



**Tuesday,
October
11, 2011**

**Medicine in the Future:
There's an app for that!**

Volume 172, Issue 7

**OCTOBER
2011**



Speaker:
Daniel Kraft, MD
CEO & Founder,
IntelliMedicine
Executive
Director,
FutureMed

LOCATION:
**BATTLE CREEK
COUNTRY CLUB**

AGENDA:

- * **5:30 P.M. -
CCMS Executive
Committee (South
Room)**
- * **6:00 P.M. - 7:00
Healthcare Commu-
nity Dinner/Social
(Main Ballroom)**
- * **7:00 P.M. - 8:00
1-CME Presentation**

MENU:
Heavy hors d'oeuvres

ABOUT THE SPEAKER

Daniel Kraft, MD is a Stanford and Harvard trained physician-scientist with over 20 years of experience in clinical practice, bio-medical research and innovation. He chairs the medicine track for **Singularity University** and is Executive Director and curator for the **FutureMed** program, which explores convergent, exponential technologies across healthcare.

Dr. Kraft is board certified in both Internal Medicine and Pediatrics following residency at

the **Massachusetts General Hospital**, and completed Stanford fellowships in hematology/oncology & bone marrow transplantation, and postdoctoral work in stem cell biology and regenerative medicine. He has multiple scientific publications, medical device, immunology and stem cell-related patents through faculty positions with **Stanford University School of Medicine** and as pediatric bone marrow transplantation clinical faculty at **University of California, San Francisco**.

Dr. Kraft recently founded **IntelliMedicine**, focused on connected, data driven, and integrated personalized medicine. He is the inventor of the **Marrow-Miner**, an FDA approved device for the minimally invasive harvest of bone marrow, and founded **RegenMed Systems**, a company developing technologies to enable adult stem cell-based regenerative therapies.

Dr. Kraft is an avid pilot and has served for the past decade as a

flight surgeon with an F-16 Squadron in the **California Air National Guard**. He has conducted research on aerospace medicine that was published with **NASA**, with whom he was a finalist for astronaut selection.

TARGET AUDIENCE

The target audience for this program is ALL PHYSICIAN MEMBERS of Calhoun County Medical Society. One (1) hour CME will be offered at this meeting.

Bronson Battle Creek is accredited by the Michigan State Medical Society committee on CME Accreditation to provide continuing medical education for physicians. Bronson Battle Creek designates this educational activity for a maximum of one category 1 toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

This presentation has been made possible by funding from the Battle Creek Community Foundation. Daniel Kraft, MD, is not a member of Michigan State Medical Society nor Bronson Battle Creek. Speaker disclosure form is on file in the Medical Staff Office at Bronson Battle Creek. The speaker has agreed that he/she has no affiliation with any products or services mentioned in the presentation.

**CCMS
EVENT
CALENDAR**

**2011 2nd Tuesday,
6:30pm Meeting
Topics:**

11/8 **Distal Degeneration: Diabetes, Guillain-Barré Syndrome & Leprosy, Jeff Jones, MD, (1 CME) Bronson B.C.**

2012

Jan. 21 **President's Celebration, BCCC**

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

Feb. 14 **TBA (Member suggestions welcome)**

Mar. 13 **C.M. Flynn, MD, Blood talk (1 CME)**

Apr. 10 **TBA (Member suggestions welcome)**

May 8 **TBA (Member suggestions welcome)**

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986-3300
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www.
.hclfonline
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PRESIDENT'S REPORT



**Mahesh C.
Karamchandani,
MD**

If you have suggestions or comments to share, leave a voicemail at my office (269) 441-1771 or email me at karamchandani.mc@trinity-health.org

U.S. Senator
Debbie Stabenow
-R
Phone
1-616-975-0052
Email: senator@stabenow.senate.gov

U.S. Representative
7th District
Tim Walberg-D
Phone
1-517-780-9075
Email: <http://walberg.house.gov>

Recently, **Governor Rick Snyder** announced a Health and Wellness Plan, which has been characterized as **Michigan 4x4 Plan** and includes four key health behaviors and four key health measures that have been shown to **increase life expectancy, avoid disability, and improve quality of life**. Four key health behaviors include 1. maintaining a healthy diet, 2. engaging in regular exercise, 3. getting an annual physical, and 4. avoid using tobacco. Four key health measures include 1. body mass index (BMI), 2. blood pressure, 3. cholesterol level, and 4. blood sugar level.

As a part of this plan a new Michigan health dashboard with key public health metrics has been created to measure the progress on a statewide level. Local communities will be able to join the state's efforts by using the County Health Rankings which are available at www.countyhealthrankings.org/michigan, identify local health priorities, develop evidence base programs and policies, and evaluate success of their efforts.

The results of 2009 Calhoun County Behavioral Risk Factor Surveillance Survey (BRFSS), a randomized telephone survey that collects data on health conditions, risk factors and behaviors among adults 18 years and older were released

recently. This telephone survey is conducted annually by the Centers for Disease Control and Prevention (CDC), individual states, and local communities. The survey collects information such as dietary and physical activity habits, sexual behavior, weight status, tobacco and alcohol use, and cancer screening. Six hundred phone interviews were conducted as part of the 2009-2010 Calhoun County BRFSS, in addition to approximately 100 Calhoun County residents who were interviewed as part of the larger State survey.

In 2009, the proportion of adults who reported that their health was fair or poor was higher in Calhoun County (18.5%) than the Michigan average (15.0%) and the U.S. median (14.5%). 75.8% adults in Calhoun County were either overweight or obese. 87.9% of Calhoun County adults did not consume enough fruits and vegetables. 48.8% did not meet recommendations for physical activity. Smoking continues to be highly prevalent in Calhoun County with 25.8% current smokers. The overall proportion of adults who have diabetes in 2009 was 13.8% compared to state average of 9.4%.

On the positive note, 80.6% of adults had their cholesterol checked in 2009 compare to 69.7% in 2004. 93% of women age 20 and older received

an appropriately timed clinical breast examination compared to 70.6% in 2004. 72.5% adults age 50 and older reported ever having sigmoidoscopy or colonoscopy in 2009 compared to 58.5% in 2004. The proportion of adults age 50-59 who received an appropriately timed sigmoidoscopy/colonoscopy increased significantly between 2004 (33.9%) and 2009 (62.8%).

Areas of success largely focused on preventive services such as cholesterol and cancer screening, however prevalence of risk behaviors including overweight, obesity and smoking continues to be high. In order to reach our health goals, a dual approach that engages both the health care sector and community-based primary prevention strategies is needed.

Our next general membership meeting will be held in conjunction with Sherwood Winslow Distinguished Lectureship on October 11, 2011. Featured speaker will be **Dr. Daniel Kraft** whose topic of presentation is "Medicine in the Future: There's an app for that!" MSMS/CCMS Community Service Award will also be presented. **Please make your reservations today online at <http://www.hclfonline.com/hclfrsvp.html>.**

*Mahesh
Karamchandani, MD.
FACS*

Governor Synder threw down the gauntlet last month in his address on healthcare. He has selected for special consideration infant mortality and childhood obesity as efforts that deserve a place on Michigan's dashboard. Wrapped into his message were other concerns, to include and updating of the Public Health Code and a discussion of the role of nursing in Michigan's health. We look forward to working with him in improving the long term wellness of Michigan's citizens.

Currently under consideration in Michigan's legislature is discussion of automotive no-fault insurance. There is a general consensus that automotive no fault is becoming increasingly unaffordable, especially on the east side of our state. Again, medical costs are being targeted as being one of the major reasons for the expense. This portion of the insurance premium has been rising, as increasing numbers of patients are requiring long-term care. Also under consideration is a movement to medical fee schedules, apart from the current reasonable and customary fee reimbursement. Although this may save a few dollars in insurance, it has the potential to significantly impair this state's emergency response and treatment facilities. What befuddles me is the legislature's focus on medical care, which constitutes

only about 15% of the premium, and ignores the factors that contribute to 85% of the premium dollar.

Perhaps deserving greater consideration is the role of social insurance, to include no fault, but also Medicare and Medicaid, all of which are becoming increasingly unaffordable. Inherent in any social insurance is a "moral hazard", an insurance term to denote the witnessed increase in services whenever the person receiving the benefit is not the party who is paying for that benefit. Everyone loves to be protected, but, as former British Prime Minister **Margaret Thatcher** noted, the rub comes when you run out of other people's money. Also, especially in the no-fault insurance debate, the question of society's responsibility in the face of personal misconduct is highlighted.

The federal government is continuing to struggle to find ways to make Medicare affordable. The Republicans seem more willing to say that the system is broken; the Democrats seem to imply that the system is working, but needs to be tweaked to make it work. The SGR (Sustainable Growth Rate formula) needs to be fixed, at a price tag of 300 billion dollars over 10 years. MedPAC, the Medicare Payment Advisory Commission, came out with recommendations to hold the payment to primary

care physicians steady for the next 10 years, and to decrease reimbursement to specialists by 6+% for the next three years, before returning to current rates for the next seven (7) years. Both parties are clamoring for the innovation and efficiency characteristic of the free market, but want to control the current socialized system of care. They both refuse to acknowledge the inherent influence of "moral hazard". They have largely taken a page from the Medicaid program, knowing that the medical community is there to take care of patients and if they gradually squeeze the physician community, the loss of providers from the Medicare program will also be very gradual.

Recall petitions have been filed against **Speaker of the House Jase Bolger**, and several other Republican lawmakers. Several Democrats in other parts of the state have are also involved in recall actions. The only recall to proceed in November elections is that of **Representative Paul Scott**. The other recalls are anticipated to be on the ballot next February or later. The Michigan Education Association has been instrumental in the Scott recall effort. Typically recall efforts are an uphill battle.

Don't forget your support of MDPAC, the political and legislative wing of MSMS.

John G. Bizon, MD

LEGISLATIVE REPORT



John G. Bizon, MD

President-elect, Michigan State Medical Society, CCMS Legislative Chair.
Email: jbizon@msn.com

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

MSMS THIRD DISTRICT REPORT



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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.*

Retirement Planning Symposium

This special announcement is to inform you of a retirement planning program, sponsored by the Michigan State Medical Society, to be held at the **Somerset Inn in Troy. Scheduled for October 25, 2011, from 5:00 - 8:30 pm, the "Retirement Planning Symposium"** is appropriate for those who are in the planning stages of retirement or who have recently retired.

Expert speakers will share their knowledge and help you navigate through the personal, professional and financial aspects of retirement. This comprehensive program will include presentations on Estate Planning, Step-by-Step Guide to Closing Your Practice, Legal Implications of Practicing after Retirement, Continuing Insurance Benefits into Retirement and Key Financial Steps in Building a Secure Retirement. The new tax implications for investments will also be covered.

To register in advance, please call Caryl Markzon at 517-336-7575, or visit the MSMS web site at www.msms.org/eo.

Caryl Markzon
Physician Education and
Leadership
Michigan State Medical
Society Foundation
517.336.7575

Calhoun County Medical Society Alliance

It is my privilege to serve as President of the Calhoun County Medical Society Alliance (CCMSA). I would like to start by thanking **Jenny Krauss** for her service as President of CCMSA this past year. She worked very hard to resurrect the organization.

For over a year now, I have served as Southwest Regional Director for MSMSA. I had opportunity to travel to other counties and attend their meetings. I noted that the other county alliances are very active and vibrant—**I hope to make our alliance more active in our community. I cannot do it alone, I need your help.** If you have any ideas or suggestions please let me know. I encourage each and every spouse of a physician member to join; if you are already a member, **please help recruit new members** or serve on a committee.

Next **CCMSA membership meeting** will be held on **October 18, 2011 at 10.00AM at 300 Minges Hill Dr., Battle Creek. The current President of MSMSA, Felicity Thompson will be the guest speaker. To RSVP or if you would like more information please call me at 979-9740 or email me at roshanmk@comcast.net**

CCMSA has a nursing scholarship fund with the Battle Creek Community

Foundation. This year they were able to award four nursing scholarships. The recipients will be attending KCC, WMU and MSU.

This year alliance will be participating in...

"Doctors and their Families Make a Difference Day."

Alliance volunteers will collect **by October 22nd** much-needed personal items for families who often arrive at shelters with nothing more than the clothes on their backs. I have arranged for drop off location at **Bronson Battle Creek medical staff lounge.**

You can make a life better for domestic violence survivors! Please help by contributing:

- ◆ Antiperspirant,
- ◆ feminine products, toothbrushes and paste,
- ◆ socks and underwear for children and adults,
- ◆ diapers,
- ◆ new bedding/pillows,
- ◆ shampoo and body lotions,
- ◆ OTC flu/cold/pain meds,
- ◆ household cleaning products, and
- ◆ gas and phone cards.

Proceeds will help those receiving services from **S.A.F.E. Place** and **Inasmuch House.**

For more information, call me at (269) 979-9740. I would appreciate your support of this worthy cause!

*Roshan
Karamchandani*



Dear

Medical Provider,

As an invaluable health care provider in Calhoun County, you are cordially invited to an exciting new research project of the **Calhoun County Coalition for Inclusion (3Ci)**. Funded through the Arcus Foundation, 3Ci is a diverse group of people from Calhoun County who are working together to create a safer and more affirming community for LGBTQ youth and families.

While medical care continues to advance, especially right here in our own community, recent data and governmental reports have indicated significant disparities and barriers in health care for Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals. The CDC points out that "members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers" (<http://www.cdc.gov/lgbthealth/>)

3Ci is hopeful to partner with you to better assess, and as necessary, improve these outcomes in Calhoun County. The first step in doing so is to

survey as many of our health care providers as possible to get an accurate sense of if and/or how organizations serve, value, reach out to and meet the health care needs of LGBT communities.

Designed by community members and experts in the field, our **LGBT Health Care Survey** is a FREE and QUICK assessment to help us identify providers taking steps toward meeting the health care needs of LGBT individuals and families. Providers who demonstrate such steps will be invited to our online referral directory for LGBT-sensitive health care or linked to organizations who can better refer clients in need. ***Of the providers who would like to do more to serve these communities or who are not ready to be listed, 3Ci can offer unique Cultural Competency Training or referral networks for LGBT-sensitive health care.***

We hope you or a member of your office/practice will consider giving just a few moments of your time to take the survey and join a community-wide effort to assess who and how we may be able to better serve LGBT pa-

tients and families. The survey has 22 questions and may take 10-15 minutes of your staff member's time (who is familiar with the agency's policies, comfort levels of staff, perhaps a Human Resources person, frontline staff, or a medical professional). The survey is open **now until November 1, 2011**. Please take the survey at your earliest convenience to ensure you receive all of the benefits of participation and that the community is well informed about the many options available to them. We will follow-up with each respondent of the survey to share results and exciting future opportunities (such as in-service trainings, educational materials, statewide collaborations, and referral networks).

Thank you in advance for your consideration in taking the survey and your important role in the assessment process. Please follow the link below; any questions or comments please contact **Jennette** at **jmad-dock@ppscm.org** or **(269) 372-1205 ext. 120** or online at **<http://survey.constant-contact.com/survey/a07e4ochuamgrpbgchx/start>**

2012 COUNTY DUES

First invoices were mailed September 2011. DUES ARE 100% TAX DEDUCTIBLE. There are multiple payment options—the easiest for most is to group bill to the practice. Let us know how we can help. Dues are as follows:

- ◆ \$275 County Society for regular members
- ◆ \$137.50 Spouse if other spouse is paying full dues
- ◆ \$137.50 Part-time less than 20hrs/wk
- ◆ \$206.25 Third year practice
- ◆ \$137.50 Second year practice
- ◆ \$68.75 First year practice
- ◆ \$137.50 First year practicing in Michigan
- ◆ \$25 Resident/Intern (1 year)
- ◆ MSMS dues will be \$495. AMA dues will be \$420.

2011 CCMS EXECUTIVE COMMITTEE

at the
5:30
meetings...

President - Mahesh C.
Karamchandani, MD

President-elect- Lokesh R.
Edara, MD

Vice President - Gunjana
Bhandari, MD

Secretary / Treasurer -
William J. Comai, DO

Immediate Past
President - Christopher
M. Flynn, MD

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

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

Trustees (3-Year Terms)

Catherine Reid, MD,
exp. 2011

Reza Tehrani, MD, exp. 2011

Sridhar Chalasani, MD,
exp. 2012

Maddur Badarinath, MD,
exp. 2012

Zarius Drummond, MD, exp.
2013

Karl Loomis, MD, exp. 2013

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)

Thomas Dobbins, MD

Daniel C. Hood, MD

Jeff M. Jones, MD

Tarek Elshaarawy, MD

Elkmoss Corner: "Turkey Trot"

I have long maintained that exercise is harmful to a person's health and have built up an impressive inventory of evidence to support that contention. Recently, however, I have experienced another twist to the dangers of exercise. After being married to Mrs. Elkmoss for more than twenty-five years, I should have known better, but I overlooked her covert but extreme competitive nature.

Every five years or so, I set up an executive physical at the Big Center. In preparation for the visit this spring, I got back to jogging (I call it jogging, but my family refers to it as shuffling) and built up my distance to more than three miles a day. I actually lost some forty pounds in the process and was quite proud of myself. The Big Center was not impressed, however. The nutritionist (I never get along with those folks) pointed out that I actually gained a pound compared to my statistics five years earlier.

Undaunted, and somewhat hooked on running, or shuffling, I continued my exercise routine in the summer. Every year at the end of summer, Swampville puts together a citywide contest called the Corporate Cup in which various

companies enter teams. There are many different categories of participation such as running, timed walking, biking, and even swimming. Moss Community Hospital is a big supporter of the occasion as it promotes healthy activities, but because of the many categories, it is hard to get enough people for each event. This year, our hospital had a particularly difficult time with filling the teams for the 5K and 1-mile runs. Because of all my bragging about an exercise program, our clinic director, a team leader, asked me to participate. There was no face-saving way I could decline. When I submitted my form, however, the girl at the registration desk made a special effort to remind me that taking longer than 45 minutes to finish the 5K race would disqualify me. I noticed she did not tell any of the other team members.

Mrs. Elkmoss just laughed when I told her I had signed up for the Corporate Cup. Short of calling up the Channel 3 News so as to get a video of me shuffling around town, she took

pictures of her feeble husband stumbling on the trails in downtown Swampville. What she did not anticipate is that I not only finished both races, but was not the slowest team member in either race. (In other words, I was not a "straggler"—another term like "shuffle" people use to describe my running.) In addition, Mrs. Elkmoss was impressed with the great fun the participants had, gathering around at the hospital tent after the events, laughing and teasing each other.

That is when the competitive nature of Mrs. Elkmoss kicked in. She just could not stand her dilapidated husband having all that fun and she not being part of it. Later that fall when Western



Elkmoss *(continued)*

Moss State University, where Mrs. Elkmoss teaches, announced it was holding its annual 5K Turkey Trot, she signed up both of us. (“We’ll just see who is the better athlete in this family!”)

Mrs. Elkmoss, in her 50s (I am not supposed to tell her age), is really in good shape. She works out with her girl friends at the Y-Center twice a week and watches her diet religiously. She does not run, however. There is just something about jogging that she never has been able to enjoy, and she just does not do it. So in preparation for the Turkey Trot, she did little more than her usual activities while I continued my running.

The big day finally arrived a week before Thanksgiving, and we joined 553 other participants in the big field house where the run began. Mrs. Elkmoss started out ahead of me, but the beginning of the race took us up a very long hill. By the time we reached the top of it, approximately 1K into the run, she was walking but still ahead of her slow, but steady, husband. From then on she ran a little and then walked, always keeping a little ahead of me. With about half a kilometer remaining, however, I decided to pour it on and ran by her.

She attempted to keep up, but had no reserve and fell back to a walk.

It was one quite irate Mrs. Elkmoss who finished a minute and thirty-five seconds after her bumbling husband. While we sat down removing the computer chips laced in our shoes, she kept mumbling about running in the Turkey Trot next year. I knew better than to say anything and slowly tied my shoes, offering to turn in her chip so she could catch her breath.

To add to her chagrin, there were nine women in her age group and she finished eighth. The ninth lady had come in dead last of all the 555 people entered. Dr. Elkmoss, on the other hand, finished first in his division! I was the only one in my age group. Most other folks my age know that exercise is harmful to one’s health.



*Herman J.
Elkmoss,
M.D.*

CCMS REPORT

MEMBERSHIP UPDATE

As of 9/30/11, we have 151 active members and 59 retired members totaling 210 members.

In First Reading New Member

Brian C. Atkins, DO,
Anesthesiology,
Oaklawn Hospital

Your help is needed to continue recruiting!

TELL YOUR PEERS about the benefits of Michigan State/Calhoun County Medical Society membership, including...

♦ **Educational opportunities** such as...

Wed., Oct. 12th Health Care Quality Symposium, Somerset Inn, Troy, 8:00 a.m.—4:00 p.m., members \$150, nonmembers \$190 (online at www.msms.org/eo or phone 517-336-5785), or...

♦ **Legislative opportunities** such as...

The Action Center at www.msms.org/action on timely health care issues using a customizable, pre-written letter to lawmakers.



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)

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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.

**SEE OUR
WEBSITE...**

www.calhouncms.org

OTHER RELATED WEBSITES:

<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>