding acceptance. The HOD will vote on the recommendations of the Committee on Rules and Order of Business.

Structure of a Resolution

Resolutions start with a series of "whereas" clauses that explain the rationale of the resolution, contribute to the understanding of the subject matter, and lead into the "resolved" section of the resolution.

A 2006 resolution requires that the "whereas" clauses must include references to any data or statistics that might be used in formulating an opinion on the resolution's "resolved" sections.

The "resolved" section of a resolution defines the intent of the resolution. It is required that each "resolved" be able to stand independent of the "whereas" clauses(s) as only the "resolved" portion is retained in the Digest of Proceedings, the official record of the HOD.

When preparing resolutions, close attention should be given to the following:

1. The title of the resolution should be brief and should appropriately reflect the action for which it calls.
2. Information contained in the resolution should be checked for accuracy.
3. The "resolved" must stand alone and not refer back to the "whereas" clause(s) since the HOD adopts only the "resolved" portion and the "whereas" clauses(s) do not appear in the Proceedings.
4. An estimated fiscal note should be added by the author when appropriate, and should set forth the estimated cost, if any, of the policy, program or action proposed by the resolution.
5. Resolutions asking for AMA action or policy may be submitted through the MSMS HOD to garner additional support of the Michigan Delegation to the AMA.
6. It is recommended that delegates contact their county societies, specialty societies and sections regarding their resolutions, as each may have a specific process prior to the resolution being submitted to MSMS.

If you have questions, please contact Carrie Wheeler cwheeler@msms.org, or 517-336-5723. You may also contact Joan Cramer, SCMS Executive Director at 790-3590 or jmcramer@sbcglobal.net, your specialty society executive, or section chairs at any time.

Sample Resolution

Resolution # _____
Title: Provider Disclosure
Introduced By: John Q. Smith, MD, for the
Saginaw County delegation
Original Author: Jane M. Doe, MD
Referred To: _____
House Action: _____

Whereas, many physician groups now employ mid-level providers, and

Whereas, many of these providers are utilized for prescheduled and emergency visits, and

Whereas, in many instances patients make appointments assuming they will see a physician, and

Whereas, many patients are surprised that the appointment had actually been scheduled with a mid-level provider, and

Whereas, patients should be informed at the time an appointment is scheduled whether the appointment is with a physician or a mid-level provider; therefore be it

RESOLVED: That MSMS encourage its members to inform a patient at the time his or her appointment is made whether the appointment is with a physician or a mid-level provider.

AUTHOR'S ESTIMATED FISCAL NOTE, if applicable: \$ _____

PLEASE SUBMIT RESOLUTIONS TO JOAN CRAMER AT THE SCMS OFFICE.



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board highlights

The October meeting of the Board of Directors of the Saginaw County Medical Society was held on Tuesday, October 21, 2014, at HealthSource Saginaw prior to the Membership Meeting. M. Sohail Jilani, MD, President, called the meeting to order at 5:40 p.m.

The minutes of the September 16, 2014, Board meeting were reviewed. **MOTION:** Approve the September Board Meeting Minutes. **MOTION APPROVED.**

In Dr. Dean's absence, Joan presented the Treasurer's Report for September 2014 which Dr. Dean prepared. **MOTION:** Approve the September Treasurer's Report. **MOTION APPROVED.**

OLD BUSINESS

1. **CMU Health** – Dr. Vance stated that Terry Lerash is now Executive Director of CMU Medical Education Partners, and he reports to the board consisting of Covenant, St. Mary's and CMU. He also noted that the GME consulting group is finishing their work and will be making recommendations to the board in coming weeks. Long term, CMU is looking to strengthen and expand their residency programs, add fellowships, etc. CMU is in need of Family Medicine and Internal Medicine faculty, and is looking at new ways to engage community physicians. He also updated the Board on Community Educator Faculty appointments as of October 20, 2014, and the Enhanced Medicaid Program (Physician Payment Adjustor Program or "PPAP").

2. **Update on Dr. Ramani's Projects** – Joan is scheduled to meet with representatives from the Saginaw Spirit on Wednesday, October 22, and will forward the information she receives to the Ad Hoc Committee consisting of Drs. Duncan, Z. Khan, Nahata and Ramani.

NEW BUSINESS

1. **Applications for Membership** – Dr. Talati presented the following applications for their first reading:

- a. **J. Patricia Dhar, MD** – Board Certified in Internal Medicine and Rheumatology, CMU Health, sponsored by Drs. Ronald H. Bradley and Raghu Sarvepalli; and
- b. **Toby C.J. Long, MD** – Board Certified in Family Medicine, Health Delivery, Inc./Roosevelt S. Ruffin Community Health Center, sponsored by Drs. Brenda M. Coughlin and Douglas J. Saylor.

2. **January Membership Meeting** – Joan presented information on "Human Trafficking Part 2" which is the topic of the January membership meeting. She indicated the program will be presented by the Michigan State Police, and is much more in depth and graphic than the September presentation. She also asked Board members to review the human trafficking legislation that was signed into law on October 16 by Governor Snyder.

3. **Spaghetti Dinner Fundraiser** – Joan presented information on the spaghetti dinner fundraiser scheduled for Sunday, November 16, at the Hunger Solution Center for Ernie Balcueva, son of Dr. Eddie and Mary Jane Balcueva. Ernie is at the Mayo Clinic awaiting his second heart transplant. The Balcueva's have lost four sons to a rare heart disease. Ernie received a heart transplant in 1999 to improve his chances of survival, but his body is now rejecting the heart and he is now at the top of the list to receive another heart. He is in desperate need of financial assistance as he has lost his job and insurance due to his illness, and has two sons to support in addition to his medical bills.

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4. Joint Meeting with the Midland County Medical Society (MCMS) and MidMichigan Health

– Dr. Jilani reported that we have been contacted by the MCMS and MidMichigan Health to participate in a joint CME meeting. The SCMS used to have a joint meeting each April with Bay and Midland Counties, however, Bay County opted out due to cost and Midland did not participate the past two years due to the death of their longtime president. Dr. Veverka noted that the April meeting program is on the health information exchange, and would be a great topic for a joint meeting. Joan noted that MidMichigan Health would cover the cost of their physicians. **MOTION:** Approve the joint meeting with the Midland County Medical Society and MidMichigan Health, and offer Covenant HealthCare and St. Mary's of Michigan the option to sponsor their SCMS non-members who will also be invited to the meeting. **MOTION APPROVED.**

5. Michigan Primary Care Association (MPCA)

– Dr. Veverka mentioned an opportunity for primary care physicians and pediatricians to participate in an initiative of MPCA to employ community health workers as members of the primary care team in addressing perinatal, pediatric asthma and adult diabetes management. Joan will obtain more information on the program when it is available and publish it in the Bulletin.

6. Resolutions to MSMS House of Delegates (HOD)

– Dr. Jilani indicated that Saginaw County has not submitted any resolutions for consideration at the annual MSMS HOD in several years. Board members were asked to consider submitting a resolution to Joan by February 23, 2015.

7. MSMS House of Delegates

– Joan reported that MSMS has gone from a three-day to a two-day format for the annual House of Delegates meeting in order to increase participation and decrease expense.

8. MSMS Community Service Award

Nominations – The SCMS is looking for nominees for the annual MSMS Community Service Award. Those with a physician in mind were asked to contact Joan.

9. Medical Mission Articles

– Joan asked for the names of physicians who had participated in medical missions during the past year. She would like to contact them and ask if they will write an article for the December Medical Missions issue of the Bulletin.

10. New Website

– Joan informed the Board that our new website, www.saginawcountymys.com, is up and running.

ANNOUNCEMENTS

- The SCMS will serve at the East Side Soup Kitchen on Wednesday, November 12, from 9:30 a.m. to 12:30 p.m. Volunteers are needed to prepare and serve lunch.

ADJOURNMENT

The next meeting of the Board will be held on Tuesday, November 18, 2014, at 5:30 p.m. in the Board Room at MCVI in Saginaw. The meeting was adjourned at 6:27 p.m. □

*Respectfully submitted,
JOAN M. CRAMER
Executive Director*



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Communities Achieving Excellence and Accountability

Friday, January 23, 2015

8:30 a.m. to 12:15 p.m.

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Regional Education Center

Saginaw Valley State University

Simulcast at Central Michigan University

Confirmed Speakers to date:

Frederick Bloom, MD

Chief, Geisinger Health System Care Continuum and Medical Director, Quality and Performance, Geisinger Health Plan

David Grayson Marrero, Ph.D

J.O. Ritchey Endowed Professor of Medicine and Director, Diabetes Translational Research Center, Indiana University School of Medicine.

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To assist health care professionals impaired by these disorders, consider the care monitoring services of the Health Professional Recovery Program (HPRP).

The Michigan HPRP was established by legislation in 1993 to assist impaired professionals before their actions harm a patient or damage their careers through disciplinary action. Any licensed or registered health care professional in the State of Michigan is eligible to participate in the program.

To maintain participant confidentiality, the HPRP is operated by a private-sector contractor under the authority of the Health Professional Recovery Committee (HPRC), a committee comprised of a representative from each of the health professional licensing boards. The Michigan Department of Community Health, Bureau of Health Professions provides administrative services to the HPRC.

Participation in the HPRP is confidential. If a licensee/registrant is referred to the program, has a qualifying diagnosis and complies with the HPRP requirements, his/her name will not be disclosed to state regulatory authorities or the public. Provided there is no readmission, records of HPRP participants are destroyed five years after successful completion.

Referrals to the HPRP may come in the form of a self-referral from a licensee/registrant or from colleagues, partners, employers, patients, family members or the State. Any of the 20 health professional licensing boards may also refer licensees/registrants to the HPRP for monitoring as a condition to regain or retain their license to practice. The names of individuals reporting a licensee/registrant suspected of impairment are also kept confidential.

For more information on the HPRP, call 1-800-453-3784 or visit www.HPRP.org. Informational presentations on the HPRP are available to employers and health professional groups at no charge. Call the toll-free number to arrange a presentation at your facility.

TO MAKE A REFERRAL OR SELF REPORT, CALL 1-800-453-3784

SCMS Physician Health & Well-Being Committee **Confidential assistance to physician members with personal issues affecting their private and professional lives**

The SCMS Physician Health & Well-Being Committee is a CONFIDENTIAL resource for SCMS members who have issues affecting their private and/or professional lives. The Committee acts totally independently, and NO INFORMATION is shared with the SCMS Board, members or staff. If you are in need of confidential assistance, or know of another member who is having a difficult time, please contact Dr. Kaushik Raval, Chair of the Committee, at (989) 790-7742. If he is not available, leave a message and he will return your call.

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