

THE bulletin

SAGINAW COUNTY MEDICAL SOCIETY
www.SaginawCountyMS.com



Dr. Tony de Bari was operating in Nepal when the second earthquake hit in early May



CMU Health Medical Students and Residents performed various screenings at the 11th Annual Health Fair in March



Members of the Mid-Michigan Surgical Specialists Team raising funds at the 6th Annual SCMS Foundation Golf Outing in June



Dr. Rosarita Rullan and sons, Jordan and Logan Purchase and Dr. Caroline Scott serve at the Soup Kitchen in March

SCMS MEMBERS HELPING AT HOME AND AROUND THE WORLD

There is no regular meeting in December



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in the news

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Published by the Saginaw County Medical Society. Editor: **Louis Constan MD** Executive Director: **Joan M. Cramer**. Office: **350 St. Andrews Rd., Suite 242, Saginaw Michigan, 48638-5988**. Hours: **Tuesday, Wednesday, Thursday 8:30 AM - 3:30 PM**. Web: **SaginawCountyMS.com**. Telephone: **(989) 790-3590**. Fax: **(989) 790-3640**. E-Mail: **joan@saginawcountymys.com**.

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



**Danielle C. Duncan,
MD**

Fall is traditionally a time of giving. As the year comes to a close, the bounty of the year's labor is objectively tallied, and a portion saved, a portion shared. This edition of the Saginaw County Medical Society Bulletin celebrates all of our member physicians for their giving, and while the reports and pictures are from our travelers, we are proud of those who give of their time, talent and treasure locally as well.

We celebrate our travelers, but also the problem solvers who organize local care access, sponsor wellness events like our road races, and support our community with gifts of time, talent and treasure. We even have members who make regular blood donations through Michigan Blood.

Enjoy this edition of our Bulletin as we celebrate the generous and adventurous spirit of our members! ☐



LAST CALL TO UPDATE YOUR INFORMATION FOR THE 2016 DIRECTORY

If you have recently had a change in group, office address, phone, fax or email, this is your last chance to get the new information to the SCMS for inclusion in the 2016 Membership Directory. Please email your updated information to Joan Cramer at jmcramer@sbcglobal.net or Joan@SaginawCountyMS.com by December 20, 2015. ☐

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FREE

ER/LA Opioid REMS:

Achieving Safe Use While Improving Patient Care

Hosted by Saginaw County Medical Society (SCMS) and Saginaw County Dental Society (SCDS)

TUESDAY, JANUARY 19, 2016

6:00 pm social (cash bar) | **6:30 pm** dinner, meeting and program

Horizons Conference Center, 6200 State Street, Saginaw, MI 48603

Free Opioid REMS Training for all prescribers of ER/LA Opioids and all those affected by the prescription of ER/LA Opioids

According to the report Prescription Drug Abuse: Strategies to Stop the Epidemic, Michigan has the 18th highest drug overdose mortality rate in the United States, with 13.9 per 100,000 people suffering drug overdose fatalities. Conversely, Opioid drugs play a critical role in the treatment of pain providing patient benefits when used properly. However, there is a line to be drawn between treating a patient with opioid analgesics and the risk of opioid misuse and addiction.

On July 9, 2012, the Food and Drug Administration (FDA) approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications. The Collaborative on REMS Education (CO*RE), a multidisciplinary collaboration of 10 Partners and three cooperating organizations, have designed a core curriculum based on needs assessment, practice gaps, clinical competencies, learner self-assessment, with shared tools, resources, and outcomes to meet the requirements of the FDA REMS Blueprint.

Learning Objectives:

- Describe appropriate patient assessment for treatment with ER/LA opioid analgesics, evaluating risks and potential benefits of ER/LA therapy, as well as possible misuse.
- Apply proper methods to initiate therapy, modify dose, and discontinue use of ER/LA opioid analgesics, applying best practices including accurate dosing and conversion techniques as well as appropriate discontinuation strategies.
- Demonstrate accurate knowledge about how to manage ongoing therapy with ER/LA opioid analgesics, properly use evidence based tools while assessing for adverse effects.
- Employ methods to counsel patients and caregivers about the safe use of ER/LA opioid analgesics, including proper storage and disposal.
- Review/assess general and product-specific drug information concerning ER/LA opioid analgesics, identifying potential adverse effects of ER/LA opioids.

Speaker: Carl Christensen, MD, Medical Director, Michigan Health Professional Recovery Program; Eleanore Hutzell Women's Recovery Center; Tolan Medical Research Clinic, Dept of Psychiatry, Wayne State University; and Clinical Associate Professor, Department of Obstetrics and Gynecology, Wayne State University School of Medicine

Acknowledgement: Presented by the Michigan State Medical Society, a cooperating member of the Collaborative on REMS Education (CO*RE) interdisciplinary organizations working together to improve pain management and prevent adverse outcomes.

RPC Commercial Support Disclosure Statement: This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies. Please see http://ce.er-la-opioidrems.com/wgCEUI/remis/pdf/List_of_RPC_Companies.pdf for a listing of the member companies. This activity is intended to be fully compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the US Food & Drug Administration.

Continuing Medical Education: Statement of Accreditation: The Michigan State Medical Society (MSMS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA Credit Designation Statement: The MSMS designates this live activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participating in the activity.

Dinner is complimentary to SCMS and SCDS members. Non-members are invited for dinner at a cost of \$40 per person. Checks are payable to SCMS.

REGISTRATION

(Advanced registration required by Monday, January 11, 2016)

Name _____

Suffix ☐ MD ☐ DO ☐ PhD ☐ RN ☐ Other _____

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☐ Non-member with dinner, \$40

☐ Non-member without dinner, no charge

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Please call the SCMS office at (989) 790-3590 with any questions.

from the editor



Louis L. Constan, MD

Friends

...the best property of all—friends.

Ralph Waldo Emerson

In the last two articles, we reviewed, in general terms, the importance of thinking about and planning for our legacy; and specifically the legacy we leave to our profession of medicine. I now make the point that there are other parts of life, separate from our career in medicine, of great importance to our legacies. Today it's about the legacy of friendships. As Mr. Emerson points out, friendship is an extremely valuable commodity and I agree. A friendship has a special quality and a value different from professional or family relationships.

Close your eyes for a moment and think back to your childhood...and your very best friend, and how very important that person was to you. I am reminded here of a story about two very old friends, whose lives took different paths, and lived so far away that they barely kept in touch. One became ill. He called his old friend and said simply "come, I need you." The friend came immediately, dropping everything to help his old friend. Now, open your eyes. Do you have a friendship like that? If not, why not? Do you see how a friendship with another person who loves you with all your faults, an unrelated person who will go to great lengths to further your well-being, knowing that you would do the same for him, is worthwhile cultivating? Have you a person(s) who you would call a good

friend? As you look back on your life, have you been a good friend to anyone? Is there anyone who will speak of you as a 'truly great friend?' Will you, in fact, leave a legacy of friendship?

Or are you, in your crazy-busy life, focusing on the career which pays the bills, and the family which needs you; neglecting to cultivate friendship, that "best property of all?"

I am not talking about those relationships that are proscribed and scripted. These are not true friendships. The pharmaceutical rep who wants to sell you something; the underling who needs your approval for his economic well-being; the boss who needs to be coddled; the colleagues who just want to talk about medicine, or have you sympathize with their work complaints; the family members who come with family obligations.

The true friendship is usually an uncomplicated relationship—giving and receiving love and respect. You spend time with this person because you want to, not because you have to. Ah, that fateful word-- TIME, that rare and valuable thing that there's never enough of. How, you say, can you possibly spend time making and keeping friends when you don't have time to sleep?

Here are a few thoughts on that:

- Be open to all possible friendships. You can never have too many friends.
- Always be ready to make a new friend.
- Maintain your old friendships. You can never make "new" old-friends.

Once you've cultivated those friends, here are some things to keep in mind:

- Time spent with friends qualifies as rest and relaxation, and can add value, meaning and perspective to your life.
- Keeping in touch with old friends has never been easier. Not that long ago, we had to write a letter or make a phone call. Now we have email, Facebook, instant messaging, and Twitter, although face-to-face is always the best.

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- When you have major life changes, stay connected with your friends. You will still need friends and they will still need you.

It must be clear to you now that true friendships are a rich and enduring legacy of yours now and in the future. ☐



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alliance news

The SCMS Alliance collected over 30 pink bags filled with personal care items for women assisted by the Underground Railroad in Saginaw this past October as part of "Doctors' and Their Families Make a Difference Day." □



Janie Gugino, Past President (left) delivered the bags to Valerie Hoffman, President/CEO of Underground Railroad (right).

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SCMS MEMBERS HELPING OTHERS 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. David Krebs of Envision Eye checks a patron for glaucoma

Conference Center in Saginaw. In 2015, 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 Health, Covenant HealthCare, Health Delivery, Inc., Michigan CardioVascular Institute, Saginaw County Osteopathic Society and St. Mary’s of Michigan. The 12th Annual Free Health Fair will be held on Saturday, March 19, 2016, 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 pays for the cost of the day’s food. Dr.



Drs. Caroline Scott and Bill Engelman peel and dice potatoes for another day prior to preparing and serving lunch.

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 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

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CMU M2 student and loan recipient, Taylor Boehler with Dr. Rao Gudipati

and raise their families. Over the past five years, over \$130,000 has been raised by the Golf Outing which was started by Past President, Rao V.C. Gudipati, MD. The 7th Annual SCMS Foundation Golf Outing is scheduled for Saturday, June 11, 2016, at the Saginaw Country Club.

The SCMS Foundation also sponsors an **Essay Contest** each spring for high school juniors and seniors in Saginaw County



2015 Essay contest winners with Drs. George Gugino and Matt Deibel

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.

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. Tony deBari and Kimiko Sugimoto. □

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SCMS VOLUNTEERS AT SOUP KITCHEN



On Wednesday, November 4, 2015, the SCMS volunteered at the East Side Soup Kitchen. Volunteers packed 271 lunches for the afterschool program, and helped prepare and serve lunch to 291 people. The SCMS also donated \$600 for the day's food. The SCMS sponsors and serves twice each year at the Soup Kitchen. The tradition was started many years ago by Dr. Bill Engelman.

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

Dr. Paul Bry
Dr. Lou Constan
Dr. Matt and Emily Deibel
Manjit Jaswal
Dr. Ron Jenson
Dr. Larry Kelly
Sandy Kelly
Dr. Zubie Khan
Dr. Neil Love
Mala Nahata
Ileana and Marie Plasencia
Dr. Joe Spadafore

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



Drs. Neil Love and Lou Constan



Marie and Ileana Plasencia



Drs. Matt Deibel and Audrey Stryker with Emily Deibel

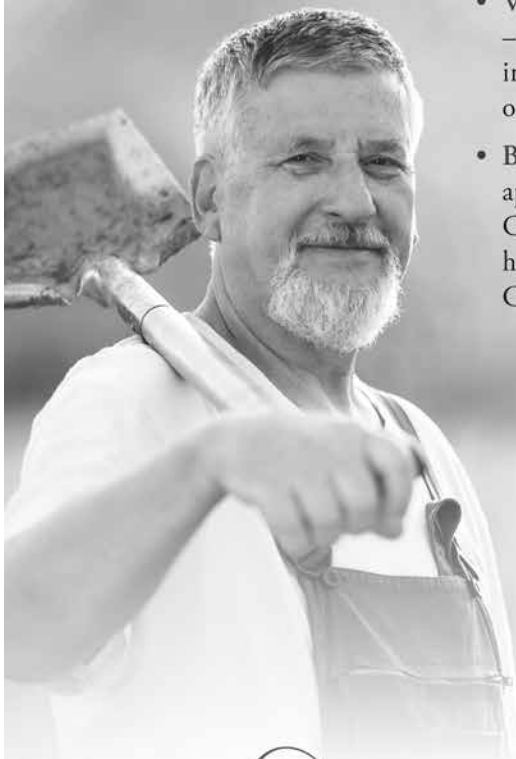
SAVE THE DATE!

Join us at the Soup Kitchen in honor of Doctors' Day
Wednesday, March 30, 2016, from 9:30 a.m. to 12:30 p.m.

Contact Joan at the SCMS to sign up
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MISSIONS – ANTHONY DEBARI, MD

NEPAL 2015

On April 25, 2015, a 7.8 earthquake hit Nepal, a small country of 27 million people in South Asia sandwiched between China to the north and India to the south, killing approximately 9,000 people and injuring more than 23,000. An avalanche on Mount Everest killed 19 people, and moved the mountain 1½ inches. Leaders of the Disaster Assist Response Team (DART) from Samaritan's Purse (SP) were on the ground quickly and mobilized members of the team to respond to the tragedy. I have been a DART team member for several years and received a call one week after the earthquake to come and help. Unfortunately, I couldn't leave immediately, as my passport was in Washington, DC waiting for a visa to travel to Nigeria on May 20. The visa was able to be expedited and I left for Kathmandu, Nepal on May 6. Forty-something hours and four planes later, I arrived at my destination.



It was at first hard to see what damage had been done. Kathmandu is a very large city with people and buildings all over the place. Most of the buildings were still standing. What I did see were numerous brick walls on their sides, and older brick buildings collapsed. Newer construction was still standing. What I did find out was that most of the destruction occurred outside the city in smaller villages in the mountains. There, rockslides had wiped out entire villages, leaving about 450,000



people homeless. The medical response in the city was mostly by the local physicians who are reasonably well-trained, and the government actually blocked a lot of medical response from outside feeling they could handle the emergency without outside help.

SP was contacted by Anandaban Hospital for help, however, and two of my friends were able to go there within nine days of the earthquake. They did about 50 cases of trauma before I got there, and few new patients were coming in. I spent my first two days at the hospital, which was built to treat leprosy patients. There were two orthopaedic surgeons there full-time, and they were excellent surgeons. While we were operating on a patient with a forearm fracture, the second earthquake hit. This was a 7.4 scale earthquake and was a bit further away, but boy did the ground shake. I had been feeling aftershocks from the first quake, but this was big. Everyone ran out of the OR leaving me and the patient behind. Someone did come back in and shouted for me to get out too. The poor patient, who was wide awake, as he had had a nerve block, laid there until we felt it was safe to go back inside about 15 minutes later to finish the surgery. There had been a big crack in the ceiling from the first quake, so no one wanted to work back in the OR. We, therefore, moved out into the hallway

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and completed the surgery and cancelled the rest of the day's work. As it turned out, very few new patients came in after that, so we suspended our medical response a few days later.

I had an opportunity to come back home, but was asked if I could stay and help out in other areas. SP disaster response is not just in medicine, but also in providing shelter, food, water, hygiene products and of course, spiritual support in disasters. I had worked in their warehouse receiving and distributing supplies the day after the second earthquake, so it seemed a natural fit to have me help out there. So, for the next 10 days, that's where I found myself. I got to work with some amazing people: Walter Hope, an Englishman living in Ireland was the supervisor, and there were two young ladies and a young man from Nepal who were hired by SP to help out in administration and coordination as well. There were about 30 young guys who did most of the heavy lifting, but I got in my share of it. We unloaded truck after truck of blankets, hygiene kits, cooking sets, tarps, water jerry cans, tents and just about everything else designed to help about 75,000 displaced persons. Then we loaded truck after truck to send the needed supplies out to other distribution centers that had been set up by SP closer to where the major affected areas were.

Besides meeting some incredible young (and even older) people on my trip, the highlight of the trip was being able to take a helicopter ride up into the mountains to

visit a village that had been completely destroyed by rockslides. The second earthquake had hit while a team from DART was visiting to see what help they needed, and were thankfully not hurt, but were left stranded because the roads leading in and out were destroyed. They had been rescued by helicopter—the same helicopter that crashed a day later killing all six U.S. and one Nepali military person aboard. The village was about 10,000 feet above sea level and had about 150 people now living under makeshift tents with tarps from SP. The entire village, except for one woman who was left behind to prepare a meal for us, welcomed us. Our helicopter made three trips to bring in supplies from our distribution center—rice, blankets, tarps, hygiene and cooking kits. The smiles were very contagious. They insisted on feeding us a meal as a way of thanks. We were brought to a tent that was bamboo on the sides and a tarp on top, and were given a meal of rice and vegetable soup. When the woman who prepared the food apologized for the quality of the meal, I broke down—she was worried about my comfort and yet she had to live under these conditions. I thanked God that I was given the opportunity to help these wonderful people. I have been so blessed to be able to serve Him in a variety of different locations and conditions, and yet am able to come back home to live in amazing comfort that many of these people couldn't even dream of. □



MISSIONS – KIMIKO SUGIMOTO, MD

QUANTITY, QUALITY OR RELATIONSHIP-BUILDING?

One of the most difficult things for me to explain about doing medical missions is why I bother to do it. The answer is so much more complex than it is the right thing to do or that it makes me feel good, although they are both true. Medical mission trips are financially taxing and disrupt my general surgery practice, putting strain on my very understanding partners who have supported my month-long trips to remote, and sometimes dangerous areas of the world. When I consider that I had planned for full-time medical mission work while going through training, a month seems so short; but there are also many personal details to attend to in preparation for leaving for a month. So why do I do it? Is it to say that I did X amount of cases or that I provided higher quality of care than the patients would get otherwise?

Since graduating from general surgery residency in 2011, I have had the tremendous opportunity to travel to Haiti three times and to the Democratic Republic of Congo (DRC) twice. If I measure the success of my trips on the number of patients treated or the number of operations performed, then at least one of my trips to Haiti would be less than successful as I was involved in less than a handful of patients' care, all of which could have been provided without my presence. Numbers



Most of the DRC surgical team

are deceiving, as all of us know who have read scientific articles and questioned the validity of the statistics. In the western world, we often forget that the efficacy involved in a successful day in the operating room is brought about by hundreds of staff coordinating appointments, instruments and patient care. In the DRC, about twenty staff members run the three-room operating theater, including janitorial services, radiology department (one technician) and sterile processing. They are extremely efficient in a culture where showing up two hours late is on time; but there are only so many cases that one can perform in a day when the anesthetist is doing the job of the registration specialist, pre-operative unit and recovery as well as their own job intra-operatively. Aside from this, patients are rarely scheduled ahead of time, and often they do not show up for their procedure if they are. Therefore, every day is a surprise, which sometimes involves the surgeon choosing their equipment in the morning so that it can hopefully be sterilized in time, if the autoclave is working properly, for an afternoon procedure.

If quantity is a poor measure of the success of medical mission work, then perchance quality of care provided is a better measure. In Haiti, I had the tremendous opportunity to work with a Haitian general surgeon, Dr. Toussaint. This spring, at his request, I returned to Haiti to set up the laparoscopic equipment at OSAPO. During my ten-day trip, he had arranged for a number of patients who qualified for laparoscopic cholecystectomy to come for their procedure. This procedure was being performed at another hospital in Haiti, but at an inflated price of around \$5,000 versus \$500 charged at OSAPO, a remote one-operating room medical center that serves the underserved rural communities in the hills.

Continued on page 15

Continued from page 14



Hanging out with the sterile processing crew in DRC

Dr. Toussaint had the opportunity almost ten years ago to do the Fundamentals of Laparoscopic Surgery course now required for all graduating general surgery residents. He assisted me with one laparoscopic cholecystectomy and then performed the next one with very little assistance on my part. In DRC, the surgical team is the largest team of physicians at the referral hospital that I have had the opportunity to work at. Dr. Warren Cooper, an American-trained general surgeon, and Dr. Mike Upio, a Congolese physician with extra experience in surgery, help lead this team. My presence allows Warren to take a break from his surgery duties so that he can work on other projects that require his attention, in hopes of helping to prevent burnout in a situation where he is the sole fully trained general surgeon for a large catchment area. Both have a greater knowledge of surgical disease in DRC and are highly skilled, providing excellent care to a populace that often receives care from witch doctors or unlicensed, untrained con artists. Both locations have highly trained professionals that provide care year-round at the highest level possible with the resources they have available to them.

Early in life, I learned an important lesson from one of my personal heroes, my father. Although quantity of surgical practice is important to maintain skills and insure quality of care, the most important part of surgical practice is relationship building. Surgeons are not known for their bedside manner or their personality to our

detriment. Whether in our hometown or abroad, we have forgotten the basic rules of kindergarten, believing that such behavior is beneath us or that we will be more efficient by acting a certain way. Although I am certain that my presence has helped a number of patients by providing quality of care, my trips are really about relationship building. I am humbled in the presence of well-trained, intelligent colleagues who choose to use their skills in environments that tax their diagnostic acumen and by patients who place their health in my hands, whom they have never seen. Professionally, my time abroad helps me to practice better in Saginaw, not because the skills required and diseases are the same; but because I am reminded of the most important part of my practice, relationship building with patients, staff and colleagues.

If you have further interest in understanding the work I do overseas, feel free to check out my blog at Kimikosugimoto.blogspot.com for updates when I am overseas or preparing for a trip. □

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SCMS FOUNDATION MENTORS STUDENTS INTERESTED IN MEDICINE

For the past five years, the SCMS Foundation has hosted an Essay Contest for Saginaw County high school juniors and seniors who want to become physicians and hopefully stay in Saginaw to practice medicine. Students who entered wrote an essay, "Why I Want to Become a Physician in Saginaw County."

In addition to cash prizes (\$1,000 first place, \$600 second place, \$400 third place and \$100 for each runner-up), the students received a one-day mentorship with a SCMS member. Here are some of the responses we received from this year's winners:

First place winner, **Bradley Krajkowski**, a senior at Nouvel Catholic Central:

*Having the opportunity to shadow **Dr. Matt Deibel** was such a great experience. I shadowed Dr. Deibel in the emergency room and although it was abnormally a slow day for Covenant, it further supported my decision to pursue a degree in medicine. Dr. Deibel would explain anything I did not understand, and would also ask if I had any questions. It was gratifying to know that he was just as interested in me in my learning as he was his job. I have a greater knowledge of what life as a doctor is like (even though there is still so much more to learn) and with this experience, I have my mind set on becoming a physician one day. I could not be more thankful for the opportunity to shadow such a great physician at a prominent hospital. My entire experience was nothing but positive.*

Tied for second place winner, **Marlee Jo Curnutt**, a junior at Heritage High School:

*I just wanted to express my gratitude for the scholarship and the mentoring program the Foundation has offered me. Following local pediatrician, **Dr. Elvira Dawis**, has really opened my eyes and encouraged me that I want to be a pediatrician in Saginaw County. I cannot think of a better career than taking care of the younger generations to come in my hometown of Saginaw, and*

the mentorship program has reinforced my belief. Thank you very much.

Runner-up **Rebecca Jiggins**, a senior at Freeland High School:

*I completed my job shadow with **Dr. Alison McElhone** last week at Saginaw Geriatrics Home. I really enjoyed my experience shadowing Dr. McElhone and observing the daily happenings inside of a geriatric healthcare facility. I spent the day observing Dr. McElhone review patient histories, contact patient's relatives, and complete routine checkups with residents. My job shadow experience was beneficial because it gave me insight into the field of geriatric medicine, as well as, into the job responsibilities of a geriatric physician. She was very knowledgeable, welcoming, and easy to work with. This additional aspect for essay contest winners and applicants is a great experience for prospective medical students.*

Runner-up **Cassandra Keinath**, a junior at Frankenmuth High School:

*I just wanted to get back with you after my day with **Dr. Michael Butman**. I really did enjoy the experience and it had a very positive effect on my desire to become a family physician. They were great and very helpful. It taught me lots!*

Runner-up **Nikita Patel**, a junior at SASA:

*I completed my mentorship today with **Dr. Harold Lenhart**. I spent about five hours with him while he saw many patients and enjoyed my time with him. He was very friendly and I learned a lot of new things. Spending the day with him made me realize that I really do want to be a psychiatrist and continue with my education until I get to where I want to be. Thanks!*

A special thank you to those physicians who served as mentors to our winners! □

KEY PROVIDER OF THE MONTH

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SCMS CALENDAR OF EVENTS FOR 2016

Joan Cramer/SCMS • Office 790-3590 • Fax 790-3640
Joan@SaginawCountyMS.com or jmcramer@sbcglobal.net

Please note the upcoming events for 2016 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.

There is no board or membership meeting in December.

Tuesday, January 19, 2016 - SCMS Board meets at Horizons Conference Center at 5:30 p.m. Membership Meeting, joint with the Saginaw County Dental Society, at Horizons Conference Center. Social at 6 p.m. (cash bar), followed by meeting and program at 6:30 p.m. Program: “ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care” (Approved for 2 AMA PRA Category 1 credits). Speaker: Carl Christensen, MD, Medical Director of the Michigan Health Professional Recovery Program. ***PLEASE NOTE SOCIAL AND PROGRAM BEGIN 30 MINUTES EARLIER DUE TO LENGTH OF CME PROGRAM!***

Friday, January 22, 2016 - Suicide Prevention Training & Assessment for Healthcare Professionals from 8 a.m. to 5 p.m. (CME/CEU credits pending) at St. Mary’s of Michigan Masud Lecture Theater. Speaker: Shawn Christopher Shea MD, of Dartmouth College, a nationally known Suicidologist, and Founder/Director of the Training Institute for Suicide Assessment & Clinical Interviewing. Invited: Physicians, nurses, EMTs, therapists, crisis workers, school counselors, etc. See page 22 for more details.

Tuesday, February 16, 2016 – SCMS Board meets at MCVI at 5:30 p.m. in second floor board room.

There is no membership meeting in February.

Tuesday, March 15, 2016 – SCMS Board meets at MCVI at 5:30 p.m. in second floor board room.

There is no membership meeting in March.

Saturday, March 19, 2016 – 12th Annual SCMS Health Fair “The Doctor Is In” at Horizons Conference Center.

Wednesday, March 30, 2016 – SCMS serves at East Side Soup Kitchen in honor of Doctor’s Day. Volunteers needed – please mark your calendar now.

Tuesday, April 19, 2016 - SCMS Board meets at Horizons Conference Center at 5:30 p.m. Membership Meeting at Horizons Conference Center – spouses invited. Joint with the Midland County Medical Society and MidMichigan Health physicians. Social at 6:30 p.m. (cash bar), followed by meeting and program at 7 p.m. Program: Physician Wellness/Burnout. Speaker: Gerald A. Shiener MD, Chief of Psychiatry at Sinai-Grace Hospital.

Saturday-Sunday, April 30-May 1, 2016 – 151st Annual MSMS House of Delegates at The Henry in Dearborn.

Continued on page 19

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Tuesday, May 17, 2016 - SCMS Board meets at Horizons Conference Center at 5:30 p.m. Membership Meeting at Horizons Conference Center – Annual Meeting. Social at 6:30 p.m. (cash bar), followed by meeting and program at 7 p.m. Program: Update on MSMS House of Delegates.

Saturday, June 11, 2016 – 7th Annual SCMS Foundation Golf Outing at the Saginaw Country Club. ☐



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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. ☐

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*

* *The Saginaw County Medical Society Foundation is a 501 (c) (3) nonprofit. Gifts have charitable tax benefits so please consult with your tax advisor for specifics.*

PLEASE COMPLETE AND RETURN THE FOLLOWING WITH YOUR CHECK



Enclosed is my contribution made payable to the SCMS Foundation (please designate amount):

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ Other _____

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Occasion/Person to be honored: _____

Please send notice of my gift (without specifying amount) to:

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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!

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 22, 2016

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.

SAVE THE DATE!

SUICIDE PREVENTION TRAINING & ASSESSMENT FOR HEALTHCARE PROFESSIONALS

Date: Friday, January 22, 2016

Time: 8 a.m. to 5 p.m. (tentative)

Program: Suicide Prevention Training & Assessment for Healthcare Professionals
CME/CEU credits pending

Speaker: Shawn Christopher Shea MD, of Dartmouth College, a nationally known Suicidologist, and Founder/Director of the Training Institute for Suicide Assessment & Clinical Interviewing

Place: St. Mary's of Michigan Masud Lecture Theater, 800 S. Washington Avenue, Saginaw

Invited: Physicians, nurses, EMTs, therapists, crisis workers, school counselors, etc.

Cost: TBD (**Donations to offset program expenses are greatly appreciated*)
*To make a donation to support the Suicide Prevention Training & Assessment seminar, please make your check payable to SOS and mail to Survivors of Suicide, PO Box 6712, Saginaw, MI 48608-6712. SOS is a 501(c)3 nonprofit, and your donation is tax deductible.

Invitations will be mailed and emailed in four to six weeks, but please mark your calendar now to attend.

For more information, please contact Barb Smith at sosbarb@aol.com or 989-781-5260, or Dr. Harry Lenhart at blondinlenhart@att.net.

ABOUT THE SPEAKER:



Shawn Christopher Shea, MD is an internationally acclaimed workshop leader and innovator in the fields of suicide prevention, building resiliency, clinical interviewing, and improving medication adherence having given over 850 presentations worldwide. He is the creator of the highly acclaimed interviewing strategy for uncovering suicidal ideation and intent - the Chronological Assessment of Suicide Events (the CASE Approach). His other clinical interviewing innovations, including faciliic supervision, macrotraining, and the Medication Interest Model (MIM) have been adopted around the world.

Dr. Shea is the Director of the Training Institute for Suicide Assessment and Clinical Interviewing (www.suicideassessment.com), a training and consultation service providing workshops, consultations and quality assurance design in mental health assessments. He is also an Adjunct Assistant

Professor of Psychiatry at the Dartmouth Medical School. □



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2015 Cornette Ball Raises Funds for Regional Equipment Upgrades



On Saturday, November 21, hundreds of St. Mary's of Michigan's board, staff, friends and family attended the 21st Annual Cornette Ball, honoring Dr. Shiraz H. Shariff with the Spirit of St. Vincent Award for all of his hard work and dedication to our community.

Together, we were able to raise more than \$155,000. All proceeds will benefit the hospital's new cardiac ultrasound equipment. The new equipment will provide 3-D imaging to assist physicians in treating patients with heart failure, aid in diagnosing valve and other heart defects, as well as assist with electrophysiology studies.



Thank you to all who shared this special night with us. And a big thank you to all of the sponsors who helped make this event possible. We hope you had as much fun as we did!

Check out the St. Mary's of Michigan Facebook page for great photos of the night! <https://www.facebook.com/stmarysofmichigan/>

ResolutionMD App Available December 1

St. Mary's is pleased to now be able to

Continued on page 25

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Continued from page 24

offer diagnostic medical imaging software, ResolutionMD (ResMD) which enables providers to securely view patient images and reports.

The ResMD application allows providers using an iPad or an iPhone (running at least iOS8) to see a patient's diagnostic image within the MobileMD application. ResMD is only accessible through the use of the MobileMD application.

ResMD is an application that must be downloaded from the iStore. But once downloaded to an iPad or iPhone, the end user does not use the ResMD application further. It just needs to reside on the device.

The app is available for physicians, residents, nurse practitioners, physician assistants, medical students and CRNA associates. For more information or questions on installing the app, please call the St. Mary's Informatics Pager at (989) 929-0670.

Imaging Results Now Available on the Patient Portal

As of Monday, November 16, imaging results became available on the FollowMyHealth patient portal.

Patients are now able to see their results from any x-ray, CT or MRI through the secure portal four (4) days after the test has been finalized and read.

This will benefit patients affiliated with St. Mary's of Michigan, St. Mary's of Michigan Standish Hospital and St. Joseph Health System. Laboratory results will continue to be available on the portal as well. ☐







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Covenant Laboratory Administration Update



Bryce D. Wakeman has joined the administration team with the Covenant HealthCare Laboratory. He will serve as the lead outreach specialist for all present and future clients utiliz-

ing Covenant Laboratory services.

Bryce has been with Covenant since 2008, most recently as a Staffing Coordinator and Application Specialist in the Patient Service and Support Department. He looks forward to facilitating lab service processes and building strong working relationships with all clients. Contact him at (989) 583-6727 or bwakeman@chs-mi.com.

Radiation Center Unveils Elekta Versa HD Linear Accelerator



In November, the Covenant Radiation Center hosted an event for media, current patients, survivors, physicians and community leaders. Attendees were able to learn about the Elekta Versa HD Linear Accelerator. This machine offers leading edge technology and the newest treatment techniques to deliver care to our community.

Versa HD allows safe and efficient delivery of conventional radiation treatment to treat a broad spectrum of tumors

throughout the body. It also allows treatment of highly complex cancers that require extreme targeting precision. The expanded capabilities of this technology present new opportunities to provide state-of-the-art cancer treatment to more patients in our community.

With Versa HD, Covenant will open the door to innovative cancer treatments for patients in the Great Lakes Bay Region and beyond.

Versa HD leverages the latest technology to enable sophisticated approaches to traditionally challenging cases. The system's patented technology allow precise targeting of the tumor, allowing Covenant Radiation Center clinicians to administer higher doses that can enhance treatment effectiveness, while protecting critical structures such as the heart, spine or bladder. The result is highly precise treatments with shorter treatment times, and the ability to offer highly advanced treatments while minimizing side effects and enhancing our patients' quality of life.

For video clips from the open house including patient testimonials, visit www.YouTube.com/CovenantHealthCare.

Covenant Foundation Annual Fund Campaign

The Covenant Annual Fund campaign strives to give Covenant employees, doctors, and area community members the opportunity to support the Covenant Medical Center with charitable donations. Traditionally, the Annual Fund effort takes place during the late fall of the year. Thanks to all who have been faithful contributors! As a non-profit institution, Covenant is dependent on voluntary gifts to support various programs, equipment purchases and capital projects. Donations to the Covenant HealthCare Annual Fund are tax deductible to the fullest extent of the law.

There are many opportunities and areas to choose from when considering a gift to

Continued on page 27

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the Medical Center via the Annual Fund. Financial commitments may be made to the Covenant Breast Health Center, Cancer Care Center, Center for the Heart, Covenant Kids, the Emergency Care Center, Nursing Education, Physical Medicine and Rehabilitation services, scholarships, Spiritual Care, Visiting Nurse Association, and the Women's and Children's area of the hospital, just to mention a few.

Over the last ten years, some \$2 million plus dollars has been raised through Annual Fund gifts, and those monies have been important in keeping Covenant's offered services in the forefront of health care in the geographic area we serve. Covenant continues to maintain and expand the quality of health care services that our community has come to expect, and Annual Fund gifts have gone a long way in helping to provide Extraordinary Care for Every Generation.

An important building block of any successful and thriving community is its quality of health care. By being an Annual

Fund contributor, you are helping to make quality medical care available today and for tomorrow.

To learn more or make a donation, visit www.covenanthealthcarefoundation.com or call (989) 583-7600.

Season's Greetings and Happy New Year

From all of us at Covenant HealthCare, we wish you safe and happy holidays followed by a joyous and healthy New Year! □



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Birthdays

JANUARY

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
Shivani Bhutani MD	1/27
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
Mohammad Yahya Khan MD	1/27
Young H. Kim MD	1/28
Mark R. Ludka MD	1/9
Ben R. Mayne MD	1/2
Vamsee Krishna Mupparaju MD	1/16
B.L. Nahata MD	1/10
Sunil P. Pandit MD	1/8
Sagar P. Patel MD	1/4
Elizabeth A. Paulus MD	1/30

Continued on page 29

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Continued from page 28

Evgenia Polosina MD	1/12
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
Amanda K. Waterman MD.....	1/19

Daniel J. Wechter MD	1/27
Arno W. Weiss, Jr. MD.....	1/25
Paul T. Werner MD.....	1/14



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Friday, January 22, 2016

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

Ott Auditorium

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Simulcast at Central Michigan University

Confirmed Speakers to date:

Barbara Balik, R.N., Ed.D

CEO, Common Fire; Senior Faculty, IHI

Diane Stollenwerk, M.P.P.

Board Chair and Co-Founder, Patient Voice Institute;
President, StollenWerks, Inc.

Population Health and how it is achieved through vision, transformative action, leadership and collective impact of key parties again will be the theme, emphasizing organizations being proactive with a serious focus on consumers. There is general agreement that consumer engagement is important to effective health systems, but what exactly is it and how can it be built into strategy and implementation plans for organizations. What is the business case for consumer engagement? Our speakers will provide conceptual frameworks and specific case examples, enabling participants to strengthen their consumer engagement actions.

Additional collaborating and contributing sponsors to be announced

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❖ **Michigan Delegation Bats 1,000; Supports AMA Ban on Direct-to-Consumer Drug Ads**

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

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

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

During the sometimes contentious debate, Michigan Delegate Michael Chafty, MD, of Kalamazoo, stood up and passionately urged the AMA House to have the courage to support the ban. The House soon after voted in favor of doing so.

The AMA House also committed the

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

Action on other "hot button" issues included:

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

For more information about the Michigan Delegation to the AMA or more details about AMA Interim meeting actions and issues, please contact David Fox, Senior Director, Federation Relations at dkfox@msms.org or (517) 336-5731, or Stacey Hettiger, Director, Medical and Regulatory Policy, at shettiger@msms.org or (517) 336-5766.

❖ **Providers Must Report Practice Location and Office Hour Changes to Comply with CMS Requirement**

Beginning in 2016, the Centers for Medicare & Medicaid Services is requiring health plans to contact providers monthly to ascertain their availability and, specifically, whether they are accepting

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new patients. This is part of an effort to improve the information found on the online directories. CMS is also requiring contracted providers to inform the plan of any changes to street address, phone number, office hours or other changes that affect availability.

While Blue Cross Blue Shield of Michigan and Blue Care Network are working on a solution to be compliant, all professional organizational providers (groups) are strongly advised to use self service on bcbsm.com to identify any discrepancies in their addresses and affiliated providers' information.

To add or remove practice locations, mailing or remittance address, please use the Provider Enrollment and Change Self Service. This is an online application in the Provider Secured Services section of the BCBSM website that allows practice group administrators to electronically submit requests for updating group information with Blue Cross and Blue Care Network.

To use the Provider Enrollment and Change Self Service, you must register for Provider Secured Services. Go to bcbsm.com/providers. Select Help, then FAQs, then Provider Enrollment and Change Self Service for professional groups and allied providers and follow the instructions.

Group practice administrators should continue to use the self service option monthly to ensure all changes are submitted to their records on a timely basis.

❖ Providers and Vendors are Required to Take CMS Training on Medicare Fraud

Providers are required by the Center for Medicare & Medicaid Services to take CMS specific training about fraud, waste and abuse and compliance. Training is available at cms.gov.

Providers and vendors should make sure that governing body members and any employees (including volunteers and

contractors) providing health or administrative services in connection with the BCN Advantage™ program or the Blue Cross Blue Shield of Michigan Medicare Advantage program complete the training within 90 days of being hired and annually thereafter.

Be sure to keep the certificate generated by the website as proof that you took the training, and retain evidence of training for 10 years from the end date of your contract with BCN or Blue Cross. You need to be able to provide proof to BCN, Blue Cross or CMS if requested.

❖ Michigan Licensure Renewal Requirements

Every three years in Michigan, all licensed medical doctors must renew their licenses and certify compliance with state continuing medical education laws by submission of the renewal application for licensure renewal. The deadline to renew medical licenses is January 31 every year. The Michigan Department of Licensing and Regulatory Affairs sends medical license renewal applications by mail to current licensed physicians approximately 45 days prior to the deadline; typically, in early December. If you are unsure if you need to renew, check the expiration date on your current medical license. If you do not receive your renewal forms in the mail, you may contact LARA at 517-241-7849 or www.michigan.gov/healthlicense. □



applications

Applications for membership which may be recommended for acceptance at the January 19, 2016, Board Meeting. If you have any questions about the applicants, please contact the SCMS immediately at 790-3590 or Joan@SaginawCountyMS.com.

Ibrahim H. Abou Daya, MD (*Covenant Pulmonary and Critical Care Associates*)

Primary: Internal Medicine, Board Certified 2006.

Secondary: Pulmonary and Critical Care, Board Certified 2008, 2009.

Medical School: Faculty of Medical Sciences, Beirut, Lebanon, 1996.

Residency: Bronx-Lebanon Hospital Center, Bronx, New York, Internal Medicine, 2004-06.

Fellowships: Bronx-Lebanon Hospital Center, Pulmonary, 2006-08; and Montefiore Medical Center, Bronx, New York, Critical Care, 2008-09.

Prior Practice: War Memorial Hospital, Sault Ste. Marie, Michigan, Pulmonary and Critical Care physician, 2009 to 6/2015.

Sponsors: Doctors Farhan Ansari and Thomas E. Damuth.

Joseph G. Adel, MD (*St. Mary's of Michigan Neurosurgery Associates*)

Primary: Surgery – Neurological, Board Certified 2010.

Medical School: American University of Beirut Medical Center, Beirut, Lebanon, 2004.

Internship: Northwestern University, Feinberg School of Medicine, Northwestern Memorial Hospital, Chicago, Illinois, Surgery – General, 2006-07;

Residency, Surgery – Neurological, 2006-11;

Fellowship, Surgery – Neurological, Advanced Surgical Training, 2011-12; and Chief Resident 2012-13.

Fellowship: Capital Institute of Neurosci-

ences, Trenton, New Jersey, Cerebrovascular and Endovascular, 2013-14.

Prior Practice: Capital Health System, Trenton, New Jersey, Attending Physician, 2013-14.

Sponsors: Doctors E. Malcolm Field and Naman A. Salibi.

Sudha Nallani, MD (*St. Mary's of Michigan-Heritage Family Physicians*)

Primary: Internal Medicine, Board Certified 2008.

Medical School: Kasturba Medical College, Manipal, India, 1991.

Internship/Residency: Hurley Medical Center, Flint, Michigan, Internal Medicine, 1994-98.

Prior Practice: (1) Aleda E. Lutz VA Medical Center, Ambulatory Care Physician and Hospitalist, 7/98 to 11/00; (2) VA Ann Arbor Health Care System – Flint community based outpatient clinic, staff physician, 12/00-09/04; and (3) Aleda E. Lutz VA Medical Center, staff physician, 9/04-9/06 and Associate Chief of Staff, Geriatric and Extended Care Services and lead physician for Diabetes Clinic, 10/06-08/12.

Sponsors: Doctors Palaniandy K. Kogulan and Gopi K. Nallani.

Mark S. Pankonin, MD (*Covenant Digestive Care Center*)

Primary: Gastroenterology, Board Certified 2014.

Secondary: Internal Medicine, Board Certified 2011.

Medical School: Wayne State University School of Medicine, 2008.

Residency: Emory School of Medicine, Atlanta, Georgia, Internal Medicine, 2008-2011.

Fellowship: University of Miami/Jackson, Miami, Florida, Gastroenterology, 2011-15.

Prior Practice: Grady Hospital Sickle Cell Center, Atlanta, Georgia, 2010-11.

Sponsors: Doctors Asad I. Mehboob and Ricky A. Meyer. ☐

new members



Shivani Bhutani MD
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 Fax (989)-583-6902
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Internal Medicine, Geriatrics



George E. Kikano MD
CMU College of Medicine
- Dean
 1280 S. East Campus Drive
 CMED 2405
 Mt. Pleasant, MI 48859
 Office (989)-774-7570

Fax (989)-774-1215
www.cmich.edu/colleges/cmed/
Family Medicine



Ricky A. Meyer MD
Covenant Digestive Care Center
 900 Cooper, 4th Floor,
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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 20, 2015, at HealthSource Saginaw prior to the membership meeting. Danielle C. Duncan, MD, President, called the meeting to order at 5:33 p.m.

The minutes of the September 15, 2015, Board meeting were reviewed. **MOTION:** Approve the September Board Meeting Minutes. **MOTION APPROVED.**

Dr. Veverka presented the Treasurer's Report for September 2015. He mentioned the Meetings Category was over-budget but was likely due to the increased attendance at September's meeting on ICD-10 coding. **MOTION:** Approve the September Treasurer's Report. **MOTION APPROVED.**

OLD BUSINESS

1. **Homes from Heaven Breakfast** – Dr. Duncan gave a brief overview of the unpleasant task Joan has in getting volunteers for this event and those that do sign up don't always show up or show up on time. Of the 17 volunteers on October 3, 2015, Dr. Duncan and her family and friends were six of those. **MOTION:** Discontinue serving at the Homes for Heaven Breakfast. **MOTION APPROVED.** The discussion was then turned to funding of this event and it was felt that it would look poorly to back out completely and that, at the very least, we could fund one day per year at the \$300 rate we have been paying. It was suggested it could be a yearly budget item. **MOTION:** Include a \$300 donation to Homes for Heaven in the 2016 budget year. **MOTION APPROVED.**
2. **SCMS Website** – Dr. Duncan reported the SCMS website has had a record number of hits due in part to the ICD-10 meeting in September. She also mentioned members could find information

regarding the Human Trafficking Toolkit, the Bulletin and the Cleveland Clinic's "Shared Purpose" video.

3. **Membership Update** – Dr. Duncan reported that membership is back up over 500 and is currently at 502. It was mentioned that it may increase in the summer when Covenant's new budget year has been set and all Covenant employed physicians become members as is expected.
4. **January Meeting Program** – Dr. Duncan reported that Carl Christensen, MD, Medical Director of the Michigan Health Professional Recovery Program was confirmed to present *ER/LA Opioid Risk Evaluation and Mitigation Strategy* at the January 2016 membership meeting. It was suggested that the Board agenda be particularly short that day to allow extra time for the two-hour presentation.

NEW BUSINESS

1. **Applications for Membership** – Dr. Talati, in Dr. Paidipaty's absence, presented the following applications for their second reading:
 - a. **Jacquelyn M. Charbel, DO** (*Mid-Michigan Surgical Specialists, PC*), Colon & Rectal Surgery-Board Eligible, sponsored by Drs. Sujal G. Patel and Todd G. Richardson; and
 - b. **Asad I. Mehboob, DO** (*Covenant Digestive Care Center*), Gastroenterology (*awaiting board results*) and Internal Medicine, sponsored by Drs. Kathleen M. Cowling and Iris A. Marteja.

MOTION: Approve the applications of Drs. Jacquelyn M. Charbel and Asad I. Mehboob. **MOTION APPROVED.**

Dr. Talati then presented the following applications for their first reading:

- a. **Shivani Bhutani, MD** (*CMU Health-Geriatrics*), Internal Medicine-Board Certified 2008 and Geriatrics-Board

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Certified 2012, sponsored by Drs. Chirdeep Bhutani and Alison L. McElhone;

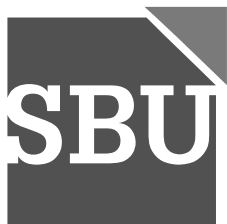
- b. **George E. Kikano, MD** (*CMU Health – Dean of College of Medicine*), Family Medicine-Board Certified 1991, sponsored by Drs. Samuel J. Shaheen and Steven J. Vance; and
- c. **Ricky A. Meyer, MD** (*Covenant Digestive Care Center*), Internal Medicine-Board Certified 1989 and Gastroenterology-Board Certified 1991, sponsored by Drs. Mark J. Heinzlmann and Asad I. Mehboob.

It was noted that Dr. Mehboob was a sponsor for Dr. Meyer and had only been approved as a member in the preceding five minutes of the meeting. It was believed to be an oversight and the Board requested that sponsors be reviewed prior

to being submitted for reading to make sure they are a current member at the time of the application.

2. **House Bill 4812** – Dr. Duncan referenced Attachment #4 which is the letter sent to the Health Policy Committee in support of HB 4812 which would create an open line of communication between doctors and pharmacists when prescribing biologics.
3. **Resolutions to MSMS House of Delegates** – Dr. Duncan suggested contacting Joan if they needed assistance in writing a resolution for MSMS. Dr. Willy stated she was interested in writing one for the rapid-testing that pharmacists are doing. It was noted there was already a resolution that addressed the issue, so it was suggested she contact MSMS to find out what steps she could take in lieu

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of another resolution. She also asked about the SCMS being a co-sponsor, and it was decided there would have to be an investigation around the appropriateness of that wording. Dr. Duncan believes that the sponsorship is implied when it is from an SCMS member.

4. **Medical Missions Articles** – Dr. Duncan reminded the Board that Joan is working on the December issue of the Bulletin and will need medical mission articles. She stated it is probably the most read issue of the Bulletin.

INFORMATION ONLY

- We have several CMU students attending the meeting tonight, so please introduce yourself if you see them.
- The SCMS will volunteer at the East Side Soup Kitchen on Wednesday, November

4, 2015, from 9:30 a.m. to 12:30 p.m.
Please sign up on the sheet being passed around.

The next meeting of the Board will be held on Tuesday, November 17, 2015, at 5:30 p.m. at MCVI. Dr. Duncan reminded everyone that it will now be cold and dark at the end of the meeting, and to park on the south side of the building to be near your car. There is no membership meeting in November.

There being no further business, the meeting was adjourned at 6:20 p.m. ☐

*Respectfully submitted,
Jamie D. Chamberlin
Executive Assistant*

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