

SAGINAW COUNTY MEDICAL SOCIETY www.saginawcountyms.com



Nancy Fody & Kathy Adams of MSMS-A with Janie Gugino & Chinu Mridha



SCMS-A President, Lisa Prakash



Annie Coker, Director of the Sexual Assault Center at Child & Family Services



Jim Schwind, Kathleen McGraw & Carrie Schultz

11th Annual Jingle Mingle

NEXT MEETING:

Tuesday, January 20, 2015
"Human Trafficking Part 2"
MSP Trooper Steven A. Kramer
Horizons Conference Center
6:30 p.m. Social (cash bar), 7 p.m. Dinner
Joint with the Saginaw County Dental Society and Spouses

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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.

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may subscribe at the rate of \$30 per year.

president's letter



M. Sohail Jilani, MD

Happy New Year!

This is the beginning of 2015. Hopefully, we had a good last year and enjoyed our holiday time. Now is the time to get ourselves ready and organized for 2015 to meet new challenges. All of us should take time to assess our physical health, as well as, our practice health.

I was told that there will be some CPT code changes. Everyone should check with their billing companies or billers from their specialty societies. You should also check with your office staff and billing company to see if they are getting ready for the ICD-10 coding implementation which is going to be started on October 1, 2015.

Be ready for chaos, denials, and delayed payments by the insurance companies. Make sure that you have a couple of month's reserves to pay the expenses. There will be added expenses for the implementation of the ICD-10, staff training, and adding technology into your practices. Because of so many changes, there is a high turnover in office staff and that is also causing additional costs for training new staff.

There will be more interference from the insurance companies. They will be asking for more records to audit, and there will be more requests for preauthorizations for medications and testing. This will also add some costs, physician time, as well as, office staff time.

Compliance is the issue in many of the institutions, as well as, in private practices. Please take a moment and talk to your office manager and staff about HIPPA compliance.

A lot of physicians are still struggling to get EMRs. Those who have EMRs are struggling with implementation of meaningful use and PQRS. They are also finding that a lot of things they have to do are not related to their specialty and it is costing them time and money.

There is a drive to shift the nation's health care system away from the fee-for-service and toward providing quality and outcomes which will pick up the momentum in 2015. It will cause more challenges for physicians. Beginning next year, practices that did not report PQR data in 2015 will be docked one and one-half percent (1.5%) in their medical reimbursements. That amount rises to two percent (2%) in 2016.

Starting in 2015, physicians will see a one percent (1%) decrease in Medicare reimbursement for each year they do not meet meaningful use requirements. The penalty will increase by one percent (1%) each year to a maximum of five percent (5%). Eligible professionals have until the end of February 2015 for MU2.

Because of these challenges, some physicians have stopped taking insurance and a large number of physicians are joining the bigger groups or hospitals. Everyone's situation is unique and they will have to assess their individual situation and make their future plans.

Good Luck.

HEALTH INFORMATION EXCHANGE MARK YOUR CALENDAR!

<u>Date</u>: 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.

GOLF OUTING - SAVE THE DATE!

The SCMS Foundation will host its 6th annual golf outing on **Saturday**, **June 13**, **2015**, **at the Saginaw Country Club.** The SCMS Foundation makes low interest loans to medical students with ties to the Saginaw area in the hopes of encouraging the students to return to Saginaw to practice.



Saturday, June 13, 2015 Saginaw Country Club Four Person Scramble 12 p.m. Registration 1 p.m. Shotgun Start

Watch upcoming issues of *The Bulletin* for information and sponsorship opportunities!

Saginar County MEDICAL SOCIETY Since 1902

11th Annual Free Health Fair "The Doctor Is In!"

Saturday, March 21, 2015 9 a.m. to 1 p.m. Horizons Conference Center

If you or your group is interested in purchasing a booth to promote your practice, please contact Joan Cramer at 790-3590 or joan@saginawcountyms.com.

Booths are available on a first come, first served basis. This is your chance to get in front of 1,100+ Saginaw County residents in one convenient location!

Please see page 16 for Vendor Registration Form!

from the editor



Louis L. Constan, MD

Fair Treatment II

Last month, I reviewed a report by the influential Institute of Medicine (IOM) on the nation's Graduate Medical Education (GME) funding. They argue that the current GME funding system is broken in important ways. First, it allows hospitals to control GME funding with no controls on which residencies they choose to use it on, allowing hospitals to structure GME as a profit center for the hospital, rather than as a mission to provide needed physicians to serve the public. They further argue that, because training for Primary Care Physicians (PCPs) is largely in a community setting, and contributes less to the hospital's profit center, the PCP residencies have been allowed to languish, contributing to the critical shortage of PCPs nationwide. This is so blatantly detrimental that it cannot continue to stand.

The federal government is beginning to realize this. The public is beginning to realize this. It was inevitable that this system must change. The signs are obvious everywhere: When 65 percent of residency positions occur in just 12 states which tout the economic advantages of those programs to the states and communities that have them, but ignore the blatant unfairness to those states and communities without training programs (who

pay taxes supporting those out-of-area programs), then it is clear that unfairness is happening.

When people look around their community and see gleaming steel and glass towers devoted to specialty care and spanking new ERs, but their PCP is in a basic plain old building, it is clear that unfairness is happening.

When people pay \$800 a month for health insurance, and then find it pays nothing for an office visit to their PCP, it is clear there is unfairness.

When billboards and flashy ads everywhere promote services people may not need, but when they're looking for a PCP, they hear, "Sorry, we cannot see any more new patients," that's unfair.

Yes, it's happening right here in Saginaw. Talk to your patients. The ones who don't have a PCP can't find one. The ones who have one are worried their doctor will get sick or retire and they'll be left without a regular source of care.

And now that we've lost our surgery residency, the focus is on our primary care residencies: Family Medicine and Internal Medicine. These both have struggled to attract faculty, and now are limping along with part-time and volunteer faculty. They may or may not survive another Residency Review. It is critical that they be adequately funded, enough to attract full-time faculty to service the Residents we have. Our PCP residencies provide a critical infrastructure to the medical community, and provide a ready source of new community-based PCPs for Saginaw patients. We could lose that. It must not happen.

Right now there is a lot of pushback over the IOM report coming, as you would expect, from the large medical centers in the eastern U.S. which have been the biggest beneficiaries of the current system. "It would destroy GME in this country." "Teaching hospitals would fail." Such comments demonstrate that these hospitals

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are oblivious to the reality that is well known to the majority of the country: There simply are not enough PCPs and it is becoming increasingly evident that those hospitals are at least partially responsible for this situation.

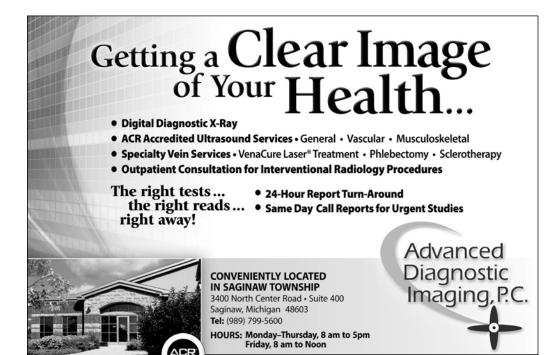
As these issues get hashed out in Washington - and they surely will be - there may be some steps we can take to help out our residencies right here in Saginaw. We PCPs could dig deeper and volunteer to become either paid or non-paid faculty. I know how hard PCPs work and am aware that there are not too many of my colleagues who have the time or energy to help in this way, but there may be some who can, and now is the time to step forward.

We should push the Central Michigan University College of Medicine to live up to their stated mission "to provide medical care for rural and underserved regions." That mission cannot succeed without more support for PCP residencies.

We should push our hospitals (which I do not doubt still have influence over CMU's program) to do more in this area.

It has long been understood that the country should graduate about 50 percent of its new doctors into primary care. That has not happened since World War II, but it could happen again. All it takes is the acceptance that it needs to be done, and the will to do so. With the publication of the IOM report, we are now on our way. It won't be easy of course, so buckle up folks, it looks to be a bumpy ride.





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alliance news

Submitted by Jamie Chamberlin, Executive Assistant

In November, the Alliance Board took dozens of pink bags with items such as toiletries,



bedding, towels, etc., to the Underground Railroad (URR) where they were able to hear about what the URR does to help victims of domestic violence and human trafficking. The URR is currently working to provide an area for victim's pets as many women will not leave a pet with a violent partner for fear the animal will receive abuse. If you have any pet (dog/cat) food, cat litter or toys that you can donate to the shelter, they are taking those donations even though the kennel is not quite open yet.





The 11th Annual Jingle Mingle was held on Monday, December 8, 2014, at the Saginaw Country Club. Over 110 people attended and

shopped from a record 18 vendors. This year's beneficiary and recipient of over \$1,000 was the Sexual Assault Center at Child & Family Services in Saginaw. Annie Coker, LMSW, CTS, Director, Sexual Assault Center, gave a very moving presentation on those they serve during the

event luncheon. Two television stations also aired clips about the event, and special thanks go to Carrie Schultz and Annie Coker from Child & Family Services for getting up early enough to do a 4:30 a.m. interview for TV5! You can go to our Facebook page and see more pictures – Saginaw County Medical Society Alliance.

The Alliance would like to thank the following vendors for participating this year: Blue Heron Pottery – Denise Kleiner Fairylite Candles & Soaps – Judy Krzeszewski Feather & Quills - Connie Glasslee Frankenmuth Toy Company & Kite Craft Jan Heidl Designs – Jan Heidl Locomama Designs - Michelle Karl MM Designs – Mary Margaret Fletcher Opulent by Saida – Saida Murshed Princess Pie – Kelly Hamilton Puppy Paw Creations – Jim Mercer Purple Frog – Trish Boersma Rodan & Fields – Carrie Sullivan So Very Splendid – Jessica Bouvy Sweet Peach - Katy Bauer Tomboy Tools – Ruth Sny Usborne Books - Sonja Cissell "Wool-agins" - Judith Neiderstadt & Lana Wenzel

The Alliance would also like to thank the following table sponsors:

Advanced Diagnostic Imaging, PC

Dr. Ronald C. Barry

Dr. George & Janie Gugino

Dr. James & Martha Hines

Dr. Andrew & Tina LaFleur

Michigan State Medical Society Alliance

Dr. Debasish & Chinu Mridha

Dr. Sanjeev & Lisa Prakash

Saginaw Center for Female Urology

Finally, we would like to thank Norma Roenicke for playing the piano during the event.

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The following Alliance Board members helped plan and make this year's event a huge success:

Lisa Prakash – President
Tina LaFleur – Treasurer
Rebecca Wong – Secretary
Janie Gugino – Past President
Colleen Cheney – Board Member
Chinu Mridha – Board Member
Amanda Tucker – Board Member
Jamie Chamberlin – Executive Assistant
Thank you to all who participated!



Amanda Tucker and Jamie Chamberlin at registration table



Letter Openers, Pens, Stylus' from Puppy Paw Creations

Dues statements were mailed in November. If you have not yet paid your dues, please



do so as soon as possible. These funds are the *only* means of support for the nursing scholarships that are given out every spring and we need everyone's help! Seven scholarships at \$500 each (\$3,500) are given each year so you can see why your dues are important!



Carrie Sullivan, Rebecca Wong & Chinu Mridha



Wool-agins - Lana Wenzel & Judy Neiderstadt

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IN MEMORY

If you would like to recognize a colleague by making a gift in their memory to the SCMS Foundation, please contact Joan M. Cramer, SCMS Executive Director, at 350 St. Andrews Road, Suite 242, Saginaw, Michigan 48638-5988, telephone (989)-790-3590 or email <u>jmcramer@sbcglobal.net</u>. Thank you.



Sweet Peach



Kelly Hamilton (left) of Princess Pie



Bracelets made from antique silverware -Feather & Quills



Hand-made ornaments by Trish Boersma of Purple Frog



Fairylite Candles & Soaps



Blue Heron Pottery - Denise Kleiner



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Asma Taj, M.D., medical oncologist, joins the

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HEALTH IN HOPE: FINDING THE SOUL OF PRIMARY CARE

Toby Long, MD Health Delivery, Inc.

The following article was originally published in the American Psychological Association Journal

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In 2013, Dr. Hallam Hurt lectured on her famous "Crack Baby Study" and concluded, "Poverty is a more powerful influence on the outcome of inner-city children than gestational exposure to cocaine" (FitzGerald, 2013). Incredible.

Why Is Poverty So Bad for One's Health?

In 1997, Dr. Anthony Scioli observed that lower hope scores correlated with increased frequency and severity of illness (Scioli, Chamberlain, & Samor, 1997). In The Anatomy of Hope, Dr. Jerome Groopman noted that researchers are learning how a change in mind-set (that is, hope) has the power to alter neurochemistry. Gallup researcher, Dr. Shane Lopez, has documented how hope promotes healthy behavior, like increased consumption of fruits and vegetables, regular exercise, safer sex, and smoking cessation (Nollen, Befort, & Pulvers, 2008). Remarkable.

Why is Hope So Healthy?

Right out of residency, the National Health Service Corps moved me from rural Colorado to an inner-city neighborhood in which the patho-physiology of poverty was prevalent and hope was hard to find. Saginaw, Michigan topped the FBI's most violent city in America list annually from 2003 to 2009 (Burns, 2010). Per capita, sexual crimes surpassed Detroit causing Forbes Magazine to deem Saginaw the most dangerous place in America for women in 2012 (Casserly, 2012). I was the 14th clinician to start in eight years, and in the 12 months after my arrival, there were

30 homicides and 117 nonfatal shootings within three miles of my clinic. Homes in the neighborhood did not sell, but a friend purchased a three-bedroom, 1,600-square-foot house last year for \$400. Adding complication to complexity, the doctor whose position I inherited had the ignoble distinction of being the top prescriber of opiate pain killers for a regional HMO.

Needless to say, I was hopelessly in over my head. But one can learn much in two years! Though I am still in over my head, I am learning and observing, and have a message for primary care clinicians: FOSTER HOPE; HOPE IS HEALTHY.

At worst, you think I am nuts; at best, naïve. Either way, the pill I am pushing is hard to swallow. The data can be depressing. The stories are hard to hear – for example, the time a grandmother pulled me aside during a well-child check, whispering, "Jimmy saw his dad murder his mom last month. What do I do?" It is hard not to get overwhelmed. It is easy to feel hopeless.

If you think it is tough to be a doctor in this neighborhood ... try being a patient.

Despite our best intentions, we cannot truly appreciate the difficulties many of our patients face. Meet Morris, a former hit man with bipolar disorder, severe anxiety, and years spent in the state penitentiary. Last year, Morris came into my office exasperated, announcing his wife had left him. When I asked why, he replied, "She's a prostitute doc. She got sick of me asking her not to work the weekends."

Morris went on to vent about his loneliness and depression and his thoughts of the pointlessness of life in the neighborhood.

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Frankly, I did not know what to say.

When I finally asked if he was taking his meds, he said, "Listen doc, nobody gives a shit, why should I?" That's it, forgive the impropriety, but that's it. The self-destructive sentiment I have encountered too often in too many patients who believe that nobody cares; why should I?

For many patients, the sentiment is real and likely a fundamental reason why poverty can be so bad for health. Poverty breeds hopelessness. Hopelessness becomes unhealthy when it causes a patient to care less and say, "Just give me the Percocet," or "I don't want to hear about AA," or "No, I didn't refill my hydrochlorothia-whatever." From his perspective, there is no good reason to quit smoking or avoid binging. No real point in taking Prozac or skipping the Xanax. If tomorrow will not be better, and nobody gives a shit, then why should I?

That is the point. Sometimes on the messy front lines of real life, when medicine gets tangled up with poverty, depression, chronic illness, or some admixture of it all, we are forced to admit we need something more than the right script. Morris needs something more – something from the soul of primary care.

This move toward something more I call the "Great Reminder" – the psychosocial equivalent of pulling out a "big-gun," last-line antibiotic. You cannot use it too early,

but it can save the day. It is the clinical attempt to bring the patient to an awareness of their immeasurable worth.

Sensing a health care homily, you may resist. You may see no philosophical grounds for granting any patient "immeasurable worth." There are times I struggle to see it myself. Yet, thank God, my faith saves me, whispering, often against emotion and inclination, that every patient has dignity and worth apart from what they offer me or may contribute to society; apart from what they own or have the ability to buy. Why? Because every patient is more than dust and DNA—they are persons made in the image and likeness of God, and as such, possess a dignity and worth beyond measure.

That is the clinical smelling salt of my faith. This is where the theological transforms the clinical inviting me to do more than sign prescriptions or make referrals. I am invited to recognize worth, and if I follow through, over time a patient may experience care, and by experiencing care, believe they matter. The moment a patient believes they matter is near magic, the grand slam of primary care, because it is the moment a patient moves away from apathy and ambivalence toward active participation in maintaining their own health and well-being.

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So, here is my two-cent inner-city perspective: Make the crazy attempt to care in a manner that communicates worth apart from accomplishment, or skill, or beauty, or all the things that society "requires" for people to believe they matter. Help a patient remember their worth by doing the little things well, and although there are no guarantees, you may have the privilege of having a patient like Morris ask you to wean him off of Vicodin, or Gloria may tell you about her last AA meeting. Willy may ask you for help finding a gym membership, and Peggy may want to restart her antidepressant, assuring you, this time, she will actually take it.

That is the power of hope working in the heart of a patient to do what no clinician can: Make good decisions, forgo bad habits, and see health as a priority and reality in life.

Foster hope. Hope is healthy.

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SCMS FOUNDATION ESSAY CONTEST

Each year since 2011, the SCMS Foundation has held an Essay Contest: "Why I want to become a physician in Saginaw County." The contest is open to high school juniors and seniors in Saginaw County. Applicants are required to submit an application and a 500-word essay. The first place winner receives \$1,000, the second place winner receives \$600, and the third place winner receives \$400. The Essay winners are invited with their parents to the May SCMS meeting at Horizons Conference Center. The students also receive a mentorship with a SCMS physician. The Board considers on an annual basis how many essays (other than the top three) receive a cash prize and mentorship.

Dr. Matt Deibel, SCMS Foundation President, thought you would like to see a sample of the essays that were received. The following excerpts are from the essay of third place winner, Alex Dils of Swan Valley High School:

If I could hit the "fast-forward" button of life, I would be a physician practicing medicine here in Saginaw County. However, knowing there is no such button for me to press, I will one day achieve this goal through hard work, perseverance, and a great deal of support from my family and friends. I look forward to attending Saginaw Valley State University in the fall to pursue this goal, and I am very fortunate to have the opportunity to further my education, making me a better, well-rounded individual.

Ever since I was a young child, I have always wanted to work with others. During my earliest days of elementary school, I would be the first to offer to assist my teacher or a classmate in need of help. This was true on the bus, in the classroom and even on the playground. I would

reach out to others and try to help anyone that may need my advice, physical labor and even those who may be "wounded in battle" while jumping off the monkey bars. I gained this sense of helping others from my mother who is a high school guidance counselor. Throughout the vears, I have observed my mother nurture children and families in various ways. I have seen her console the crying student, calmly sooth the parent who is distressed, pat the back of kids in trouble, and even lay on the floor next to a student having a seizure holding their hands and promising them it would be okay. I have also seen her in the greatest of tragedies while dealing with students, staff and parents when the tragic death of a child occurs in our district. I have often asked her "How do you do it mom?" Her response is always "It isn't about me...it is about helping others." It is from these observations that I have learned how important the "helping professions" are in our society. Therefore, it is my belief that there would be nothing more challenging and rewarding than practicing medicine in my hometown and helping to make Saginaw a healthier place to live.

Becoming a physician means the world to me. I want to enter the work place with "it isn't about me" in mind, and I would like to exit the work place with "it is indeed about helping others." I know there will be many stressful years of medical school and the long weeks of residency. I also realize there will be sleepless nights and days you swear are more than 24 hours long.

Continued on page 15

However, I have always been taught that you have to make sacrifices to achieve your dreams and it is well illustrated in my goal of becoming a physician.

Alex was unable to attend the awards ceremony in May because he was diagnosed ten days prior with Lymphoblastic Lymphoma. As Dr. Deibel said that evening, "This came as a stark reminder of how fragile life and good health can be AND reminds us of the importance of our jobs." You can follow Alex on his journey to recovery at http://www.carepages.com/carepages/supportforalexdils and keep him and his family in your prayers.

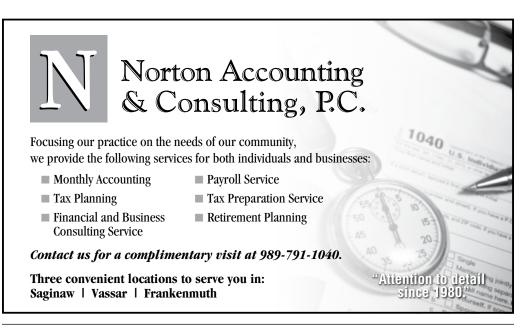
Hannah Castillo, a senior at Nouvel Catholic Central, was the first place winner. She sent the following letter to the Foundation after she completed her one day mentorship with Dr. E. Malcolm Field:

Dear SCMS Foundation Board: Thank you so much for facilitating the opportunity to shadow Dr. Field. Following him around the OR gave

me new insight into the realities of surgery. I watched Dr. Field operate on the carotid artery and lower back. I never realized how many different types of surgeries neurosurgeons performed, or that a procedure could be done in less than two hours. This was my first time watching live surgery, and it is a career I still wish to pursue. Having this experience before leaving for college has sharpened the focus of my future plans. I feel I truly benefitted from peering over Dr. Field's shoulder. It was so helpful when he pointed out various things on the x-rays when he could during surgery.

Thanks again! Sincerely, Hannah Castillo

If you know of a Saginaw County high school junior or senior interested in becoming a physician in Saginaw County, please have them visit our website at www.saginawcountyms.com and download the 2015 Essay Contest rules and application under the "Foundation" tab. The deadline to submit entries is Monday, March 16, 2015.



SAGINAW COUNTY MEDICAL SOCIETY • 11th ANNUAL HEALTH FAIR Saturday, March 21, 2015, 9 a.m. – 1 p.m.

Horizons Conference Center • 6200 State Street • Saginaw, Michigan 48603

VENDOR REGISTRATION

Vendor booths are available at a cost of \$200 each, and include one eight foot skirted table, two chairs and a light lunch. Sales from booths are prohibited, but giveaways are encouraged. *If you require two tables, you will be charged for two booths.*

Booths are available on a first come, first served basis, and space is limited. Participants are asked to staff their booth during the entire Health Fair. Tear down will not be allowed until 1 p.m. Anticipated attendance - 1,100.

If you would like to participate in the 11th Annual Health Fair, please complete and return this form and your check in the amount of \$200 per booth payable to the Saginaw County Medical Society, **by Friday, February 27, 2015**, to Joan M. Cramer, Executive Director, SCMS, 350 St. Andrews Road, Suite 242, Saginaw, Michigan 48638-5988. Please contact the SCMS at imcramer@sbcglobal.net or joan@saginawcountyms.com or 989-790-3590 with any questions (fax 989-790-3640).

The 11th Annual SCMS Health Fair is a <u>privately sponsored event</u>. The SCMS reserves the right to refuse any vendors, including but not limited to, those who do not fit the mission and scope of the SCMS, physicians and/or businesses owned by physicians who are not members of the SCMS, and hospitals outside of Saginaw County.

Name of Organization Contact Person Address Citv State Zip Code Office Phone Cell Phone Email Fax What is planned for your space? Number of people working your booth (needed for lunch count)? Will you provide a health screening? If so, what type? Do you require electricity? Please do not request electricity if you do not need it. Electrical outlets are not available at all booth locations, and booth placement is based partly on electrical needs. If yes, please bring an extension cord. ☐ NO, we do NOT need electricity ☐ YES, we need electricity Each booth has two chairs. Do you need additional chairs and if so, how many? (Please do not request extra chairs if they are not needed as we are charged for additional chairs.) ☐ YES, we need a total of _ chairs □ NO, we do NOT need additional chairs Will you donate an item to be raffled off at the Health Fair? If so, please bring the item the day of the Health Fair and label it with your organization's name. ☐ YES, we will donate an item for the raffle.

PLEASE PRINT

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.

There is no Membership Meeting in February.

<u>Tuesday</u>, <u>February 17, 2015</u> – 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. See page 16 for Vendor Registration.

<u>Tuesday, March 31, 2015</u> – SCMS serves at the East Side Soup Kitchen in honor of Doctor's Day. *Volunteers needed to prepare and serve lunch!* Please see page 18 to sign up.

<u>Tuesday, April 21, 2015</u> – 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).

<u>Tuesday, May 19, 2015</u> – 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.

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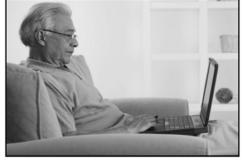
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SOUP KITCHEN – TUESDAY, MARCH 31, 2015 TIME TO SIGN UP!



The Saginaw County Medical Society will again volunteer at the Soup Kitchen on **Tuesday**, **March 31**, **2015**, **from 9:30 a.m. to 12:30 p.m.** in honor of Doctors Day. The Soup Kitchen is located in the **Hunger Solution Center**, 940 East Genesee in Saginaw (corner of Janes Street).

Last November, our members and their families served lunch to 301 people, and packed lunches for local centers to feed children. Please consider donating your time on Tuesday, March 31, 2015, to help the less fortunate in Saginaw.

Volunteers are asked to sign up to work at the Soup Kitchen for various one hour shifts from 9:30 a.m. – 12:30 p.m., or for the entire morning if desired.

I will work at the Soup Kitchen at the following time (check shift(s) you will work):							
[[] 9:30 a.m. to 10:30 a.m.		[] 11:30 a.m. to 12:30 p.m.				
[[] 10:30 a.m. to 11:30 a.m.			[] Entire time - 9:30 a.m. to 12:30 p.m.			
	[] Other t	ime	_ a.m. to	a.m./p.m.			
Name:_		Phone:		Email:			
	PLEASE PRINT		(we will call	l/email to remind you)			

IT IS VERY IMPORTANT THAT YOU HONOR THIS COMMITMENT. We will be the only organization volunteering that day. If our members are not in attendance, there will be no other workers there to serve and pack lunches. Please fax to the SCMS office at 989-790-3640 or mail to 350 St. Andrews Road, Suite 242, Saginaw, Michigan 48638. Thank you!

INTERESTED IN A POSITION ON THE SCMS BOARD?



The SCMS is seeking members interested in serving the Society in an elected position. The SCMS will develop the slate of officers, directors, delegates and alternate delegates for the 2015-16 program year early in 2015. The slate will be announced in April 2015, and elections will take place at the annual meeting in May 2015.

Elected positions for the 2015-16 year are open to all SCMS members. Any physician who has been an SCMS member for at least five (5) years is eligible to become President. Please contact Joan Cramer at the SCMS office at 790-3590 or email joan@saginawcountyms.com if you would like to be considered for a position.

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.

You should have already received 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@saginawcountyms.com with any questions.

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@saginawcountyms.com.



Beyond Checking the Box: Legalities and Practicalities of HIT Tuesday, February 17, 2015, 9 a.m. - 3:30 p.m. I Detroit Marriott Troy 200 West Big Beaver Road, Troy, Michigan 48084

Health Information Technology (HIT) is creating many challenges for physicians and other health care professionals as they work to understand how to marry technology with practice transformation goals. The presenters at *Beyond Checking the Box: Legalities and Practicalities of HIT* will provide physicians, Physician Organization leaders, medical practice managers, and medical practice consultants with advice to help manage the various opportunities and requirements associated with the implementation of HIT tools and resources in medical practice. A thorough understanding of the featured topics will help physicians and medical practices survive and thrive in the current and evolving HIT environment.

This conference will provide you with the knowledge to:

- Recognize emerging Cybersecurity challenges and common sense strategies to safeguard data in your practice and/or work environment;
- Identify the necessary steps to survive a HIPAA security audit and other legal nuances;
- Understand the role of technology in helping to align and successfully participate in federal programs;
- Incorporate data analytics into your workflow to improve patient care and your bottom line;
- Make strategic personnel decisions to remain competitive as HIT adoption increases; and,
- Utilize technology as a tool to engage your patients in their health care.

For additional information or to register, please click here or visit www.msms.org/eo **Statement of Accreditation:** The Michigan State Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA Credit Designation Statement: The Michigan State Medical Society designates this live activity for a maximum of **FIVE (5)** AMA PRA Category 1 Credits[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity. For more information, please contact Caryl Markzon at cmarkzon@msms.org or call

517-336-7575.



Protecting Michigan Children & Educating Parents: Strengthening Michigan's Immunization Requirements

Protect Our Children

Let's keep them healthy. Childhood immunizations protect our kids from dangerous infectious diseases like measles, mumps, rubella and more.

Because of their developing immune systems and exposure in settings like school and daycare, children and infants are especially vulnerable to vaccine-preventable diseases.

Protect Michigan

Time to reduce outbreaks. Michigan's high non-medical exemption rates mean the state could risk outbreaks in diseases like diphtheria, measles, mumps, pertussis, polio, rubella, smallpox and more.

In just one Traverse City school this fall, over 150 children have contracted pertussis. The outbreak was attributable to the fact that 17% of the school's kindergartners were not immunized --more than 3 times the state average.





American Academy of Pediatrics











Educate Parents

Knowledge is power.

On December 11, 2014, the Joint Committee on Administrative Rules approved a change to Michigan's childhood immunization standards.

The change requires parents of school-aged children who seek a "philosophical exemption" to immunization requirements to have their waiver certified by their local health department.

While individuals may still choose and obtain a waiver for any reason, the new rule will lead to better education about the safety and effectiveness of immunizations, encouraging informed decisions.

By the Numbers

Michigan parents are among the most likely in the nation to avoid getting their children immunized.

Michigan has the 4th highest non-medical exemption rate in the nation, with 5.3% of parents simply choosing not to immunize their children.

Michigan is one of only 4 states in the nation with a non-medical exemption rate over 5%. Only Idaho, Vermont and Oregon have higher non-medical exemption rates.

Waiver rates vary widely by county in Michigan from 1.3% - 30.7%.

10 counties had policies in place last year where informed consent was used as a tool to educate individuals. The average exemption rate for those counties was 3.3%.

NURSING SCHOLARSHIP APPLICATIONS AVAILABLE

The Saginaw County Medical Society Alliance announces that applications for the annual \$500 Nursing Scholarships are now available. Interested individuals should be residents of Saginaw County who are <u>currently</u> enrolled in a nursing program and have a GPA no lower than 2.79. Students who reside in Saginaw County only to attend Delta or

SVSU are not eligible. High school seniors are also not eligible to apply. *Applications may be downloaded from the SCMS website www.saginawcountyms.com under the "Alliance" tab,* or available from the Saginaw County Medical Society, 350 St. Andrews Road, Suite 242, Saginaw, Michigan 48638. The telephone number is (989) 790-3590 or e-mail at jamie@saginawcountyms.com. **Deadline for applications is March 31, 2015.**

MEDICAL STUDENT LOAN APPLICATIONS AVAILABLE

Do you know of a medical student (with ties to the Saginaw area) in need of a loan? The SCMS Foundation may be able to help. The Foundation was formed in 1969 and originally funded through physician donation of earnings from educational and charity work. The Annual Golf Outing and donations



now fund the Foundation which makes low interest loans to medical students with ties to the Saginaw area. The intent is to encourage physicians to return to Saginaw County to practice medicine.

Current SCMS Foundation officers are President, Matthew D. Deibel MD; Vice President, Lowell A. Butman MD; and Trustees Rao V.C. Gudipati MD, Richard C. Hausler MD and Robert J. Toteff MD.

If any SCMS member knows of a medical student in need (with an interest in the Saginaw area), please encourage him or her to contact the SCMS office at (989) 790-3590 or joan@saginawcountyms.com for loan application details. *Applications may be downloaded from the SCMS website www.saginawcountyms.com under the "Foundation" tab.* Deadline for applications is March 31, 2015.

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email: skelly@dpimpressions.com website: www.dpimpressions.com Dornbos Printing Impressions is one of the oldest printing companies in the Downtown Saginaw area. Let us build a relationship with you!

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TIPS FOR MAINTAINING HAPPINESS IN YOUR MARRIAGE

Physicians are not strangers to stress, but familial well-being often may be sidelined by professional pressures, particularly around the holiday season. Here are a few tips from physician family experts to help you maintain happiness in your medical marriage.

Personal satisfaction can contribute to professional satisfaction, so maintaining a happy and healthy home life is essential for physicians. A recent article by three experts from the Center for Physician Resilience in the <u>AMA Alliance</u> magazine *Physician Family* suggests these ways for how medical families can boost their happiness and own self-care:

- Honor each other's roles and contributions. A physician's spouse should not feel like "just a physician's spouse." Everyone in the family plays an important role, and voicing appreciation to one another can foster healthy relationships.
- **Don't eliminate family rituals because someone is working.** Protect family time, such as family meals. Rituals are essential to surviving stressful times, and even simple routines or traditions can have a positive impact on your family's morale.
- Remember that marriage is not a "suffering contest." Respect that you and your spouse have stress, and remember that it is hard to be a physician, just as it is difficult to be the partner of a physician.

Courtesy AMA Alliance Physician Family magazine http://www.physicianfamilymedia.org/





New TeleStroke Program

Beginning January 12, St. Mary's of Michigan will take on the role of the 'hub site' for our new TeleStroke Program, with our initial first two spokes being St. Mary's of Michigan Standish Hospital and St. Joseph Health System in Tawas. Utilizing a high definition camera, this program allows Emergency Department physicians from Standish and Tawas to interact with a neurologist – who will be able to assess the patient and interact with the patient, family and ED physician. From there, treatment recommendations will be made. If a transfer is needed, the neurologist will speak directly to a St. Mary's of Michigan neurosurgeon.

This technology will allow a greater opportunity to provide care for our outlying facilities with quicker treatment recommendations by our specialized physicians. It will also help speed up the transfer process when seconds matter.

St. Mary's of Michigan has been a designated Primary Stroke Care Center since 2006

Diabetes Education Program

Did you know that St. Mary's of Michigan has an Accredited Diabetes Self-Management Education Program?

St. Mary's provides personalized lifestyle plans and managed care by a team of a registered nurse (RN) and registered dietitian (RD), in order to effectively control all aspects of diabetes care. Our Diabetes Self-Management Education Program offers your patients the tools they need to learn more, feel better and live well.

Our program provides one-on-one counseling with a registered nurse and registered dietitian, group classes, diabetes educational offerings and support groups throughout the year, as well as flexible hours. If you have a patient who could benefit from our program, please call (989) 907-8575.



MiHIA will be starting the New Year with a new and "improved" name!

Formerly known as the Michigan Health Information Alliance, Inc., we will now be operating as the **Michigan Health** *Improvement* **Alliance!**

MiHIA's scope and efforts have evolved and broadened significantly since our founding in 2007. We believe this change will better reflect our initiatives around health and health systems and our vision of ensuring a thriving health community for us all

For more information on the change, please visit www.mihia.org.





Top Five Ways to Beat the Post-Holiday Blues

When that last drop of New Year's Eve champagne is gone and the Christmas ornaments are packed away, many people enter a state of post-holiday blues. The anticipation and planning that begins with Halloween ends when you open your eyes on the second day of January. It's winter; the parties are over and it's back to the daily grind. But you can beat the post-holiday blues.

1. Rescue an Animal

Visit your local animal shelter. Give some time and attention to an animal without a home. If you are able, adopt a pet and add some new life to your home. If you can't adopt one, ask if you can donate your time to the shelter. You'll be helping animals, but they'll enrich your life as well.

2. Declutter

Look around your home — I mean really look around. Are the walls closing in on you? Could you use some breathing room? A cluttered home can make you feel overwhelmed and unable to move forward in your thinking and your activities. It's harder to clean, too, adding to the chores you have to do, or the chores that never get done. It's a vicious cycle that can be broken. Pick out a few items each day and

ask yourself—do I need this...does it serve a purpose...would I really miss it if it were gone...can it be useful to someone else? Most people feel better and perform better in an uncluttered environment.

3. Volunteer

There's a lot of hype about <u>volunteering</u> during the holidays, but those needs don't go away in January. People are still hungry, ill, homeless, and in need of assistance. If you've got time on your hands, and it's making you blue, helping someone else can lift you out of the doldrums.

4. Give

If you're busy with earning a living and caring for family, volunteering time isn't always practical. Perhaps you can afford a monetary gift to your favorite worthy charity. Choosing a local charity makes it more personal. If you can't afford to give money, how about donating items from your home that you no longer use or want? You get decluttered and someone else gets something they need. That's a win/win.

5. Perform an Act of Kindness

Smile at a stranger. Open a door for someone else. Thank someone for the work they do. Let another driver into the line of traffic. Give someone a ride. Run an errand for someone who is sick. Small kindnesses take little time or effort but can make a big difference in someone else's day. Perhaps you'll even inspire others to pay it forward.

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.



New Technology for Women with Dense Breast and/or Breast Implants

"I'm excited to announce Covenant Breast Health Center is the first medical center in the state of Michigan to offer Automated Whole Breast Screening Ultrasound (AWBUS), a supplemental screening exam for women with dense breasts and/or breast implants," says Mark Ludka, MD, Medical Director of the Covenant Breast Health Program at Covenant HealthCare.

AWBUS is a painless procedure using ultrasound. No compression is needed and it takes about 20 minutes to perform. While AWBUS is not a replacement for screening mammography, studies show that an ultrasound examination in conjunction with a mammogram can find more cancers in women with dense breasts than by mammography alone. The goal of annual screenings is to find cancers early, when they are small and easier to treat.

Dr. Ludka explains breast imagers have long known dense breast tissue makes it more difficult to detect cancer. Spotting tiny cancers in the mammogram of a fatty breast is easier because cancer shows up white on dark fatty-breast tissue. However, cancers are harder to find in the mammogram of a dense breast because both cancer and dense-breast-tissue show up white.

According to Linda DeGuise, Manager of Imaging & Diagnostics at Covenant, "All Covenant mammography reports now include a statement describing the patient's breast density level on a scale from 1 (fatty) to 4 (extremely dense). AWBUS is highly recommended, in conjunction with screening mammography, in patients with a breast density level of 3 or 4."

The patient can be scheduled and the exam performed at the same time as her annual screening mammogram. AWBUS is cleared by the FDA as an additional examination in conjunction with screening

mammography. The level of insurance coverage varies and patients are advised to check with their insurance providers prior to having the exam done.

Since June of 2014, more than 60 women have utilized this new technology. "We are looking forward to using this technology to service additional patients, as research tells us nearly 40 percent of women have dense-breast tissue," says DeGuise.

For more information or to schedule an AWBUS appointment, call 989.583.6278.

The purchase of the AWBUS equipment was made possible by the generosity of Covenant HealthCare Foundation donors and Red Carpet events supporters and sponsors.

11th Consecutive Year Covenant Wins Consumer Choice Award by NRC

Covenant HealthCare was named a 2014/2015 Consumer Choice Award by National Research Corporation, as announced in Modern Healthcare magazine. The annual award identifies hospitals across the United States that healthcare consumers choose as having the highest quality and image.

Winners are determined by consumer perceptions on multiple quality and image ratings collected in the company's Market Insights survey, the largest online consumer healthcare survey in the country. National Research surveys more than 290,000 households in the contiguous 48 states and the District of Columbia. Hospitals named by consumers are analyzed and ranked based on Core Based Statistical Areas defined by the U.S. Census Bureau, with winning facilities being ranked the highest.

This is the 19th anniversary of the Consumer Choice Award and its popularity continues to rise.

"The complexity of healthcare has urged consumers to play much more of an integral role in their care decisions, which in turn, is prompting hospitals and healthcare systems to lead a proactive approach to brand awareness," said Brian Wynne, Vice President of Sales at National Research. "This year's winners have done an exceptional

Continued on page 27

job of representing their organizations in terms of high-quality care, improvement initiatives, and positive consumer perceptions and experiences."

Get Healthy with Covenant in 2015!

Cancer Care Exercise Classes for Beginners

Cancer patients can join us for classes with a high instructor to patient ratio in an environment where they can feel safe. Our Exercise Specialist can create a program for anyone interested in group training sessions. Classes start January 2015 at Covenant HealthCare Mackinaw (5400 Mackinaw (at Tittabawassee) Saginaw, MI 48604). Interested participants must preregister to attend, and the cost is just \$20 for 16 classes. This is a great way for patients to have fun, get fit, and support each other. For registration or more information, please call 583-5140 or 583-5242.

Diabetes Health Challenge January 20-April 16

The YMCA of Saginaw and the Covenant Outpatient Diabetes Center will work together with physician offices encouraging patients to become healthier. The focus of the challenge will be the outcome measurement of:

- HgA1C
- Blood Lipid Levels
- BMI

These values will be assessed and determined by the patient in conjunction with the Outpatient Diabetes team.

As an incentive for success, the winner will receive:

- A recognition certificate
- 1st place 1 year YMCA membership
- 2nd place 6 month YMCA membership
- 3rd place 3 month YMCA membership

The winning physician's office will also receive a certificate as a symbol of commitment and partnership in wellness initiatives related to diabetes. The winner and their physician's office will be announced at the YMCA of Saginaw celebration April 16, 2015, at 6 p.m.

For more information, call the Covenant Diabetes Center at 583-5193. Space is limited and participants must pre-register at the YMCA of Saginaw.

*All participants must enroll in a one year membership at the YMCA of Saginaw. The first three months membership fee will be waived for all Diabetes Health Challenge participants through a grant from the Robert and Eileen Hesse Trust. Membership can be cancelled at the end of the health challenge at no charge if desired.

Sponsored by: YMCA of Saginaw, the Diabetes Self Management Program and Partnering Physician Offices



As leaders in healthcare, it is vital that managers/administrators of medical practices have resources available to stay abreast of the ever changing rules in healthcare in order to maintain successful practices. An excellent resource

available to all physician office administrators is the Michigan Medical Group Management Association (MiMGMA). Our organization is open to all specialties and provides an excellent return on investment allowing all managers the luxury of membership. Conferences are held each spring and fall in Michigan; extensive travel is not required to attend. As an attendee, one manager reported saving her organization \$26,000 in one year due to networking opportunities presented to her at one MiMGMA conference.

For more information, please visit our website at http://www.michmgma.org/ or contact Sandy Sprague, MiMGMA Member Services Co-Chair, at ssprague@greatlakeseyeinst. com or (989) 793-2820.

Choosing Wisely

Measuring Adherence to ASCO's 'Choosing Wisely' List

The first session of the Quality Care Symposium, held in Boston in October, was devoted to presentations on overtreatment in cancer care, and the main takeaway is that oncologists recognize overtreatment is rampant but they don't know what to do about it.

Lisa Hicks, MD, from St. Michael's Hospital at the University of Ontario, listed several factors that promote overutilization, including a medical culture that says that more tests and treatments are better; defensive medicine; financial incentives to do more; the rapid change in science; a patient culture that every problem can be solved; and direct-to-consumer marketing.

The idea behind the American Board of Internal Medicine Foundation's "Choosing Wisely" campaign is to give physicians and patients straightforward ideas about how to avoid inappropriate utilization.

So are oncologists using the "Choosing Wisely" advice? Some are, some aren't, according to the results of a study showing that overall adherence to ASCO's initial Top 5 list, issued in 2012, of things that oncologists and their patients should question before proceeding, varied from 51 to 78 percent (Abstract 178).

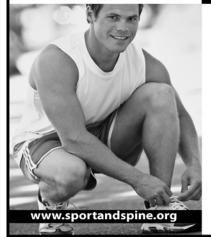
Karma Kreizenbeck, Project Director at Hutchinson Institute for Cancer Outcomes Research at Fred Hutchinson Cancer Research Center, presented the study, which used a database that linked the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) records for about 24,000 cancer patients diagnosed in western Washington state between 2007 and 2013 with enrollment and claims data from Premera Blue Cross.

The initial Top 5 items were as follows:

 No anticancer therapy for patients with advanced cancer and poor performance status;

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- No PET, CT, and bone scans in early prostate cancer;
- No PET, CT, or radionuclide bone scans in early breast cancer;
- No biomarkers or advanced imaging following breast cancer treated for cure; and
- No colony-stimulating factors for chemotherapy with less than a 20 percent risk for febrile neutropenia.

Kreizenbeck and her colleagues found:

- 59 percent adherence to the measure "no chemotherapy or radiation for solid tumors in the last two months of life" for patients with advanced disease;
- 79 percent adherence to the measure

- "no PET, CT, and bone scans within two months of early prostate cancer diagnosis";
- 97 percent adherence to the measure "no PET, CT, and bone scans within two months of early breast cancer" for patients with tumors in situ;
- 57 percent adherence to the measure "no PET, CT, bone scans, and tumor markers between two and 14 months after curative therapy for early breast cancer" for patients with localized tumors; and
- 83 percent compliance to the measure "no colony-stimulating factors with 45 days of chemotherapy start for patients with breast, non-small-cell lung cancer and colorectal cancer who have less than a 20 percent risk for febrile neutropenia."

in memory



Jean Louise Clowater, age 86, of Higgins Lake and Vero Beach, Florida, died January 5, 2015, surrounded by her loving family at James E. Cartwright Care Center in Saginaw. Mrs. Clowater was born on Decem-

ber 15, 1928, in Glace Bay, Nova Scotia, Canada the daughter of Michael Russell and Lillian Gertrude (Stuart) MacPhee. She married Dr. Robert A. Clowater in Glace Bay on June 19, 1952. He predeceased her on February 19, 2014.

Jean attended Mt. St. Vincent University in Halifax, Nova Scotia and St. Francis Xavier University in Antigonish, Nova Scotia graduating with a Master's Degree in Education. They moved to Saginaw and she began teaching at St. Helen Catholic School where she taught junior high mathematics and English, and also taught the gifted and talented. While in Saginaw, she was a member of the Saginaw Medical Society

Auxiliary, the Saginaw Community Hospital Auxiliary and St. Helen Catholic Church.

Following her retirement, she and Dr. Clowater shared their residency between Higgins Lake and Vero Beach, Florida. At Higgins Lake she was a member of St. Hubert Catholic Church, the Higgins Lake Foundation and the Higgins Lake Property Owners Association. She was a lector and Eucharistic Minister at both St. Hubert Catholic Church and St. Helen Catholic Church in Vero Beach. While in Vero Beach, she was active as an adult literacy tutor. In her spare time she enjoyed reading, golf, playing Bridge and knitting.

Surviving are six children, Robert G. Clowater, Ann Miller and Joan (David) Payne all of Saginaw, Cathy (Steve) Kueffner of Frankenmuth, Linda (Sean) Hilbert of Chelsea and Lorna (Bob) Coury of Belleville; twelve grandchildren and two great-grandchildren.

Those planning an expression of sympathy are asked to consider the American Cancer Society, Diocese of Saginaw Seminary Fund, James E. Cartwright Care Center, Heartland Hospice or the Neighborhood Apostolate at St. Helen Catholic Church in Vero Beach. Arrangements are by Walsh Funeral Home in Roscommon.



❖ SB2 Expires After Marathon Close to Lame Duck

Despite a very tricky set of political circumstances and a marathon 20-hourlong last day of the lame duck session, the Michigan State Medical Society was extremely successful in protecting patients and serving the profession by defeating Senate Bill 2. The legislation would have allowed nurses to diagnose and write prescriptions without any physician supervision. This was an extreme sprint at the end of a two-year marathon, and it took an incredible amount of work by our entire team, including our grassroots political activists, county medical societies, and you, our members.

As Immediate Past President Doctor Kenneth Elmassian put it, the "groundwork the staff and physician leadership invested over the two-year period contributed mightily to the successful close of this legislative session." President James Grant, MD, encourages us "to celebrate this milestone and be ready to craft a new game plan in 2015 as we move from defense to offense." The work continues, but the opportunities expand because of the professional way we conducted ourselves.

MSMS was also successful in getting Expedited Partner Therapy passed prior to the end of session, which is another great accomplishment for medicine and public health. This bill allows the option for a physician to write a prescription for the patient, who has gonorrhea and chlamydia, as well as, for the partner who is not present at the time of diagnosis. In 2012, the MSMS House of Delegates adopted Resolution 1 that directed MSMS to seek the implementation of this policy in Michigan.

❖ Future of Medicaid Primary Care Uplift

The Michigan
Department of Community Health (MDCH)
recently released a final



bulletin (MSA 14-61) which explains how increased payments for Medicaid primary care services (uplifts) rendered by primary care physicians will be paid in 2015. MSMS advocated for practice characteristics (60 percent of specified evaluation and management codes) to be added as one of the eligibility criteria. We are happy to report that provision was included in the final version.

The current Medicaid primary care uplift was authorized by the Patient Protection and Affordable Care Act (ACA). Because it was set to expire at the end of 2014, the Michigan Legislature included a partial continuation of the Medicaid primary care enhanced rates to Medicare rates beyond December 31, 2014, in the Fiscal Year 2015 MDCH budget (Section 1801 of Public Act 252 of 2014).

This extension will enable physicians with a specialty designation of family medicine, general internal medicine, and pediatric medicine who provide certain primary care services to be reimbursed at approximately 78 percent of Medicare rates for dates of service on and after January 1, 2015. Payments will be made on qualified procedure codes. To be eligible for the adjusted payment, physicians must be board certified or board eligible in one of the three designated primary care specialties recognized by the American Board of Medical Specialties, American Osteopathic Association, and the American Board of Physician Specialists. Non-board certified or non-board eligible primary care physicians may be eligible for the uplift if a review of their billing history demonstrates that at least 60 percent of the physician's codes paid by Medicaid are for E/M codes specified in the policy.

Continued on page 31

Physicians must update and maintain their primary specialty and subspecialty designations in their Community Health Automated Medicaid Processing System (CHAMPS) enrollment profile.

If you have further questions, contact Stacie J. Saylor, CPC, CBC, at (517) 336-5722 or ssaylor@msms.org.

❖ Let MSMS Continue Fighting for You

We know your focus is taking care of your patients, which leaves little time to fight the battles that are facing your profession. That's why the Michigan State Medical Society is relentlessly working for you and your patients. Whether it's representing



medicine in Lansing and Washington, DC, meeting with third-party payers to

get you paid, developing practice management tools and seminars for you and your office staff, or creating programs to improve public health, MSMS has long been a physicians' best advocate. The more members we have, the more we can do on your behalf.

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- 1. Pay online at www.msms.org/dues.
- 2. Call MSMS Membership Coordinators Heather Pratt (517-336-5719) or Hannah Dingwell (517-336-5762) to pay by phone.
- 3. Fax your invoice payment to 517-336-5797.

❖ BCBSM Announces Changes to Traditional Program Participation Criteria

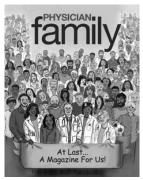
Blue Cross Blue Shield of Michigan is making changes to the Traditional program participation criteria. As of January 1, 2015, the criteria under which a practitioner may be refused participation in the BCBSM Traditional program include, but are not limited to, the following:

- Any felony or misdemeanor conviction, guilty plea, plea of nolo contendere or placement in a diversion program for any crime related to the payment or provision of health care involving BCBSM, Medicare, Medicaid or other health care insurers in the last five years.
- Any felony or misdemeanor conviction, guilty plea, plea of nolo contendere or

- placement in a diversion program for any crime in the last three years.
- Termination, suspension, revocation of licensure, certification, registration or accreditation in Michigan or in any other state in the last two years.
- Reprimand, censure, restriction or reduction to probationary status of licensure, certification, registration or accreditation in Michigan or any other state in the last year.
- Practitioners who have failed to reimburse BCBSM any amounts due and owing as a result of any overpayment or audit identified from previous affiliation with Blue Cross.
- Practitioners who are currently on federal sanction list or have been on such a list within the last two years.
- Practitioners who have been departicipated by BCBSM within the last five years after being on pre-payment utilization review for at least two years and who did not meet criteria to be removed from PPUR.

If you have any questions about these changes, please call Provider Enrollment and Data Management at 1-800-822-2761.

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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'

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birthdays

February Birthdays

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Scott E. Cheney MD 2/23 John F. Collins MD 2/23 Kathleen M. Cowling DO 2/29 Fred C. Dunham MD 2/27 Jack J. Ferlinz MD 2/18 Christopher M. Genco MD 2/6 Anu R. Gollapudi MD 2/13 Angela K. Gregory MD 2/4		
John F. Collins MD2/23Kathleen M. Cowling DO2/29Fred C. Dunham MD2/27Jack J. Ferlinz MD2/18Christopher M. Genco MD2/6Anu R. Gollapudi MD2/13Angela K. Gregory MD2/4		
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Fred C. Dunham MD	John F. Collins MD	2/23
Jack J. Ferlinz MD2/18Christopher M. Genco MD2/6Anu R. Gollapudi MD2/13Angela K. Gregory MD2/4		
Christopher M. Genco MD		
Anu R. Gollapudi MD		
Angela K. Gregory MD2/4		
Angela K. Gregory MD2/4	Anu R. Gollapudi MD	2/13
	Angela K. Gregory MD	2/4

Johnathan Todd Howard DMD	2/4
Charles E. Jessup DO	2/11
Jose Mari G. Jurado MD	2/5
K.P. Karunakaran MD	
Jean A. Knapps MD	2/4
Lawrence L. LaLonde MD	
Medley A. Larkin DO	2/10
Renato S. Lee MD	
Byron B. Lutes MD	
Jose V.B. Mangune MD	
Jamie J. McCartney MD	
Dale L. Moliterno DO	2/19
Debasish Mridha MD	
Joseph Natole MD	
John M. O'Grady MD	2/25
Michael A. Pammit MD	2/11
Minoo K. Rao MD	
Arup Sarkar MD	
Biren R. Shah MD	2/27
Palak N. Shroff MD	
Audrey E. Stryker MD	
Donald L. Tuckey MD	2/1
Carolyn M. Dennis Vert DO	2/25
David A. Wiersema DO	2/28
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applications

Applications for membership which may be recommended for acceptance at the February 17, 2015, Board Meeting are listed below. Please contact the SCMS if you have any comments about the applicants.



George A. Arnold, MD (Advanced Diagnostic Imaging, PC)

<u>Primary</u>: Diagnostic Radiology, Board Certified 2010.

Medical School: University of Toledo College of

Medicine, 2005.

Internship/Residency: William Beaumont Hospital, Royal Oak, Michigan, 2005-10. Fellowship: Musculoskeletal Radiology 2010-11.

<u>Prior Practice</u>: Genesee Medical Imaging at Genesys Regional Medical Center, Grand Blanc, Michigan 2011-14.

Sponsors: Doctors Ramakrishnayya Gadam and Harvey K. Yee.



Lawrence J. Ashker, DO (Advanced Diagnostic Imaging, PC)

Primary: Diagnostic Radiology, Board Certified 1997.

Medical School: Kirksville College of Osteopathic Medicine, Kirksville, Mis-

souri, 1988.

<u>Internship</u>: Riverside Osteopathic Hospital, Trenton, Michigan, Rotating, 1988-89.

<u>Fellowship</u>: Center for Sports Medicine and Orthopaedics, Phoenix, Arizona, Sports Medicine, 1989-90.

Residencies: Henry Ford Macomb Hospital – Warren Campus, Warren, Michigan, Radiology, 1992-93; and Wayne State University, Detroit, Michigan, Radiology, 1993-97.

<u>Fellowship</u>: Oregon Health & Science University, Portland, Oregon, Body Imaging Fellowship including high-risk OB ultrasound, 1997-98.

<u>Prior Practice</u>: Mount Clemens Regional Medical Center, Mount Clemens, Michigan, Family Practice/Urgent Care Medicine, 1990-92.

Sponsors: Doctors Ramakrishnayya Gadam and Harvey K. Yee.



Kristin M. Constantino, MD (Advanced Diagnostic Imaging, PC)

<u>Primary</u>: Diagnostic Radiology, Board Certified 2013. <u>Medical School</u>: University of Cincinnati College of Medicine, 2008.

<u>Internship/Residency</u>: Beaumont Health System, Royal Oak, Michigan, 2008-13. <u>Fellowship</u>: Phoenix Children's Hospital, Phoenix, Arizona, Pediatric Radiology, 2013-14.

Sponsors: Doctors Ramakrishnayya Gadam and Harvey K. Yee.



Walker N. Foland, DO (Covenant HealthCare Emergency Dept.)
Primary: Emergency Medi-

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

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

cine.

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



Michael A. Gedwill, DO (Advanced Diagnostic Imaging, PC)

Primary: Diagnostic Radiology, Board Certified 2000. Medical School: Midwestern University Chicago College of Osteopathic Med-

Continued on page 35

icine, Downers Grove, Illinois, 1995. Internship: Henry Ford Bi-County Hospital, Warren, Michigan, rotating, 7/95 to 6/96. Residency: Michigan State University, Diagnostic Radiology, 7/96 to 6/00. Prior Practice: Henry Ford Bi-County Hospital, 7/00 to 12/06; and Genesys Regional Medical Center, Grand Blanc, Michigan, 2007-14.

<u>Sponsors</u>: Doctors Ramakrishnayya Gadam and Harvey K. Yee.



Randy D. Hicks, MD (Regional Medical Imaging, PC)

<u>Primary</u>: Diagnostic Radiology, Board Certified 1989.

Medical School: Michigan State University CHM, 1984.

Internship/Residency: MSU Affiliated

Hospitals of Flint, Diagnostic Radiology, 1984-89.

<u>Sponsors</u>: Doctors Veronica E. Lorenzo and Jorge M. Plasencia.



Marcus W.C. MacNealy, MD (Advanced Diagnostic Imaging, PC)

Primary: Diagnostic Radiology, Board Certified 2013. Medical School: Ohio State University School of Medicine, 2008.

<u>Internship</u>: Mercy Health Partners, Toledo, Ohio, 7/08 to 6/09.

Residency: University of Toledo Medical Center, Diagnostic Radiology, 7/09 to 6/13.

Sponsors: Doctors Ramakrishnayya Gadam and Harvey K. Yee.



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