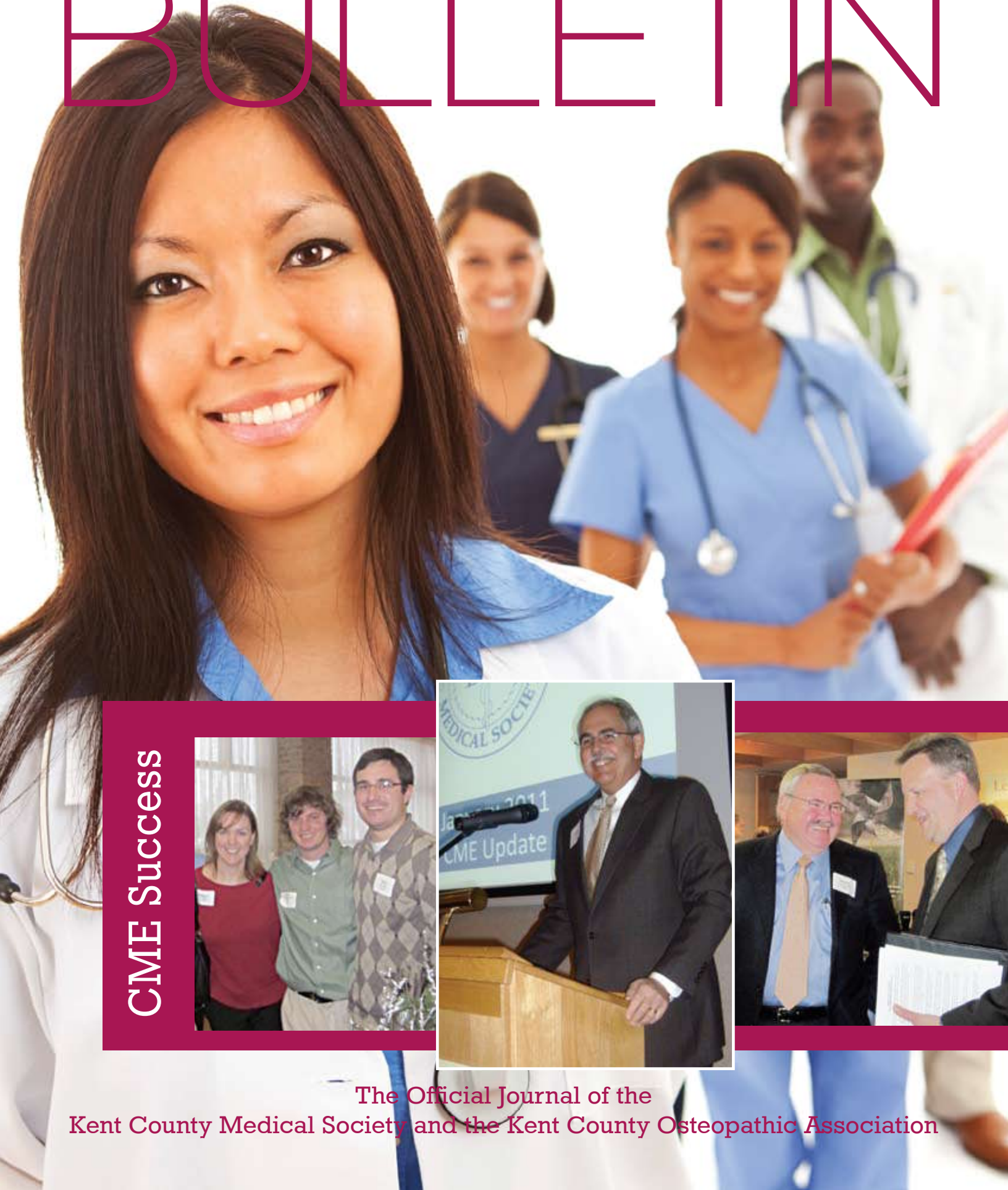


First Quarter 2011

BULLETIN



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Left: MSU Medical Students
Middle: Gregory J. Forzley, MD
Right: Gordon O. Downey, MD and Michael G. Dickinson, MD
Background: iStockphoto



ABOUT THE BULLETIN

Editor - David M. Krhovsky, MD

The Bulletin is published four times yearly by the Kent County Medical Society and Kent County Osteopathic Association,

All statements of opinions in the KCMS/KCOA Bulletin are those of the individual writers or speakers, and do not necessarily represent the opinions of the Kent County Medical Society and the Kent County Osteopathic Association.

The KCMS/KCOA Bulletin reserves the right to accept or reject advertising copy. Products and services advertised in the KCMS/KCOA Bulletin are neither endorsed nor warranted by the Kent County Medical Society or the Kent County Osteopathic Association.

PUBLISHED BY:

Kent County Medical Society
Kent County Osteopathic Association
233 East Fulton, Suite 222
Grand Rapids, MI 49503
Phone 616.458.4157 | Fax 616.458.3305
www.kcms.org | www.kcoa.us

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Herman C. Sullivan, MD

Yvan Tran, MD

MEETINGS OF INTEREST

STATE

APRIL 29-MAY 1, 2011 MSMS House of Delegates, Kalamazoo, MI

LOCAL

MAY 10, 2011 KCMS Membership Meeting, location to be determined

CHECK OUT OUR WEBSITE **KCMS.org**

Welcome

The KCMS Board of Directors welcomes **Adriana S. Tanner, MD** and **Donald P. Condit, MD,MBA** to the 2011 KCMS Board of Directors.

IN MEMORIAM

Joseph S. Moore, MD 1936 - 2011

Joseph S. Moore, MD, a Life member of the Kent County Medical Society passed away January 2, 2011. Doctor Moore received his medical degree from Wayne State University in 1962. Doctor Moore was a long time Obstetrician and Gynecologist. He was a former Associate Professor at Michigan State University College of Human Medicine, Kent County Medical Director of the Fetal Infant Mortality Review and Chairperson of the Accidental Injury Committee of the Michigan Maternal Mortality Review.

John H. Robbert, MD 1923 - 2011

John H. Robbert, MD, a retired member of the Kent County Medical Society passed away February 21, 2011. Doctor Robbert received his medical degree from the University of Michigan in 1948 and served in the Korean War. Doctor Robbert began his career as a General Practitioner in Grandville for 15 years before becoming an Anesthesiologist at Saint Mary's from 1968 to 1987.

The Medical Society extends sympathy to both families.

WELCOME

NEW MEMBERS

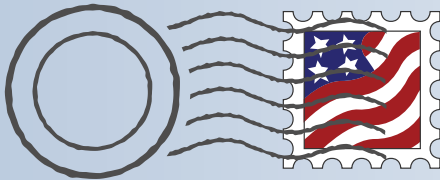
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Wyoming Family Medicine
Yvan Tran, MD
Saint Mary's Neuroscience Program
Kaisa VanderKooi, MD
Kent Pathology Laboratory

RESIDENTS

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Michael Burton, MD
Paul Gillard, MD
Charlotta Lindvall, MD
Katrina Sink, MD

MEDICAL STUDENTS

Erica Bicker
Ryan Daro
Bobbie Koning
John Lund, III
Carolina Martinez
Melissa Myers
Jason Schultz
Angela Shrestha



Did you know? The KCMS office can assist your office team in mailings that promote your practice, a new partner or upcoming events you want to share with your KCMS colleagues. Contact the office at 616-458-4157 or kcmsoffice@kcms.org to learn more about how the Society staff can assist you.

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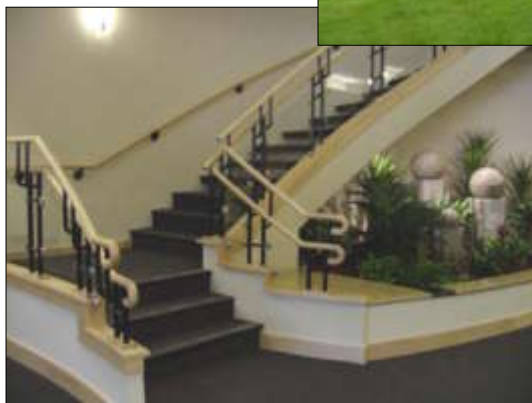
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PRESIDENT'S MESSAGE



Service Opportunities in the Kent County Medical Society

**Patrick J. Droste, MS, MD
KCMS President**

As a service oriented society, the Kent County Medical Society (KCMS) strives to meet the needs of its members in many different areas. Our society has been outspoken and effective with these issues. These areas include, but are not limited to the following:

Medical Liability in the State of Michigan:

The KCMS worked carefully with the Michigan State Medical Society (MSMS) in 1986 and 1987 to bring tort reform for medical malpractice to the State of Michigan. We are now working hard to keep from having these reforms reversed by aggressive trial lawyers and other organizations. The KCMS and MSMS have been working with legislators and the Supreme Court Justices to keep tort reform law in its current language. With each legislative session, tort reform bills are reintroduced to reverse tort reform laws. We need every member's help in this effort.

Physician Tax:

In November 2009, the KCMS, MSMS and physicians from across the state went to Lansing to demonstrate to our state legislators, our opposition to a physician tax, which was purported to enhance Medicaid funding and reimbursement for physicians. We successfully defeated the physician tax in 2009, but we expect a reintroduction of the physician tax as state legislators struggle to balance the Michigan budget. We will need every member's help to oppose this initiative when it comes before the legislature again.

Scope of Practice:

The medical profession (MD, DO) is being eroded at its foundation by non-physician professions who want to diagnose and treat medical and surgical conditions. This includes proposed surgical expansion from podiatrists and optometrists and medical scope expansion by chiropractors, advanced practice nurses and physical therapists. The KCMS has introduced several resolutions to the MSMS - House of Delegates over the past several years to oppose scope of practice enhancement by non-physicians. I think

all physicians would agree that their education, internship and residencies are not commensurate with non-physician professions. This battle continues with the new Michigan legislature. The KCMS Legislative Committee meets with Michigan legislators regularly. This is a very active committee and we encourage more members to become involved and interact with state lawmakers and make their opinions known.

MSMS House of Delegates

Every year, a number (17-21) of resolutions from the Kent County Delegation are presented at the MSMS House of Delegates (MSMS-HOD). This is a very democratic forum with input from physicians from all branches of medicine and all parts of the state working hard to set MSMS policy in all areas of medicine. The MSMS represents physicians of the State of Michigan to state, local and federal leaders. Many resolutions are forwarded to the American Medical Association and form the groundwork for bills to be submitted to state and federal legislators. All members need to be aware of these initiatives and again we welcome more involvement from our physician community.

Local Wellness Projects:

The KCMS and its foundation, the Kent Medical Foundation (KMF), have created wellness programs for the underserved and vulnerable populations in Kent County. Funded by the KMF, medical students and residents who have submitted approved research and service protocols serve on these projects. Their projects are ongoing and published in the KCMS/KCOA Bulletin.

These are a few of the areas of endeavor of your KCMS and how it is serving you, the membership. As Kevin Kelly (late Executive Director of the MSMS) was so fond of saying, "There are no final victories and no final failures". His corollary to that statement was, "The world is run by the people who show up." We are asking you, who sit on the sidelines; "show up" and make your voices known and get in the arena of involvement. There is no opinion or voice that is too small and if we should fail in an initiative, it is the opportunity to try again more intelligently (Henry Ford). Call the Society office today to join a committee, attend a meeting and visit our website. Speak directly with one of our KCMS Directors for more information on how to get involved in the KCMS, such as, register for the House of Delegates in April 2011. Our membership involvement is crucial for the accomplishment of our goals.

A MESSAGE FROM THE PRESIDENT-ELECT



Representation in Washington

David W. Whalen, MD
KCMS President-Elect

From February 7-9, 2011, the AMA held their annual National Advocacy Conference (NAC). This is an opportunity for physicians to learn about the legislative process in Washington, D.C. and advocate for health policy issues. The Kent County Medical Society sent me to represent the society. I was able to meet with several congressmen and their health policy staff, along with Senator Stabenow's health

policy staff members. There were approximately 20 people from Michigan, which included physicians, medical students, alliance members and MSMS staff. We discussed getting a permanent fix to the Sustainable Growth Rate (SGR), federal Tort reform, caps on residency slots, and Anti-trust relief in the setting of Accountable Care Organizations, among other issues. The biggest hurdle facing several of these issues is the need for new spending to be offset by spending cuts in other places. A permanent fix to the SGR will cost billions of dollars, and with the current massive deficit, it is hard to come up with those cuts. The meeting, however, was an excellent opportunity to meet with the members of Congress and continue to build a long term relationship, especially in the setting of numerous freshman representatives.

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ARE WE FOR OR AGAINST NATIONAL HEALTH CARE REFORM?



Domenic R. Federico, MD
KCMS Member, AMA Delegate

How many of you have been happy when insurance companies have delayed paying or denied your billings?

How many of you have been excited to have to argue with insurance companies who have denied legitimate testing you have ordered?

How often have you complained about the differential between what you billed and how much insurance has paid?

How do you help patients who have been denied coverage due to preexisting disease?

How do you counsel patients with strong family histories and or a genetically proven predisposition to certain cancers who require prophylactic surgery and are denied because they do not currently have a disease?

Unfortunately, I have encountered all of the above; my guess is you have too. When these events have occurred, I have had trouble understanding how the insurance industry could hold such power over physicians and our patients. I have dreamed of a day when we could do something to correct this situation.

I have been present at all of the AMA meetings when National Health Care Reform has been debated. The testimony has been passionate both for and against the program presented by the Obama administration. When reviewing the above questions, I have to believe we all know that reform is necessary. The debate, therefore, should not be if reform is desirable, it should be about designing the best program that allows physicians to offer, and patients receive the health care they deserve.

The AMA House of Delegates has set forth several principles that would be mandatory for it to endorse a Health Care Reform package. One of those principles is national tort reform. One of my concerns is that if a national program would be passed, it would probably not offer all the benefits that the Michigan program enjoys. Many in the House of Delegates believed that if a strong tort reform package was not included, the AMA should not endorse the plan. But in reality, is tort reform really possible in the current state of affairs if it could not be passed with a president who openly and strongly campaigned for it while having a Republican dominated house and senate? I think the answer is obvious.

The debate will continue especially with the courts ruling the currently proposed bill unconstitutional. We physicians must continue to be involved in helping to shape the future health care system. The only way we can affect the future is through organized medicine. If you are an AMA member, continue, if you are not, become one. You owe it to your profession, and more importantly to your patients.

PROTECTING PHYSICIANS WHO PROVIDE CHARITY CARE

Dr. Don Condit represented physicians who provide charity care, testifying in support of House Bills 4350 and 4351 which would remove barriers to providing free care by protecting donor physicians from liability.



KENT MEDICAL FOUNDATION

KENT MEDICAL FOUNDATION ELECTS NEW BOARD OFFICERS



Thomas Peterson, MD, KMF Board Chair

The Kent Medical Foundation Board of Directors met for the 2011 Annual Meeting on February 15. New Officers for 2011 were elected. They are:

Chair: **Patrick J. Droste, MS, MD**
Vice Chair: **Gregory J. Forzley, MD**
Secretary/Treasurer: **David Hammond, MD**

Other Trustees include: **Shirley Daniels, KCMS Alliance Representative and Community Volunteer; Willard Stawski, MD; Jack Romence, MD; Timothy Waalkes, Verspoor, Waalkes, Lalley, Slotsema & Talen, P.C.**

Newly elected to the KMF Board of Trustees is: **David W. Whalen, MD.**

THANK YOU!

Thank you to the 2010 Holiday Card donors who contributed over \$10,205 to the Kent Medical Foundation. This project has raised more than \$160,000 for the Kent Medical Foundation and will be used to further its mission in community outreach.

Current outreach projects include: FitKidz360 (described in the last Bulletin magazine); Healthy Cooking classes for low-income families struggling with Diabetes and other chronic diseases; and the NicoTEAM program to educate young students in local middle schools on the dangers of nicotine.



Pictured above:

Doctors Patrick Droste and Phillip Wise presented Doctor Anita Avery with a plaque in appreciation for her six years of service with the Kent Medical Foundation board.

PROJECT ACCESS UPDATE



◀ **Robin Pedtke, DO**
Board Chair

Eric Bouwens, MD ▶
Board Vice Chair



Helping Your Team Serve Low-Income Patients

As physicians, our practices and those we serve are linked to families and patients from all backgrounds. When a challenged economy affects our community, our patients, our employees and eventually, our practices are impacted. Most of us have seen long-term patients lose insurance and struggle with “payment plans” through our offices. Many of our employees have felt the pain of job loss, or reduced hours and lost benefits.

These patients, who you have been helping for years, may be eligible for Project Access. It is hard to break the physician-patient relationship when these patients, who see the physician office as an extension of their family, lose insurance or cannot pay for visits and medications. Consider referring these patients to Project Access. Not only does Project Access assist family physicians with enrolling patients into medication assistance programs, but also helps obtain specialty care and other community resources. The Project Access case manager also works with your office in referring the patient to agencies and programs to help with smoking cessation resources, counseling, food banks and even job seeking and skill building endeavors.

Thank you to those who continue to help our patients in need. Your work has helped many get back to work, improve their quality of life and work toward building a healthier future.

A FEW GOOD MEN AND WOMEN

The Project Access Board is looking for KCMS and KCOA Members interested in serving on the Project Access Board. The Board meets quarterly and provides input and direction for the Project Access program. Contact Patricia Dalton at 616-560-5336 if you would like to serve.

Meet Intern Sionekami Polume

Welcome to Sionekami Polume, a native of Manus Province, Papua New Guinea. Sione, as he is known by co-workers and friends, is currently studying at Davenport University endeavoring to complete a Bachelor of Science Degree in computer networking. One of his many goals is to obtain his degree and travel to various countries around the world to help enhance their way of living in the world of technology.



“I believe that I am called to serve others through sharing my knowledge and experience gained through school and working in the business world,” Sione reports.

“One of the best things I love about my short time with KCMS, KCOA and Project Access is that they assist those that cannot afford medical expenses. The program is the compassionate side of both KCMS and KCOA that I find intriguing. In this world full of expenses, there are organizations that can be used as a conduit for the betterment and welfare of those in need.”

MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION



Information, Education, Knowledge: Key to Successful Future

Doreen Schoenborn
Practice Manager,
Condit and Jebson
Hand, Wrist & Elbow Specialists
MMGMA Committee Chair,
ACMPE Nominee

Health care reform is impacting the way we do business. The Affordable Care Act (ACA) is here and no matter how you look at it, we need to adjust our practices and implement many changes. Some of us will view these changes as necessary for the betterment of the health care industry, while others will dig their heels in, complaining all the way. While speaking with a manager whom I admire and respect, she confided in me that when she first began to learn about ACA, she felt overwhelmed. There is so much to do, learn and implement that she wondered if she was up to the challenge. However, as she began thinking about the changes she had led her practice through in the past, such as HIPAA, she felt positive and decided to accept the opportunity to change and lead her physicians and employees through this with a positive attitude to become better than ever. I agree. Let's learn what we need to do, embrace the changes and become an example for others, while providing accessible, affordable health care to our patients.

We will see major changes in both payment and delivery methods. It's anticipated that reimbursement will go from the fee-for-service method to payment based on cost, quality and prevention and management of chronic diseases. We will likely see value based reimbursement for physicians by the year 2015. The ACA places significant emphasis on improved quality of care with the use of Health Information Technology (HIT). We've all heard of the "meaningful use" requirement within the utilization of an Electronic Health Record (EHR). Financial incentives are available to practices proving "meaningful use" within their EHR. Annual incentives are set with increases in the number of requirements of "meaningful use". Purchasing from a vendor that you can trust and the purchase of a certified EHR system is imperative to prove "meaningful use". The trusted, experienced vendor and certified EHR will also aid in implementation that will fulfill the timeline requirements in order to receive the incentive money and also not send the staff and physicians off the deep

end. Invest in additional training for the staff and physicians alike. An investment in training and working with a vendor who has your back could make the difference of whether the EHR is improving the quality of care for the patients and making the office more efficient or having it gathering dust in a closet while you continue to pay for it.

Let's not forget about our Compliance Plans. We've always been required to have one in place if we've billed Medicare or Medicaid. Now, having a compliance plan will be mandated by law. If you do not have a compliance plan in place, it's time to get this completed and implemented. This is not something you'll create and throw on a shelf, you need to train it, live it, review it at least annually and amend when necessary. Hiring a professional to assist with this task is highly recommended. However, you can take this on yourself. For information on compliance programs for physicians, see OIG's "Compliance Program Guidance for Individual and Small Group Physician Practices" at <http://oig.hhs.gov/authorities/docs/physicians.pdf>.

We've skimmed over a few issues that need to be reviewed within every office. I do have one more item to consider. The RAC Audits. RAC is an acronym that stands for Recovery Audit Contractor. The RAC audit is different from many audits we've previously seen. The RAC auditors are privately contracted auditors, contracted with the Centers of Medicare and Medicaid Services (CMS) to mitigate overpayments to providers. These auditors are paid based on a percentage of the overpayments they identify. In 2011 physicians are likely to see more part A, B and Medicaid audits. You have 45 days to respond to a records request and 120 days to respond to an overpayment letter. Additionally, there are four levels of appeal. Acting fast to a request is highly recommended. Michigan is region B and is being audited by CGI. For additional information you can access <http://racb.cgi.com>.

Now is a very important time in health care. There are so many changes coming our way and multiple opportunities to improve our practices and how medicine is practiced. We need to educate ourselves about Accountable Care Organizations (ACO's) and bundled payment methodologies in addition to the ACA. I agree with my manager friend, we can take this and become great or fade away. It's our choice and I choose to embrace it and make an even better practice for the patients, physicians, referring physicians and

CONTINUED ON PAGE 16



ALLIANCE HEARTBEAT

The Alliance advances the science and art of medicine in partnership with the Kent County Medical Society by advocating health-related philanthropy, legislation, education, and by promoting friendship among families of physicians.



President's Chat

Phyllis G. Rood
KCMS Alliance President

We have had such a busy winter. Preparing for the Charity Ball kept us busy during December and January, but the event made it all worthwhile. The evening was a lovely setting with great food and music. A good selection of auction items, and an incredible collection of wine was raffled. Our own Dr. David Khovsky won the wine.

For our spring season we have scheduled a tour of DeVos Children's Hospital for the membership. At this meeting we will vote on the organizations to be the recipients of next year's Charity Ball.

April brings the Steak and Lobster Sale and Dinner. This event raises funds for our own foundation, so if you cannot come to this evening, consider making a donation to the KCMS-A Foundation. The mini-grant requests always exceed the funds we have available for distribution. We hope to see you at one of these events.

KCMSA Foundation *Charity Ball Recap*

I would like to take this opportunity to thank everyone for the success of the KCMSA Charity Ball 2011. This year's recipients, Catherine's Health Center and D.A. Blodgett-St. John's, have given us the opportunity to touch the lives of so many children in West Michigan. Thanks to all your efforts, Charity Ball 2011 raised over \$60,000 for our charities. This year marked the 21st anniversary of the Ball which over its history has brought in close to \$1,000,000 for charity. The only thing that is more fun than going to the Ball is helping to put it together. We are always looking for volunteers. Please join us.

Best regards,

Irene Betz
Chairperson, Charity Ball 2011



ALLIANCE HEARTBEAT

Hope Community Day Care Holiday Party 2010

The Hope Community Day Care Holiday Party was held on Dec. 8th, 2010 from 3-5pm. We served 35 children this year, with ages ranging from 3 months to 10 years, the majority being preschoolers.

The party included a craft using each child's school photo. An annual highlight of the party is having the children decorate large cut out cookies with LOTS of frosting and assorted sprinkles. The cookies were baked and donated by Beth Junewick this year and Mary Crawford donated the sprinkles.

We had many volunteer helpers this year that assisted the children with their craft, cookie decorating and the opening of the gifts donated by our Alliance members. We have a long list of helpers to thank:

Youth- Haley & Ella Stubbart, Natalie Smith, Brennan Stedman, Remi Turchetti, Ellie Matelic, Hannah Anderson, Ellen & Charlotte Junewick, McKenzie Bissett and Abigail Bruinsma, and Bailey Young.

Alliance members- MaryBeth Weber, Mary Ellen Waslawski, Donna Foody, Michelle Young, Karin Maupin, Kim Stubbart, Cynthia Matelic, Beth Junewick.

Shoppers for the children's gifts- Mary Ellen Waslawski, Colleen Endres, Beth Junewick, Theresa Stevenson, Donna Foody, Michelle Young, Mary Beth Weber. Many thanks to all who helped to make this years party a success and a holiday highlight for so many children.

A BIG thank you to Mary Ellen Waslawski for co-chairing this special project, she took the gift shopping experience to a whole new level!! AND she organized the craft.

A special thank you to all of the Alliance members who attended the Holiday tea and/or donated gifts and cookies for the families of the Hope Community.

We were able to check off the majority of gifts from their wish list. Our budget this year was \$558.00 due to the number of children served.

As always, we welcome anyone who would like to volunteer in this fun, rewarding special project.

Debbie Shumaker

Women Who Wine

The Kent County Medical Society Alliance would like to thank everyone who attended and donated a bottle of wine to the Women Who Wine event held in November 2010. The donated wine was raffled at the 2011 Charity Ball for Children and raised \$13,300! Thanks to your support, we broke last year's raffle amount by over \$3,000. A special thanks to Holly Jones, Sue Condit, and Eileen Brader for organizing and hosting the event.



ALLIANCE HEARTBEAT *CONTINUED FROM PAGE 15*

Gathering for Judge Gardner's Closet

At our May 3rd meeting at Cascade Country Club, the Alliance will be holding its "Annual Gathering" for Judge Gardner's Closet. The Gathering supports those teens who are moving into independent living upon reaching their 18th birthday, after being Wards of the Court for many years. These young people truly have nothing, and Alliance members have been wonderful in their generosity to help them have "something".

After our last gathering, Judge Gardner sent a wonderful thank you card to the Alliance, part of which I would like to share with you. She wrote, "Thank you so much for your recent donation to the Family Division's Independent Living Closet. The young people are so appreciative of receiving bedding, towels, and kitchen items. Your support touches many young lives!! Thank you for being guardian angels for our youth."

I think we always hope that what we do and give makes a difference...this does. So, once again, I am asking Alliance members to go through their cupboards, drawers, and closets for small items that can be used to help a young person make a home (new items are perfectly fine too) and bring them to our meeting on May 3rd.

Thank you in advance for your kindness and generosity.

Andrea Haidle, KCMSA Liaison for Judge Gardner's Closet



MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION *CONTINUED FROM PAGE 13*

staff. To do this I will need to continue to educate myself on the changes, timelines for implementation, federal and state requirements and on and on. I am a member of the Michigan Medical Group Management Association (MMGMA), which has provided me with all of the information that I've included in this article. I was fortunate enough to glean this information through various seminars, webinars, conferences and peer colleagues with whom I can share experiences and learn from and with. If you are a manager reading this and you do not yet belong to an organization such as MMGMA, it's time to join an association that can help and motivate you

through these importance times of opportunity. Anxiety and fear come from lack of knowledge. Get the support and information you need to lead your team through the upcoming changes. If you are a physician reading this, who is running your practice? Are they informed about what is coming this year and beyond? Invest in your practice and your manager/administrator, provide them with the tools to do their job effectively by making sure they have an association such as MMGMA or other peer group that gives them the educational opportunities needed to give your practice the assistance it will need to adapt to the changing landscape of healthcare.

GRAND RAPIDS MEDICAL EDUCATION PARTNERS UPDATE



Change on the Horizon Meeting National Physician Manpower Needs

Peter Coggan, MD, MSEd
GRMEP President and CEO

Two recent publications are likely to influence the development of our graduate medical education programs over the next decade.

The Josiah Macy Foundation in conjunction with the Association of Academic Health Centers issued a report in October 2010 entitled **“Ensuring an Effective Physician Workforce for America: Recommendations for an Accountable Graduate Medical Education System.”**

The report notes that graduate medical education in the United States largely determines the nature of today's physician workforce. The report raises two important concerns. First, the current GME system is not adequately preparing residents for practice in the modern health care system. The report comments that four major specialties: Internal Medicine, Pediatrics, Family Practice, and Surgery, have been redesigning their residency training programs to ensure better preparation for current medical practice. In addition, several federal agencies including the Medicare Payment Advisory Commission (MedPAC-responsible for the oversight of payments to hospitals for resident funding), and the Council on Graduate Medical Education (COGME) have called for modifications to resident training. The emerging themes focus on training program enhancements to ensure our residency graduates practice safe, evidence-based, high-quality healthcare in the context of Interprofessional healthcare teams. The Macy report concludes Graduate Medical Education is a public good, significantly financed with public dollars and must therefore be accountable to the needs of the American public.

The report proposes the establishment of an independent external review of the governance and financing of the GME system, and the promotion of changes in accreditation policy to ensure GME redesign. Additionally, the report recommends: 1) the national GME effort be directed towards producing adequate numbers of physicians and an appropriate geographic distribution; 2) creating a physician workforce of sufficient size and specialty mix; and 3) training program revisions, including training tactics and the development of innovative training sites, that will provide graduates with needed skill sets.

The second publication, which recently appeared in the *Perspective* section of the New England Journal of Medicine, is entitled **“Transforming Graduate Medical Education to Improve Health Care Value”**. The authors are members of

the Medicare Payment Advisory Commission (MedPAC) mentioned above. They note that Medicare invests \$9.5 billion in GME and recommend the use of its financial leverage to catalyze more rapid GME reform. The proposal calls for withholding one third of GME funding to

“Those of us who have long called for a national physician manpower policy will be pleased with this development but may also be saying ‘be careful what you wish for’.”

be dispersed only if education and training goals are met. The standards for GME programs will likely mirror those recommended by the Macy report - namely an emphasis on cost effectiveness and quality and, perhaps, attention to specialty mix and geographic distribution. MedPAC is recommending the formation of an advisory body with a three-year timeline to develop standards and a method for linking those standards to payment incentives. Thus, a newly created system would be accountable to MedPAC and, at least by MedPAC's own definition, will better meet the needs of the healthcare system in which our graduates will work.

Those of us who have long called for a national physician manpower policy will be pleased with this development but may also be saying “be careful what you wish for”—implementation will be a challenge.

KENT COUNTY HEALTH DEPARTMENT



Limiting the Dangers of Unused Pharmaceuticals

by: **Mark Hall, MD, MPH and Brian Hartl, MPH**

Pictured left:
Mark Hall, MD, MPH
KCHD Medical Director

We've all encountered patients whose symptoms can be managed through the use of prescription medications. Be it the use of a statin for the management of high cholesterol or a diuretic for the management of hypertension, these days there seems to be a medication for just about everything. When we write a prescription for the management of disease, how many of us also write a prescription for the management of medications that go unused? Due in part to the inappropriate disposal of unused pharmaceuticals, our communities are being diagnosed with some pretty serious conditions. Fortunately, the West Michigan Take Back Meds program provides an alternative to disposing these medications via solid waste or sewage systems.

According to the National Center for Health Statistics, the use of prescription drugs in the United States is on the rise. The percentage of Americans who took at least one prescription medication increased from 44% in 1999-2000 to 48% in 2007-2008. The use of two or more medications increased from 25% to 31% and the use of five or more medications increased from 6% to 11%. Many people use their prescription medications as directed, but for a variety of reasons, a decent percentage of people are left with unused or unwanted medications. In some instances, physicians change prescriptions or patients stop taking them because of adverse side effects or ineffectiveness. When a patient dies, their medications are left behind. Although the percentage of medications that go unused has not been precisely quantified, various studies

report that twenty to sixty percent of prescription medications go unused and are eventually disposed. If these are disposed of by flushing them down the toilet, the chemicals pass through wastewater treatment facilities that aren't designed for their removal and ultimately end up in one of Michigan's greatest resources.

As residents of West Michigan, many of us have an affinity for Lake Michigan. We use it for recreation, and it serves as the water source for a good majority of West Michigan communities. A 2006 study investigated the presence of pharmaceuticals, personal care products, and endocrine disrupting compounds in the municipal water supply of Grand Rapids. Source water from Lake Michigan was contaminated with 18 of the 22 compounds for which testing was done. These 22 compounds are only a small portion of the

pharmaceuticals most likely present in the waters of Lake Michigan. Scientists indicate that some of the Great Lakes take over 100 years to flush out pollutants, meaning that these contaminants could remain present for generations. Action must be taken to limit the amount of pharmaceutical agents flowing into this nation's most valuable source of freshwater.

In addition to the fact that medications disposed of in the trash can seep into the surrounding water tables

near landfills, there is the potential for these medications to be removed from the garbage by household members or others and used for unintended purposes. According to the 2010 Michigan Profile for Healthy Youth (MIPHY), 6.5% of Kent County high school students reported using a prescription drug (such as Ritalin®, Adderall® or Xanax®) without a doctor's prescription within the past 30 days of taking the survey. In addition, 7.3% of Kent County high school students reported using painkillers (such as Codeine, OxyContin®, Percocet®, or Tylenol® with Codeine) without a doctor's prescription within the past 30 days of taking the survey. According to the Office of National Drug Control Policy Director, the abuse of prescription drugs is our nation's

What Types of Medication Will Participating Pharmacies Accept?

- Prescription medications (Non-controlled)
- Antibiotics/steroids
- Cold and flu medications
- Vitamins/herbal supplements
- Pet medications
- Medication Samples
- Medicated ointments/lotions

CONTINUED ON PAGE 20



Notifiable Disease Report

Kent County Health Department
700 Fuller N.E.
Grand Rapids, Michigan 49503
www.accesskent.com/health

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

January, 2011

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

| DISEASE | NUMBER REPORTED | | MEDIAN CUMULATIVE |
|--|-----------------|-----------------|---------------------------|
| | This Month | Cumulative 2011 | Through January 2006-2010 |
| AIDS (Cumulative Total - 862) | 0 | 0 | 4 |
| AMEBIASIS | 1 | 1 | 0 |
| CAMPYLOBACTER | 2 | 2 | 3 |
| CHICKEN POX ^a | 0 | 0 | 20 |
| CHLAMYDIA | 291 | 291 | 240 |
| CRYPTOSPORIDIOSIS | 3 | 3 | 1 |
| Shiga Toxin Producing E. Coli ^b | 1 | 1 | 0 |
| GIARDIASIS | 5 | 5 | 6 |
| GONORRHEA | 88 | 88 | 71 |
| H. INFLUENZAE DISEASE, INV | 0 | 0 | 0 |
| HEPATITIS A | 1 | 1 | 0 |
| HEPATITIS B (Acute) | 1 | 1 | 0 |
| HEPATITIS C (Acute) | 0 | 0 | 0 |
| HEPATITIS C (Chronic/Unknown) | 16 | 16 | 29 |
| INFLUENZA-LIKE ILLNESS ^c | 8137 | 8137 | 5341 |
| LEGIONELLOSIS | 0 | 0 | 0 |
| LYME DISEASE | 0 | 0 | 0 |
| MENINGITIS, ASEPTIC | 0 | 0 | 4 |
| MENINGITIS, BACTERIAL, OTHER ^d | 0 | 0 | 0 |
| MENINGOCOCCAL DISEASE, INV | 1 | 1 | 0 |
| MUMPS | 0 | 0 | 0 |
| PERTUSSIS | 1 | 1 | 1 |
| SALMONELLOSIS | 3 | 3 | 3 |
| SHIGELLOSIS | 1 | 1 | 1 |
| STREP, GRP A, INV | 1 | 1 | 3 |
| STREP PNEUMO, INV | 3 | 3 | 7 |
| SYPHILIS (Primary & Secondary) | 2 | 2 | 2 |
| TUBERCULOSIS | 1 | 1 | 1 |
| WEST NILE VIRUS | 0 | 0 | 0 |

NOTIFIABLE DISEASES OF LOW FREQUENCY

| DISEASE | NUMBER REPORTED Cumulative 2011 | DISEASE | NUMBER REPORTED Cumulative 2011 |
|-------------|------------------------------------|---------|------------------------------------|
| Listeriosis | 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 **including lab-confirmed 2009 Influenza A (H1N1)**.
 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: www.cdc.gov/epo/dphsi/casedef/case_definitions.htm) are included. Reports are considered provisional and subject to updating when more specific information becomes available.

FROM THE DEAN'S DESK



Marsha D. Rappley, MD
Dean, College of Human Medicine,
Michigan State University

As our college footprint expands throughout the state, we are touching the lives of more and more people in Michigan through our outreach efforts, medical education, public lectures and research. In January, the National Children's Study launched in Wayne County under the leadership of the College of Human Medicine's Dr. Nigel Paneth, who is working with major higher education and health organizations throughout the state on the largest health study of children in history.

One of major curricular initiative underway in the College of Human Medicine is a focus on professionalism in medicine. We have long recognized the importance of educating physicians as professionals who will bring strong scientific knowledge to bear on problems in a humane and compassionate matter. With our students we emphasize basic professional responsibilities honesty, professional and social responsibility respect, competence and compassion.

While the study and practice of the virtuous physician has always been a core competency of our curriculum, our faculty task force has delved into the nuances of professionalism over the past two years. What we have found is a need to reframe

the concept of professionalism throughout our culture. If professionalism is the link between society and the healer, are we doing all we can do as educators to impart this concept on our students? What are we teaching them? Are we modeling the behavior we expect from our students?

At the College of Human Medicine, we have chosen to focus on the virtues of courage, humility and mercy - all elements of compassion. These three virtues are at the heart of excellence among our faculty, residents and students. We cultivate these virtues as a lifelong project that requires dialog, reflection and practice. Through a process of actively reflecting on and dialoging about our recent practice, we learn about who we are and how we need to grow - as adults and professionals. We can then take new learning into practice.

When it came to modeling behavior we found that our previous efforts were pushed toward the students; they did not have a mechanism from which to judge the professionalism of our faculty. Now students provide feedback on professionalism so our faculty can be mindful of the importance of modeling expected behavior.

We are on the forefront of medical education with the implementation of our next phase of the aspirations and responsibilities of the virtuous physician and thank our community faculty for embracing this curriculum and modeling this behavior for our students.

KENT COUNTY HEALTH DEPARTMENT

CONTINUED FROM PAGE 16

fastest-growing drug problem. Although there are other ways teens can get their hands on prescription drugs, proper disposal of unused or unwanted medications is an easy way to help keep our kids safe.

The West Michigan Take Back Meds Program is a joint effort between local pharmacies, law enforcement, wastewater treatment facilities and government agencies to provide residents with safe, convenient access to proper medicine disposal. Other than controlled substances (i.e.

Codeine, hydrocodone, oxycodone, Ritalin®), participating pharmacies will accept most medications (see box below). Controlled substances can be taken to drop boxes located at the majority of Police Departments in Kent County. For a list of participating pharmacy and law enforcement agency locations, please visit <http://www.wmtakebackmeds.org>. It only takes a moment, but making your patients aware of this program and the importance of properly disposing of their unused medications is the best prescription for a healthier community and a healthier environment.

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— American Medical Association

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FEATURE

Surf & Turf SALE 2011

Live lobster, frozen lobster tail, filet mignon, and New York strip steak!

All products are restaurant quality and not offered to the consumer as a grocery retail product. Our supplier offers the same product to high-end restaurants in the area.

All proceeds benefit the KCMSA Foundation (a non-profit private corporation) providing funding for charitable projects in our own local community.

PICK-UP: FRIDAY, APRIL 29, 2011 | 11:30am - 2:00pm
at Holly Hirai Jones's Home | 1240 Breton Road SE, East Grand Rapids

Clip & Return with Payment by April 22, 2011

Order Form

| ITEM | QUANTITY | PRICE | TOTAL |
|--|----------|-------------|------------------|
| Fresh Lobster (1 1/4 lb.) | | \$17/each | |
| Lobster Tail (8 oz.) | | \$16/each | |
| Filet Mignon - 8 oz. individual steaks | | \$20/each | |
| - 5 lb. box (approx. 10 steaks/box) | | \$165/box | |
| New York Strip - 12 oz. individual steaks | | \$12/each | |
| - 5 lb. box (approx. 7 steaks/box) | | \$80.00/box | |
| <i>No tax or shipping needed</i> | | | TOTAL DUE |

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

**** ORDER DEADLINE IS FRIDAY, APRIL 22, 2011 ****

Send check (payable to KCMSA Foundation) and Order Form to:

Surf & Turf, 1240 Breton Road SE, Grand Rapids, MI 49506

QUESTIONS? Call Marianne at 949-6674 or Holly at 575-9058. A tax receipt will be given at pick-up.



FEATURE

Surf & Turf DINNER PARTY

Join us for a fun evening!

Invite your family and friends and get a table together. Enjoy a fun-filled night of good conversation and great food with fresh lobster and steak prepared on site. There will also be a cash bar.

Saturday, April 30, 2011

6:00pm Social Hour | 7:30pm Dinner

Noto's Old World Italian Dining

6600 28th Street SE, Grand Rapids

PLEASE RSVP BY MONDAY, APRIL 25, 2011

Name: _____ Number Attending: _____

Phone: _____

DINNER CHOICES:

Fresh Lobster Dinner \$50 each | Steak Dinner \$50 each | Lobster & Steak (Surf & Turf) \$69 each

| GUEST'S NAME | LOBSTER | STEAK | SURF & TURF |
|--------------|---------|-------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

***If you have a group of eight, we will reserve a table for you. Please call or email your reservation to Holly Hirai Jones at 575-9058 or info@kcmsalliance.org**

TOTAL DUE

Please make checks payable to **KCMSAF** and return with form to KCMSA Foundation, 1240 Breton Road SE, Grand Rapids, MI 49506. *Payment must accompany reservation but may be included with Surf & Turf Sale order.*

FEATURE

CME'S A ROUSING SUCCESS!



“Local acquisition of CME great and appreciated!”

“Wonderful format! Great selection of topics!”

“Excellent again!” “Stimulating!” “Educational!”

These were some of the comments from the two CME events that were held. We want to send a special *“Thank you”* to our speakers and all who attended.



Speakers at the January 22nd program were: Christopher C. Glisson, DO, Michael G. Dickinson, MD, Gordon O. Downey, MD, Raymond L. Gonzalez, MD, Richard J. Kahnoski, MD, Thomas H. Peterson, MD, Scott S. Russo, MD, and David E. Scheeres, MD.

Speakers at the February 26th program were: Daniel C. Daprick, MD, Denise D. Gribbin, MD, Christopher C. Glisson, DO, Robert F. Johnson, MD, Martin A. Luchtefeld, MD, Robert S. Rood, MD, Helayne L. Sherman, MD and Mary A. Yurko, MD. Attendees came from Kent County and the surrounding area.

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MEETINGS OF INTEREST

STATE

MAY 11-14, 2011

MOA House of Delegates, Dearborn, MI

MAY 18, 2011

West Michigan Osteopathic Association
Spring Endocrinology Update
Holiday Inn, Muskegon, MI

CME OPPORTUNITIES

MAY 11-14, 2011

MOA Annual Postgraduate Convention and Scientific Seminar
Hyatt Regency Hotel, Dearborn, MI

CHECK OUT OUR WEBSITE **KCOA.us**

DOCTORS IN THE NEWS

Tammy Born, DO was nominated as one of 35 finalists for the *Grand Rapids Business Journal's* Top Women Owned Businesses. Dr. Born is the owner/medical director of the Born Clinic.



A FEW GOOD MEN AND WOMEN

The Project Access Board is looking for KCMS and KCOA Members interested in serving on the Project Access Board. The Board meets quarterly and provides input and direction for the Project Access program. Contact Patricia Dalton at 616-560-5336 if you would like to serve.

IN MEMORIAM

Brian D. Bearie, DO 1960 - 2011

Brian D. Bearie, DO, an active member of the Kent County Osteopathic Association passed away March 9, 2011. Doctor Bearie received his medical degree from Michigan State University, College of Osteopathic Medicine in 1987. He did his internship and residency training at Detroit Osteopathic Hospital. Doctor Bearie came to Grand Rapids in 1994. In 2000 he founded the Grand Rapids Eye Institute which he ran until his passing.

The Medical Society extends sympathy to his family.

PRESIDENT'S MESSAGE



Ann M. Auburn, DO
KCOA President

Enthusiasm and a positive attitude are both outward reflections of professionalism and inner confidence. You command every situation in life by taking each step with enthusiasm and a positive outlook. Neither is for sale; you

cannot buy either, but you can create them! And once created, enthusiasm and a positive attitude can be your greatest source of productivity and motivation, not only for you, but for others too.

Consider the plus points of enthusiasm and a positive attitude:

1. Enthusiasm and an up-tone mood are indicators of knowledge and love of your work. It announces in letters 10 feet tall that you are completely familiar with an idea, a plan, your business, your profession, or the product you are offering.
2. Enthusiasm and a positive attitude produce energy. Just as every living plant draws energy from the sun, so the brilliance of your upbeat mood and enthusiasm produces unlimited excitement and zest for your work that will help you produce more and keep your mind clear even when you're in tough situations.
3. Enthusiasm and a bright outlook are contagious. These are as much a part of your personality as your smile, your posture, or your handshake. No one can be exposed to these radiant forces without being favorably affected. Even when dealing with a difficult decision or bad news for a patient, this attitude can help you really be there for them and help them deal with the news better.
4. Enthusiasm and a positive attitude are power - power to be, do and have whatever you want! But remember, when these are genuine, one expresses power naturally and appropriately. Doing the minimum a job or professional demands may satisfy others, but as a genuine enthusiast, you will not be satisfied unless you are doing what most people call "impossible." Accomplishing the

"impossible" will require much skill and perseverance, but when you are a real enthusiast, excellence is just a normal way of life.

Practice applying enthusiasm and a positive attitude to every moment of your daily life: to all of your work, family and social life activities. There's always bad news as well as good news. The bad news is that, in spite of your best efforts, not every day will be a great one. That's the reality of life. The good news is that even bad days have moments that are better than others. The message here is that every day you can find "high points." I encourage you to look for the "high point" of the day. Instead of focusing on the negatives, look for the positives - the things you're grateful for and the little things that add joy to your life. When looking for the "high point" of each day, think about how your presence, your attitude, your smile, your laughter, and your kindness can become the "high point" for someone else's day. Choose to make each day an investment and spend your days in ways that add energy, enthusiasm, and enjoyment to your life and the lives of others.

In addition to bringing enthusiasm and a positive attitude to my practice, my family and in social situations, one of the ways I choose to use my enthusiasm and positive attitude is by giving back to my profession. That's why being on the Kent County Osteopathic Association board has been such a great experience for me. I enjoy meeting, conversing and planning with a group of good people who are trying to make improvements in each other, in what they do and in their community. If you'd like to contribute, become a member of the KCOA and/or serve on our board. It's a very small amount of time with a multitude of benefits for yourself and others. You'll get insights into your profession and really make a difference. Especially in these tough economic and political times, it's important to be a part of a group that is cohesive and working together for a better tomorrow. Join us for MOA House of Delegates Meeting in Dearborn, May 11 - 14, 2011 and West Michigan Osteopathic Association Spring Endocrinology Update, May 18, 2011 in Muskegon.

Best wishes to all for an enthusiastic and enjoyable Spring 2011.

“As physicians, we have so many unknowns coming our way...

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