Home Grown
Community Partnerships Shape Michigan’s Newest Medical School

Western Michigan University
Homer Stryker M.D.
School of Medicine,
Kalamazoo

ALSO IN THIS ISSUE

• CMS Releases Final Rule for Meaningful Use Stage 2 Flexibility
• Michigan Licensure Renewal Requirements
• Rising Number of Infectious Disease Cases Creates Patient Safety Issues
New Study Finds Reduced Evening Snacking When Beef Is Consumed At Breakfast

Recent research published in the American Journal of Clinical Nutrition suggests that eating a protein-rich breakfast, such as beef and eggs, boosts satiety and reduces hunger signals and brain activation responses involved with food cravings more than a typical ready-to-eat breakfast cereal. Study participants, overweight late adolescents who normally skip breakfast, experienced a significant reduction in unhealthy evening snacking following a protein-rich breakfast.

Lean beef is a complete high-quality protein that contains all the essential amino acids your body needs for optimal health. Even better, a 3-oz serving of lean beef is about 150 calories on average and provides more than 10 percent of the Daily Value for 10 essential nutrients. Lean beef is a perfect partner for fruits, vegetables and whole grains, so it’s easy to enjoy more high-quality protein in your diet.


Michigan Beef Industry Commission • www.mibeef.org
YOUR PATIENTS EXPECT THE HIGHEST STANDARD-OF-CARE FROM YOU.
You should expect the same from your dermatopathology laboratory.

As a member of your healthcare team, Pinkus Dermatopathology Laboratory offers the reliability, convenience, expertise, and accessibility you and your patients deserve.

- Over 60 years of experience in delivering excellence in dermatopathology.
- Board-certified dermatopathologists read every case, with over 2 million cases analyzed.
- 99.7% of results reported in one business day.
- Consultations with a dermatopathologist 7am-5pm Monday-Friday.
- Affordable and reliable analysis of dermatological specimens.

Pinkus is proud to serve physicians and patients nationwide. Isn’t it time you chose Pinkus Laboratory?

EXPERT INTERPRETATION | RAPID RESULTS | EXPERIENCE YOU CAN RELY ON

toll free 800.746.5870 | www.pinkuslab.com

1314 N. MACOMB STREET, P.O. BOX 360, MONROE, MI 48161 • 32669 WEST WARREN, SUITE 10, GARDEN CITY, MI 48135
Michigan Medicine
Septembers/October 2014 • Volume 113 • Number 5

COVER STORY
10 Home Grown – Community Partnerships Shape Michigan’s Newest Medical School
By Stephanie VanKoevering
Western Michigan University Homer Stryker M.D. School of Medicine in downtown Kalamazoo is now one of the finest learning facilities in the state, housing a state-of-the-art virtual hospital as well as spaces for team collaboration and the latest medical research tools...

FEATURES
12 New Huron Valley Physician Association President
Positions Organization for the Future
By Joseph M. Neller
Huron Valley Physician Association, a physician organization of nearly 500 members located in Washtenaw and the surrounding counties, is under new leadership with Jeffrey A. Sanfield, MD, FACP, CDE and he brings a renewed focus on how the organization will move into the future.

14 Michigan Licensure Renewal Requirements
By Brenda J. Marenich
In Michigan, every three years, all licensed medical doctors must renew their licenses and certify compliance with state continuing medical education laws by submission of the renewal application for licensure renewal.

18 MSMS Physicians Insurance Agency
By Virginia K. Gibson
Nearly 30 years ago, the Michigan State Medical Society created the MSMS Physicians Insurance Agency (PIA) with two primary objectives designed to benefit physicians and their professional association.

19 Justices for Law
By Louis Michael
MDPAC-endorsed Justice Brain Zahra and Justice David Viviano, both incumbents, running for re-election are often referred to as ‘rule of law’ justices. Though these justices are not ‘pro-medicine,’ it is vital that they remain in office if Michigan’s tort reform laws are to be protected.

20 Employer Mandate Deadline Is Approaching For Some
By Virginia K. Gibson
The Affordable Care Act requires employers of a certain size to offer quality, affordable health insurance coverage to their employees or face a penalty. In February, the US Treasury Department and the Internal Revenue Service issued final regulations that did delay the employer mandate for a large majority of employers. However, it did not delay it for all employers.

COLUMNS
4 Ask Our Lawyer By Daniel J. Schulte, JD
Some Closely Held Corporations No Longer Required to Provide Contraception Coverage

8 HIT Corner By Dana J. Barrera
CMS Releases Final Rule for Meaningful Use Stage 2 Flexibility

9 Professional Liability Update Contributed by The Doctors Company
Be Cybersecure: Protect Patient Records, Avoid Fines, and Safeguard Your Reputation

28 President’s Perspective By James D. Grant, MD
It’s Time to Take a Seat at the Table

DEPARTMENTS
21 MSMS Foundation Conferences
22 New MSMS Members
22 Obituaries
23 The Marketplace

The mission of the Michigan State Medical Society is to promote a health care environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.
- Make appointments
- Transfer patients
- Consult with physicians
- Get patient information

M-LINE:
800-962-3555
24 HOURS A DAY, 7 DAYS A WEEK
QUESTION:
Can you explain the Hobby Lobby ruling? Is it true that my practice no longer has to pay to provide contraceptive coverage for my employees?

ANSWER:
On July 7, 2014, the U. S. Supreme Court issued its decision in Burwell v. Hobby Lobby et al. In this case Hobby Lobby Stores and others challenged the Affordable Care Act (ACA) requirement that private employer health plans provide coverage for contraceptives. The owners of Hobby Lobby Stores and the other plaintiff corporations claimed that requiring them to provide their employees with IUDs and morning after pills via their health plans violated their sincerely held religious belief that life begins at conception. The Supreme Court ultimately agreed and ruled that closely held corporations with these sincerely held religious beliefs cannot be required to provide contraceptive coverage to their employees. Below are the key points from this significant decision:

1. The Court did not make a constitutional ruling. Instead it interpreted and applied a federal statute – the Religious Freedom Restoration Act (“RFRA”). This statute requires that any federal law substantially burdening a person’s free exercise of religion do so only: (a) in furtherance of a compelling governmental interest; and (b) in the least restrictive way (i.e. there is no burden free method available) possible.

2. The ruling does not apply to corporations with less than 50 employees (ACA does not apply to these “small” employers and therefore they are not required to provide health care coverage to their employees) or publicly held corporations. Only closely held for profit corporations with more than 50 employees are affected. The Court held that these corporations were each a “person” and therefore a beneficiary of the RFRA’s protections.

3. It was determined that requiring contraception in the list of mandated health plan benefits substantially burdens the exercise of religion by forcing the owners of these closely held corporations to take action that violates their sincere religious belief that life begins at conception (the plaintiffs objected to paying for only 4 types of contraceptives – 2 morning after pills and 2 IUDs that are among the 20 required to be covered by Obamacare).

4. The Court assumed (without discussion or identification of the interest) that the government’s interest in guaranteeing cost free access to these 4 contraceptives was compelling.

5. The Court did not believe the government demonstrated that requiring employers to provide health plan benefits including these contraception benefits was the least restrictive method available to further this governmental interest. Instead, the Court suggested that the government could assume the cost of providing the 4 contraceptives to women employed by closely held corporations refusing to provide them on religious grounds or expand the exception already contained in ACA for nonprofit corporations (where contraception benefits are provided directly by insurers and health plans subject to policy riders paid for by the recipients of the benefits).

4. Only closely held corporations whose owners have sincerely held religious beliefs may refuse to provide contraception coverage.

5. The ruling applies to all of the 20 contraceptives required to be covered by Obamacare, not just the 4 objected to by Hobby Lobby and the other plaintiffs.

6. What is considered a closely held corporation and how the sincerity of religious beliefs is to be established (when called into question) were questions not resolved by the Court. These issues are ripe for interpretation in future cases.

As for your medical practice – this ruling will only make a difference if you have more than 50 employees and if you have sincerely held religious beliefs that life begins at conception. If your practice has less than 50 employees the contraception mandate (and the ACA) do not apply.

Daniel J. Schulte, JD, MSMS Legal Counsel, is a member of Kerr, Russell and Weber, PLC.

EDITOR’S NOTE:
If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Rebecca Blake, Michigan Medicine, MSMS, 120 West Saginaw Street, East Lansing, MI 48823, or at rblake@msms.org.
for getting a line of credit from someone who understands your practice.

Business Borrowing | for the achiever in you

Get financing from a banker who understands your practice and the importance of cash flow to help it succeed. PNC provides dedicated and experienced Healthcare Business Bankers who understand the financial needs of a successful practice, so you end up with more than just a line of credit; you end up with customized financing solutions.

For more information about how you can optimize your practice’s cash flow, contact a Healthcare Business Banker at 877-566-1355 or go to pnc.com/hcprofessionals

PNC CFO
Cash Flow Optimized

PNC BANK
<table>
<thead>
<tr>
<th>OFFICERS</th>
<th>DIRECTORS</th>
<th>DISTRICT 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>MOHAMMED A. ARSIWALA, MD, Wayne</td>
<td></td>
</tr>
<tr>
<td>JAMES D. GRANT, MD, Oakland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>President-Elect</td>
<td>PETER BAUMANN, MD, MPA, Wayne</td>
<td></td>
</tr>
<tr>
<td>ROSE M. RAMIREZ, MD, Kent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td>T. JANN CAISON-SOREY, MD, MSA, MBA, Wayne</td>
<td></td>
</tr>
<tr>
<td>JOHN E. BILLI, MD, Washtenaw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td>CHERYL GIBSON FOUNTAIN, MD, Wayne</td>
<td></td>
</tr>
<tr>
<td>VENKAT K. RAO, MD, Genesee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaker</td>
<td>JAMES H. SONDHEIMER, MD, Wayne</td>
<td></td>
</tr>
<tr>
<td>RINO D. COLONE, MD, Genesee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice Speaker</td>
<td>J. MARK TUTHILL, MD, Wayne</td>
<td></td>
</tr>
<tr>
<td>RAYMOND R. RUDONI, MD, Genesee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>KENNETH ELMASSIAN, DO, Ingham</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOARD OF DIRECTORS</th>
<th>DIRECTORS</th>
<th>DISTRICT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>AMIT GHOSE, MD, Ingham</td>
<td></td>
</tr>
<tr>
<td>DAVID A. SHARE, MD, MPH, Washtenaw</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice Chair</td>
<td>DAVID T. WALSORTH, MD, Ingham</td>
<td></td>
</tr>
<tr>
<td>RAYMOND R. RUDONI, MD, Genesee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIRECTORS</th>
<th>DISTRICT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 3</td>
<td>JOHN J.H. SCHWARZ, MD, Calhoun</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIRECTORS</th>
<th>DISTRICT 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 4</td>
<td>STEPHEN N. DALLAS, MD, MA, Kalamazoo</td>
</tr>
<tr>
<td>JOHN A. WATERS, MD, Genesee</td>
<td></td>
</tr>
<tr>
<td>District 5</td>
<td>ANITA R. AVERY, MD, Kent</td>
</tr>
<tr>
<td>TODD K. VANHEEST, MD, Ottawa</td>
<td></td>
</tr>
<tr>
<td>District 6</td>
<td>S. “BOBBY” MUKKAMALA, MD, Genesee</td>
</tr>
<tr>
<td>JOHN A. WATERS, MD, Genesee</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIRECTORS</th>
<th>DISTRICT 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 7</td>
<td>BASSAM NASR, MD, MBA, St. Clair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIRECTORS</th>
<th>DISTRICT 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 8</td>
<td>DEBASHISH MRIDHA, MD, Saginaw</td>
</tr>
<tr>
<td>THOMAS J. VEVERKA, MD, Saginaw</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIRECTORS</th>
<th>DISTRICT 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 9</td>
<td>RICHARD C. SCHULTZ, MD, Grand Traverse</td>
</tr>
</tbody>
</table>

| DISTRICT 10        | MARK C. KOMOROWSKI, MD, Bay                     |
| DISTRICT 11        | JAMES J. RICE, MD, Muskegon                     |
| DISTRICT 12        | CRAIG T. COCCIA, MD, Marquette                  |
| DISTRICT 13        | JEFFREY E. JACOBS, MD, Houghton                 |
| DISTRICT 14        | SANDRO K. CINTI, MD, Washtenaw                  |
| DISTRICT 15        | ADRIAN J. CHRISTIE, MD, Macomb                   |
| Ex-Officio        | EDWARD G. JANKOWSKI, MD, Wayne                  |

| Young Physician   | PAUL D. BOZYK, MD, Wayne                        |
| Resident          | MICHAEL J. EHLERT, MD, Wayne                    |
| Student           | NICOLAS K. FLETCHER, Kent                       |
Why Join MMBA?

Chapter Meetings
Annual Billing Expo
Educational Offerings
Medical Industry Updates
Networking
Online Forum

Dedicated to the Education and Professional Advancement of Medical Billers

Michigan Medical Billers Association
Phone: (855) 360-3401

www.mmbaonline.org
The Centers for Medicare & Medicaid Services (CMS) finalized a rule allowing hospitals and eligible professionals more flexibility in how they meet meaningful-use requirements for the electronic health-record incentive program. The agency had first proposed the idea in a May draft rule which outlined what this flexibility would mean to physicians. The final rule has left the May proposal unchanged.

In the final rule, physicians unable to adopt 2014 technology because of availability of certified technology have three options. For physicians intending to demonstrate Stage 1 meaningful use in 2014, they can use 2011 technology to show they met 2013 first-stage standards; or can use a combination of 2011 and 2014 technology to meet 2013-14 first-stage standards; or could use 2014 technology to fulfill 2014 first-stage standards. (See chart)

The situation is similar for providers intending to demonstrate Stage 1 meaningful use in 2014: they may use 2011 technology to show they met 2013 first-stage standards; a combination of 2011 and 2014 technology to meet 2011 or 2013 Stage 1 objectives or 2014 technology to show 2014 Stage 2 objectives; or, finally, 2014 technology to fulfill 2014 Stage 1 or Stage 2 objectives. (See chart)

In December 2013, CMS announced it would add a third year to Stage 2 in 2016 and delay the start of Stage 3 to 2017. The final rule officially pushes back the beginning of the third stage of meaningful use for the first cohort of adopters until Jan. 1, 2017, as opposed to the old standard of Jan. 1, 2016.

Most physicians are still wondering where to go from here, and what this new rule means for their practice. Guidance from CMS is that “Only providers that could not fully implement 2014 Edition CEHRT for the EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability.” Basically, if you have implemented the 2014 version of your EHR, and can attest to Stage 2 meaningful use, you better go ahead and do so. There is no guidance on what type of documentation would be required to prove the need for the flexibility if audited yet, but physicians will have to attest that they could not meet Stage 2 EHR requirements.

For everyone else still working on implementation of the 2014 version, the best recommendation is to continue on with your path to achieving Stage 2 criteria, and use the flexibility offered for this year to allow you more time to implement your changes properly. These changes are only effective for the 2014 reporting year, and you will need to be able to perform Stage 2 objectives in 2015. For more information and an interactive tool to assist you in determining your 2014 attestation path, visit http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CEHRT_NPRM_DecisionTool-.pdf.

The Michigan State Medical Society is here to help with MSMS HIT Consulting Services. MSMS consulting is designed to assist physicians in any specialty or practice size to achieve Meaningful Use, and has staff available to assist you. For more information, contact Dara Barrera at 517-336-5770 or dbarrera@msms.org. MM

The author is the Manager of Practice Management and Health Information Technology at MSMS.

### Table: Meaningful Use Stage Options

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>2013 Definition Stage 1 objectives and 2013 CQMs</td>
<td>2013 Definition Stage 1 objectives and 2013 CQMs;</td>
<td>2014 Definition Stage 1 objectives and 2014 CQMs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR 2014 Definition Stage 1 objectives and 2014 CQMs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR 2014 Definition Stage 1 objectives and 2014 CQMs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR 2014 Definition Stage 2 objectives and 2014 CQMs;</td>
<td></td>
</tr>
<tr>
<td>Stage 2</td>
<td>2013 Definition Stage 1 objectives and 2013 CQMs</td>
<td>2013 Definition Stage 1 objectives and 2013 CQMs;</td>
<td>2014 Definition Stage 2 objectives and 2014 CQMs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR 2014 Definition Stage 1 objectives and 2014 CQMs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR 2014 Definition Stage 1 objectives and 2014 CQMs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR 2014 Definition Stage 2 objectives and 2014 CQMs;</td>
<td></td>
</tr>
</tbody>
</table>
Cybercrime costs the U.S. economy billions of dollars each year and causes organizations to devote substantial time and resources to keeping their information secure.

This is even more important for healthcare organizations, the most frequently attacked form of business.1 Cybercriminals target healthcare for two main reasons: healthcare organizations fail to upgrade their cybersecurity as quickly as other businesses, and criminals find personal patient information particularly valuable to exploit.

The repercussions of security breaches can be daunting. A business that suffers a breach of more than 500 records of unencrypted personal health information (PHI) must report the breach to the U.S. Department of Health and Human Services’ Office for Civil Rights (OCR). This is the federal body with the power to enforce the Health Insurance Portability and Accountability Act (HIPAA) and issue fines. To date, the OCR has levied over $25 million in fines, with the largest single fine totaling $4.8 million.2 A healthcare organization’s brand and reputation are also at stake. The OCR maintains a searchable database (informally known as a “wall of shame”) that publicly lists all entities that were fined for breaches that meet the 500-record requirement.3

If you think you may not be fully compliant with HIPAA privacy and security rules, consider taking the following steps:

- Identify all areas of potential vulnerability. Develop secure office processes, such as:
  - Sign-in sheets that ask for only minimal information.
  - Procedures for the handling and destruction of paper records.
  - Policies detailing which devices are allowed to contain PHI and under what circumstances those devices may leave the office.
  - Encrypt all devices that contain PHI (laptops, desktops, thumb drives, and centralized storage devices). Make sure that thumb drives are encrypted and that the encryption code is not inscribed on or included with the thumb drive. Encryption is the best way to prevent a breach.
- Train your staff on how to protect PHI. This includes not only making sure policies and procedures are HIPAA-compliant, but also instructing staff not to openly discuss patient PHI.
- Audit and test your physical and electronic security policies and procedures regularly, including what steps to take in case of a breach. The OCR audits entities that have had a breach, as well as those that have not. The OCR will check if you have procedures in place in case of a breach. Taking the proper steps in the event of a breach may help you avoid a fine.
- Insure. Make sure that your practice has insurance to assist with certain costs in case of a breach.

The Doctors Company is the exclusively endorsed medical liability carrier of the Michigan State Medical Society (MSMS). We share a joint mission of supporting doctors and advancing the practice of good medicine.


The smell of fresh paint still lingers inside the glass-and-steel building that houses Western Michigan University Homer Stryker M.D. School of Medicine in downtown Kalamazoo. The building is now one of the finest learning facilities in the state, housing a state-of-the-art virtual hospital — complete with manikins as virtual patients capable of exhibiting real symptoms — as well as spaces for team collaboration and the latest medical research tools.

But for all its spectacular architecture and cutting-edge learning resources, the school has its roots in something far more interesting: the local leadership and vision of Kalamazoo’s medical community.

“This school would not have been possible without a great deal of local support,” said Dr. Hal Jenson, founding dean. “We were very fortunate to have individuals here who saw the opportunity a local medical school can provide, and what it could mean to our region and state.”

Three strong local leaders launched the project: WMU president John Dunn, Borgess Health CEO Paul Spaude, and Bronson Healthcare President and CEO Frank Sardone.

“The hospital leaders had collaborated in the past, most notably on the area cancer center,” Jenson said. “Their past work with MSU medical students, which took place under the aegis of the MSU/Kalamazoo Center for Medical Studies, folded neatly into the new medical school and formed a solid foundation for clinical education and patient care programs.”

Jenson’s first day on the job was extraordinary, marked by the announcement of a $100 million gift to launch the school. The gift, which was later identified as a donation by Ronda Stryker and her husband, Bill Johnston, was the first major landmark along the road to success. It was followed later by the donation of a 330,000 square foot building in downtown Kalamazoo by William U. Parfet, chairman and CEO of Mattawan-based MPI Research. The seven-story building is located on the medical school’s W.E. Upjohn Campus, named after Parfet’s great-
grandfather, William Erastus Upjohn, who started The Upjohn Company in 1885.

Coupled with a 300-member slate of community partners whose planning work would support all aspects of program development, the backing of two well-known area hospitals, and visionary leadership at the university level, the right ingredients for success were in place early.

“Our medical school is unique in Michigan in that it is private,” Jenson said. “We believe it is important to ensure WMU receives all the state funding it needs to support its other high-quality programming without having to fund the medical school’s operation as well. We are working to build our own $300 million endowment, which has helped us be nimble and entrepreneurial in considering the needs of the community.”

Those needs are estimated to include far more physicians in the future. With current projections showing a nationwide shortage of 90,000 physicians by 2020, the WMU medical program is designed to help bring new physicians to a nine-county area in southwest Michigan.

“We know that roughly one-third of the physicians practicing in our nine-county region trained here in Kalamazoo,” Jenson said. “Clearly, the more medical students we bring to the area, the stronger our local pipeline of physicians can become.”

Jenson said the new medical school places a strong emphasis on community involvement and service.

“Our program is designed to ensure students are actively involved in local organizations,” Jenson said. “It’s an element of active citizenship that will help us fulfill our end of this important community partnership.”

Jenson notes there are other regional benefits to result from the school’s location.

“We will establish a platform for biomedical research – the kind of research that can help improve the economy of southwest Michigan down the road,” Jenson said. “We’re already working to develop a medical engineering certificate program. We’re very interested in supporting trained entrepreneurs whose future leadership has the power to profoundly benefit the practice of medicine.”

But the real success, Jenson believes, will be found in the work of the physicians trained in the school.

“The greatest accolade we can receive will be when local families say of our doctors, ‘I want them to take care of me and my family,’” Jenson said.

The first class of WMU medical students began their studies in August. Although more than 3,500 applications were received, only 54 students where chosen to be part of the school’s inaugural class.

“They come from all over the country and have strong, diverse academic backgrounds,” Jenson said. “We used of a holistic model to select applicants based on their academics, past experiences, and personal attributes.”

These students are reportedly astonished and pleased by the community’s response to their arrival.

“Local vendors have put out signs to welcome them,” Jenson said. “And when they are introduced, our neighbors are thrilled to recognize they have a WMU medical student in their midst. The students eat it up – they know they’ll be make a big difference in our region, and are pleased to be welcomed so warmly.”

---

The author is a Michigan based freelance writer.
New Huron Valley Physician Association President Positions Organization for the Future

By Joseph M. Neller

Huron Valley Physician Association, a physician organization of nearly 500 members located in Washtenaw and the surrounding counties, is under new leadership with Jeffrey A. Sanfield, MD, FACP, CDE and he brings a renewed focus on how the organization will move into the future.

Doctor Sanfield, a native Michigander who attended the University of Michigan and graduated medical school in 1981 from Wayne State University, holds many titles and distinctions. He is board certified in Internal Medicine, Endocrinology and Metabolism, and is board certified as a Diabetes Educator. He was an Endocrinology Fellow at the University of Michigan and has been Department Chair of Internal Medicine at Saint Joseph Mercy Hospital since 1998. In the new role of HVPA President, which he assumed on July 1, Doctor Sanfield is focused on how the organization can support physicians to provide high quality care to patients in a rapidly changing health care environment.

“HVPA and its physician members pride themselves on being independent,” says Doctor Sanfield. “Yet in reality in the new changing healthcare environment, no one is truly independent but rather co-dependent, usually on more than one front. In examining the new world order for HVPA, there are a number of independent yet co-dependent relationships to consider.”

Chief among these is the relationship with the Saint Joseph...
Mercy Health Partners Clinically Integrated Network (CIN), which brings together the Saint Joseph Mercy Hospital, Chelsea Hospital, and the associated physician groups like HVPA, Integrated Health Associates (IHA) and Livingston Physician Organization (LPO.) The purpose of the CIN is to support population health management and shared resources such as care managers and referral portals which allow physicians to communicate, schedule and coordinate patient care.

“HVPA and its physician members pride themselves on being independent. Yet in reality in the new changing healthcare environment, no one is truly independent but rather co-dependent, usually on more than one front. In examining the new world order for HVPA, there are a number of independent yet co-dependent relationships to consider.”

— Jeffrey A. Sanfield, MD, FACP, CDE

Doctor Sanfield serves on the Saint Joseph Mercy Health CIN Board of Directors and says it is a work in progress, but believes there is a great amount of potential, particularly if there is support from Trinity/Catholic Health East (CHE) as the parent company. Doctor Sanfield says as the CIN continues to become fully operationalized, Trinity/CHE will need to develop a strategy for the ways it supports independent practices. As a result, HVPA plans to work closely with the other independent practices in the market to build the local relationships necessary for collaboration as the CIN or other accountable care organizations evolve.

While he acknowledges the future is uncertain and it is still unknown whether the CIN, ACO, or any other current organizational model will be successful, Doctor Sanfield believes HVPA will position itself for success through its principled, philosophic approach.

“The key approach to the current market is attitude, temperament and willingness to work together. As the new leader of HVPA, I cannot tell you what the future holds, other than I am optimistic that collaboratively we can be a successful working structure.”

The author is MSMS Director, Integrated Physician Advocacy at MSMS.
Michigan Licensure Renewal Requirements
By Brenda J. Marenich

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

Each physician is required to complete 150 credits of continuing medical education in activities approved by the Michigan Board of Medicine, of which not less than 50 percent, or 75 credits, of the required 150 credits must be earned in activities designed as Category 1 (accredited) or Category 6 (residency) programs.

Upon receiving your renewal notification, physicians must go online at www.michigan.gov/mylicense to renew by the January 31 deadline. Physicians whose licenses have been expired for more than 60 days must apply for relicensure.

If a physician has not achieved their required 150 credits for renewal, it is important that proper steps are taken to not jeopardize the continuation of licensure. These include:

STEP 1:
Do not submit your renewal notification if you have not achieved the 150 credit requirement. Doing so is a violation of the Michigan Public Health Code and is subject to license sanctions.

STEP 2:
Complete the missing credits within your 60-day grace period following your expiration date (January 31).

STEP 3:
Assemble your documentation of your 150 credits in case you are audited.

STEP 4:
Renew online within the 60 day grace period only after all of your required credits have been obtained. Along with the renewal fee, an additional $20.00 late fee will be charged.

In addition, there are certain circumstances in which CME may be waived, according to the Public Health Code; these include disability, military service, absence from the United States and other circumstances beyond the licensee's control. However, physician must request a waiver prior to their January 31 expiration from
LARA. The Board of Medicine will review your application and determine if you qualify for a waiver. It is important that you do not proceed further until the Board acts on your waiver.

Submission of the renewal application and fee is considered a statement that the continuing education requirement has been met. Failure to comply with the licensure requirement could result in reprimand, probation, denial, suspension, revocation, limitation, restitution, and/or fines.

Keeping track of your credits is vital to maintaining your licensure. Many tools are available including applications/tracking software for your smart phones, tablets and personal computers. A few of the systems that we viewed were CME Genius, CME Tracker, edds™, and Epocrates CME®. Of course the paper method works just as well too. The MSMS Record-Keeping Folder is a useful document in organizing your licensure requirements/activities. It is available online and can be downloaded at www.msms.org/education/educationresources/cmeresources or a hard copy can be requested through MSMS.

For assistance in obtaining your MSMS Accredited CME certificates or transcripts from MSMS Foundation programs, contact Marianne BenHamza at MSMS at 517-336-7581 or mbenhamza@msms.org.

For more information about medical licensure or the MSMS Committee on Medical Licensure & Discipline, contact Colin Ford at 517-336-5737 or cford@msms.org.

The author is the Director, Center for Education and Leadership at MSMS.

*MSMS is not endorsing any of the application/software company mentioned in this article.
Join us at the 149th Michigan State Medical Society Foundation’s Annual Scientific Meeting this October 21-25, at the Somerset Inn, Troy, for your opportunity to earn up to 28.5 AMA PRA Category 1 Credits™ in over 35 sessions.

Sincerely,
Christopher S. Kim, MD
2014 ASM Planning Committee Chair

2014 HIGHLIGHTS

- Free plenary sessions on Thursday and Friday mornings
- Ten sessions to choose from daily Wednesday – Friday
- Evening sessions with dinner on Wednesday and Thursday
- Free William Beaumont Lecture Luncheon on Friday
- Three Saturday morning courses
- Complimentary breakfast, lunch and breaks

HOTEL INFORMATION

Somerset Inn
2601 W Big Beaver Road, Troy, Michigan
Phone: 248-643-7800
Standard Room Rate: $139 plus tax

CONTINUING MEDICAL EDUCATION

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

AMA Credit Designation Statement:
The MSMS designates this live activity for a maximum of 28.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurses:
The ACCME is approved by the Board of Nursing as an acceptable provider of continuing education for license renewal or relicensure.

AAPM Credit:
Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.
CHOOSE YOUR COURSES: Please check one morning, afternoon and/or evening session you will be attending each day.

**Tuesday, October 21**
- 9:00 am to 10:30 am
  - Patient Centered Medical Home: Supporting Patients and Their Families

**Wednesday Morning, October 22**
- All morning courses run concurrently from 8:30 am to 12:00 pm
  - Medicare Part D Clinical Star Measures
  - Attention Deficit Hyperactivity Disorder (ADHD): A Primary Care Update
  - Women's Health: Contemporary Perspectives
  - Updates in Addiction Medicine 2014: Pain and Addiction
  - Dermatology Update
  - Wednesday Lunch (Included)

**Wednesday Afternoon, October 22**
- All afternoon courses run concurrently from 1:30 pm to 5:00 pm
  - Neurology for the Generalist: 6th Annual Course for Hospitalists and General Practitioners
  - Updates in Pulmonary Medicine
  - Endocrinology and Diabetes Update
  - From Valves to Shocking Boxes: What You Need to Remember in the Ever-Changing Field of Cardiology
  - Challenging Surgical Studies

**Wednesday Evening, October 22**
- Evening course runs from 5:45 pm to 8:15 pm - (Dinner included)
  - Symposium on Retirement Planning* (free)
  - Updates and Controversies in Cancer Screening Recommendations

**Thursday Morning, October 23**
- All morning courses run concurrently from 8:30 am to 12:00 pm
  - Plenary Session - 7:00-8:00 a.m.
    - Delivering High Value Care in 2014 (Included)
  - Pediatric Emergencies: Expecting the Unexpected
  - Master Series: Medicaid Expansion under the Affordable Care Act - Michigan’s Response
  - Less is More: Blood Conservation and New Guidelines for Transfusion
  - Lung Cancer Screening in Context: Myths and Future Directions
  - Management of Common Spine and Brain Diseases
  - Thursday Lunch (Included)

**Thursday Afternoon, October 23**
- All afternoon courses run concurrently from 1:30 pm to 5:00 pm
  - What Works and What Doesn’t: ACOEM’s Practice Guidelines for Osteoarthritis
  - ACOEM’s Choosing Wisely List
  - Infectious Disease Update 2014
  - Update on the Treatment of Venous Disease
  - Radiology Update
  - Updates in Colon and Rectal Screening

**Thursday Evening, October 23**
- Evening course runs from 5:45 pm to 8:15 pm - (Dinner included)
  - Prescription Drug Abuse: Strategies for Improved Patient Safety

**Friday Morning, October 24**
- All morning courses run concurrently from 8:30 am to 12:00 pm
  - Plenary Session - 7:00-8:00 a.m.
    - Sew Up the Safety Net for Women and Children: Reducing Infant Mortality in Southeast Michigan Through Equitable Care (included)
  - Management and Approach to Common Renal issues in the Outpatient Setting
  - Cardiology Update
  - Update on Food Allergies
  - Ophthalmology Pearls for the Primary Care Physician: An Overview from the Experts
  - Numbing Up the Unusual Suspects: A Look at Unfamiliar Rhematologic Conditions with Common Features
  - Friday Lunch / Breakfast Lecture (Included)

**Friday Afternoon, October 24**
- All afternoon courses run concurrently from 1:30 pm to 5:00 pm
  - HIPAA Security Law
  - Urology for the Non-Urologist
  - An Update in Endovascular Management of Carotid Artery Disease
  - Obstructive Sleep Apnea: Public Health, Health Consequences, Evaluation and Management
  - How to Evaluate the Adult and Adolescent Patient Complaining of Headaches Amidst Other Problems

**Saturday Morning, October 25**
- All morning courses run concurrently from 8:30 am to 11:00 am
  - Selected Topics in Otolaryngology for the Primary Care Physician
  - Back Pain: Red Flags for Serious Disease, Infections, Tumors and Spinal Compression
  - Interventional Radiology 2014 for Clinicians

---

**YOUR PAYMENT**
- MSMS Members: $110 per course
- MSMS Members with “retired status”: $85 per course
- YPS Members: $85 per course
- Residents: No fee
- Non-Members: $140 per course
- Nurses: $110 per course
- Students: No fee

Multiply total number of courses by category:
- ___ x $110 (MSMS Members) = $______
- ___ x $85 (MSMS Retired and YPS members) = $______
- ___ x $140 (non-Members) = $______
- ___ x $110 (nurses) = $______
- ___ x $50 (Students and Residents) = $ - 0 -

**SUBTOTAL** $______

**Tuesday’s FEES: Patient Centered Medical Home: Supporting Patients and Population Health**
- ___ x $160 MSMS Members
- ___ x $200 Non-Members
- ___ x $50 Students and Residents

**TOTAL** $______

- Check payable to MSMS Foundation
- Charge to: □ VISA □ MasterCard □ American Express □ Discover

Card #: ____________
Exp. Date: ____________

Printed Name on Card: ____________
Authorized Signature: ____________

---

4 Easy Ways to Register
1. Online at www.msms.org/am
2. Mail registration form to MSMS Foundation
   120 West Saginaw Street, East Lansing, MI 48823
3. Fax registration form to 517-336-5797
4. Phone MSMS Registrar at 517-336-7581
Nearly 30 years ago, the Michigan State Medical Society created the MSMS Physicians Insurance Agency (PIA) with two primary objectives designed to benefit physicians and their professional association.

First, MSMS wanted to provide licensed agents who knew and understood the various challenges that physicians and their practice’s faced selling health insurance products to physicians, their families and their employees.

Second, MSMS wanted to reinvest any insurance commissions back into the medical society to support its mission on issues such as tort reform, reimbursement, public health, inappropriate scope of practice expansion, and physician education.

The agency has evolved throughout the years and now offers an entire line of insurance products, including health, professional liability, workers compensation, dental, vision, and much more.

PIA offers key services to our clients that reduce the time practices spend on benefits, including:

- The ability to quickly process the addition of employees to a plan, the termination of an employee from a plan, and/or changing demographic information for Blue Cross Blue Shield of Michigan (BCBSM), Blue Care Network (BCN), Delta Dental, and Vision Service Plan. PIA is able to process this information within 24 hours.
- For all of our clients with BCBSM plans, PIA does the billing. Therefore, when a client has a question regarding their premium invoice, they contact PIA and PIA answers the question and/or becomes the intermediary with BCBSM.
- When a physician or employee has a claims inquiry, a benefit question, or a question regarding a specific procedure, he/she can contact PIA’s customer service center and have the question researched for him/her.
- PIA does all COBRA administration for groups with over 20 employees at no charge.

PIA understands that its level of health care management is more than a business or service. It is a convergence of people and ideas that forge lifelong partnerships.

Reliance and trust is a fundamental element with PIA’s physician-based relationship and that responsibility isn’t taken lightly. With extensive experience and superior market knowledge, PIA provides the confidence and expertise to recommend high quality, cost-effective insurance for your practice while delivering unparalleled customer service. No other agency can provide that.

If you would like to learn more about the insurance plans available, please contact PIA at msmsagency@msms.org or 877-742-2758.

The author is MSMS Senior Director, Subsidiaries at MSMS Physician Services, Inc.
Justices for Law

By Louis Michael

The law applies to everyone. There is no favoritism, judgment must be the same for everyone otherwise the system is broken. It is the job of Michigan's Supreme Court Justices to protect the law and policies put in place by the people. For a justice to do their job properly, he or she cannot be ‘pro this’ or ‘anti-that’ rather, a justice must apply the law as it is written. Protecting the law as it is written insures a fair trial. MDPAC-endorsed Justice Brain Zahra and Justice David Viviano, both incumbents, running for re-election are often referred to as ‘rule of law’ justices. Though these justices are not ‘pro-medicine,’ it is vital that they remain in office if Michigan’s tort reform laws are to be protected.

Justice Zahra, who has been a judge for 20 years, explained what it’s like to be a rule of law judge and how it effects campaigning for office. “The decisions you make aren’t always going to please everyone, in fact, rarely do they ever please everyone. You learn early on you are not an advocate for a party or policy. You are not a representative of the people even though you are elected. You are an advocate for the law, and the rule of law.” Justice Zahra explained the downside to following a strict rule of law philosophy, “the flipside to that is there are many people who really don’t believe in the rule of law and they like to see judges who are active in filling - in legislation where the political process was not able to do so. People try to get their policies through the political process and if they can’t, they turn to the courts very quickly.” It is not the job of Supreme Court Justices to make up laws or fill in policies. This is tasked to the legislative branch of government. Supreme Court Justices must make sure laws are constitutional and uphold the policies put in place by legislators.

Justice David Viviano shares similar views about being a rule of law judge “A judge’s job is to fairly interpret the law and give real meaning to the text according to the Constitution and to fairly interpret the laws passed by the legislature. Judges need to be fair and impartial. It’s important to recognize that judges are not policy makers. A judge’s role is limited to interpret the text and statues and then apply them fairly to the cases that come before the court.”

Michigan Doctors Political Action Committee (MDPAC) Chair Mark Komorowski, MD, emphasized “if we don’t support the justices that actually interpret the law, we are going to be stuck with justices that want to create law or legislate from the bench.” Tort reforms have been in place since the early 90’s and have protected doctors from frivolous lawsuits. Doctor Komorowski described how without tort reforms practicing medicine in Michigan could be threatened “Insurance rates would increase because the law would make it easier to win a settlement. As a result physician malpractice rates would also skyrocket. It would not be unlikely to see an exodus of doctors who have had enough. Doctors could leave the state for more supportive climates to practice in.”

The author is an intern for MSMS.
The Affordable Care Act requires employers of a certain size to offer quality, affordable health insurance coverage to their employees or face a penalty. In February, the US Treasury Department and the Internal Revenue Service issued final regulations that did delay the employer mandate for a large majority of employers. However, it did not delay it for all employers.

If your practice employs 100 or more employees, then you need to ensure that you are offering coverage of minimum value, which is affordable to avoid the employer mandate penalty. The coverage is considered affordable if the employee's required premium contribution for self-only coverage does not exceed 9.5 percent of the household income for the tax year. Since an employer does not typically know an employee's household income there are three safe harbor methods to determine affordability. (See Michigan Medicine article “Employers: Avoid Penalties Under Affordable Care Act” in the March/April 2013 MM.)

Medium sized practices can postpone the employer mandate until January 1, 2016 if they meet three requirements:

1. They have at least 50 full-time equivalent employees (but less than 100) during 2014.
2. Between February 9, 2014 and December 31, 2014, they may not reduce its workforce size or overall hours of service unless any reductions are due to a “bona fide” business reason.
3. They may not eliminate or materially reduce health coverage between February 9, 2014 through December 31, 2015.

**IRS Reporting Requirements**

Beginning in 2016, all employers with 50 or more employees will be required to file reports with the IRS indicating the value of the employer-sponsored health coverage and the cost of the coverage. This 6056 reporting must be given to each full-time employee by January 31st of each year, reporting information on the previous calendar year. Additionally, it must be filed with the IRS by February 28th each year (or March 31st of each year, if filed electronically), reporting information on the previous calendar year. For 2016, medium sized employers will certify that it is eligible for the employer mandate delay.

Even though these reporting requirements are not effective for another year, practices with 50 or more employees should begin planning now. These reports require a large amount of information that a practice will need to track throughout the year. Practices should begin speaking with their tax preparers and, possibly, their payroll system vendors to see if they will help with the preparation of these reports. For more information on these reporting requirements, go to http://www.irs.gov/uac/Questions-and-Answers-on-Reporting-of-Offer-of-Health-Insurance-Coverage-by-Employers-Section-6056.

**Employer Mandate Deadline Is Approaching For Some**

By Virginia K. Gibson

---

**Employer Size** | **Plan Year: 2015** | **Plan Year: 2016 & Beyond**
---|---|---
1-49 full time employees | Does not apply | Does not apply
50-99 full time employees* | Does not apply | Must offer to 95 percent of full time employees and dependents
100 or more full time employees | Must offer to 70 percent of full time employees and dependents | Must offer to 95 percent of full time employees and dependents

*See above for certification requirements

---

The author is MSMS Senior Director, Subsidiaries at MSMS Physician Services, Inc.
New MSMS On-Demand Webinars: Education When You Want It!
- Physician Executive Development Program, featuring The Doctors Company CEO Richard E. Anderson, MD
- CDL-Medical Examiner Course
- Summary of the Affordable Care Act
- HIPAA Security Rule
Please visit website www.msms.org/eo for a complete listing.

Maximizing Revenue Cycle Management for the Health of Your Practice
Date: Wednesday, November 5, 2014
Time: 9:00 a.m. to 3:15 p.m.
Location: The Management Education Center, Troy
Contact: Caryl Markzon, (517) 336-7555 or cmarkzon@msms.org
Intended for: Physicians, executives, administrators, and all other health care professionals

18th Annual Conference on Bioethics: End of Life Decision Making – Ethical Issues in Palliative Care
Date: Friday, November 7, 2014
Time: 5:30 p.m. to 8:00 p.m.
Date: Saturday, November 8, 2014
Time: 8:00 a.m. to 4:15 p.m.
Location: The Campus Inn, Ann Arbor
Contact: Caryl Markzon, (517) 336-7575 or cmarkzon@msms.org
Note: Dinner on Friday; continental breakfast and lunch on Saturday will be provided.
Intended for: Physicians, bioethicists, residents, students, other health care professionals, and all individuals interested in bioethical issues

Symposium on Retirement Planning
Date: Wednesday, October 22, 2014
Time: 5:45 p.m. to 8:15 p.m.
Location: Somerset Inn, Troy
Contact: Caryl Markzon, (517) 336-7575 or cmarkzon@msms.org
Note: Dinner will be provided.
Intended for: Retired physicians, physicians planning for retirement, spouses, and office managers

The Masters Series: Medicaid Expansion Under the Affordable Care Act – Michigan’s Response
Date: Thursday, October 24, 2014
Time: 8:30 a.m. to Noon
Location: Somerset Inn, Troy
Contact: Caryl Markzon, (517) 336-7555 or cmarkzon@msms.org
Intended for: Physicians, administrators, and health care executives

149th Annual Scientific Meeting
Date: Wednesday, October 22 through Saturday, October 25, 2014
Location: Somerset Inn, Troy
Contact: Marianne Ben Hamza (517) 336-7581 or mbenhamsa@msms.org
Note: Continental breakfast and lunch will be provided
Intended for: Physicians and all other health care professionals

To Register Online: www.msms.org/eo
Mail Registration Form to: MSMS Foundation
PO Box 950, East Lansing, MI 48826-0950
Fax Registration Form to: 517-336-5797
Phone MSMS Registrar at: 517-336-7581

Veritas Medical Billing, LLC
Introducing our Premier Medical Billing Services
You need a more profitable practice – Together we can get there
Receive large firm services, with personal, boutique-style support & attention.
You achieve 95% or better accepted claims on first pass due to our investment in comprehensive claims scrubbing technology and our aggressive, dedicated client specialists.
- Billing Services
- Credentialing Services
- ICD-9 & ICD-10 Compliant
- Accounts Receivable Recovery Services
- Electronic Health Records
- Flexible, Custom Reporting

Veritas Medical Billing, LLC, 27041 Southfield Rd., Suite 201, Lathrup Village, MI 48076
Ph: 248.327.6375 • Fax: 248.327.6408 • E-mail: info@veritasmb.com
www.Veritasmb.com
Welcome to These New MSMS Members

Hussein Al Amer, MD, Saginaw
Corey Alvarez, MD, Saginaw
Morgan Anderson, DO, Jackson
Nagina Aslam, DO, Macomb
Eunice Asomaning, MD, Genesee
Hatem Ataya, MD, Genesee
Jared Beck, DO, Genesee
Gregory Berger, MD, Oakland
Rachel Brock, DO, Washtenaw
Megan Brzezinski, DO, Eaton
Marina Burnes, Oakland
Yuanbin Chen, MD, Kent
Erin Darlington, DO, Ingham
David DeVellis, MD, Washtenaw
Binh Dinh, MD, Livingston
Elizabeth Doherty, MD, Kalamazoo
Elizabeth Douglas, MD, Kalamazoo
Glenn Dregansky, DO, Kalamazoo
Jesse Ellsworth, MD, Saginaw
Paritharsh Ghatasala, DO, Saginaw
Meredith Good, DO, Genesee
Kamara Graham, MD, Saginaw
Aaren Grigg, MD, Genesee
Maighan Guffey, DO, Saginaw
Ammar Hashmi, MD, Saginaw
Christopher Heberer, DO, Saginaw
Ronald Hirschl, MD, Washtenaw
Jennifer Houtman, MD, Kalamazoo
Bojan Hrpka, DO, Kalamazoo
Marian Ibrahim, MD, Oakland
Curtis Irvine, Genesee
Ahmad Jaber, MD, Saginaw
Rahul Jacob, MD, Saginaw
Sara Jacob, MD, Saginaw
Elizabeth Jeffers, MD, Berrien
Gregory Jereb, MD, Kent
Adebambo Kadri, MD, Saginaw
Zaira Khalid, MD, Saginaw
Deirdre Knobeloch, DO, Saginaw
Madhumitha Krishnamoorthy, MD, Saginaw
Haritha Machavarapu, MD, Saginaw
Devika Madhavan, MD, Saginaw
Binu Malhotra, MD, Saginaw
Candice Mansoor, MD, Genesee
Jamie McCartney, MD, Saginaw
Thersilla Oberbarnscheidt, MD, Saginaw
Robert Ortiz, MD, Ingham
Fernand Osaugwu, MD, Saginaw
Sagar Patel, MD, Saginaw
Olivia Phifer-Combs, MD, Saginaw
Ashwathy Pillai, MD, Saginaw
Lauren Piper, DO, Kalamazoo
Steven Pollens, MD, Kalamazoo
Blake Putman, MD, Saginaw
Tanoja Rath, DO, Saginaw
Snehal Reddy, MD, Saginaw
Nimmy Rodrigues, MD, Saginaw
Eric Rosenbaum, DO, Genesee
Nikita Roy, MD, Saginaw
James Ryan, DO, Mason
Bilal Shah, MD, Saginaw
Tamer Shaker, MD, Saginaw
Brandy Shattuck, MD, Kalamazoo
Heather Sherwin, MD, Saginaw
Rebecca Sherwood, MD, Kalamazoo
Andrew Shuman, MD, Washtenaw
Adiraj Singh, MD, Genesee
Shannon Slavsky, MD, Genesee
Nadezda Stelmaschuk, MD, Saginaw
Mdiha Tahir, MD, Saginaw
Attiq Ur Rehman, MD, Genesee
Kristi VanderKolk, MD, Kalamazoo
Christian Vercler, MD, Washtenaw
Tyler Weese, MD, Saginaw
Christopher Wells, DO, Gogebic
Francis Wong, MD, Kent
Jerry Xavier, MD, Saginaw

OBITUARIES

The members of the Michigan State Medical Society remember with respect their colleagues who have died.

Leonardo Baylon, MD
Lenawee County Medical Society
Died August 31, 2014.

Roy Davis, MD
Kent County Medical Society
Died August 31, 2014.

John MacKeigan, MD
Kent County Medical Society

Rhoda Powsner, MD
Washtenaw County Medical Society
Died August 21, 2014.

Richard Rasmussen, MD
Kent County Medical Society
Died August 10, 2014.

Emanuel Tanay, MD
Wayne County Medical Society
Died August 5, 2014.

IN MEMORY If you would like to recognize a colleague by making a gift or bequest in their memory to the MSMS Foundation, please contact Rebecca Blake, Director, MSMS Foundation, 120 W. Saginaw St., East Lansing, MI 48823, Call 517-336-5729 or e-mail rblake@msms.org.
Would You Like To Place A Classified Ad?

The rate for classified advertising in *Michigan Medicine*, including both print and online versions, is $1.60 per word, with a minimum of $65.00. All ads must be prepaid. Text for classified advertisements and advertising fee should be received no later than the first of the month proceeding the month of publication. All submitted ads must be typed. No handwritten or dictated ads will be accepted.

To place an ad call 888-822-3102 or email gretchen@villagepress.com.

Space For Lease

INTERNAL MEDICINE PRACTICE IN LIVONIA HAS AVAILABLE FOR LEASE a private office and exam room(s). We are located in a modern building conveniently across from St. Mary’s Hospital. Please call Sarah at 734-432-1900 for more information.

OFFICE SPACE TO SHARE: Psychiatrist (Physical Medicine & Rehabilitation specialist) has office space available to share with another physician in Shelby Township in Lakeside Mall area. Definitely available up to 2 days/week (Tuesday mornings, all day Thursday, Friday mornings); additional days/times negotiable. 1700 sq. ft., fully furnished office. Access to storage and personal physician office space. Utilities and use of basic office equipment included. Ideal for specialist or surgical sub-specialist needing part-time or satellite office space. Call: Dr. Cheryl Lerchin (248) 568-2202.

---

Physicians and Practice Managers…Thinking of Adding a Nurse Practitioner or Physician Assistant?

Increase your time, revenue, patient’s access/satisfaction, hospital rounds, overall business. NP/PA providers can be incorporated into the practice in three ways:

1. Acute care with same day access/extended hours,
2. Physician partner on care team,
3. Or as a fully paneled provider in your practice.

Locum Tenens, Temp to Permanent, Direct Hire.

Call us at (734) 398-3444 regarding your NP/PA needs. We are here to help! We are a Michigan based company...in business to provide fully credentialed and committed healthcare practitioners where and when needed.

HCS Staffing staffinginfo@hcsgroup.com www.hcsstaffing.com

Accepting Applications for Chair of the Department of Medicine

A 304-bed acute care teaching facility with seven residency programs located in Metro Detroit is recruiting for a Department of Medicine Chairman. The hospital which serves Western Wayne County invites application from qualified candidates who in addition to mastery of their own specialty, have a broad appreciation of all medicine sub-specialties.

Minimum qualification: Medical Doctorate or Doctor of Osteopathy with Board Certification and level of expertise typically gained through at least five years of experience in clinical practice. Experience in medical administration is a must. Candidate must hold or be eligible to hold, a Michigan State License to practice medicine and be eligible for medical staff privileges. Additionally, candidate will have highly evolved interpersonal, verbal and written communication skills that enable effective interaction at all levels within and external to the hospital.

Interested individuals should submit a statement of interest and curriculum vitae via mail or email by December 15, 2014 to:

Jim Aldrich
Medical Staff Office
38475 Five Mile Road, Livonia, MI 48154
Jim.aldrich@stjoeshealth.org
EMPLOYMENT OPPORTUNITIES

Open Positions: [MD/DO/DPM]
Primary Care • Pain Management • Psychiatry
Podiatry • Ophthalmology • Wound Care

Residential Home Care, Inc.
Corporate Office:
11477 E. 12 Mile Road, Warren, MI 48093
Telephone: (586) 751-0200 • Fax: (586) 751-0414
Dr. Metropoulos, Medical Director

Multiple providers needed for our growing practice.
No Nights. No Weekends. No On-Call.
Full-time or Part-time.

Compassionate and skilled practitioners for providing quality care to elderly and disabled patients in their homes. Transportation provided for you, driven by medical assistant in company-owned vehicle.
In-home diagnostics are available to assist you with the evaluation, diagnosis, and management of our patients.

Clinic opportunities available.

If you are interested in more information, please call (586) 751-0200.
Please mail, fax, or email us your CV today.
Fax: (586) 751-0414 • Email: HealthNetWeb@aol.com

Serving Southeastern Michigan for 55 Years

Medical Opportunities in Michigan (MOM)

MOM is a nonprofit recruitment program designed to connect Physicians, Physician Assistants and Nurse Practitioners with jobs in Michigan.

- Michigan employers connect directly with candidates
- Job seekers register for FREE
- Over 85 medical & surgical specialties represented

Contact us to learn how MOM can work for you!

800-479-1666    miMOM.org

Family Practices

Dearborn Heights: Internal Medicine/Primary Care Practice.
Newly remodeled, 6 exam rooms, break room, central lab, plenty of parking, very potential gross income of $400,000 annually w/current patient base. Asking $127,900 for practice and $268,900 for real estate.

Keego Harbor/Orchard Lake: Urgent care center – willing to sell all or part of the practice. Asking $117,500.00 for entire practice. Excellent location, totally remodeled 4 exam rooms, x-ray, easy access. Real estate also available.
Three adjoined buildings, flexible terms.

Troy-Crooks/Big Beaver: OB-GYN Practice, very reasonably priced, only asking $85,000 which includes Bone Density and Ultra Sound Equipment approximately 2800 active patients, seeing 18-20 patients on a daily basis. Good insurance mix primarily BCBSM and MEDICARE. Turnkey opportunity.

Commerce Area: Oakland County. High traffic area, shorter hours still produces $500,000+. We offer a one year transition period, 30 years of office. Real estate also offered… priced right.

Mexican Town: Detroit. Mostly hard-working Latino practice, 40 patients per day. Hired doctor works with physician owner, could be your part-time or full-time practice, approx. $700,000 gross. Call for pricing of practice and building.

Small Livonia Practice: $30,000.

Pediatric Practice: Detroit, high gross, and thankful patients. Will break in the right person to take over. Reasonable and very flexible terms. MUST BE BOARD CERTIFIED IN PEDIATRICS.

Internist Practice: Farmington. 30+ year practice. Four days per week, 15-20 per day, good insurances… year of transition offered.

Belleville-Canton: High volume primary care practice. Outstanding insurance reviews and compliant patients. Retiring sellers offer flexible transition and terms. Reasonable price on practice and real estate, considering the high gross and room for growth.

Medical Buildings For Sale or Lease

Far West Side Detroit: Multi suite property fully leased, $60,000. Positive cash flow for owner. Very good condition, brick, single story. One suite opened up for your practice. 8,000 sq. ft., private parking. Asking $525,000, or lease at $1 sq. ft./mo.+utilities.

Garden City: Medical practice building, still has equipment, exam tables, EMR. About 1,200 sq. ft., three exams, basement storage, private parking. Asking $129,800 or $900/mo. lease. Seller will finance.

Pontiac: Large professional medical building. Three story, suites 500-5,000 sq. ft. Across from hospital, acres of parking. VERY REASONABLE rates/terms or buy building for $250,000.

For more details contact our practice specialist at Union Realty:

Joe Zrenchik, Broker
248-240-2141 (cell)
joezrenchik@yahoo.com
248-919-0037 (office)

Thinking about retirement, relocation or expansion of your medical practice?

We have buyers and sellers for primary care, internal medicine and cardiology practices.
If you want to expand your Medical Practice or wish to locate in a modern and strategically located Medical facility in the booming Grand Rapids area, the WMCC could be right for you. This medical space, now occupied by Spectrum Health, will become the WEST MICHIGAN MEDICAL CENTER (WMMC) in January 2015 or earlier.

The entire 14,551 SF space consists of 25-27 exam rooms, 2-4 procedure rooms, two reception areas, kitchenette/breakroom, lab, x-ray room, multiple conference rooms, etc. Space can be split into 3,700 and 10,851 SF suites with relative ease. Convenient location off of East Beltline between Rockford and Grand Rapids. Includes fitness center and outside golf cage. Ideal facility for Sports Medicine.

Dr. Maurice B. Goudzwaard, Principal
RURAL OPPORTUNITIES IN SW MICHIGAN

• Family Practice – outpatient
• Internal Medicine (model is: 3 weeks IM outpatient, 1 week Hospitalist)
• Orthopedic Surgeon, General Ortho but subspecialty is welcomed, employed, benefits, relocation, share call

Fully accredited 60 bed hospital, rehab unit, regional referral availability, wound clinic on campus. 2 hours to both Chicago and Detroit, close to Kalamazoo. Can be employed or income guarantee, full benefits, malpractice, relocation. Check us out at www.threerivershealth.org.

Forward CV to:
Cindi Whitney-Dilley – Inhouse Recruiter
WhitneyRecLLC@aol.com
(269) 506-4464

Equal Opportunity Employer

MSMS
MICHIGAN STATE MEDICAL SOCIETY

The Voice of Michigan Physicians

The mission of the Michigan State Medical Society is to promote a health care environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.

DISCIPLINARY ACTIONS

Disciplinary actions of the Michigan Board of Medicine can be found at

www.michigan.gov/ara/

0,4601,7-154-35299_63294_27529-43008--.00.html
CONTINUING MEDICAL EDUCATION SEMINAR
Women’s Health in Primary Care

Wednesday, October 22, 2014
7:30 a.m. – 1:30 p.m.

COURSE DIRECTOR
Jenese Reynolds, MD
Department of Family Medicine, St. John Hospital and Medical Center;
Clinical Assistant Professor, Wayne State University School of Medicine;
Assistant Professor, St. George’s University School of Medicine;
Assistant Professor, Michigan State University College of Human Medicine, Detroit, MI

SYMPOSIUM

Medically Complex Contraceptive Care
Erin Hendriks, MD
Assistant Professor of Family Medicine, Department of Family Medicine and Public Health Sciences,
Wayne State University School of Medicine, Detroit, MI

Updates in Cervical Cancer Screening
for the Primary Care Physician
Regina Frost, MD
Department of Obstetrics and Gynecology, St. John Hospital and Medical Center;
Clinical Assistant Professor, Michigan State University College of Osteopathic Medicine, Detroit, MI

Assessment and
Prevention of Heart Disease in Women
Nancy Mesiha, MD
Department of Cardiology/Cardiovascular Disease,
St. John Hospital and Medical Center, Detroit, MI

A Holistic Approach to Menopause
Rachel O’Byrne, MD
Department of Family Medicine, St. John Hospital and Medical Center;
Clinical Assistant Professor, Wayne State University School of Medicine;
Assistant Professor, St. George’s University School of Medicine;
Clinical Assistant Professor, Michigan State University College of Osteopathic Medicine, Detroit, MI

ACCREDITATION
St. John Hospital and Medical Center is accredited by the Michigan State Medical Society to provide continuing medical education for physicians.
St. John Hospital designates this live activity for a maximum of 4.0 AMA PRA Category 1 Credit(s)™.
Physicians should only claim credit commensurate with the extent of their participation in the activity.

This symposium will be held at the Grosse Pointe War Memorial,
32 Lakeshore Dr., Grosse Pointe Farms, MI 48236

Continuing Medical Education: St. John Hospital & Medical Center Upcoming Programs 2014-15

December 3, 2014 – Cardiology Update • March 4, 2015 – Surgery Seminar

For more information contact:
313-343-3877 as these may be subject to change.
A n old saying in politics distinguishes between those who are committed and those who are involved.

“When you look at a plate of bacon and eggs, you know the chicken was involved, but the pig (or turkey in the event of turkey bacon) was committed.”

Both commitment and involvement are needed to cook that meal, so I’m not asking anyone to give up their life to become committed to the political process, but we do have among us a number of physicians, past and present, who gave up a lot and are giving up a lot to run for office and to whom the medical profession is deeply indebted. We need to commit ourselves to at least being involved in the political process, if only in gratitude for those who do enter the arena and work on behalf of our profession and our patients.

There’s Senator Roger Kahn, MD, from Saginaw, who is in his last days of the Michigan Legislature after a stellar career there. Senator Tom George, MD, from Kalamazoo, whose hero is Lincoln and whom he emulated for nearly two decades. Serving at the same time as Senator Doctor George was Representative Doctor Jimmy Womack from Detroit. We have Congressman Dan Benishek, MD, from Crystal Falls in the Upper Peninsula who is fighting for federal litigation reform and a safe, high quality, and accessible system for our nation’s veterans. The list is admirable and includes our own MSMS Board member, John Schwarz, MD, who has served in the Michigan House, Senate, and in the U.S. House of Representatives. And now we are supporting physician candidates John Bizon, MD, a past president of MSMS, and Ed Canfield, DO, a past president of the Michigan Osteopathic Association, both running for the Michigan House of Representatives.

In an increasingly complex world, physician voices on the floor of legislative chambers are increasingly important. The New York Times recently reported on a Johns Hopkins study that found that from 1960 to 2004 only 24 physicians served in Congress. In our current Congress alone, there are 20 physicians, on both sides of the aisle, coming from diverse medical backgrounds. As this trend continues, the 2014 election cycle has 26 physician candidates for both the U.S. House of Representatives and Senate.

So what if there is not a doctor in the House? Or in the Senate? Would it make a difference? If the past is prologue, it would make a tremendous difference.

Physicians in legislatures bring a certain background. They bring reason. They bring common sense. They base themselves in the scientific method of analysis and proof versus divisive politics and partisanship. In a word, they bring perspective.

Senators Kahn and George quickly rose up the ranks and spoke out for medicine. They spoke out for you. They spoke out for your patients. Congressman Benishek does the same in Washington. And we are confident that Doctors Bizon and Canfield will pick up where Senators Kahn, George, Representative Womack, and Congressman Schwarz left off.

The question comes down to how can we become involved to support both of these current physician candidates for the Michigan House as well as develop other physician candidates in the future, and, just as importantly, support existing and future medicine-friendly legislators? And what can we do to educate the legislators who are not so friendly?

The entry level to involvement is to become a member of the Michigan Doctors Political Action Committee. Politics is not an easy game, but it is necessary for our future. Those who believe that their professional lives are not affected by politics need to look at every aspect of their daily lives. If our litigation reform is overturned by an activist court, Michigan once again becomes a pariah in recruiting new physicians and frivolous lawsuits flourish. If a tax on gross receipts is enacted, it will be really difficult to attract physicians to Michigan. The list goes on. Neither ivory towers nor hospital walls can protect physicians from the miasma of a decaying practice climate. When things get ugly, physicians will still be on the hook. MD-PAC works to support and elect legislators who get it. We need more political action as things get messier, not less.

The earliest step of political involvement is very simple and means effectively utilizing the very easy avenue of access through the MSMS Action Center. When MSMS asks you to send an email to your local legislator, just click on the link to the Action Center and you are on your way to political action. A couple of easy clicks and you are done. Legislators tell us that if they get a half-dozen emails or calls on an issue, they take hard notice. If it’s more than that, they figure a crisis is brewing. Your voice matters. Let it be heard.

One final avenue to political involvement is to join one of our Government Relations staff on a one-on-one visit with your legislator at the Capitol in Lansing. He or she could be friend or foe, but putting your face in their face is essential to either bolstering the friend or educating the foe. As Sun Tzu wrote in the Art of War, “Those who do not know the plans of competitors cannot prepare alliances. Those who do not know the lay of the land cannot maneuver their forces. Those who do not use local guides cannot take advantage of the ground.” Our MSMS lobbyists will guide you over unfamiliar ground and make you feel like a seasoned political warrior. Take advantage to get an advantage.

So don’t waste your breath complaining. Make your voice heard. Commit to being involved in the political process. Many people wish they could get their voices heard. “If only someone would listen!” is a common lament.

That’s what MSMS does for you. MSMS is first the funnel and then the amplifier. MSMS collects the input from our members and then blasts it out loud and clear with the gravitas of the medical profession behind it. Saddle up and ride up to your legislator’s desk.

Because as they say in Washington and every political body, “If you’re not at the table, you’re on the menu.”

Doctor Grant, a Royal Oak anesthesiologist, is President of the Michigan State Medical Society.

It’s Time to Take a Seat at the Table

By James D. Grant, MD
SOLID ADVICE.
REAL SOLUTIONS.
FOR HEALTH CARE BUSINESS.

At The Health Law Partners, our unparalleled knowledge of the business of health care is coupled with timely, practical solutions designed to maximize value.

The HLP attorneys represent clients in substantially all areas of health law, with particular emphasis on:

- Licensure & Staff Privilege Matters
- Health Care Litigation
- Health Care Investigations
- Civil & Criminal False Claims Defense
- Stark, Anti-Kickback, Fraud & Abuse, & Other Regulatory Analyses
- Physician Group Practice Ancillary Services Integration and Contractual Joint Ventures
- 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

HLP
THE HEALTH LAW PARTNERS

MICHIGAN
NEW YORK
GEORGIA
OHIO

TheHLP.com [248.996.8510]
IN MICHIGAN, WE PROTECT OUR MEMBERS WITH THE BEST OF BOTH WORLDS: NATIONAL RESOURCES AND LOCAL CLOUT

As the nation’s largest physician-owned medical malpractice insurer, with 75,000 members, we constantly monitor emerging trends and quickly respond with innovative solutions. And our long-standing relationships with the state’s leading attorneys and expert witnesses provide unsurpassed protection to our nearly 4,700 Michigan members. When these members face claims, they get unmatched litigation training tailored to Michigan’s legal environment, so they enter the courtroom ready to fight—and win.

Join your colleagues—become a member of The Doctors Company.

CALL OUR EAST LANSING OFFICE AT 800.748.0465 OR VISIT www.thedoctors.com