



**THURSDAY,
MAY 10,
2012**

ATTENTION: ALL DOCTORS—Please R.S.V.P. (269) 660-0893

Volume 173, Issue 4

**MAY
2012**

Enbridge Oil Spill Environmental Response and Public Health Updates



SPEAKERS:

Jim Rutherford,
Calhoun County
Public Health
Officer;

Ralph Dollhopf,
US EPA Incident
Commander,
Enbridge Oil
Response; and



**Gregory
Harrington, DO,**
Infectious Diseases,
Medical Director,
CCHD, Bronson
Medical Specialists

**LOCATION:
SCHULER'S OF
MARSHALL**

AGENDA:

- * **5:30 P.M. - Closed—CCMS Executive Committee (2nd Fl. Natl House Inn room)**
 - * **6:00 P.M. - 6:30 All—Social (Heritage Ctr Inn West banquet room—turn right off lobby)**
 - * **6:30 P.M. All—Dinner/Presentation**
- MENU:
Buffet with
vegetarian option**

OBJECTIVES

- ◆ To discuss the past, present, and future of the massive environmental response to the July 26, 2010, Enbridge oil spill which occurred near Marshall, Michigan. The release of an estimated at 819,000 gallons of oil which entered Talmadge

Creek and flowed into the Kalamazoo River, a Lake Michigan tributary.

- ◆ To discuss the public human health issues relating to oil exposure.

ABOUT THE SPEAKER

Jim Rutherford has a Master's Degree in Public Health from Central Michigan University and a Bachelor's of Science Degree in Biology from Olivet College. He has served in roles such as Environmental Health Specialist, Program Manager, Environmental Health Director, and Deputy Health Officer around Michigan. Currently Jim is Health Officer of the Calhoun County Public Health Department.

Ralph Dollhopf has served as an On-Scene Coordinator for USEPA's Emergency Response Team since 1985. He has led and/or participated in nationally significant emergency responses including World Trade Center, Washing-

ton DC anthrax attacks, Columbia Space Shuttle, and Hurricane Katrina. Ralph represented the EPA in drafting the multi-agency National Response Plan and National Incident Management System. Currently stationed in Traverse City, Michigan, he holds Psychology and Environmental Engineering degrees.

Dr. Gregory Harrington graduated from Oakland University in Biology, and Michigan State University with Doctorate in Osteopathic Medicine. Dr. Harrington received his Masters in Public Health, Medical College of Wisconsin. Dr. Harrington is employed by Bronson Battle Creek, serves as Director of Infection Control, Oaklawn Hospital, is Director of Infection Control at Bronson Battle Creek, and is Medical Director of Calhoun County Public Health Department

TARGET AUDIENCE

The target audience for this program is ALL PHYSICIANS

**CCMS
EVENT
CALENDAR**

2012

**2nd Tuesday,
6:30pm Meeting
Topics:**

Jun. 12	Executive Committee ONLY @ BBC OPC Board Room
Sep. 11	Rheumatoid Arthritis Discussion
Oct. 9	Winslow Lectureship, Dr. Hal Jensen, WMU Schl of M, BCCC
Nov. 13	TBA (Member suggestions welcome)
Jan. 2013	TBA President's Celebration

within Calhoun County.

This is a non-sponsored presentation. The speakers have no financial affiliation. A disclosure form is on file at Bronson Battle Creek.

*See you at
SCHULER'S
of Marshall*

MSMS THIRD DISTRICT REPORT



**Michigan State
Medical Society**
120 W Saginaw
East Lansing, MI
48823

Main Phone:
(517) 337-1351

Website:
www.msms.org

Email:
msms@msms.org

**Calhoun's MSMS
Member
Consultant,
Gary A. Huyge,**
*will be pleased to
meet with you to
answer your MSMS
membership
questions.
To schedule
a visit, please
contact him at
Phone
616-826-4652
or
Email
GHuyge@msms.org.*

CMS Upgrades Medicare Enrollment System

The **Centers for Medicare and Medicaid Services (CMS)** recently upgraded the Medicare online enrollment system **Provider Enrollment, Chain, and Ownership System (PECOS)** in an effort to make the system easier and faster to use. Among other changes, providers can now see whether their **Medicare Administrative Contractor (MAC)** has asked them to revalidate their data; digitally sign and certify their applications. Healthcare providers and suppliers that enrolled in Medicare before March 25, 2011, must revalidate their enrollment by March 2015, but only after their MAC notifies them to do so.

Joint Council of Allergy, Asthma & Immunology learned that some physicians did not receive their revalidation letters and then got a notice their billing privileges were being rescinded for failure to revalidate. Following the instructions from Medicare (below), first check to see if you should have revalidated. If your name is on the list and you didn't know about it, you should revalidate immediately. Also included is other information that was released by Medicare relative to the PECOS application system. If you have further questions on the PECOS re-enrollment

system, please notify the Joint Council office.

Sincerely,
James L. Sublett, M.D.
President

Lists of providers sent notices to revalidate their Medicare enrollment may be found on the CMS website at http://www.CMS.gov/MedicareProviderSupEnroII/11_Revalidations.asp and in the links below. Information on revalidation letters sent in February will be posted in late March.

1. Revalidations Mailed September through October 2011
2. Revalidations Mailed November through December 2011
3. Revalidations Mailed January 2012
4. Submit Your Medicare Enrollment Application through Internet-Based PECOS, Now with e-Signature

Internet-based PECOS now allows providers and suppliers to sign Medicare enrollment applications electronically. Save time and expedite review of your application by using internet-based PECOS. (This feature does not change who is required to sign the application.)

In internet-based PECOS, all Individual Provider applications that do not include new reassignments may e-sign the application as part of the submission process. This applies to Physicians and Non-Physician

Practitioners, including those enrolling just to order and refer.

Any Organizational Provider applications that are submitted via internet-based PECOS will require the user completing the application to provide an email address for the **authorized official/delegated official (AO/DO)** of the application as part of the submission process. The AO/DO can then follow the instructions in the email and electronically sign the application. This applies to Institutional Providers; Clinics, Group Practices, and Certain Other Suppliers; and **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)** Suppliers.

Any Individual Provider application (855-I) containing new reassignments (855-R) can be electronically signed as part of the submission process; however, you must select the AO/DO for the Organization that is accepting the reassignment and enter that official's email address. The official then will be required to follow the instruction in the email and electronically sign the application.

If an individual provider or AO/DO does not want to make use of the e-signature process, they can simply follow the current process of printing

Continued on page 5

CCMS REPORT

MEMBERSHIP UPDATE

As of 4/30/12, we have a total of 199 members. We have no new members to report. **We have lost 19 unpaid or dropped dues members!** Diane will be calling

NPDs (non-paid dues) members and practice managers to see if there are missing dues invoices. **Keep in mind this is a membership-based organization and depends on members to encourage the recruitment of peers.**

EMAILED MEETING FLYERS AND NEWSLETTERS ARE FAST!!! If you are not getting CCMS emails, we do not have your latest address. Please send an email to Diane at "calhouncms@yahoo .com" with your email changes!

MSMS THIRD DISTRICT REPORT

Continued from page 4

and signing the certification statement (which then needs to be mailed to their appropriate contractor).

Learn more about PECOS at <https://PECOS.CMS.hhs.gov>, and be on the look-out for more enhancements in the coming months! Questions concerning a system issue regarding PECOS should be referred to the CMS EUS Help Desk at 866-484-8049 or EUSsupport@cgi.com.

DocBookMD Smartphone App for HIPAA-Compliant Messaging

Michigan physicians now have the ability to share patient data legally using **smartphone app DocBookMD, a HIPAA-compliant mobile application**. In use in 22 states, DocBookMD's smartphone application speeds communication

among physicians to improve patient care.

This exclusive smartphone platform is designed by and for physicians, creating secure networks for physicians to share patient information and collaborate with their medical colleagues. DocBookMD is offered through county and state medical societies to their members.

Consulting medical colleagues anywhere in the state of Michigan just got much easier as physicians now have free access to DocBookMD, a . Physicians are currently using DocBookMD to view EKG's from their mobile device to determine whether heart catheterization is urgently needed or if they can prevent unnecessary scheduling of procedures; review X-rays to determine the best course of treatment for a patient in the ER; and show maps and photos of consulting physicians to patients in order to better prepare them for next steps.

DocBookMD is

available for iPhone, iPad, iPod touch and Android phones. DocbookMD also allows physicians to:

- ◆ assign an urgency setting to outgoing text messages and confirm receipt
- ◆ search a local pharmacy directory, and
- ◆ search a local medical society directory to locate other doctors by name or by specialty.

How Do Members Register?

- ◆ Download for FREE from the iTunes App store or Android Market
- ◆ Click on register
- ◆ Enter email address, state, and Medical Society
- ◆ Enter MSMS member number (call 517-336-5762 if you don't know your member number)
- ◆ Create password
- ◆ Complete HIPAA compliance agreement

For more information, please visit docbookmd.com. Contact: **Ann Taylor**, PR Director, DocBookMD, 512-970-4067, or ann@docbookmd.com.

MARK YOUR CALENDARS

Winslow Lectureship Tuesday, October 9
SPEAKER: Dr. Hal Jensen, the Founding Dean of the Western Michigan University School of Medicine.
<http://www.wmich.edu/medicine/directory/jensen.html>

Presentatio
 n questions include:

- ◆ a WMU Medical School update
- ◆ impact residents will have in our hospitals
- ◆ how patient care may / may not change
- ◆ how physicians, medical practices and community members can help

If there are other questions, please forward them to **Nancy Lassen's** attention, Ph: 259-965-5572 • lassen4@aol.com

PRESIDENT'S REPORT



**Lokesh R. Edara,
MD**

2012 President,
Calhoun County
Medical Society.
Email: edaralr@
bronsonhg.com.

If you have
COUNTY
suggestions,
call me at my
Battle Creek
office phone
(269) 968-3030

FEDERAL LEGISLATOR CONTACT INFO.:

U.S. Senator
Debbie Stabenow
-R

Phone
1-616-975-0052

Email: [senator@stabenow.se
nate.gov](mailto:senator@stabenow.senate.gov)

U.S. Representa-
tive 7th District
Tim Walberg-D

Phone
1-517-780-9075

Email: [http://
walberg.house.
gov](http://walberg.house.gov)

May is Asthma Awareness Month

Asthma is one of the most common lifelong chronic diseases. There are about 25 million Americans living with asthma. The disease affects the lungs, causing repeated episodes of wheezing, breathlessness, chest tightness, and coughing. Although asthma cannot be cured, it is possible to manage asthma successfully to reduce and prevent asthma attacks, also called episodes. Successful asthma management includes knowing the warning signs of an attack, avoiding things that may trigger an attack, and following the advice of your healthcare provider. Using what you know about managing your asthma can give you control over this chronic disease. When you control your asthma, you will breathe better, be as active as you would like, sleep well, stay out of the hospital, and be free from coughing and wheezing. To learn more about how you can control your asthma, visit CDC's asthma site. Retrieved April 20, 2012, from [http://www.cdc.gov/
features/
asthmaawareness/](http://www.cdc.gov/features/asthmaawareness/)

Asthma affects people of all ages and backgrounds. In most cases, we don't know what causes asthma, and we

don't know how to cure it. Certain factors may make it more likely for one person to have asthma than another. If someone in your family has asthma, you are more likely to have it. Regular physical exams that include checking your lung function and checking for allergies can help your healthcare provider make the right diagnosis. With your healthcare provider's help, you can make your own asthma management plan so that you know what to do based on your own symptoms. Use your asthma medicine as prescribed and be aware of common triggers in the environment known to bring on asthma symptoms, including smoke (including second-hand and third-hand cigarette smoke), household pets, dust mites, and pollen. Limit or avoid exposure to these and other triggers whenever possible. The important thing to remember is that **you can control your asthma.**

For more information about Asthma Awareness Month visit [http://
www.aafa.org](http://www.aafa.org). To learn more about World Asthma Day, visit [http://
www.ginasthma.com](http://www.ginasthma.com)

National High Blood Pressure Education Month

Nearly 68 million people have high blood pressure,

otherwise known as hypertension. In the U.S., hypertension increases the risk for heart disease and stroke, and is the first and third leading causes of death. Blood pressure that is slightly higher than normal is called pre-hypertension. Twenty-eight percent of American adults have pre-hypertension (internal analysis from NHANES 2005–2008).

Retrieved April 20, 2012,
from [http://
www.cdc.gov/Features/
HighBloodPressure/](http://www.cdc.gov/Features/HighBloodPressure/)

Other May Health Recognitions:

- ◆ Arthritis Awareness Month
- ◆ Better Hearing and Speech Month
- ◆ Healthy Vision Month
- ◆ Mental Health Month
- ◆ Hepatitis Awareness Month
- ◆ Lupus Awareness Month
- ◆ Ultraviolet Awareness Month
- ◆ National Celiac Disease Awareness Month
- ◆ National Osteoporosis Awareness and Prevention Month
- ◆ National Physical Fitness and Sports Month

Source: Retrieved May 1,
2012, from [http://
www.healthfinder.gov/
nho/nho.asp#m3](http://www.healthfinder.gov/nho/nho.asp#m3)

*Lokesh R. Edara,
MD*

There will be three seats on the seven-seat Michigan Supreme Court up for election or re-election this year. State Supreme Court Justices serve eight-year terms. Michigan's Constitution of 1963 stipulates that Court nominees can be chosen in partisan convention, but appear on the non-partisan ballot. A recent University of Chicago study placed the Michigan Supreme last among its peer courts mostly because of this strange quirk in Michigan election law.

Justices Steven Markman and Brian Zahra are standing for re-election. Justice Markman was first appointed by **Governor Engler** and has since been elected and re-elected. Justice Zahra was appointed by **Governor Snyder** in early 2011, and is standing for his first election. Both are Republicans, and will be nominated by the Republican State Convention later this year. **Justice Marilyn Kelly** is retiring due to Constitutional proscription against Judges over the age of 70 running for re-election. She is a Democrat. In all, both Republicans and Democrats will nominate three candidates. Markman and Zahra will be two of the three Republicans. The conventions will decide the third Republican and all three Democrat nominees.

MSMS supports Mark-

man and Zahra.

Of note is that a Judicial Selection Commission chaired by Justice Kelly and **U.S. Court of Appeal Justice James Ryan** recently presented their recommendations. Among them were the recommendation that Supreme Court nominees run in "open primaries" and gain access to the ballot by petition drives, as in other state and federal offices, that the candidates appear on a "non-partisan" ballot, that all campaign contributions be reported as to source, and that the 70-year age limit be abolished. CCMS member, **Dr. John J.H. Schwarz**, was a member of the Selection Commission.

Michigan House:

The committee also considered Senate Bill 723 which creates the online Piece of Mind registry. MSMS stands in support of the legislation as it looks to privately streamline the way the power of attorney, do not resuscitate orders, and other end of life issues are handled. It is expected the committee will be voting on the legislation very soon.

The House Families, Children, and Seniors committee considered a package of bills that deal with elder abuse and creating elder death teams. MSMS was interested in Senate Bill 457 that required the county medical examiner to create an

elder death team to investigate suspicious elder deaths. This is an issue that could, especially in rural areas in Michigan, hamper the ability of the medical examiner to complete his/hers duties. We will continue to watch this legislation.

Michigan Senate

The Senate considered one item this week that did pique the interest of the Medical Society that provides for the overall public good. House Bill 4393 was passed out of the Senate and ordered to the Governor's office for signature. The bill would exempt minors that turn themselves in for treatment of alcohol poisoning or other complications associated with the overuse of alcohol from receiving a minor in position ticket. This is a great tool the now takes the fear away from kids that need the help but fear running into trouble with the law. The Governor's office has not voiced any concerns with the legislation.

The Senate Insurance committee considered and voted on extremely quickly House Bills 5408 and 5421 which would require insurers pay for telemedicine. This passed through the House pretty handily and is expected to do the same in the Senate.

Marjaneh Rouhani, MD

LEGISLATIVE REPORT



Marjaneh Rouhani MD
 CCMS Legislative Co-Chair
 Email: mrouhani@doctor.com
 Concerns?
 Office phone (269) 969-6108

STATE LEGISLATOR CONTACT INFO.:

Michigan 62nd District State Representative
 Kate Segal-D
 Phone toll free 1-888-347-8062
 Email: KateSegal@house.mi.gov

Michigan 63rd District State Representative
 Jase Bolger-D
 Phone toll free 1-877-265-4371
 Email: JamesBolger@house.mi.gov

Michigan 19th District Senator
 Mike Nofs-R
 Phone 269-441-1222
 Email: ILikeMike@MikeNofs.com

2012 CCMS EXECUTIVE COMMITTEE

at the
5:30
meetings...

President - Lokesh R. Edara, MD

President-elect- Gunjana Bhandari, MD

Vice President - William J. Comai, DO

Secretary / Treasurer - Satya B. Chaparala, MD

Immediate Past President - Mahesh C. Karamchandani, MD

3rd District Director / Legislative Chair - John G. Bizon, MD

Michigan Society of Hematology & Oncology - Stephen L. Smiley, MD

Trustees (3-Year Terms)

Sridhar Chalasani, MD, exp. 2012

Maddur Badarinath, MD, exp. 2012

Zarius Drummond, MD, exp. 2013

Karl Loomis, MD, exp. 2013

Christopher M. Flynn, MD, exp. 2014

Patrick Sweeney, exp. 2014

MSMS Delegates (1-Year Term)

Raakesh C. Bhan, MD

B. Douglas Campbell, MD

James H. Timmons, MD, PhD

Paul A. Walk, MD

Alternate Delegates (1-Year Term)

Daniel C. Hood, MD

Jeff M. Jones, MD

Tarek Elshaarawy, MD

Rachel D. Yankama, MD

Elkmoss Corner: "Vice Presidents of Medical Affairs"

I had the opportunity to attend a conference the other day about medical staff leadership. I guess Moss Community Hospital thought I had been around long enough that I should be doing more leading instead of following. One of the interesting observations I learned was that the medical staff structure of most hospitals still used today, was apparently developed in 1917, but hospital administrations more recently developed the position of vice presidents of medical affairs (VPMAs) or chief medical officers (CMOs). They never came up with a date for that phenomenon, but it was probably in the 1960s or so. The point I think they were making (it was difficult for me to keep awake at the time) was that the medical staff structure we are using today is out of date, but hospital structures are keeping up with the times.

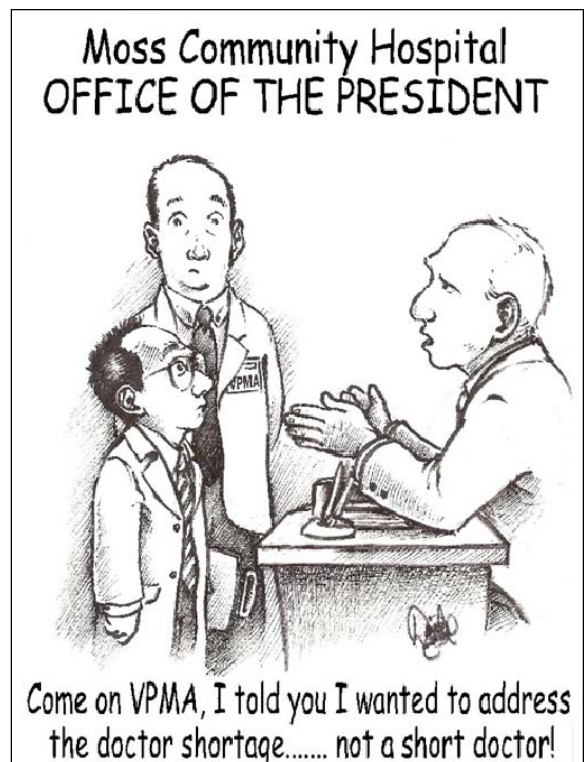
I have a different view of the value of hospital bureaucrats and particularly, VPMAs. I think they often contribute to unnecessary hostility between the physicians and administration as well as add to the inefficiencies of running a hospital. A few old-timers on the staff are quick to point out that when a problem with a physician arose, they just took the culprit aside and told him there

would be hell to pay if he did not straighten up. (People could use those terms back before political correctness came about.) With the advent of VPMAs, we now have to invoke hours of meetings and paperwork just to tell a physician to quit yelling at the nurses.

Coming out of my residency training (which provided very little training in setting up private practice, let alone dealing with hospitals), I almost immediately developed a dislike for vice presidents of anything in the hospital. Being the first neurologist in the hospital, they put me in the great slush pool of physicians, the medicine department. That had every non-surgical specialty, from cardiology to gastroenterology in it—none in which I had any interest. Psychiatry, which I was closer aligned (and in much more personal need of), was also in the medicine department, so I asked the chief executive officer (CEO) of the hospital if we could make a separate department. He said there would be no problem... but there was one—

a huge one—the VPMA. The VPMA objected to almost every step in the process of developing the new department. We did not have enough members to make it worthwhile, we could not staff it with necessary support personnel, and finally, the administrator said that he could not find a place for the monthly meetings.

Every time the VPMA objected to setting up the department, I ran to the CEO and asked him again if it was okay to proceed, and he agreed. Finally, after the VPMA refused to find us a meeting place, I told the CEO I was very tired of dealing with this project. I told him if the hospital did not want to have a separate department, then I would stop wasting my time.



Elkmoss *(continued)*

Heavens knew I had plenty of other things to do. Otherwise, I asked the CEO to have the VPMA get out of the way.

The CEO again told me it was all right to develop a new department, but explained that CEOs do not control everything including VPMA's. That really made me mad, so I told him that the next time I have any more difficulty with the VPMA, I was packing up my medical bag and going home. We did, in fact, succeed in setting up our new department (thank you, very much), and the VPMA was eventually replaced (probably for other reasons than irritating me).

The replacement, however, was not much better. In one of his first moves as VPMA, he sent out "economic reports" to all the medical staff showing each individual where they stood on a graph depicting money doctors made for the hospital. I guess he was thinking that it would encourage physicians to make more for the hospital. What it did, however, was tick me off something fierce. I promptly threw the letter in the trash and instructed my office not to show me another letter from the VPMA. That solved my problem—I did not have to deal with the man anymore and he stopped upsetting me. The office

was somewhat troubled, however. In those days before electronic records, the VPMA would send out a reminder letter at least two weeks in advance that medical records needed to be completed or the physician would be kicked off the staff. Since my office was forbidden to relay any information from the VPMA, all they could do is ask me if my records were up-to-date. One could see them getting more and more nervous as it got closer to when their boss would be off service.

The other day just after coming back from the leadership conference, I was sitting next to a new physician on our staff. He is a very top-notch surgeon, but looks younger than my college-aged kids. He asked me how I was doing, being a "new leader."

I promptly told him that I was losing a lot of sleep dealing with medical staff problems. I really liked sleeping and usually could easily get to sleep. There had been only three times in my life when I had trouble. The first time was when I was in Viet Nam, the second when my middle child went through open-heart surgery at two weeks of age, and now.

The young surgeon smiled and made the observation, "Gee, the first two instances were

important!"

So maybe I am taking all this hospital stuff too seriously. The next time I think I will just pass on the invitation to attend a leadership meeting.



*Herman J.
Elkmoss,
MD*

Scene Magazine June "HEALTH" Issue

Every June, *Scene Magazine* runs a health issue. This issue won't be successful without **YOUR article contributions**. Say what you want to tell your patients, write about your latest conferences, specialty updates, or market your practice. Please submit your articles to either CCMS' **Diane Cummins** or *Scene* staff:

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Donations Accepted

For your useful equipment and medication disposal, please consider donations to Community HealthCare Connections (formerly Nursing Clinic of Battle Creek).

Samantha Pearl,

*Executive Director
Community
HealthCare
Connections
(Calhoun Health
Plan & Nursing
Clinic of Battle
Creek)*

*190 East Michigan
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(269) 969-6461

spearl@chcconnections.org

BBC Inducts Two into Physicians' Hall of Fame



William B. Comai,
MD



The Late Mehmet
Z. Yilmaz, MD

Dr. William B. Comai and the late Dr. Mehmet Z. Yilmaz were inducted into the **Bronson Battle Creek Physicians' Hall of Fame (PHOF)** this week. The BBC Hall of Fame was created in 2009 to recognize doctors who through their long tenure and accomplishments, have mentored and served as an inspiration to others.

Dr. Comai was a practicing surgeon in greater Battle Creek for four decades. He received his medical degree from the University of Michigan and completed his internship and orthopedics residency at Saint Mary's Hospital in Grand Rapids. He served as a captain and orthopedic surgeon in the U. S. Army at Fort Belvoir, VA. from 1966-68 before moving to Battle Creek. He was a member of the medical staff at Battle Creek Health System until his retirement in 2007. Dr. Comai was elected chief of staff at both BCHS and Southwest Regional Rehabilitation Center (SRRC) and was a hospital trustee when Leila and Community Hospitals merged in 1988. He ran an amputee clinic at the American Legion Hospital (which transitioned into SRRC) for a quarter of a century. He was a recipient of the 2008 Dale G. Griffin Healthcare Leadership Award recognizing exemplary contributions that

improve the quality and accessibility of health care in greater Battle Creek.

Outside of the hospital, Dr. Comai served as president of the Calhoun County Medical Society and was a trustee of the Southwest Rehabilitation Foundation. He has been president of the Calhoun County Department of Human Services board, and board member of Kingman Museum.

In 1971 Dr. Yilmaz was graduated from the University of Istanbul Medical School, not far from his hometown of Cermick, Turkey. He and his new bride came to the United States four years later where he completed his residency at Oakwood Hospital in Dearborn, Michigan followed by his training at Illinois Central Community Hospital in Chicago, Illinois. He came to Battle Creek in 1980 and joined the Battle Creek Health System medical staff, practicing medicine in the Cereal City for over 30 years until his death in 2011. He was in private practice specializing in internal medicine until he became medical director of Southwest Regional Rehabilitation Center in 1999. Board certified in internal medicine, he also served as medical director of the New Day Center Substance Abuse Program, critical care unit at Leila Hospital, and the Calhoun

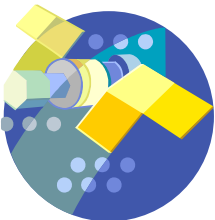
County American Diabetes Associate, all in Battle Creek.

Often described as the 'doctors' doctor,' Dr. Yilmaz was a devoted and compassionate physician respected by patients and their families, and his colleagues alike. As medical director for SRRC, he collaborated with a wide range of specialists serving patients throughout and beyond Calhoun County.

"With so many outstanding physicians from which to choose, this was certainly a demanding task to narrow the field," said **Dr. Mahesh Karamchandani**, BBC chief of staff. "But after researching the many names submitted, the Physician Hall of Fame committee selected two for induction this year. These doctors did more than heal their patients—they also served as examples for all who follow our noble profession."

The selection committee under the leadership of **Dr. Jeffrey Jones**, sought nominations from members of the BBC medical and nursing staffs to find both historic and contemporary physicians to be considered for induction

Drs. Comai and Yilmaz join members of the previous three PHOF classes which include **Norman O. Amos, M.D.;** **John G. Girardot, M.D.;** **Jack Curtis Griffith, M.D.;**



PHOF (continued)

John Harvey Kellogg, M.D.; Arthur Stevens Kimball, M.D.; Russell L. Mustard, M.D.; Charles W. O'Dell, Jr., M.D., John Joseph H. Schwarz, M.D., Charles L. Seifert, M.D.; and Sherwood B. Winslow, M.D.

Bronson Battle Creek proudly serving southwest Michigan is a 218-bed hospital that provides full outpatient and inpatient acute care including robotic surgery, diagnostics, and rehabilitation services; 100% all private rooms. It also offers world-class diagnostic capabilities including PET/CT imaging, freestanding 'open' and traditional MRI, CT (16- and 64-slice). Bronson Battle Creek has been recognized nationally as one of the safest hospitals, and has been a leader in the development of electronic health records as evidenced by multiple honors as one of America's 'most wired' and 'most wireless' hospitals. The Commission on Cancer of the American College of Surgeons recognizes the Bronson Battle Creek Cancer Care Center as a Community Hospital Comprehensive Cancer program, the only hospital in Michigan to receive that honor thrice. Specialty services include the county's largest accredited sleep center and a wound-healing center with hyperbaric oxygen therapy.

House of Delegates

Calhoun County Delegates participated in the April 27th through 29th, 2012 Michigan State Medical Society House of Delegates with over 300 other physicians in Dearborn. Events included caucusing, participating in five reference committees, and debating medical issues at the main

meeting. Attendees included **B. Douglas Campbell, MD, Jeff M. Jones, MD, James H. Timmons, MD, PhD, Paul A. Walk, MD, Steve L. Smiley, MD, and Joe Schwarz, MD.** The highlight was witnessing the installation of **John G. Bizon, MD,** as the 147th MSMS 2012 President!



Saturday morning Drs. Timmons, Smiley & Walk caucusing with Kalamazoo Academy of Medicine.



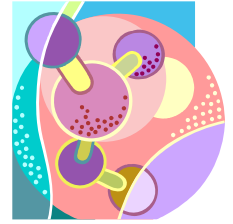
Saturday morning Drs. Campbell & Jones caucusing.



Saturday night President Bizon's installation.



Sunday morning Drs. Timmons, Smiley, Jones, Campbell, & Walk debating medical issues at the concluding meeting.



Western Michigan University School of Medicine

What does it mean for Calhoun County?

The Western Michigan University School of Medicine, in collaboration with the following partners:

- *Oaklawn Hospital*
- *Bronson Battle Creek*
- *Calhoun County Medical Society*
- *Family Health Center*
- *Integrated Health Partners*
- *Regional Health Alliance Advancing Clinical Education Group*
- *Southwest Regional Rehabilitation Center*
- *Summit Pointe*

...want to get the thoughts of Calhoun County physicians and other senior credentialed and administrative staff.

Please come and be a part of the conversation, and meet Dean Hal B. Jenson, MD.

Thursday, May 17, 7:00 a.m.

**Oaklawn Hospital
Wright Medical Building
3rd Fl. Classroom
215 E. Mansion
Marshall, MI 49068**

Tuesday, May 22, 6:00 p.m.

**Bronson Battle Creek
Outpatient Center, Main Campus
2nd Fl. Conference Rooms 1 & 2
300 North Avenue
Battle Creek, MI 49017**

CALHOUN
 COUNTY
 MEDICAL
 SOCIETY

Since 1839

PO Box 278
Battle Creek, MI 49016-2078

Phone Messages / Fax:
269-660-0893
Email: calhouncms@yahoo.com
Diane Cummins, Executive Director

Articles submitted and opinions expressed in *The Bulletin* are **views of the writer and not necessarily those of Calhoun County Medical Society**. Articles must have author's signature, address and phone. They can be sent to Calhoun County Medical Society at the address above.

NEWSLETTER DEADLINE:
The 20th day of each month prior to published month.

A Nonprofit Physician's Professional Organization

BIOGRAPHY: A Society is a group of professionals with a common trade that offers networking and referrals, professional development and educational opportunities. The medical society offers enhanced services at the county level, guided by the professional state level. Calhoun County formed one of the earliest medical societies in the state of Michigan in 1839; Michigan State Medical Society formed in 1866.

MISSION STATEMENT: The purpose of the Calhoun County Medical Society / Michigan State Medical Society is to offer opportunities for networking, leadership and mentoring, grassroots medical legislative involvement, continuing medical educational needs along with personal and professional support services at the county, state, or national levels.

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- <http://www.msms.org>
- <http://www.mdpac.org>
- <http://www.michmgma.org>
- <http://www.bronsonbattlecreek.com>
- <http://www.oaklawnhospital.org>
- <http://www.sw-rehab.org>
- <http://www.hclfonline.com>
- <http://www.calhouncancer.org>