General Session Minutes

Ebola Preparedness Meeting

Highlights of the Executive Council Meetings
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President’s Message
by Charles F. Koopmann, Jr., MD

Final Thoughts

As this is my last column for the Bulletin as President, I wanted to reflect on the path we are forging toward a stronger medical society. As you all know, a brief survey was sent out to all members, as well as non-members, to determine what was wanted from this medical society, and what we need to do to continue to grow our membership and remain a viable association. I can assure you the Executive Board of WCMS is committed to making this happen, and will continue to assess where we need to go to be effective and relevant.

I anticipate our leadership will continue to have the courage and conviction to re-invent the WCMS. Change is difficult and often resisted; however, the only alternative is apathy and ineffectiveness. We’re reminded daily of the changes that both medicine and our membership is facing, with the demographic reality of significant turnover in the near future. We need to be willing to continue evaluating our offerings by the value they bring to the table and seeking out new opportunities to meet new and emerging needs.

I also hope a larger base of members will become involved in leadership. The opportunities are waiting to those willing to take up the mantle. From our 1,200 members, the WCMS is dependent on its leadership. In order to continue to provide the services that are necessary, the WCMS and its Executive Board will need to expand the number of leaders to participate, since our leadership is made stronger by the inclusion of diverse perspectives and ideas. Having more people involved in leadership can only make WCMS stronger and more inclusive for all members.

I’d especially like to thank this year’s Board, who have supported me, and who have worked with me closely this past year. With their help, WCMS has made its voice heard in Lansing and with our local legislators.

Thank you for giving me the honor and privilege of leadership as your President. Dr. Larry Junck is ready to take the wheel of WCMS, and will do a great job in continuing to move WCMS forward. I look forward to continuing to serve and contribute to WCMS.

Charles F. Koopmann, Jr., MD
Otolaryngology
C.S. Mott Children’s Hospital
The above words were taken from the book entitled *God's Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine* by Victoria Sweet (Riverhead Books, New York, 372 pages, 2012). It charted the history of the Laguna Honda Hospital, located in the southwestern section of San Francisco, and the marked changes which occurred over the 20 years she worked there as a physician.

This hospital was the last almshouse in our country, a descendant of the Hotel-Dieu (God’s Hotel), which cared for the sick in the Middle Ages. It housed the infirm, the poor, the abandoned, and the chronically ill with poor prognoses, usually referrals that other hospitals in the city did not want to care for.

The attempt to change this medical facility into a “health care facility” became cost inefficient. She decried the activities of efficiency experts, architects, and politicians for changes that led to the disrupted care of the patients, and to the loss of the essence and value of care for the body and the soul. Trying to control the costs of medicine by emphasizing efficiency led to a decline in the humanistic aspects of medical care, a loss of personal interactions with patients, and lack of attention to the actual needs of the patient. In Dr. Sweet’s words “the body is a garden to be tended.” The social obligations and the spiritual development of a community were subsequently downgraded and became unimportant. Hospitality and charity were denigrated.

She incorporated the four essentials of Eastern Medicine in her practice, the basic elements or system of the four forms, and four seasons.

The act of listening to a patient, eliciting her or his history, and performing a physical exam were usurped by the need to complete the computer programs initiated to increase a physician’s “efficiency.” The completion of the patient’s electronic medical record became the most necessary component of the office visit!

She incorporated the four essentials of Eastern Medicine in her practice, the basic elements or system of the four forms, and four seasons. Wind (air) symbolized blood, hot and wet, the beauty of the body, and spring. Fire represented bile, flame, heat, hot and dry, the beginning and the ending, and summer. Earth depicted melancholia, cold and dry, our land, our hearts, and fall. Water was like phlegm, cold and wet, the sea, the sky, and winter. She gave examples of transference and counter transference by relating the personal histories of some of the patients she had seen or cared for.

Doctor Swift, a true visionary, originally gained her PhD in history and social medicine, and thence her MD, and is currently an associate professor of medicine at the University of California, San Francisco.

This book gives examples of how changes can affect the delivery of health care. Trying to control costs by emphasizing efficiency can lead to an opposite effect. Her written words represent a preview of what is now occurring with the instituting of the mandates of the Affordable Care Act (ACA), and fortells what we may encounter in the future.
In my work and in many arenas of life, I find it useful to remind myself to look at the Big Picture.

In our nationwide health care system, the Big Picture does not look very good. The news media emphasize medical progress and even cures that were not possible a few years ago. In the Big Picture, however, population health is largely stagnant due to more basic problems. Too many people have low access, do not get preventive care, and get care for serious disease too late, despite the ACA. The population is becoming more obese and less fit. We do too many procedures, and not enough preventive care or education. For persons approaching the end of life, too much treatment is provided, much of it expensive and futile. We have too many specialists and not enough primary care doctors, too many city doctors, and not enough access in smaller communities. New treatments cost way too much, especially for cancer, with no forces counterbalancing pharmaceutical greed. Too many patients are made destitute by serious illness – a problem I see every day among my patients.

Views vary widely about the practice of medicine, but most would agree about a number of problems. We waste time on prior approvals and other obstacles that prevent or delay access to care. While electronic health record systems provide some benefits and have the potential for more, many of us work with lousy software that decreases our efficiency, and the contracts already signed by hospitals provide little incentive for software developers to improve it. We work too many hours and are at risk for burnout. Although malpractice judgments are decreasing, they remain a problem, especially in some specialties, and have only a weak relationship with actual negligence. Primary care docs and cognitive specialists are underpaid compared to procedural specialists.

In our country, the Big Picture is that we have internal peace and a fair degree of security from external threats. Major crimes are down but still too high. Our citizens and leaders largely turn a blind eye to climate change, arguably the greatest challenge ever to face humanity. Though our GDP and the stock market are going up, only the top few percent get any benefit from this; the lowest 90% are worse off than 25 years ago. Opportunities and rewards for minorities and women may be improving, but only very slowly.

I think about the Big Picture in my own life, centered around family, health, and work satisfaction. The Big Picture is pretty good, but beyond the scope of this article.

In patient care, looking at the Big Picture is similar to practicing holistic medicine. Any time I find myself saying to a patient or family, “This is the way we usually do things,” it triggers a reminder to think about the Big Picture for that patient. In an 82 year-old woman who I saw this week with newly diagnosed glioblastoma causing substantial disability, the physicians and family all saw the Big Picture, and all agreed on a plan for supportive care. With serious illness, quite often the decisions are not so straightforward, but our good counsel can help to frame the key issues and make sure nobody is wearing blinders. As I prescribe cycles of chemotherapy for patients with serious brain tumors, I remind myself not just to review the previous cycle and plan the next cycle, but also to think of the Big Picture. Looking at the Big Picture requires paying attention to concerns outside our own specialties. Depending on the problem at hand, it may entail looking beyond control of a narrowly defined disease process toward overall function and quality-of-life.

What is the Big Picture for MSMS? Stay tuned for the next issue …
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Cheryl C. Farmer, MD
Charles F. Koopmann, MD
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Kenneth J. Pituch, MD
Andrew G. Shuman, MD
Marguerite R. Shearer, MD
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Committee on CME Accreditation
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Committee on Health Care Quality, Efficiency, & Economics
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Committee on Maternal & Perinatal Health
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Committee on Medical Licensure & Discipline
Andrew R Barnosky, DO
Philip M. Margolis, MD
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Committee on Membership Recruitment & Retention
Michael W. Smith, MD

Committee on Mental Health & Substance Use Disorders
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Neal Elkin, MD
Philip M. Margolis, MD

Committee on State Legislation & Regulations
Jason A. Heth, MD
Craig E. Ross, MD
Marguerite R. Shearer, MD

Committee to Review the MSMS Policy Manual
Allan C. D. Brown, MD
Michael W. Smith, MD

Committee to Select the Plessner Awardee
Michael W. Smith, MD

Liaison Committee with Michigan’s Public Health
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Joseph O. Nnodim, MD
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The Washtenaw County Medical Society invites you to represent the physicians of the Washtenaw County Medical Society at the 150th annual meeting of the Michigan State Medical Society House of Delegates on Saturday, May 2 thru Sunday, May 3, at the Amway Grand in Grand Rapids.

The House of Delegates is the official policy-making body of the Michigan State Medical Society. More than 250 of your colleagues from across the state will be discussing and debating resolutions that set the policies, priorities, and direction of MSMS during the next year and beyond. Resolutions also may be forwarded to the AMA for consideration at its House of Delegates meeting.

Reference committees will run from 9:00 a.m. to 11:00 a.m. on Saturday, and voting will take place from noon to 3:00 p.m. Saturday afternoon. These committees are responsible for listening to testimony on the rationale and merits of the submitted resolutions and discussing the issues raised for and against resolutions. The recommendations of the various committees will be debated for final action from 8:00 a.m. to noon on Sunday.

The MSMS House of Delegates is the place to have your voice heard. If you have an issue that you would like to have the House discuss, you may submit a resolution for consideration. Resolutions must be submitted online at www.msms.org/hod.

If you are interested in serving as a delegate from Washtenaw, or have questions, please contact Belinda Chandler at the Society office 734-668-6241.
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SYMPOSIUM
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Gerald I. Cohen, MD
Director, Noninvasive Cardiology, St. John Hospital & Medical Center;
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The “New” Lipid Guidelines: Controversies and Implications
James J. Maciejko, MS, PhD, FACC
Director, Adult and Pediatric Lipid Clinic, St. John Hospital & Medical Center;
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2014 Hypertension Treatment Guidelines: Implementing the ABCD's
Kishan K. Jasti, MD
Staff Cardiologist, Faculty, Cardiology Fellowship Program, St. John Hospital & Medical Center, Detroit, MI

Women and Cardiovascular Disease: Focus on Stroke
Nancy A. Mesiha, MD
Staff Cardiologist, Program Director, Clinical Cardiology, Fellowship Program, Faculty, Cardiology Fellowship Program,
St. John Hospital & Medical Center, Detroit, MI

PCI in the Chronically Anticoagulated Patient: A Conundrum
Thomas A. LaLonde, MD

Aortic Stenosis: Diagnosis and Treatment
Mohammed K. Ajjour, MD
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Critical Limb Ischemia and Limb Salvage: Amputation is the Last Option
Thomas P. Davis, MD
Medical Director, Cardiac Cath Lab and Peripheral Intervention, Interim Medical Director, Cardiac Research Faculty,
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Atrial Fibrillation: Contemporary Evaluation and Treatment
Sohail Hassan, MD
Director of Cardiac Electrophysiology, Heart Rhythm and Pacemaker Specialist, St. John Hospital & Medical Center;
Assistant Professor, Wayne State University School of Medicine, Detroit, MI

Surgical Treatment of Atrial Fibrillation: The Old Dog has New Tricks
James Martin, MD
Chief of Cardiovascular Services, St. John Macomb-Oakland Hospital, Warren, MI

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The Washtenaw County Medical Society met at the Ann Arbor City Club on Tuesday, September 16, 2014.

President Koopmann called the meeting to order. The minutes from the May 20, 2014 General Session meeting, as published in the April/May/June 2014 WCMS Bulletin, were unanimously approved.

Program

President Koopmann introduced the evening’s program, “All Candidates Forum” and introduced the moderator, James C. Mitchiner, MD. Dr. Mitchiner introduced the candidates present:

House Representative Gretchen Driskell (D) and her opponent John Hochstetler (R)
House Representative Jeff Irwin (D)
House Representative Adam Zemke (D)
Karen DeFilippi, Campaign Manager, for Pam Byrnes, running for Congress in the 7th District
Debbie Dingell (D) and Terry Bowman (R), both running for Congress in the 12th District

Each candidate discussed their platform and reasons for being a candidate in 2014. A question and answer period followed the presentation.

Adjournment

The meeting adjourned at 9:05 p.m.
Highlights of the Executive Council Meeting
Washtenaw County Medical Society
SEPTEMBER 11, 2014

The Executive Council of the Washtenaw County Medical Society met Thursday evening, September 11, 2014, at the Society Office. Charles Koopmann, Jr., MD, President, called the meeting to order at 6:30 p.m.

Council members present: Doctors Andrew Barnosky, Jack Billi, Sandro Cinti, Neil Elkin, Cheryl Farmer, Martha Gray, Larry Junck, Charles Koopmann, Philip Margolis, Will Meurer, James Mitchiner, Karen Park, Fred Patterson, Alice Penrose, Robert Sain, David Share, Evangeline Spindler, Barbara Threatt, and Belinda Chandler, Executive Director. Guests included James D. Grant, MD, MSMS President, and Suzie Dutcher, MSMS Membership Consultant. Medical students Vadim Rosin and Andy Zureick were also present.

MSMS UPDATE
James Grant, MD, MSMS President, updated the council on MSMS activities regarding legislation, education, and economic issues, as well as working together to increase MSMS and WCMS membership.

PRESIDENT’S REPORT
The council reviewed the candidates attending the “All Candidates Forum” on September 16, and the panelists for the panel discussion on opiate addiction in Washtenaw County on November 4.

The council reviewed five new membership applications. Applications for Drs. Hirsch, Kaufman, Oldfield, Shuman, and Vercler were presented and approved for membership.

EXECUTIVE DIRECTOR’S REPORT
Belinda Chandler reported that membership is down 42 members from the beginning of the year. MSMS will be providing a more detailed report to show what categories of membership were affected. The new website survey will be going out soon. Distribution options were discussed and the survey will be emailed to non-members. The Washtenaw County Historical Society is also looking for a speaker to present to their group on September 21 (this date has now changed to Sunday, April 19, 2015). If anyone is interested in presenting on behalf of WCMS, please contact the Society Office.

PUBLIC HEALTH REPORT
Dr. Alice Penrose, Medical Director of the Washtenaw County Public Health Department, reported on the following:

Ebola: There have been no cases of Ebola originating in the US. Our local universities are working with their students from West Africa to ensure they are not symptomatic. Anyone who is suffering from fever, diarrhea, vomiting, or unexplained bleeding within 21 days of travel to West Africa needs to be evaluated in a protected environment. If you send a patient to the emergency department for an Ebola evaluation, it is important to inform the department of your concern before the patient arrives. The CDC has up to date information available at http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html

MERS CoV: Michigan has had no cases of MERS-CoV as of September 9.

West Nile: There have been no human cases of West Nile Virus in Michigan this year as of September 9.

Enterovirus DV68: There have been no confirmed cases in Michigan as of September 9, but the Michigan Department of Community Health (MDCH) is investigating suspected cases. Lab testing will only be done after approval by MDCH. Enterovirus is very common, especially in the late summer or fall. Most infections are mild, but the DV68 strain appears to be causing more severe respiratory infections, particularly in asthmatic children. The CDC has information available for the public at: http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html

Washtenaw County Dental Clinic: Demolition work has begun on the first floor at the Haab Building in Ypsilanti in preparation for the county dental clinic, which is scheduled to open in early 2015. (The Neighborhood Family Health Center is located on the second floor.) Michigan Community Dental Clinics will run this eleven chair facility, which is close to the bus station on Huron Street in Ypsilanti. The dental clinic will accept Medicaid and low-income uninsured patients only. (Up to 200% of the federal poverty level.)

Pertussis: We continue to average a couple of new cases of Whooping Cough each week. Michigan, as a whole, has seen 57% more cases this year than at the same time last year.

MSMS DIRECTOR’S REPORT
Childhood Immunization Waiver: Michigan has a very liberal policy that allows parents to decline recommended childhood immunizations for any reason. The Board was updated on activities of the Immunization Coalition (MSMS, Michigan Osteopathic Association, Michigan Chapter of the American Academy of Pediatrics, and the Michigan Department of Community Health), which is working to tighten the process of obtaining a waiver. In the case of parents who desire to waive immunizations for their children, the Coalition proposes (1) mandatory education on the importance of immunizations from local health department staff; and (2) allowing schools to accept a waiver only if completed on a MDCH-approved form rather than one generated by parents or anti-immunization groups. MDCH is cur-
rently finalizing draft rules for submission to the state Office of Regulatory Reinvention (ORR) for legal review and is hoping for a public hearing in the fall of 2014.

**Medical School Pilot:** Michigan State University’s College of Human Medicine (CHM) is developing a hybrid training model of three years of medical school, followed by four years of graduate medical education for students seeking a career in family medicine. The model proposes that interested medical students would apply in their third year of medical school and, if accepted, students would enter into a nonbinding agreement with the medical school and one of the MSU family medicine residencies. Details of the student’s fourth year medical school experience would be determined jointly by the residency, the community, the Dean’s office, and the Department of Family Medicine. MSU has asked MSMS to assist in working with the Board of Medicine to permit this pilot. The Board deferred action pending further clarification on underlying issues surrounding residency “work” versus medical school “learning.”

**Doctor-Shopping:** The Board voted to disapprove a MSMS House of Delegates Resolution calling on MSMS to seek legislation that criminalizes “doctor shopping.” Current law (Public Act 354 of 2010) states that “a person shall not fraudulently obtain, or attempt to obtain a controlled substance, or a prescription for a controlled substance from a health care provider.” The Board felt that this resolution was redundant as well as difficult to enforce in a way that meaningfully reduces this adverse behavior.

**MAPS:** The Board voted to support Michigan House Bill 5603, which would permit the Michigan Automated Prescription System (MAPS) to exchange information with prescription monitoring programs in other states. This would help to address criminal activity related to obtaining prescription medications across state lines. The Board was also informed that the turnaround time for MAPS reporting has been reduced from 14 days to 24 hours after a controlled drug prescription is filled.

**Rapid Diagnostic Testing:** MSMS actively opposes rapid diagnostic testing (RDT) by pharmacists on drug store customers with possible strep throat or influenza. The Board’s Legislative Policy Committee believes that RDT violates the Public Health Code since pharmacists lack the appropriate training for diagnosis and treatment. With the advice of its legal counsel, MSMS intends to work with its partners from the Michigan Osteopathic Association and the Michigan Academy of Family Practice to seek an opinion from the Michigan Attorney General. An Attorney General opinion carries significant weight in interpreting existing statutes and does not require input from the Bureau of Health Services.

**Blue Cross Blue Shield of Michigan Update:** BCBSM expects its new Exclusive Provider Organization (EPO) to be compliant with network adequacy requirements and to be offered on and off the state health care exchange (marketplace) for individuals in Southeast Michigan in 2015. Concurrently, Blue Care Network (BCN) has developed an HMO Network product with partnered providers in
Southeast Michigan. This product will be known as the Metro-Detroit partner Product. Seven POs are on-board, as well as four or five hospitals. Physicians that will participate in the product’s network will be selected by their PO. In an effort to promote population health management among a community of caregivers, BCBSM is aligning hospital pay-for-performance programs and value-based contracting initiatives. The June PGIP Quarterly Meeting announced that 1,418 practices will be designated as Patient Centered Medical Homes, as well as new incentive programs designed to improve HEDIS scores.

Physician Organization Activities Update: MSMS created the Executive Council of Physician Organizations as a vehicle to more closely engage with large, multi-specialty physician organizations. MSMS has met with the physician and administrative leaders of 12 physician organizations that have partnered with MSMS and identified new health care delivery resources they would find beneficial, such as assistance with physician Maintenance of Certification, and the training or continuing education of non-physician team members and office staff. The initial groups also began to develop principles for collaborations around quality, clinical, and health information technology initiatives. The goal is to formalize the partnerships with these initial groups in the near future before developing recruitment plans for the remaining POs that have not had an existing relationship with MSMS in the past.

Medicaid Report: As of June 30, 2014, more than 315,000 individuals are currently enrolled in the Healthy Michigan Plan (Michigan’s Medicaid Expansion plan under the Affordable Care Act). The 2015 MDCH budget covers a partial continuation of the primary care provider rate increase, as well as rate increases for OB/GYN, personal care, and dialysis. MSMS is continuing to work with Medicaid regarding delays in the Primary Care uplifts from the Medicaid health plans, as allocated in the ACA. With MSMS assistance, Michigan Medicaid will provide a detailed tutorial on the data collection, attestation, and formula for payment under capitation and timelines for reimbursement. MSMS will notify practices as soon as the free online presentation is available. If you are a primary care physician with questions about your rate increase, please contact MSMS (shettiger@msms.org).

Fall CME Conferences: The Center for Physicians Education has listed its fall schedule, including:

- Diagnosis and Treatment of Physician Burnout and Sustainability
- Confronting Changes in Payment Reform
- Patient Centered Medical Home: Supporting Patients and Population Health
- Maximizing Revenue Cycle Management
- Understanding and Preventing Identity Theft
- Physician Employee Contracting: Understanding and Negotiating Contracts
- Disability Insurance
- Physician Online Ratings & Reviews: Do’s and Don’ts

MSMS Annual Scientific Meeting: The 149th Annual Scientific Meeting is scheduled for October 21-25 at the Somerset Inn in Troy. Click here for the program brochure: http://www.msms.org/Portals/0/Documents/MSMS/Education/ASM2014_ASM%20Program.pdf

The Legislative Education Committee will meet Monday, October 20th, at the Society Office from 7:30 a.m. – 9:00 a.m.

MEDICAL STUDENT REPORT

Vadim reported that he and Andy Zureick are serving on national AMA-MSS committees this year. Vadim is on COLA (Committee on Legislation and Advocacy), and Andy is on CSI (Committee on Scientific Issues). Andy and Adriana Coleska were elected to the Region V governing council at the 2014 AMA Annual Meeting in June. Their chapter was also recognized for their advocacy initiatives during the SGR Repeal campaign.

The chapter’s annual meet and greet BBQ will be happening on September 10th from 6-9pm, at the Island Drive Park Old Shelter (the first pavilion off of Maiden Lane). If it rains, the event will move indoors. The purpose of this event is to raise new student interest in advocacy/policy/education reform through organized medicine.

NEW BUSINESS

Dr. Philip Margolis reported that Sharon P. Douglas, M.D., Professor of Internal Medicine, and Associate Dean for Veterans Administration Education at the University of Mississippi Medical Center, will give the 2014 Raymond W. Waggoner, MD, Lecture on Ethics & Values in Medicine. The event is sponsored by the University of Michigan Department of Psychiatry, and will take place on Wednesday, October 29, 2014, at 4:00 pm in the Ford Auditorium, second floor, at the University of Michigan Hospital.

Dr. Douglass’ talk is entitled “End of Life Discussions, What, How and When?”

Dr. Mitchiner announced that former WCMS President, Rhoda Powsner, passed away in August. Belinda will send the memorial service information to the Executive Council, and has already posted the information on the website. A card from WCMS will also be sent to Mrs. Powsner’s son.

MEETING DATES

- Legislative Education Meeting, October 20, Society Office, 7:30 a.m. – 9:00 a.m.
- MSMS Scientific Meeting, October 21-25, Somerset Inn, Troy
- MSMS Board Meeting, October 22, Somerset Inn, Troy
- Waggoner Lecture on Ethics & Values, October 29, Ford Auditorium, University of Michigan Hospital
- Opiate Addiction Panel Discussion, Tuesday, November 4, Ann Arbor City Club
- 18th Annual Conference on Bioethics, November 7 & 8, Campus Inn, Ann Arbor

ADJOURNMENT

The Executive Council meeting adjourned at 8:05 p.m. The next meeting of the Executive Council is scheduled for Thursday, October 9, at 6:30 p.m. at the Society Office.

Belinda Chandler
Executive Director
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- Appeals of RAC, Medicare, Medicaid & Other Third Party Payor Claim Denials & Overpayment Demands
- Health Care Contractual, Corporate & Transactional Matters
- Compliance & HIPAA
- Health Care Billing & Reimbursement
Legislative Advisory Committee Meeting Minutes

MONDAY, OCTOBER 20, 2014

The WCMS Legislative Committee, chaired by James Mitchiner, MD, met on Monday, October 20, 2014. In attendance were Cheryl Farmer, MD; Larry Junck, MD; Cheryl Krueger, MD; Representative Jeff Irwin; Representative Adam Zemke; Steve Japinga, MSMS Chief, Public Policy & Legislative Affairs; and Belinda Chandler, WCMS Executive Director.

ONGOING ISSUES:
Scope of Practice Expansion, Senate Bill 2 Introduced by Senator Mark Jansen

This bill would amend the Public Health Code to provide for the licensure of advanced practice registered nurses (APRNs), who would include certified nurse midwives, nurse practitioners, and clinical nurse specialists; and eliminate provisions regarding the specialty certification of nurse midwives and nurse practitioners. Senate Bill 2 proposes to allow nurse practitioners to practice without the oversight of physicians and authorizes a licensed APRN to possess, prescribe, and administer nonscheduled prescription drugs and controlled substances included in Schedule 2 through 5.

The group continued to discuss this Bill and Mr. Japinga gave a detailed update since our last meeting.

MSMS, the Michigan Osteopathic Association (MOA), the Michigan Academy of Family Physicians (MAFP), and the Michigan Radiological Society (MRS) all participated in the House Health Policy Committee Hearing, chaired by Representative Gail Haines, on October 9. The Committee was scheduled for “testimony only,” which indicated that there would be no vote scheduled at that meeting.

The physician community provided a broad cross section of our members from various specialties and diverse geographical areas. The advocates for the APRN community were largely program faculty based in larger academic facilities. While there certainly were some hostile lines of questioning from certain members of the Committee, overall there still does not appear to be a great deal of momentum to circumvent the momentum of Chairwoman Haines, who remains steadfast in her opposition to Senate Bill 2 as currently written.

Chairwoman Haines has also redirected the conversation somewhat by convening a workgroup to address the question of rural access. By doing this, she is attempting to reframe the debate to discuss underlying issues as opposed to shoehorning an underlying issue like access into a special interest bill. MSMS has been supplying lawmakers with the following information to help counter the aggressive lobbying tactics of Senator Mark Jansen, the Bill’s sponsor.

Throughout the 2011-2012 legislative session, MSMS, MOA, and MAFP were involved in discussions with Senate Health Policy Chair, Jim Marleau, to update the Public Health Code to better reflect the current role of Advanced Practice Providers. APRNs were not and are not appropriately recognized by the Public Health Code. Agreement could not be reached prior to the conclusion of the end of the legislative session prior to the legislature’s lame duck session. MSMS received word that Senator Jansen intended to seek discharge of the APRN scope of practice bill during the lame duck portion of the legislative session. MSMS communicated to Senator Jansen in a joint letter from MOA, MSMS, and MAFP that our organizations would commit to working toward a mutually agreeable solution to regulation of the APRN profession. Consequently, Senator Jansen withdrew his effort to discharge the bill from Committee. That bill was reintroduced as Senate Bill 2 in the 2013-2014 session.

Unlike the previous bill, Senate Bill 2 was referred to the Committee on Reform, Restructuring, and Reinvention which is chaired by Senator Jansen. This was unusual in that scope bills are generally referred to the Health Policy Committee. Senator Jansen then conducted four meetings with MSMS and MOA along with advocates from the APRN profession. MSMS was asked to provide a detailed list of objections to Senate Bill 2. Senator Jansen received this list of objections and at a subsequent meeting distributed an updated version of his bill that was provided by representatives from the Michigan Council of Nurse Practitioners. Of the objections raised by MSMS, only one minor change was made that clarified what constitutes a newborn for purposes of a Certified Nurse Midwife providing follow-up care to an infant. No other requested changes were made. Instead, Senator Jansen elected to include non-substantive changes that were proposed by the advocates for the APRNs to superficially address the stated concerns of the physicians. Senator Jansen then convened a hearing of his committee choosing to provide only 24 hour notice, which is generally the shortest amount of advance notice given on an issue.

MSMS opposes Senate Bill 2 as it is currently written. While MSMS can support updates to the Public Health Code that better reflect the current role of APRNs, the current language of Senate Bill 2 remains extremely problematic and is an unwarranted expansion of the scope of practice and does not address underlying concerns regarding access or quality.

The following is an explanation of specific concerns our organization has with Senate Bill 2:
- Senate Bill 2 creates a scope of practice for APRNs that allows independent practice in nearly any setting. There is no language about specifying when and how an APRN should interact with a physician. Simply put, Senate Bill 2 does not enhance a team-based approach to patient care.
Senate Bill 2 would treat a nurse differently than a physician assistant (PA). PAs are highly trained professionals that have as much education as APRNs, but would be regulated in a completely different fashion than APRNs. This inconsistency would further complicate the delivery of service to patients.

Senate Bill 2 regulates nurses similar to a minority of states that completely eliminates the collaborative model of health care delivery from the statute.

Senate Bill 2 does not address the important policy issue of access in rural or urban areas. Advocates of Senate Bill 2 contend that independence for nurses will cause nurses to locate in rural and urban underserved areas. Statistics in Michigan and across the country demonstrate that nurses overwhelmingly locate in areas similar to physicians and the bill does not address underlying concerns over access to other professionals. Independent practice does not make it more likely that underserved areas will have better access to care.

Senate Bill 2 shifts the scope of practice of APRNs out of the control of the state legislature and defers future considerations to the national nursing organizations. Senate Bill 2 creates a category of “unlimited license” for nurses. This designation has been rejected in every other profession except in medicine.

Referral and consultation requirements are completely left to the discretion of the APRNs.

An amendment was included that allegedly limits the services that an APRN could provide by requiring that the service must be “within his or her scope of practice.” This language is virtually meaningless in that an APRN’s scope as defined in the bill is already broad enough to include virtually any service that is currently provided by an MD or DO, and the ultimate arbiter of what is within their scope of practice would be their licensing board as guided by their national certifying entity.

Nurse Anesthetist Expansion, Senate Bill 180
Introduced by Senator Mike Green
This bill, which would amend the Public Health Code to include the administration of anesthesia by a nurse anesthetist within the definition of “practice of nursing,” would also allow a CRNA to administer anesthesia without supervision. MSMS believes it is ‘dead’ in the Senate.

Expedited Partner Therapy, House Bill 4736
Sponsored by Representative George Darany
Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with a sexually transmitted disease without clinical assessment of the partners. This is typically done by clinicians providing antimicrobial prescriptions to the patient to give to his/her partner. Under Michigan law, a physician or authorized prescriber may only write a prescription for his or her patient. This Bill would give physicians the option of additionally prescribing medications for partners.

This legislation was recently passed by the Senate Health Policy Committee and could be passed by the full Senate prior to adjournment for the year.

Auto No-Fault
There is still a great deal of interest in revisiting the current auto no-fault law in terms of reducing health care costs. There are still several Republicans opposed to changing the law. Mr. Japinga believes if Mark Schauer is elected Governor, he will work on the auto no-fault issue and could possibly get it done in the legislature’s lame duck session.

Lame Duck
It is believed many bills may pass in this Lame Duck session, especially any that concern road repairs and the expansion of the Elliot-Larson Civil Rights Act. Representative Irwin said bills can be pushed through with others quickly, and they are given only a week, maybe two, to review a bill.

Certificate of Need
Certificate of Need (CON) programs are aimed at restraining health care facility costs and allowing coordinated planning of new services and hospital construction. Laws authorizing such programs are one mechanism by which state governments seek to reduce overall health care costs.

Approval for the proposed McLaren Clarkston Hospital is on hold because of the certificate of need denials by MDCH. McLaren filed suit to reverse MDCH’s decision to deny a CON application for the hospital because it failed to comply with the “replacement zone” requirement, which allows bed transfers only within 2 miles of an existing hospital. The proposed Clarkston hospital is about 8 miles from the McLaren-Pontiac hospital.

The Michigan legislature is again considering a bill to enable McLaren to build a new hospital in Oakland County. Senate Majority Leader Randy Richardville introduced Senate Bill 1073, which would allow McLaren to build a new hospital in Independence Township, as long as it also continues to provide $10 million a year in uncompensated care at its current Pontiac hospital and several other conditions. These include maintaining patient access and at least 70 licensed beds in Pontiac and developing a medical education and job training program.

Mr. Japinga believes the new hospital in Clarkston will not affect patient care in Washtenaw County.

OTHER ISSUES:
Reinstatement of the mandatory motorcycle helmet law
Dr. Farmer inquired what the chances were of having the motorcycle helmet law repealed with new legislation and backed with new data. Both Representatives Irwin and Zemke said the chances were zero, even if Mark Schauer wins the gubernatorial election in November. Mr. Japinga agreed, saying the helmet law would likely not be an issue undertaken by candidate Schauer if he were elected.

ADJOURNMENT
The meeting adjourned at 8:55 a.m.
In the age of evidence-based medicine, many of the products we are exposed to, or touted by advertisements in newspapers, on the radio, television, or the Internet, have not withstood testing to assure us of their value, safety, or necessity.

The public has long thought that most cleansing materials were useful, due to the “brain washing” by marketing personnel. It has been estimated that there are about 2,000 individual products which contain triclosan (liquid soaps) and triclocarban (bar soaps). The health risks of inciting bacterial resistance and possible adverse hormonal effects of these active ingredients have not been delineated in long term exposures. Triclosan was noted to be unsafe in 1978, but the FDA did not recommend its removal from use at that time, and has still not done so.

The Food and Drug Administration (FDA), on December 16, 2013, announced that “manufacturers of antibacterial hand soap and body wash will be required to prove their products are more effective than plain soap and water in preventing illness and the spread of infection.”

Proof that their products are safe for long-term use has become a requirement (CNN.com, December 17, 2013).

Public comments on the above requirement were accepted until June, 2014. Companies have until December, 2014 to submit data and studies, after which the FDA will determine whether these products are safe and effective before making a decision on whether they should be banned from use.

Hand sanitizers (wipes, lotions) usually contain 60% alcohol or ethanol and are generally recognized as safe to use when water is unavailable. These wipes were and are still used when I conduct rural clinics in Haiti, due to the lack of available water supplies.

Soap and water are still the best and least sensitizing (if not allergic to the ingredients of the soap used). There is still no evidence that antibacterial soaps or body washes are more effective at preventing illnesses than washing with plain soap and water.

Is nail polish harmful? This NYTimes.com report on January 2, 2014, discussed the trio of a known carcinogen, formaldehyde (a hardening agent), and two materials previously linked with development defects, toluene (to evenly suspend color) and dibutyl phthalate, or DBP (to add flexibility and sheen). The use of DBT in cosmetics has been banned by the European Union, but not by our FDA. The inherent risks are to those who work in hair and nail salons due to inhalation or exposures to their skin, as well as youngsters, who chew on their nails after the polish has dried.

Similar problems may be encountered for workers in hair dresser venues exposed to the multiple hair products now on the market and used in these facilities. Few of these products have been tested for possible adverse sequelae, and should be.

The cosmetic industry has long been able to produce and market whatever is thought to reap large profits, without any surveillance by the FDA or other groups interested in the safety of the public. Often, it takes years to demonstrate harmful side effects of what has been marketed without proper preliminary studies.

Marketing of e-cigarettes emphasizes that they “are a healthier way for people to use nicotine and that they can help smokers kick the habit” (Time, June 16, 2014, page 20), essentially unproven to date. Thankfully, the World Health Organization (WHO) has asked for a ban on the use and sale of e-cigarettes to minors, and the American Heart Association has called for added restrictions on their use (https://www.umhsheadlines.org/2014/08/e-cigarette-safety).

The water pipe, which burns charcoal to heat tobacco to produce smoke (HOOKAH), was introduced in Persia during the 16th Century, and has been resurrected in our present day society. Using it is at least 40 times worse than smoking a cigarette. The latter gives the inhaler 10 puffs, whereas 200 puffs can be generated from the former!

Many are requesting additional regulations on the sale of other tobacco products such as cigars and pipe tobacco, but no restrictions have been placed on the marketing and advertising of them.

It is about time to initiate active surveillance of those products in the marketplace which we have been exposed to without previous study, and restrict their use if found to be deleterious, which I advocated nine years ago (Science 310: 1425-26, December 5, 2005).

Rudi Ansbacher, MD, MS
Professor Emeritus of Obstetrics and Gynecology, U-M Health System
All,

Thank you for bringing your expertise and representing your institutions and organizations at the Washtenaw County Medical Society Ebola Preparedness Meeting on October 20, 2014. Your input and thoughtful comments help us to be better prepared should we have any Ebola cases in our community. The following is a summary of the major points raised at the meeting along with issues that remain unresolved. Our next meeting will take place on November 10, 2014.

Ebola Overview

The outbreak continues in 3 countries in West Africa: Sierra Leone, Liberia, and Guinea. Nigeria is clear of infection. Only people traveling from these 3 countries in the last 21 days should be considered at risk of being infected with Ebola. There have been 4 cases diagnosed and 9 cases treated in the US (as of 10-24-14).

How should we manage asymptomatic individuals who present to our health care facilities and have traveled to Sierra Leone, Liberia, or Guinea in the last 21 days?

Washtenaw County Public Health (WCPH) or MDCH should be informed and they will contact and develop a monitoring plan for these individuals. It was emphasized that asymptomatic individuals pose no risk to the public or health care staff. High risk individuals such as family members of confirmed cases, or health care workers who had a documented Personal Protective Equipment (PPE) breach would likely be quarantined and monitored by WCPH. Public health has the ability to mandate quarantine if necessary.

Unresolved:

- How should we monitor Ebola team members at our hospitals

Where will persons under investigation (PUI) and patients confirmed to have Ebola be admitted?

Both UMHS and St Joe’s are preparing to manage persons under investigation (PUI) for and patients confirmed to have Ebola. While the state and Region 2 South are discussing the possibility of having only a few hospitals manage these cases, no decision has been reached at this time. It is possible that confirmed Ebola cases will be transported by the CDC to one of the isolation units at Emory in Atlanta, Georgia; the NIH in Bethesda, Maryland; St. Patrick Hospital in Missoula, Montana; or the University of Nebraska Medical Center in Omaha, Nebraska.

Unresolved:

- Ebola centers in Michigan
- Transfer of PUI and confirmed Ebola cases-ED-ED, Hosp-hosp, home-hosp, home-ED

Screening for Ebola

Both UMHS and St Joe’s are screening for Ebola in the ED and ambulatory settings. Both are using the CDC screening criteria.

Personal Protective Equipment (PPE)

Both UMHS and St Joe’s are following the new PPE guidelines set forth by the CDC. Extensive training in donning and doffing of PPE will be occurring in both hospital systems. The supply line for PPE is strained, and if necessary, the Governor could allow access to the Strategic National Stockpile. However, this would only occur with a confirmed case of Ebola, not a PUI.
Unresolved:
- Has there been adequate training to manage PUI and confirmed Ebola cases?
- Do we have adequate supplies? What is the waiting time for new equipment?
- PPE in the ambulatory setting

**Ebola Clinical Care Teams**
Both UMHS and St Joe’s are developing Ebola Clinical Care Teams and training for these teams.

Unresolved:
- Team composition and readiness status
- Can Ebola team members care for non-Ebola patients while caring for PUIs or confirmed Ebola patients
- Monitoring, restriction of movement of team members

**Medical Waste Management**
The city of Ann Arbor is not opposed to treating Ebola waste, since Ebola is not a water-borne illness; however, the public’s perception of this could present an issue. It was agreed to work with vendors who are handling the waste or transporting waste to landfills.

Unresolved:
- What waste will we be discarding and how? (linen, fluids, equipment, PPE)

**Lab Testing and Transportation of Specimens**
Both UMHS and St Joe’s are developing point of care testing and will limit the number of tests done in the hospital. Dr. Duane Newton described the protocol for collection, decontamination procedures, and in-hospital transport that will be used at UMHS. Ebola testing will occur at the state level and can be done in 24 hours (both initial and confirmatory tests). Specimens may be transported by state police if necessary.

Unresolved:
- Are both centers ready to do POC testing?

- Do we need on-site Ebola testing? How do we get that?
- Can we do blood typing? (Ebola patients may need blood transfusions for fluid management or plasma from recovered Ebola patients as treatment)

**Level of Care for Ebola Patients**
A discussion about advanced care including ventilator care, CPR, dialysis, and ECMO was initiated but no consensus was reached. Most agreed that ECMO would not be offered to Ebola patients as this is a very high-risk procedure with very little chance of being successful.

Unresolved:
- Should CPR be done on Ebola patients? On PUIs?
- Should dialysis be done on Ebola patients? On PUIs?
- Should we intubate and ventilate Ebola patients? PUIs?
- Should ECMO be offered to PUIs?

**Other unresolved issues:**
- Use of telemedicine to avoid direct contact with an Ebola patient or PUI
- Should we alternate PUIs and confirmed Ebola patients between our two centers?

Please contact us if you would like to add any discussion points or unresolved issues.

Thank you,
Charles F. Koopmann, Jr., MD, MHSA, FACS
President, Washtenaw County Medical Society

Larry Junk, MD
President-Elect, Washtenaw County Medical Society

Sandro Cinti, MD
Former Past President, Washtenaw County Medical Society

Belinda Chandler
Executive Director, Washtenaw County Medical Society

wcmsBChandler@msms.org

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**Washtenaw County Alliance**
The Washtenaw County Alliance is proud to continue its support of the Hope Clinic, and has donated their $250 award from MSMSA toward the Clinic’s weekly three thousand pounds of fresh produce delivered from Food Gatherers.

Members include the newly elected President, Owen Diaz; Trudy Ritter, Vice President; Kathy Adams, Secretary; and Ngozi Nnodim, Treasurer. Also pictured are visitors Amanda Thatcher and Amber Kroeker, MPH, CPST.
Be Their Helping Hand

Patients look to you – their trusted health care provider – for information on promoting health and preventing chronic diseases. After assessing your patients’ risk for type 2 diabetes and testing for prediabetes, you can feel confident that referring them to the YMCA’s Diabetes Prevention Program may reduce their chances of developing type 2 diabetes and provide them with tools for living a happier and healthier lifestyle.

The YMCA’s Diabetes Prevention Program is a one-year, community-based program where participants work in small groups with a trained Lifestyle Coach in a relaxed, classroom setting. In 16 weekly sessions followed by 8 monthly sessions, participants learn how to incorporate healthier eating, moderate physical activity, problem-solving and coping skills into their daily lives. Your patients will get the hands-on support they need from Lifestyle Coaches trained in a CDC-approved curriculum that is part of the CDC-led National Diabetes Prevention Program. Based on research from the National Institutes of Health, programs like YMCA’s Diabetes Prevention Program reduce new cases of type 2 diabetes by 58% overall.

The YMCA’s Diabetes Prevention Program helps participants see the progress they make and encourages them to support each other. You can be the link between your patients and this program for healthier living. Referring a patient is simple. We will provide you with information about the program and its benefits to share with your patients. For more information, contact Jennifer Nicodemus, Chronic Disease Prevention Coordinator, at jnicodemus@annarborymca.org or 734-661-8043.

MEASURABLE PROGRESS UNLIMITED SUPPORT

Diabetes Prevention Program
ANN ARBOR YMCA

Do more than monitor! Connect patients to better health with the YMCA’s Diabetes Prevention Program.

Participant Requirements:
- BMI of 25 or higher
- 18 years or older
- Prediabetes diagnosis encouraged

Program Snap Shot:
- 4 month membership included in fee
- 24 classroom based meetings over 12 months
- Small group atmosphere

For more information contact: Jennifer Nicodemus • 734-661-8043
jnicodemus@annarborymca.org • www.annarborymca.org/ydpp
UPCOMING CME PROGRAMS AND TRAININGS

University of Michigan
intmedcme@umich.edu

27th Annual Update in Pulmonary & Critical Care Medicine
Friday - Saturday, November 14-15, 2014
The Inn at St. John’s, Plymouth, MI

17th Annual Liver Disease Wrap-Up
Saturday, December 6, 2014
The Inn at St. John’s, Plymouth, MI

11th Annual IBD Update for the Practicing Physician
Saturday, December 13, 2014
The Inn at St. John’s, Plymouth, MI

Michigan State Medical Society
www.msms.org

ICD-10: Are You Prepared?
Tuesday, December 2, 2014
Somerset Inn, Troy, MI

Complete Coding Updates for 2015
Tuesday, December 2, 2014
Somerset Inn, Troy, MI
Wednesday, December 3, 2014
MSMS Headquarters, East Lansing, MI
Wednesday, December 3, 2014
Online Webinar

Documentation of E&M: Prepare For ICD-10
Tuesday, December 9, 2014
Online Webinar
The Executive Council of the Washtenaw County Medical Society met Thursday evening, October 9, 2014, at the Society Office. Larry Junck, President-Elect, called the meeting to order at 6:30 p.m.

Council members present: Doctors Allan Brown, Sandro Cinti, Cheryl Farmer, Martha Gray, Larry Junck, Philip Margolis, Will Meurer, James Mitchiner, Karen Park, Alice Penrose, Robert Sain, David Share, Evangeline Spindler, Barbara Threatt, Bradley Uren, and Belinda Chandler, Executive Director. Medical student Vadim Rosin was also present.

The minutes were accepted with one correction, the title of Rhoda Powsner be corrected to Dr. Rhoda Powsner, instead of the title “Mrs.” Discussion of the Waggoner Lecture was added to the agenda under “New Business.”

**PRESIDENT-ELECT’S REPORT**

The council reviewed drafts of two letters, written by Dr. Koopmann and edited by Dr. Junck prior to the meeting, regarding MSMS candidate endorsements. Discussion ensued and Dr. Share reported on his conversation with Julie Novak just before the meeting. She acknowledged that she erred by participating in an event that portrayed the Governor endorsement as coming from MSMS instead MDPAC. She was apologetic and committed herself and MSMS to taking appropriate actions.

One of these actions will be educating MSMS staff not to portray MSMS as participating in endorsements.

The Executive Council agreed to:

- Ask Ms. Novak to contact the Snyder and Schauer campaigns immediately and notify them the endorsement perceived to be from MSMS is in error before the debate on Sunday, October 12th.
- The group then reviewed two letters drafted by Dr. Koopmann and edited by Dr. Junck prior to the meeting, regarding MSMS candidate endorsements. Discussion ensued and Dr. Share reported on his conversation with Julie Novak just before the meeting. She acknowledged that she erred by participating in an event that portrayed the Governor endorsement as coming from MSMS instead MDPAC. She was apologetic and committed herself and MSMS to taking appropriate actions.

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**EXECUTIVE DIRECTOR’S REPORT**

Belinda Chandler reported that during the County Executive meeting September 17, county directors inquired how district county lines were determined, and the possibility of altering them in order to gain more members who are currently in unstaffed counties. Belinda reported she has gotten several from the Brighton area.

**House of Delegates 2015**

The 2015 House of Delegates meeting will now be a two-day event, held Saturday, May 2 to Sunday, May 3, at the Amway Grand in Grand Rapids. A draft Order of Business was distributed.

**Follow Up on Resolutions Approved at the House of Delegates 2014:**

The “Gun Violence Prevention as a Continuing Medical Education Topic” resolution went to the AMA in June, where it was adopted as amended. The Resolved portion of the original was amended to read: RESOLVED: That our AMA encourage CME providers to consider, as appropriate, inclusion of presentations about the prevention of gun violence in national, state, and local continuing medical education programs.

On the immunization waiver, the resolution remains the MSMS policy, and with the House and Senate currently in Republican control, MSMS is working with MDCH to amend the rules of the waiver process to require informed consent. This letter will be drafted tonight and sent to the above parties on Friday morning.

The Executive Council will receive a copy of the final letter.

**MOTION:** Dr. Junck suggested a motion that votes on this letter can be done via e-mail. Moved by Dr. Mitchiner, and seconded by Dr. Farmer. All in favor, motion carried.

**Conclusion:** Send one letter to Dr. James Grant and Julie Novak, revising the first letter drafted by Dr. Koopmann, copying the MSMS Board of Directors and the WCMS Executive Committee.

- Removing any mention of the endorsement on YouTube, Medigram and press releases, as well as contacting those agencies who picked up the press release and notifying them of the error.

- There was discussion about addressing MSMS policy regarding endorsements. Dr. Share stated that he knows it is the Board of Director’s policy, and he believes it is MSMS policy not to endorse candidates, but he did not know if this is a written policy. This topic has been placed on the MSMS Board of Directors October 22 Meeting Agenda.

**Highlights of the Executive Council Meeting**

Washtenaw County Medical Society

OCTOBER 9, 2014

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consent instead of a parent just being able to sign the waiver. This may get done yet this legislative session and, if not, MSMS will continue to pursue in 2015. MSMS has been told that fighting for the out-right removal of “other” legislatively at this time in would be fruitless, but that goal remains the policy of MSMS.

The MSMS Board is referring the resolution about single payer to a joint meeting of the Committee on Health Care Quality, Efficiency and Economics, Liaison Committee with Third Party Payers, and the Committee on State Legislation and Regulations. That joint meeting is set for Feb. 18, 2015, at MSMS.

The STEM Undergraduate Resolution adopted as amended and amends AMA policy H170.985.

Additional Helmet Law Material Collected

Besides the "Effect of Michigan’s Helmet Law Repeal" from the U of M Injury Center, we have received the following:

- “Repeal of the Michigan Helmet Law: Early Clinical Impacts” study done the Department of Surgery, MSU and the Grand Rapids Medical Education Partners. This includes a small paragraph on the increase of health care costs.
- A Disaggregate-Level Assessment of Changes to Michigan’s Motorcycle Helmet Use Law on Motorcyclist Injury Outcomes
- Two emails to the Michigan Catastrophic Claims Association for detailed insurance payouts on motorcycle accidents with and without helmet have gone unanswered.

Resident Sign Up Opened for 42 Memberships to Maintain Three District Director Seats

The House Officers Association offered to send out an email announcing open resident memberships to MSMS/WCMS to all 1,200 House Officers.

The Council also discussed filling the available membership slots paid for through the University of Michigan’s FGP. The FGP is willing to pay for up to 75 memberships, with the requirement that those whose memberships are paid must serve the MSMS or WCMS on a committee or in some other capacity. Currently, only 32 memberships are being covered by this plan. It was suggested that further discussion of this opportunity to draw new members from UM into paid memberships be placed on the agenda for the next meeting. There are also 31 speakers at the ASM who are from Washtenaw and are not members. MSMS will be handing membership packets to these speakers. Those who do not apply will be contacted by the Society office.

There was brief discussion about the revising the By-Laws and creating active committees, such as a Young Physicians Committee, to draw younger physicians.

November 2014 Ballot

The 2014 Ballot for 2015-2016 delegates, as well as officers and three new members to the Executive Committee, will be in the next WCMS Bulletin. If you have suggestions for nominees for any of these categories, or are interested in serving again in your current category, please contact the Society office. Articles for the 4th Quarter Bulletin are due by Monday, November 3, 2014.

PUBLIC HEALTH REPORT

Dr. Alice Penrose, Medical Director of the Washtenaw County Public Health Department, reported on the following:

Enterovirus DV68 – There have been 25 confirmed cases of Enterovirus DV68 in Michigan as of October 6, 2014, and one confirmed case in Washtenaw County. The Washtenaw County case is a child under one year of age, and has lower extremity paralysis. There is a second suspected Washtenaw case with neurologic symptoms in which laboratory confirmation is pending. Any cases of unexplained paralysis in children should be reported to the health department at 734-544-3050.

Pertussis – We continue to average about two new pertussis cases per week. The total for this year is now 89 cases. Four children under the age of nine have required hospitalization. Here is the epi-curve:

Confirmed and Probable Cases of Pertussis by Onset Date Residents of Washtenaw County, Michigan 2014

Influenza – There have been four confirmed cases of influenza in Washtenaw County this fall, two A, and two B. Two residents have required hospitalization; both were over 70 years of age, and lived in Ypsilanti. Last year, county clinicians did an outstanding job vaccinating children for the flu. The state ranks us number one in this category. (See graph.) Likewise our hospitalization rate for children was very low. The flu-related hospitalization rate among Washtenaw 0 – 4 year olds was 10.4/100,000 compared to a national rate of 46.7/100,000 (CDC).

Seasonal Flu Vaccine Coverage (1+ dose) in Washtenaw County Residents July 1, 2013 – June 30, 2014

<table>
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<tr>
<th>Michigan Care Improvement Registry 1 Age group</th>
<th>Washtenaw Co rate</th>
<th>Michigan rate</th>
<th>Washtenaw Co statewide rank</th>
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<td>6 month – 4 yrs</td>
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<td>5 – 12 yrs</td>
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<td>50 – 64 yrs</td>
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</tr>
<tr>
<td>65 yrs and older</td>
<td>46.4%</td>
<td>32.2%</td>
<td>5</td>
</tr>
<tr>
<td>All Ages (6 mo and older)</td>
<td>33.5%</td>
<td>21.5%</td>
<td>2</td>
</tr>
</tbody>
</table>
Washtenaw is the weakest in the vaccination of college age young adults. MDCH has issued a “college and university flu vaccination challenge” for this flu season. So far 14 schools have signed on, including EMU and U of M. [http://www.michigan.gov/mdch/0,4612,7-132-2940_2955_22779-332647--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2940_2955_22779-332647--,00.html)

**MEDICAL STUDENT REPORT**

Vadim Rosin reported that the AMA-MSS chapter at the University of Michigan held their annual BBQ to recruit new members and educate medical students about the goals of the AMA.

New committee chairs were selected from the incoming class, they are:

- **Chair, Community Service Committee**: Jean Lee (Jeanne)
- **Chair, Scientific Issues Committee**: Brian Yagi
- **Chair, Medical Education Committee**: Chuck Hwang
- **Co-Chairs, Health Policy & Advocacy Committee**: Emily Arntson and Hayley Osen
- **Chair, Women & Minority Issues Committee**: Marina Mikhael
- **Chair, Bioethics Committee**: Jennifer Xu
- **National Delegates for Interim**: TBD

Vadim also reported that the AMA Committee on Legislation and Advocacy (COLA) submitted a resolution requesting the AMA to collect data on why medical students do not match.

**NEW BUSINESS**

Dr. Margolis reported that this year’s Waggoner Lecture will be excellent, with the featured speaker Dr. Sharon Douglas, Professor of Internal Medicine at the University of Mississippi, speaking at 4:00 p.m. on October 29 at the Ford Auditorium at the University of Michigan. Dr. Douglas will also present at the Department of Psychiatry Grand Rounds that morning at 10:30 a.m.

Dr. Spindler and Dr. Farmer announced they will doing a workshop at the Bioethics Conference on November 8, called “Case Studies and Panel Discussion.” Registration can be done the day of the conference, or contact Caryl Markzon at MSMS to register. Her direct line is 517-336-7575.

**MEETING DATES**

- Legislative Education Meeting, October 20, Society Office, 7:30 a.m. – 9:00 a.m.
- MSMS Scientific Meeting, October 21-25, Somerset Inn, Troy
- MSMS Board Meeting, October 22, Somerset Inn, Troy
- Waggoner Lecture on Ethics & Values, October 29, Ford Auditorium, University of Michigan Hospital
- Opiate Addiction Panel Discussion, Tuesday, November 4, Ann Arbor City Club
- 18th Annual Conference on Bioethics, November 7 & 8, Campus Inn, Ann Arbor

**ADJOURNMENT**

The Executive Council meeting adjourned at 8:15 p.m. The next meeting of the Executive Council is scheduled for Thursday, November 6, at 6:30 p.m. at the Society Office.

Belinda Chandler, Executive Director
Rhoda Powsner, MD, JD, MHSA

A truly multi-talented, intuitive, and intelligent woman, who gave birth to 4 children, two who followed their mother’s pathway into medicine and two into the legal arena, legacies that will continue to contribute to the betterment of our society, one of the principles she adhered to.

Those who knew her were aware of her multiple contributions throughout her multi-faceted career. Her educational background (medicine, judicial, and political-health policy) enabled her to be a leader and to guide others to the appropriate solutions on various issues.

I had the good fortune to meet her in the early 90’s, when our nine year commitment on the Michigan State Medical Society’s Board of Directors overlapped. We often drove from Ann Arbor to East Lansing together, and had the opportunity to plan our strategy on addressing some of the medical, legal, and political implications of the topics to be discussed at the bimonthly Board meetings, and at the Washtenaw County Medical Society (WCMS) Executive Committee meetings, held monthly. She also served as editor of the WCMS Bulletin, and taught me many of the facets of that position, which I now hold.

It turned out that she was raised in Rockville Centre, Long Island, New York, as was I. She attended a grade school about four miles from the one that I attended. Yes, it is really a small world!

Rhoda could captivate those who listened to her, and they definitely paid attention, due to her ability to concisely state her opinions in a straight forward manner.

It was my privilege to have known and learned from her. She touched the lives of those who are gathered here today, and we will long remember the many contributions she made to her family, friends, patients, acquaintances, and legislators.

Rudi Ansbacher, MD, MS

In Memoriam

Rhoda Lee Moscovitz Powsner, MD, JD, MHSA. Born October 4, 1930. Died in her sleep in Dedham, MA on August 21, 2014. A resident of Ann Arbor for almost 60 years, Dr. Powsner and her husband relocated to Massachusetts in 2013 to be near family. Dr. Powsner operated a cardiology practice in Ann Arbor from 1960 through 1985, when she became Chief Physician at Ford Motor Company’s World Headquarters in Dearborn until her retirement. A lifelong student, and very proud of her academic achievements, she earned her undergraduate degree from Adelphi University in New York, an M.D. from Yale Medical School in 1953, a J.D. from the University of Michigan Law School in 1981 and then, in her retirement, a Masters of Health Services Administration from the University of Michigan. Active in the medical-political community in Michigan, she worked tirelessly to advance the visibility and acceptance of women in the practice of medicine. Dr. Powsner served on the Board of Directors of the Michigan State Medical Society and was a member of the Michigan delegation to the American Medical Association. She served as Executive Director of the Michigan Commission on Genetic Privacy and Progress. She also was a member on the Arbitration Advisory Committee to the State Insurance Commissioner. Dr. Powsner is survived by her husband of 64 years, Dr. Edward R. Powsner, and their children and grandchildren: Seth and his wife Elizabeth Yen; Rachel and her husband Ron Gurrera and their children Arianna and Daniel; Ethan and his wife Cynthia and their children Hilary, Sarah, and Carl; and, David and his wife Susan and their children Emily, Jonathan, Abigail, and Nathaniel.

In lieu of flowers, donations may be made to the University of Michigan’s University Musical Society, or a charity of choice.

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Ann Arbor

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704 West Huron
Phone: (734) 665-5551, Fax: (734) 761-8560
Monday thru Friday: 8:00 a.m. - 5:00 p.m.
Closed 12:30 p.m. - 1:30 p.m.

Parkway Medical Center
2345 South Huron Parkway
Phone: (734) 973-8998, Fax: (734) 975-1095
Monday thru Friday: 8:00 a.m. - 5:00 p.m.
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Arbor Scio Professional Building
6360 Jackson Road, Suite C
Phone: (734) 662-9947, Fax: (734) 662-1414
Monday thru Friday: 8:00 a.m. - 5:00 p.m.
Closed 12:30 p.m. - 1:30 p.m.

IHA East
4200 Whitehall Drive Suite 100
Phone: (734) 712-7136, Fax: (734) 712-7181
Monday thru Thursday: 7:30 a.m. - 5:30 p.m.
Friday: 7:30 a.m. - 5 p.m., Saturday: 7:30 a.m. - 12 noon

Ypsilanti

Arbor Park Centre
4972 Clark Road, Suite 101
Phone: (734) 434-9680, Fax: (734) 434-0153
Monday thru Friday: 8:00 a.m. - 5:00 p.m.

Saint Joseph Mercy Reichert Health Center
5333 McCaulay Drive, Suite 1007
Phone: (734) 712-5180, Fax: (734) 712-7071
Monday thru Friday: 7:00 a.m. - 6:00 p.m.,
Saturday: 7:00 a.m. - 12 noon

Other Area Locations

Genoa Medical Center – Brighton
2305 Genoa Business Park Drive
Phone: (810) 844-7665, Fax: (810) 844-7677
Monday thru Friday: 8:00 a.m. - 5:00 p.m.
Closed 12:30 - 1:30 p.m.

Livingston Diagnostic Center – Fowlerville
202 E. Van Riper Road, Suite 300
Phone: (517) 223-3716, Fax: (517) 223-3869
Monday thru Friday: 8:00 a.m. - 12:30 p.m.

Milan Medical Center – Milan
870 Arkona Road, Suite 130
Phone: (734) 439-0627, Fax: (734) 439-0658
Monday, Thursday, & Friday: 8:00 a.m. - 5:00 p.m.,
Tuesday & Wednesday: 8:00 a.m. - 6 p.m.

Saint Joseph Mercy – Plymouth
990 West Ann Arbor Trail
Phone: (734) 414-1050, Fax: (734) 414-1055
Monday thru Friday: 7:30 a.m. - 5:00 p.m.

Saint Joseph Mercy – Canton
1600 S. Canton Center Rd., Suite 110
Phone: (734) 398-7575, Fax: (734) 398-8657
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Saturday: 7:30 a.m. - 12 noon

Saint Joseph Mercy – Brighton
7575 Grand River
Phone: (810) 844-7522, Fax: (810) 844-7523
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Saturday: 7:00 a.m. - 12 noon

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Saint Joseph Mercy – Canton
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Phone: (734) 398-7575, Fax: (734) 398-8657
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Saturday: 7:30 a.m. - 12 noon

Saint Joseph Mercy – Livingston
620 Byron Road, Howell
Phone: (517) 545-6350, Fax: (517) 545-6205
Monday thru Friday: 7:00 a.m. - 6:00 p.m.,
Saturday: 7:00 a.m. - 12 noon

Cherry Hill Health Center – Canton
49650 Cherry Hill Road
Phone: (734) 398-8160, Fax: (734) 398-8162
Monday, Thursday, & Friday: 8:00 a.m. - 5:00 p.m.,
Tuesday & Wednesday: 8:00 a.m. - 6 p.m.

Department of Pathology

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A.N. Bartley, MD
S.K. Bihlmeyer, MD
J.P. Cotton, MD, PhD
W. G. Finn, MD
J.M. Ghaferi, MD
S.D. Hirsch, MD
S.M. Knoepp, MD, PhD
J.A. Ramirez, MD
D.A. Sadler, MD
J.D. Schaldenbrand, MD
B.L. Schapiro, MD
J.A. Tworek, MD
P.N. Valenstein, MD
M.J. Wasco, MD
T.D. Wentz, MD
OFFICERS:

President-elect  Bradley J. Uren, MD [vote for one]
Secretary         Barbara A. Threatt, MD [vote for one]
Treasurer        Martha L. Gray, MD  [vote for one]
Write in: ____________________________________________

EXECUTIVE COUNCIL: [vote for three]

Evelyn Eccles, MD
Jeffrey Jentzen, MD
Lauren B. Smith, MD

DELEGATES 2015-2016: [vote for seven]

Allan C. D. Brown, MD
Neil Elkin, MD
Charles J. Koopmann, Jr., MD
Cynthia Krueger, MD
Barry Nathan, MD
Joseph Nnodie, MD
Lauren B. Smith, MD

ALTERNATE DELEGATES 2015-2016:

Philip Margolis, MD  [vote for two]
Edward Washabaugh, MD