



# Bulletin

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION

SUMMER 2014



## “Branded”

Artist Pamela Alderman partners with the KCMS and KCMS Alliance to build awareness for victims of abuse and trafficking.

PAGE 9

Pamela Alderman

# Geriatrician/Internal Medicine Opportunity



We are seeking a board-eligible or board-certified Geriatrician or Internal Medicine Physician to work at Care Resources, a PACE clinic.

This position provides primary medical care to participants in the Care Resources Programs, including assessment, development of a plan of care in collaboration with an interdisciplinary team, delivery of direct patient medical care and evaluation of the plan of care. The physician functions in a collegial relationship with other health professionals, making independent decisions regarding medical needs and health regimes, and carries out medical procedures as indicated. The quality of the medical care is under the direction of the Medical Director.

This position offers a competitive salary and full benefits package.

Contact Linda Gommesen, In-house Recruiter  
**(616) 252-5289 • [linda.gommesen@metrogr.org](mailto:linda.gommesen@metrogr.org)**

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# BULLETIN

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Kent County Medical Society &  
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233 East Fulton, Suite 222  
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Phone 616.458.4157  
Fax 616.458.3305  
www.kcms.org • www.kcoa.us

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# Contents

Summer 2014 • Vol. 99, No. 3



<b>KCMS</b>	
Memorials	4
Meetings of Interest	5
President's Message	6
Maximum Charges for Providing Medical Records	10
<b>KCOA</b>	
Meetings of Interest	11
President's Message	12

## Cover Story Page 9

**Branded**, by Water colorist and Artprize artist, Pamela Alderman. Learn more about Ms. Alderman's inspiration to use her artwork to help victims of human trafficking in our area and how she will partner with the KCMS and KCMS Alliance to build awareness for victims of abuse and trafficking.

## CONTRIBUTORS

- 14** Kent Medical Foundation
- 16** Alliance Heartbeat
- 18** MMGMA Update
- 20** Kent County Health Department

### GET INVOLVED:

*Learn more about the Kent County Medical Society at [www.kcms.org](http://www.kcms.org).*

*Learn more about the Kent County Osteopathic Association at [www.kcoa.us](http://www.kcoa.us).*

# In Memoriam

**LAURENCE H. FEENSTRA, MD**

Dr. Laurence “Larry” Feenstra passed away on June 25, 2014. He was a graduate of the University of Michigan Medical School and completed his residency at Butterworth Hospital in Grand Rapids. Dr. Feenstra served in the US Navy as a Mass Communication Specialist (MC) from 1953 to 1955. As an internist, he dedicated himself to his patients and later to medical education, remaining involved until his death. Dr. Feenstra was recognized throughout his career for his constant dedication to teaching the art and science of medicine.

**JOHN M. MACKEIGAN, MD**

Dr. John MacKeigan passed away on July 28, 2014. He graduated from Dalhousie University Medical School and completed a general surgery residency at Victoria General Hospital in Halifax, Nova Scotia, Canada. Dr. MacKeigan’s professional titles included dedicated surgeon, executive vice president, and chief medical officer. He had more than 30 years of experience as a

member of Spectrum Health’s medical staff and was a founding member of Hospice of West Michigan. Dr. MacKeigan held many leadership roles locally, regionally and nationally, including serving as President of the American Society of Colon and Rectal Surgeons and President of the Michigan State Medical Society.

**RICHARD A. RASMUSSEN, MD**

Dr. Richard Rasmussen passed away on August 10, 2014. He earned his medical degree from the University of Chicago Medical School and completed a surgery residency at Blodgett Hospital in Grand Rapids and the University of Chicago Hospital. Following active duty in the US Navy during World War II, Dr. Rasmussen returned to Grand Rapids in 1946, going into private practice. He made local medical history in 1958 when he and a group of doctors performed West Michigan’s first open heart surgery at Blodgett Hospital. Dr. Rasmussen served as President of the Kent County Medical Society in 1970.

## Go green!

Help conserve Society resources. Send us your email address today. KCMS and KCOA are committed to supporting members’ preference on information delivery. If you would prefer to receive this newsletter in an electronic PDF format, instead of a paper version, please contact the KCMS/ KCOA office at [kcmsoffice@kcms.org](mailto:kcmsoffice@kcms.org). We’ll be happy to make that change.

## Directory Changes Needed

Please submit any changes that are needed to what was recently published in the 2012 Directory. Please print clearly. Fax (616-458-3305) or mail completed form to the KCMS/ KCOA office: 233 East Fulton, Suite 222, Grand Rapids, MI 49503.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Requested Change: \_\_\_\_\_

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# Join Us

KCMS MEETINGS OF INTEREST

## SEPTEMBER 12

### KCMS, KCOA AND KCMSA FALL COCKTAIL PARTY

Classic Car Collectors and Good Friends  
Auto, Grand Rapids  
Details on page 13

## NOVEMBER 1

### KCMS EDUCATIONAL EVENT

Calvin Conference Center, Calvin College.  
Details on page 8.

## NOVEMBER 10

### LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

## JANUARY 17

### KCMS EDUCATIONAL UPDATE & ANNUAL 2015 MEETING OF THE MEMBERSHIP

Calvin Conference Center, Calvin  
College. Details to follow soon.

### Local Educational Events

## SEPTEMBER 20

### MSU-CHM 50TH ANNIVERSARY GALA

Wharton Center for Performing Arts,  
East Lansing, Michigan  
Visit <http://chmgala.com/> for details.

## OCTOBER 4

### INTERVENTIONAL RADIOLOGY CME

Amway Grand Plaza Hotel, Grand Rapids  
Visit <http://livewiregr.com> for details.

## OCTOBER 7

### JUSTICES FUNDRAISER

The KCMS is partnering with MSMS and  
MDPAC to raise funds for Supreme Court  
Justices David Viviano, James Redford,  
and Brian Zahra. Watch your mail for  
details on a fundraiser.

## OCTOBER 22

### WEST MICHIGAN OSTEOPATHIC ASSOCIATION 2014 FALL NEUROLOGY CONFERENCE

Muskegon Holiday Inn, Muskegon  
For more information email Shirley  
Atchison, CME Coordinator  
at [wmoa87@gmail.com](mailto:wmoa87@gmail.com)

### OUR MISSION:

*The Kent County Medical Society is a professional  
association, uniting the physicians in Kent County  
into a mutual, neutral organization; preserving and  
promoting the health of the citizens of Kent County,  
the physician/patient relationship, the medical  
profession, and the interests of physicians.*

## Visit us

For event  
details,  
check out our  
website  
[kcms.org](http://kcms.org)



## PRESIDENT'S MESSAGE



Donald P. Condit, MD, MBA  
KCMS President

# Two Sides of Senate Bill 2

The KCMS Legislative Committee has been discussing Senator Mark Jansen's controversial Senate Bill 2 (SB 2) since it was introduced in January, 2013. This bill would change Michigan's Public Health Code so that Advanced Practice Registered Nurses (APRNs) could practice medicine independent of physicians.

SB 2 requires more attention because of the quickly approaching ends to both Senator Jansen's term and the 2014 legislative year.

Let's consider both sides of this issue and some of the political dynamics in play. Kent County physicians' and Alliance members' voices are heard in this debate and help determine Michigan State Medical Society (MSMS) policy. What are your thoughts?

Some believe medically underserved people, particularly those living in more remote counties would benefit from allowing APRNs to independently diagnose and treat medical conditions within their scope of training. Currently, Michigan, and twenty other states, do not allow certified nurse-midwives, nurse-practitioners, or clinical nurse-specialists to do so. SB 2 proponents cite the need to address increasing physician shortages in rural communities.

Additionally, Governor Snyder's expansion of Medicaid insurance to 350,000-plus Michiganders generates greater demands for medical resources despite increasing financial and regulatory constraints on health care providers in our state.

The nurses quote studies indicating they can provide less costly yet high-quality care. Some leaders within Spectrum Health believe greater independence for

qualified nurses compliments their vision of a future with expanded team-based models of care to serve greater numbers of patients.

**Both sides on SB 2 express concern for the medically underserved and for the best for patients in our state. How should we proceed? Get involved and help shape the future of medicine in Michigan.**

Opponents of SB 2, as initially introduced, also prioritize the health of Michiganders in their response. They raise concerns over decreased quality of patient care when practitioners with a fraction of the graduate education of physicians and no post-graduate residency training, are allowed to diagnose and treat. While APRNs claim to be able to provide more cost-effective care, concerned physicians point to increased costs and suffering

due to unnecessary diagnostic studies, missed diagnoses, and treatment errors.

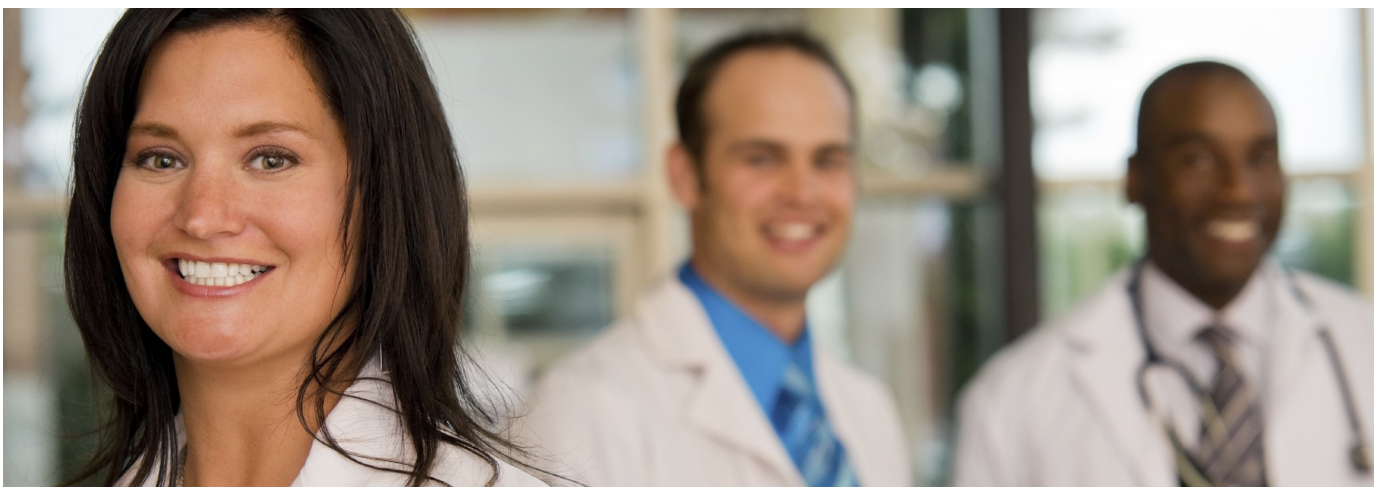
MSMS has gone on record in opposition to SB2, keeping with their history of opposing the expansion of non-physicians' roles to include diagnosing and prescribing treatment. MSMS is committed to the highest quality of patient care and innovation, with Michigan physicians as leaders rather than competitors with nurses practicing independently

or in 'big box' store clinics. A March 31, 2014 Senate Fiscal Analysis found "the bill effectively would allow (APRNs) to practice medicine without the appropriate education, certification, and training." In addition, SB 2 provides for an entirely new task force and expansion of the Board of Nursing rather than working through the existing Michigan Board of Medicine.

Politics and process with SB 2 also require some reflection. Some citizens feel SB 2 is being promoted by a vocal subset unrepresentative of the majority of nurse professionals, and they contend that many nurses are comfortable working with physicians and not competing for diagnostic and treatment responsibility. Other critics will point out that Senator Jansen has been influenced by family ties with nurses who have long supported expansion

of practice independent of physicians. Also, Senator Jansen introduced SB 2 through the Committee on Reforms, Restructuring and Reinventing, which he chairs, rather than the Senate Health Policy committee. This has not been entirely well received in Lansing. Many amendments have been suggested, some of which address concerns mentioned in this discussion. These include malpractice liability standards and restrictions on independent business entities for APRNs. An amended version of SB 2 is now before the House of Representatives Health Policy Committee.

Both sides on SB 2 express concern for the medically underserved and for the best for patients in our state. How should we proceed? Get involved and help shape the future of medicine in Michigan.



CME Update **2015**

SAVE THE DATE

**January 17, 2015**

The KCMS Educational Update followed will be followed by the KCMS Annual Meeting of the Membership.

*Calvin College*



# CME Update 2014

**Come and join us:**

**Saturday, November 1, 2014**

*A small investment of time  
will yield a significant reward!*

**Prince Conference Center at Calvin College  
1800 East Beltline SE, Grand Rapids, MI 49546**

## Topics

### **Saturday, November 1, 2014**

**Concussion**, Christopher C. Glisson, DO

**Repeal of the Helmet Law: Early Clinical Impacts**, Carlos H. Rodriguez, MD

**An Update on Retinal Diseases**, Parin S. Gohel, MD

**New and Re-emerging Infections: Update in Infectious Diseases**, Mimi Emig, MD

**The September Asthma Epidemic**, Raymond L. Gonzalez, MD

**Human Trafficking by Means of Child Prostitution in Michigan**, Detective Sergeant Edward Price

**Biologic and Social Realities for Victims of Human Trafficking**, Andy J. Soper, MA

**Go to [www.kcms.org](http://www.kcms.org) for more information**



CME UPDATE

# Human Trafficking in Our Community

**The Kent County Medical Society is partnering with other medical societies across the state of Michigan to build awareness about human trafficking in our communities.**

**Physicians may have had visits with victims and their abusers. Physician offices can be the confidential lifeline that provides resources for victims who are not sure how to exit the human trafficking cycle. Most may not be aware there is hope to end this abusive trafficking and begin a new life.**

The KCMS has built in time to highlight speakers who educate on this and related topics. Michigan State Police Detective Sergeant Edward Price (*Profile on page 10*) will provide an overview and shocking details about Michigan's Human Trafficking problem. Local consultant and founder of the Manassah Project, Andy Soper, will provide details on how victims are protected, and housed locally.

Finally, Artprize artist, Watercolorist, Pamela Alderman will continue her introduction of many victims, whose portraits she has captured. She is a welcomed new donor to the 2015 Charity Ball for Children and her 2014 Artprize project can be seen at the Gerald Ford Presidential Museum.



## THE SCARLET CORD

**By Pamela Alderman**

*Profile on page 10*

The Scarlet Cord reveals the deception that enslaves innocent children. As visitors step inside a storage container filled with thirty doors, they enter a secret world. This dark world crosses religious and social economic borders to sell our children for sex. The twisting scarlet cord depicts the trauma bond that connects the children to their traffickers. The weathered doors represent these abused children whose youthful minds have become knotted. My art—dedicated to these suffering children tethered within the sex industry—calls for compassionate action.



### CME PRESENTER: ANDY SOPER

Andy Soper, MA is the Founder of the Manassah Project - providing a spectrum of services to Grand Rapids and the state of Michigan in response to human trafficking in the Grand Rapids area.

He is a man who, as a child, dreamed of being a roadie for Mötley Crüe and is now an advocate for some of the most vulnerable people in our world. After working with severely traumatized youth for 10 years, Andy founded the Manassah Project and opened the first shelter for minor Human Trafficking victims in Michigan. He speaks, trains others and develops programming to support youth in crisis.

He works as the Director of Mobilization at Mars Hill Bible Church in Grand Rapids and the owner of Five Arrows Consulting. He is now working with multiple projects around the world to ensure that children are protected, honored, and allowed to flourish.

### CME PRESENTER: EDWARD PRICE

Detective Sergeant Edward Price has been part of the Michigan State Police since 1995. As a Michigan State Police detective at the 2nd District Special Investigation Section he investigates homicides, rapes, robberies, child sexual assaults, police shootings, public corruption and other major crimes.

D/Sgt. Price is also assigned to the Southeast Michigan Crimes Against Children Task Force (SEMCAC). SEMCAC is an FBI Task Force that was established in 2007 to investigate the exploitation of children by means of prostitution (sex trafficking) in southeastern Michigan. The task force responds to Amber Alerts for missing and abducted children in the State of Michigan, and also investigates major child pornography cases. The task force consists of members from the FBI, Michigan State Police, Wayne County Sheriff's Office, Washtenaw County Sheriff's Office, Southfield Police Department, Highland Park Police Department, Livonia Police Department, Detroit Police Department, Dearborn Police Department and Roseville Police Department. The SEMCAC Task Force has been spotlighted on MSNBC in documentaries based on sex trafficking in Michigan. D/Sgt. Price has appeared on NBC's Today Show to discuss sex trafficking trends in Michigan.

D/Sgt. Price is federally deputized by the FBI. He has instructed at several law enforcement centers on the topics of child prostitution and major prostitution criminal enterprises. D/Sgt. Price has been certified as an expert witness in sex trafficking in Michigan and Ohio. D/Sgt. Price serves as the Michigan State Police's liaison with the FBI and United States Attorney's Office. D/Sgt. Price is a member of the United States Eastern District of Michigan Project Safe Childhood Training Team, which is responsible for training local police departments in the federal prosecution of child pornography cases.



### CME PRESENTER: PAMELA ALDERMAN

"Your art speaks of healing," said New York artist Makoto Fujimura when I stood in his book signing line and showed him my homemade portfolio. Years earlier, my dad had taught me how to draw by sketching on napkins after dinner. When I reached the fifth grade, my mom enrolled me in art lessons. Years later, visitors voted my Wing and a Prayer collection into the Top 50 at ArtPrize 2013. Currently, eleven Children's Hospitals from Philadelphia to San Diego showcase my artwork. In partnership with Women At Risk, International, my ArtPrize 2014 installation, The Scarlet Cord, focuses on the children enslaved within the commercial sex industry. Art can war against this painful reality by educating our community and inviting visitors to become part of the healing process.

### DID YOU KNOW?

## Maximum Charges for Providing Medical Records

If a patient has provided you with a written request for their medical records, you are required to provide the records within 30 days of the written request (or within 60 days if the record is stored off-site).

Pursuant to the Michigan Medical Records Access Act, you may charge a fee for the records. For 2014, the maximum charges are:

An initial fee of \$23.42 per request for a copy of the records:

- **\$1.17 per page for the first 20 pages**
- **\$.59 per page for pages 21-50**
- **\$.23 per page for pages 51+**

MSMS updated the "Medical Records Guide for Physician Practices" in July 2013. Please contact the KCMS

office at 616-458-4157 or by email at [kcmsoffice@kcms.org](mailto:kcmsoffice@kcms.org) to request a copy, or visit [www.msms.org](http://www.msms.org) to view the Guide in its entirety. Shared only with members.

This information is one of the many invaluable benefits you receive with your MSMS and KCMS membership!

## KCOA OFFICERS & DIRECTORS

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# Join Us

KCOA MEETINGS OF INTEREST

## SEPTEMBER 12

### KCMS, KCOA AND KCMSA FALL COCKTAIL PARTY

Classic Car Collectors and Good Friends Auto,  
Grand Rapids

See page 13 for more details.

## NOVEMBER 10

### LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

### *Local Educational Events*

## OCTOBER 4

### INTERVENTIONAL RADIOLOGY CME

Visit <http://livewiregr.com> for more information.

## OCTOBER 22

### WEST MICHIGAN OSTEOPATHIC ASSOCIATION 2014 FALL NEUROLOGY CONFERENCE

Muskegon Holiday Inn, Muskegon

For more information email Shirley Atchison,  
CME Coordinator at [wmoa87@gmail.com](mailto:wmoa87@gmail.com)

## OCTOBER 31- NOVEMBER 2

### MICHIGAN OSTEOPATHIC ASSOCIATION AUTUMN MEETING

DeVos Place, Grand Rapids

### DETAILS

For more information  
contact Melissa Budd at  
[mbudd@mi-osteopathic.org](mailto:mbudd@mi-osteopathic.org)  
or 800-657-1556.

## Visit us

For event  
details,  
check out our  
website  
[kcoa.us](http://kcoa.us)



### OUR MISSION:

*Kent County Osteopathic Association seeks to advocate for the physicians of Kent County, advance the science and practice of osteopathic medicine, and provide an arena of osteopathic physicians to support and educate each other and their community.*

KENT COUNTY OSTEOPATHIC ASSOCIATION

# Please Update Directory Information

I hope everyone has been able to enjoy a great summer and are ready for the fall.

There are a few things that we would like to update you on. First the KCOA and KCMS provider/referral directory is in the process of updating everyone's information. All members should have received a letter with the forms to keep the directory information accurate. This can be a great tool for your office to not only refer out, but to receive referrals. If you have not updated your information yet please do so ASAP if you want things to be correct in the final print.

Coming up in the fall there are a number of CME activities available. The KCOA has sent a mailing with all the available options. In November, we are going to be working with the MOA to sponsor the Autumn Convention here in Grand Rapids. One of the goals of the organization is to help our local physicians connect with

each other, and what better way to do this than by putting together affordable, quality, and local CME events.

Lastly the KCOA, KCMS and KCMSA are sponsoring a social/recruitment event. It is going to take place on September 12th in the ground level—underneath Schuler Books & Music—Classic Car Collectors and Good Friends Auto. Bring non-member physicians who might be interested in joining. Should be a fun evening.

If you have any questions, concerns, or issues that the KCOA can address please contact the office so we can continue to work for you.

Fraternally Yours,  
Brad A. Irving DO, FACOOG



**Brad A. Irving, DO**  
KCOA President

KCOA MEMBERS

## Welcome!

REINSTATED

**DOUGLAS DOYLE, DO**

(Ophthalmology)

Metro Health Ophthalmology  
2221 Health Dr. SW, Ste. 1100  
Wyoming, MI 49519  
Phone: 616-252-5710  
Fax: 616-252-5780

**VLADIMIR FERRER, DO**

(Gastroenterology)

Metro Health Gastroenterology  
2122 Health Dr. SW, Ste. 150  
Wyoming, MI 49519  
Phone: 616-252-5775  
Fax: 616-252-5785

NEW

**MOISES S. GOOGE, DO**

(Neurological Surgery)

Kent Neurological Associates  
445 Cherry St. SE  
Grand Rapids, MI 49503  
Phone: 616-454-9246  
Fax: 616-454-6839

**RYAN HAMBY, DO**

(Gastroenterology)

Metro Health Gastroenterology  
2122 Health Dr. SW, Ste. 150  
Wyoming, MI 49519  
Phone: 616-252-5775  
Fax: 616-252-5785

**ADAM KILKENNEY, DO**

(Family Practice)

Metro Health Hudsonville  
3912 32nd Ave.  
Hudsonville, MI 49426  
Phone: 616-252-8700  
Fax: 616-252-8750

**HILARY SCHMID, DO**

(Family Practice)

Metro Health Cedar Springs  
14211 White Creek Rd.  
Cedar Springs, MI 49319  
Phone: 616-252-6300  
Fax: 616-252-6360

PHYSICIANS & SPOUSES

# Cruise on over

for cocktails in the garage

KCMSA  
KCMS  
KCOA

FALL  
COCKTAIL  
PARTY

*Bring your physician friends and spouses for a casual evening of 'retro' fun. Take a walk down memory lane while checking out an amazing classic car collection. Complimentary food and drinks provided.*

**Friday, September 12, 2014 | 6-9pm**

**CLASSIC CAR COLLECTORS AND GOOD FRIENDS AUTO**

2660 28th St. SE, Grand Rapids, MI 49512

*The venue is located on the east end of the Schuler Books building.*

**RSVP by September 8**

**TO THE KCMS OFFICE (616) 458-4157 | [kcmsoffice@kcms.org](mailto:kcmsoffice@kcms.org)**



Physicians and spouses need not be members of KCMSA, KCMS, or KCOA to join us. Special thanks to Marty and Mark Campbell, Dee and Dom Federico and Pat and Peter Renucci for providing their classic car collection and our event location.



KENT MEDICAL FOUNDATION

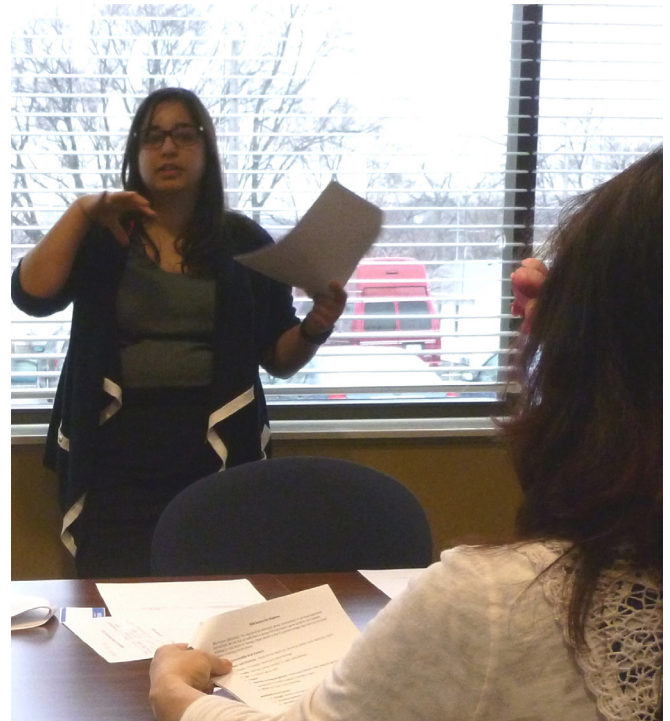


Phillip G. Wise, MD  
KMF President,  
Board of Trustees

# Catherine's Care

Catherine's Care had 4 MSUCHM students teach a class for their Women's Health Class. The class was a 8-week course with curriculum developed by the students. Catherine's recruited participants & hosted the space. Topics included stress relief, breast cancer awareness, weight management, diabetes & more.

This opportunity was made available in part due to the Kent Medical Foundation providing a grant to Catherine's Health Center to supply funds to engage medical students while benefiting an at-risk population of low-income people from the Northeast side of Grand Rapids. Medical Students work with the patients to capture information that shapes the health practices and lifestyle choices of people who present to the health center. Patients leave the program more aware of how they can change their health condition and students learn more about inspiring and enlightening patients.





KENT MEDICAL FOUNDATION  
*Holiday Card Campaign*

Share your holiday wishes while helping the Kent Medical Foundation raise funds to support community programs. Contribute to this annual campaign and your name will be listed among other donors who have also helped make the annual holiday card possible.

To participate, please donate by November 30:

- Check made payable to:** -OR-  **Online via PayPal:**  
 Kent Medical Foundation  
 233 East Fulton, Suite 222  
 Grand Rapids, MI 49503  
[www.kcms.org/kmf](http://www.kcms.org/kmf)



Contact the KMF Office at 616-458-4157 if you have questions.

**Holiday Card Campaign Gifts received by November 30 will be included in the 2014 Holiday Card which will be mailed early in the week of December 1st.**

• 2014 •  
 KENT MEDICAL FOUNDATION  
*Holiday Card Campaign*

**YES**, Count me/us in to continue the Kent Medical Foundation's mission to assist The Kent Medical Foundation in community outreach endeavors and health promotion projects. Please find my/our check enclosed for the following amount (contribution amounts are NOT disclosed on the card).

- \$1,000**     **\$750**     **\$500**     **\$250**     **\$100**     **Other** \_\_\_\_\_

**Check here if you wish to remain anonymous.**

**Please print your name(s) on the line below exactly as you would like to be presented on the Holiday Card insert.**

Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

All contributions to the Kent Medical Foundation are tax deductible.  
 Please return this form, by November 30 along with your check made payable to:  
 Kent Medical Foundation, 233 East Fulton, Suite 222, Grand Rapids, MI 49503



Beth Junewick  
KCMS Alliance President

# Alliance Heartbeat

“We must use time creatively, in the knowledge that the time is always ripe to do right.”

Dr. Martin Luther King, Jr.

Welcome to a new year of exciting events for the Kent County Medical Society Alliance. I have contemplated what I will say to inspire others to join and be engaged in the KCMSA. I reflected upon our Mission Statement. “The Alliance advances medicine in partnership with the Kent County Medical Society by advocating health-related philanthropy, legislation, education, and by promoting friendship among families of physicians.”

Our upcoming year promises to fulfill this mission. Socially, we will kick off the year with a membership event that combines our Alliance with the KCMS and the KCOA. This event, aptly named “Cruise on Over”, will be held at Classic Car Collectors and Good Friends Auto, you need not be a member to join the fun. This is the perfect opportunity to bring a potential new member to check us out over a drink with friends while viewing some really cool cars!

Philanthropically, this year will mark our 25th Charity Ball. The Charity Ball committee is already making plans for another sensational event. The two recipients of our fundraising this year will be

Ele’s Place and The Baxter Community Center. We will tour both facilities and learn more about the important work they are doing for the children of West Michigan.

Educationally, we hope to impact legislation and improve upon our state’s ranking for immunizing our children (4th lowest in the US). We will be hosting an informational forum to dispel common myths and to educate our community on the importance of childhood immunizations. Doctors Mimi Emig and Mark Hall will be speakers at the conference as well as Veronica McNally, a parent who experienced the loss of her infant daughter to whooping cough.

I feel fortunate to serve The KCMSA. I have met many inspiring women who have served before and have mentored me graciously. I hope to build upon their hard work and dedication and ride the wave of renewed enthusiasm and energy they have infused into the Alliance. If you have not already done so, please renew your membership today. Check out our brand new website at [www.kcmsalliance.org](http://www.kcmsalliance.org) for more details on the Alliance opportunities and membership.

## KCMSA Fall Event

October 11, 2014 | 10am-12pm

Schwallier’s Country Basket

1185 9 Mile Rd. NW, Sparta, MI 49345

### DON’T MISS THE FUN!

- Apples, donuts and cider
- Guided wagon ride around the orchard
- Cow train
- Barn with goats, chickens and bunnies
- Kids play area





# Join Us

ALLIANCE EVENTS

## Book Club

**Tuesday, September 9**

Schuler's on 28th Street | Noon  
The Goldfinch, by Donna Tartt.

## Cruise on Over,

**Friday, September 12**

Good Friends Auto | 6-9 pm  
Located behind Schuler's Bookstore  
on 28th Street

## General Meeting

**Tuesday, September 23**

Ele's Place, 2000 Michigan Street NE | 10 am  
Musings lunch following at noon.

## General Meeting

**Tuesday, October 14**

Immunization Forum  
KISD Conference Center  
1633 East Beltline Ave, NE.  
9:00 am coffee/rolls  
9:30 am presentation

## Book Club

**Tuesday, October 14**

Schuler's on 28th Street | Noon

## Now Accepting 2016 Charity Ball Applications

The KCMS Alliance, through its Charitable Fund Committee selects one or more charities a year to be the major recipient(s) of the funds raised through the Charity Ball. Applicants must be 501c3 organizations and provide services within Kent County. The Alliance Charitable Fund Committee gathers information and reviews data from organizations that have submitted grant applications. Applications must demonstrate how the grant will benefit children and strengthen the Alliance's presence in Kent County. The Charitable Fund Committee then recommends applicants to the KCMS Alliance Board and membership for final approval.

To learn more and to obtain an application, visit [www.KCMSAlliance.org](http://www.KCMSAlliance.org), go to FundraisingRecipients/Applications and scroll down to "apply for a charity ball grant" and click on Charity Ball for Children Grant Applications.

Please note that there are TWO application forms. The first is for the Alliance member to fill out and return (no organization can submit an application without an Alliance sponsor); the second is for the charitable organization to complete and return.

The organizations that are selected must fulfill two obligations. The first is to invite the Chairman of the Charity Ball to a fall meeting of that organization's board, so that the Chairman can explain the process of the Ball and their involvement. The second is to make a five-minute video of their program, which will be looped throughout the evening of the Charity Ball so that the attendees can learn more about the charities they are supporting.

The deadline for grant applications for the 2016 Charity Ball For Children is January 9, 2015.



Bob Wolford  
Executive Director  
Grand Rapids  
Ophthalmology

MMGMA UPDATE

# The Impact of Meaningful-Use Requirements

MMGMA

During the past six months, medical practices anticipated that they would be moving to phase two of the government’s Meaningful Use program for their Electronic Health Records (EHRs) in 2014.

During the early part of this year, medical practices went through software conversions necessary to implement phase two, even though not all of the parameters had been fully defined. These software conversions required training and adjusting to new screens. Both of which cause inefficiency and cost for most medical groups.

In addition, most doctors that I have spoken with agree in their criticism of the fact that the data required for “Meaningful Use” tends to seem unnecessary and cobble up their systems, making them less useful for the purpose for which they should be intended. That is: creating a useful documentation of patient care and making that information easily accessible for future reference.

Software vendors have expressed their frustration with this situation, indicating that all of their efforts are being spent on handling the requirements of Meaningful Use and not on making their systems more efficient and easier to use for doctors.

Now, it seems that medical practices may be given the opportunity to use phase one requirements again this year, since the difficulty of adopting the phase two requirements has made the process so onerous that many doctors have simply decided to forego it.

Most doctors that I have spoken with agree in their criticism of the fact that the data required for “Meaningful Use” tends to seem unnecessary and cobble up their systems, making them less useful for the purpose for which they should be intended.

This article is not written to advocate for the abandonment of Electronic Health Records. It is, however, written in the hope of starting a dialogue that would encourage government to take a step back from adopting more requirements that might have the impact of pushing more and more physicians out of the EHR arena.

## The Implications of the Medicare Physician Payment Data Release

Earlier this year, a billion pieces of raw data about Medicare payments to physicians were released to the public with no interpretation or context for the data. Like most of us who work on the front lines of healthcare, we support transparency and sharing data to improve the lives of our patients. But, this data caused media

and many patients to feel that some deep dark secret had finally been discovered and that there has been a conspiracy to fleece the Medicare program, the American public, and our patients.

As a result of the data release, media has approached us with a tone that is disrespectful and patients have made comments about our “improper” billing of Medicare because they noted a reference to news stories linking certain medical specialties and Medicare billing from this exact data release.

Retina specialists and oncologists, in almost every market were noted as receiving more money from Medicare than other physicians in their markets. These very intensively trained specialists care for thousands of patients with various forms of disease which occur with more frequency later in life.

When looking at the data in depth, you will understand that about 80% of the dollars that was reportedly paid to many retina specialists was for a single drug that is injected into the eye for macular degeneration patients. Since it is Medicare policy that physicians shouldn't profit from drugs that they inject, these doctors buy the drug at the wholesale price and Medicare pays them the average wholesale price of the drug. Medicare monitors the average wholesale price and makes quarterly adjustments in what they pay based on changes that occur. Doctors do not receive any payment for the cost of their investment in their drug inventory or the special alarmed refrigerators that the drugs may be stored in. Because of the volumes of patients, ophthalmology and oncology practices will often have several hundreds of thousands of dollars tied up in their inventory of this pharmaceutical at all times. They do this for the benefit of their patients, even though what Medicare pays doesn't even cover all of the costs.

Additionally, due to sequestration that was implemented last summer, all government spending was reduced by 2% and that applied to drugs as well. So, since last summer, these doctors have been paid 2% below the average wholesale price. And, you probably know that even though

the government lifted the sequestration with the new budget compromise, they decided to leave it in place for physicians for the next 10 years.

Since Medicare is aware that such a large percentage of the Medicare money that has been paid is for the wholesale costs of these pharmaceuticals, it almost seems that there is an overt intent to mislead the public by inferring that the money has gone into the physician's pocket.

The thought that Medicare auditors would be interested in this data, as speculated in *The New York Times* coverage, is ridiculous. Medicare has been mining this data for years to find and recover inappropriate payments. Medicare claims are the most closely scrutinized expenses of the federal government. Each claim has specific edits for medical necessity, doctors have regular audits of their patient charts, and they are frequently asked for additional data to support their claims before they are paid. The sad thing is that all this regulatory oversight has become so burdensome for most physicians, that it diverts resources away from improving patient care.



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“I have a patient who...”*

**David J. Miller, RPh, PhD, FIACP**  
Owner, Chief Formulation Scientist

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KENT COUNTY HEALTH DEPARTMENT

# Antibiotics: An Overview of Overuse



Mark Hall, MD, MPH



Michael Hofman

In Alexander Fleming's Nobel Prize acceptance speech for the creation of penicillin he stated, "The time may come when penicillin can be bought by anyone in the shops. Then there is the danger that the ignorant man may easily under-dose himself and by exposing his microbes to nonlethal quantities of the drug make them resistant."

This resistance, along with other adverse effects, has become increasingly prevalent as the miracle drug of the 20th century is overused and over-prescribed. Primary care settings account for the highest levels of overuse, but it is also common among specialists. Antibiotic misuse is especially prevalent in upper respiratory infections



(URIs), but is clearly an issue in the treatment of multiple entities.<sup>1</sup> This is the first of a two-part series, which describes a general review of antibiotic overuse. Part two will detail the most common illnesses where antibiotics are over-prescribed.

In one U.S. study, doctors prescribed antibiotics in 62% of cases where parents pressure the decision, and only 7% of the time if they do not. Antibiotics are used in 68% of acute respiratory illnesses, with 80% of these prescriptions being unnecessary. Adult URIs alone result in 1.1 billion dollars spent

on unnecessary antibiotics.<sup>2</sup> The issue of overuse is clearly widespread and significant, leading the CDC to call it one of the world's most pressing public health concerns. In the U.S. alone, more than 10 million prescriptions are given annually that have little or no benefit.

In addition to the wasted resources, there are a number of other negative effects of unnecessary antibiotics. Antibiotics are responsible for a significant amount of unplanned medical visits each

CONTINUED ON PAGE 22



# Notifiable Disease Report

Kent County Health Department  
 700 Fuller N.E.  
 Grand Rapids, Michigan 49503  
[www.accesskent.com/health](http://www.accesskent.com/health)

Communicable Disease Section  
 Phone (616) 632-7228  
 Fax (616) 632-7085

## July, 2014

Notifiable diseases reported for Kent County residents through end of month listed above.

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2014	Through July 2009-2013
AIDS (Cumulative Total - 952)	1	12	19
AMEBIASIS	0	0	3
CAMPYLOBACTER	6	52	35
CHICKEN POX <sup>a</sup>	5	18	22
CHLAMYDIA	265	2100	2022
CRYPTOSPORIDIOSIS	4	11	8
Shiga Toxin Producing E. Coli <sup>b</sup>	3	6	N/A
GIARDIASIS	9	72	41
GONORRHEA	64	455	405
H. INFLUENZAE DISEASE, INV	0	4	2
HEPATITIS A	0	1	2
HEPATITIS B (Acute)	1	3	2
HEPATITIS C (Acute)	1	3	1
HEPATITIS C (Chronic/Unknown)	42	194	169
INFLUENZA-LIKE ILLNESS <sup>c</sup>	21	24067	33872
LEGIONELLOSIS	1	2	6
LYME DISEASE	4	6	2
MENINGITIS, ASEPTIC	7	21	13
MENINGITIS, BACTERIAL, OTHER <sup>d</sup>	0	7	5
MENINGOCOCCAL DISEASE, INV	0	1	1
MUMPS	0	0	0
PERTUSSIS	1	7	5
SALMONELLOSIS	10	35	35
SHIGELLOSIS	0	3	4
STREP, GRP A, INV	2	25	15
STREP PNEUMO, INV	0	28	34
SYPHILIS (Primary & Secondary)	1	3	6
TUBERCULOSIS	1	5	12
WEST NILE VIRUS	0	0	0

### NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2014	DISEASE	NUMBER REPORTED Cumulative 2014
Listeriosis	1		
Malaria	1		
Guillain-Barre Syndrome	1		
Kawasaki Disease	1		

a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.  
 b. In November 2010, cases of *E. coli* O157:H7 were combined into the category "Shiga-toxin producing *E. coli* (STEC)"  
 c. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools.  
 d. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN *H. influenzae*, *N. meningitidis*, or *S. pneumoniae*.

Except for Chickenpox & Influenza-Like Illness, only confirmed cases (as defined by National Surveillance Case Definitions: <http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx>) are included.  
 Reports are considered provisional and subject to updating when more specific information becomes available.

KCHD

year, totaling upwards of 150,000 cases. These can range anywhere from diarrhea and rashes to Stevens-Johnson syndrome or anaphylaxis. Early exposure is also linked to inflammatory bowel disease, obesity, eczema, and asthma.<sup>3</sup> Perhaps the most dangerous consequence is the development of antibiotic resistance in bacteria. Two million Americans develop hospital-acquired infections with 99,000 deaths annually caused mostly by resistant pathogens. Resistant infections cost US health care between 21 and 34 billion dollars and 8 million additional hospital days each year.<sup>4</sup> The emergence of Methicillin Resistance Staph Aureus (MRSA) and Clostridium difficile as common pathogens almost certainly represents fallout from excessive antibiotic use.

Bacteria can develop resistance through a number of mechanisms. Antibiotics can be directly neutralized, the receptor site on microbes can be altered, or the acquisition of resistant genetic material can create immunity. When the sensitive bacteria are killed, the result is rapid reproduction of the resistant strains. Greater antibiotic use results in more selective pressure, which causes more resistance. Ultimately, this yields bacteria that are very difficult to treat. Substantial changes must be made in the prescription of antibiotics to slow this spiraling process.

The vast majority of physicians in a study done by Ackerman et. al (“One Size Does Not Fit All: Evaluating an Intervention to Reduce Antibiotic Prescribing for Acute Bronchitis”) agreed that antibiotic over-prescribing is the major cause of resistance, yet little seemed to be done about it. Sixty-six percent of the physicians agreed that they prescribe too often, while 31% claimed they did not. In reality, the two groups had approximately the same prescribing rates. The majority of cases where over-prescription occurred were caused by perceptions

of patient expectations. Other reasons included insufficient time to find the correct treatment, concerns with medical liability, and ease of service. Unfortunately, it is considerably less time consuming and contentious to prescribe antibiotics than it is to explain why they are not indicated. Physicians must lead the way in solving antibiotic overuse. Taking time to provide the highest level of medical care in an effort to support both community and individual health needs to be a priority.

It is in the best interest of patients and the community to implement prescribing practices such as a watchful waiting technique that will limit the amount of antibiotic prescribed. Printed material designed for patients from trusted resources (CDC, American Academy of Pediatrics, and others) can be very helpful in educating patients and parents. Taking the time to decisively diagnose bacterial infection, judiciously prescribe antibiotics, and communicate with patients as to why antibiotics are not indicated in many circumstances are essential steps in ending antibiotic overuse.

<sup>1</sup> Kutty N. Treating Children Without Antibiotics in Primary Healthcare. Oman Medical Journal. September 2011;26(5): 303-305. Available at: <http://ncbi.nlm.nih.gov/pmc/articles/PMC3215439/>. Accessed June 9, 2014.

<sup>2</sup> Centers for Disease Control and Prevention. Fast Facts. Get Smart: Know When Antibiotics Work. Available at: <http://www.cdc.gov/getsmart/antibiotic-use/fast-facts.html>. Accessed June 2, 2014.

<sup>3</sup> Hersh AL, MD PhD, Jackson MA, MD, Hicks LA, DO. Principles of Judicious Antibiotic Prescribing for Upper Respiratory Tract Infections in Pediatrics. Pediatrics. December 2013;132(6): 1146-1154. Available at: <http://pediatrics.aappublications.org/content/132/6/1146>. Accessed June 4, 2014.

<sup>4</sup> Guidos RG, IDSA. Combating Antimicrobial Resistance: Policy Recommendations to Save Lives. Clinical Infectious Diseases: An Official Publication of the Infectious Diseases Society of America. May 2011;52(5): 397-428. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3738230/>. Accessed June 9, 2014.

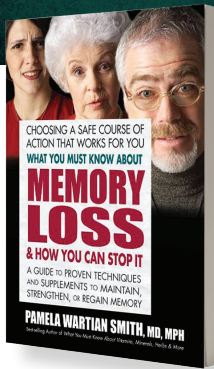
<sup>5</sup> Centers for Disease Control and Prevention. Antibiotic Resistance Questions & Answers. Get Smart: Know When Antibiotics Work. Available at: <http://www.cdc.gov/getsmart/antibiotic-use/antibiotic-resistance-faqs.html>. Accessed June 2, 2014.

# Help Your Patients Maintain Memory & Focus

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**Pamela Wartian Smith, M.D., MPH**

Director of the Center for Healthy Living and Longevity



**Thursday, October 30**

6:30-7pm Social | 7pm Seminar

Keystone Pharmacy Seminar Room

4021 Cascade Rd SE, Grand Rapids, MI 49546

**RSVP Required.** Please call (616) 558-8334.

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Specializing In Your Health



**Pamela Wartian Smith, M.D., MPH**

Pamela spent her first twenty years of practice as an emergency room physician with the Detroit Medical Center and then the next 15 years as an Anti-Aging/Metabolic Medicine specialist. She is a diplomat of the Board of the American Academy of Anti-Aging Physicians and is an internationally known speaker and author on the subject of Metabolic, Anti-Aging and Functional Medicine. She also holds a Master's in Public Health Degree along with a Master's Degree in Metabolic and Nutritional Medicine.

She has been featured on CNN, PBS, and many other television networks, has been interviewed in numerous consumer magazines, and has hosted two of her own radio shows.

She is currently the Director of the Center for Healthy Living and Longevity and the founder and Director of The Fellowship in Anti-Aging, Regenerative, and Functional Medicine. Dr. Smith is also the co-director of the Master's Program in Metabolic and Nutritional Medicine at the University Of South Florida College Of Medicine.

She is the author of the best-selling books, *HRT: The Answers; Vitamins Hype or Hope; Demystifying Weight Loss; What You Must Know About Vitamins, Minerals, Herbs & More; What You Must Know about Women's Hormones; and Why You Can't Lose Weight.* Her newest book, *What You Must Know about Memory Loss and How You Can Stop It* was recently released.

# Immunization CONFERENCE

**TUESDAY, OCTOBER 14**

*KISD Conference Center, 1633 East Beltline, N.E.*

9am Registration and Coffee | 9:30am Presentations

**If you are able to attend this free event, please place a reservation with Andrea Haidle at [athaidle@comcast.net](mailto:athaidle@comcast.net).**

An Immunization Conference presenting current and factual information on the challenges of the high number of pre-school and school age children who have not been vaccinated for communicable diseases, and the possible outcomes for our community because of this fact. The Conference is being sponsored by the Kent County Medical Society Alliance (KCMSA). There is no cost to attend this informational session.

## **PRESENTERS**

- Mark Hall, MD, *Emergency Medicine Physician and Medical Director of the Kent County Health Department*
- Mimi Emig, MD, *Infectious Disease Specialist at Spectrum Health*
- Veronica McNalley, *Chairman of the Fanny Strong Foundation*



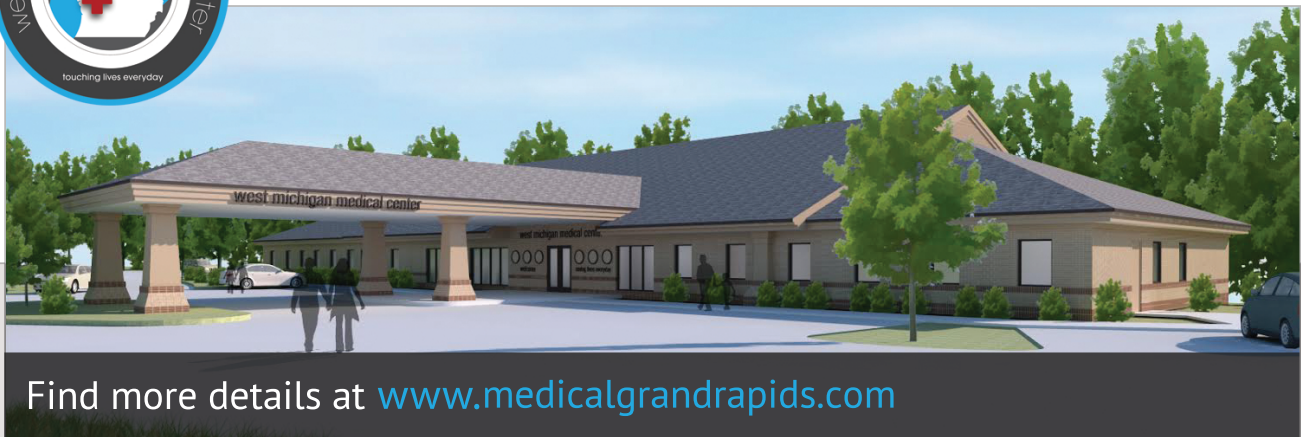
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*Dr. Maurice B. Goudzwaard, Principal*