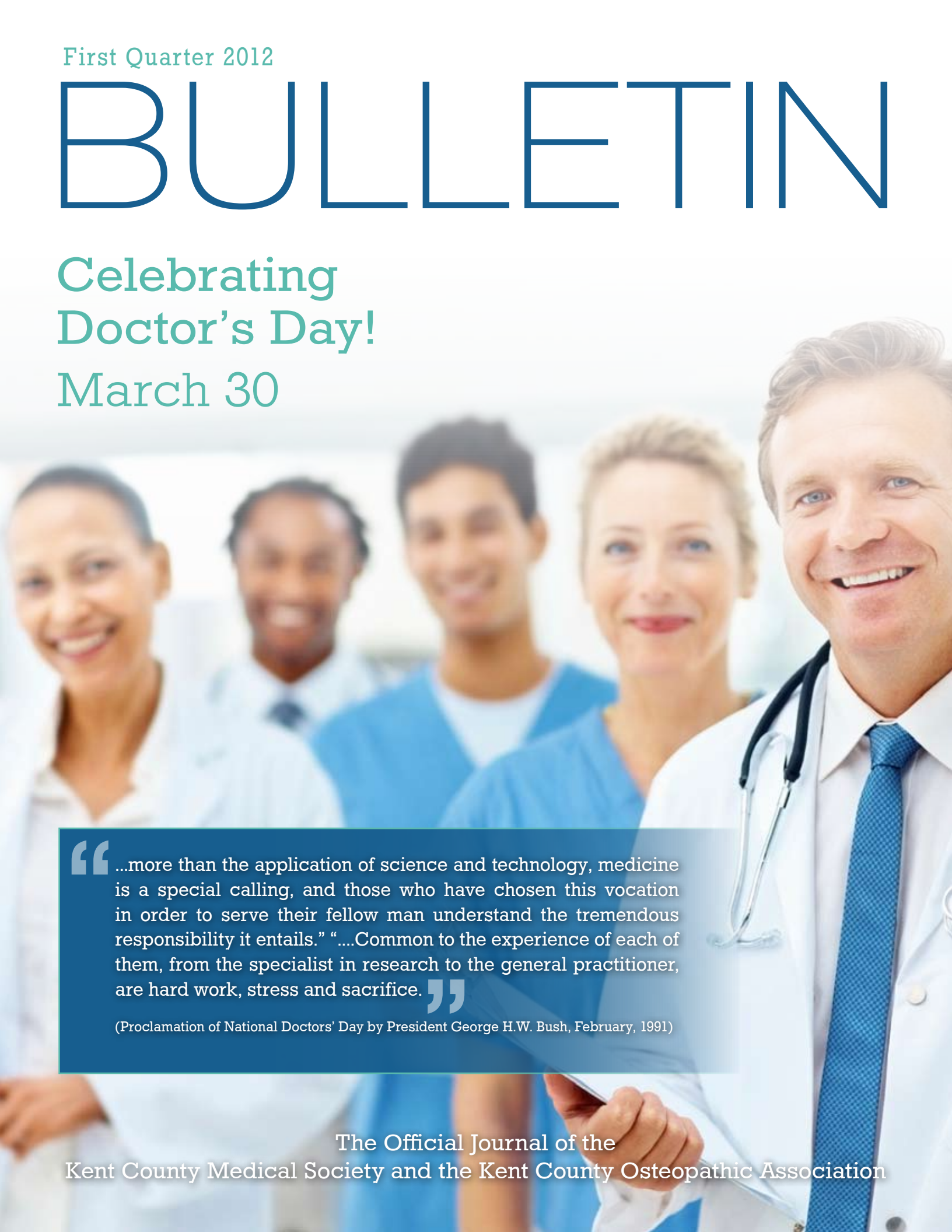


First Quarter 2012

BULLETIN

Celebrating
Doctor's Day!
March 30

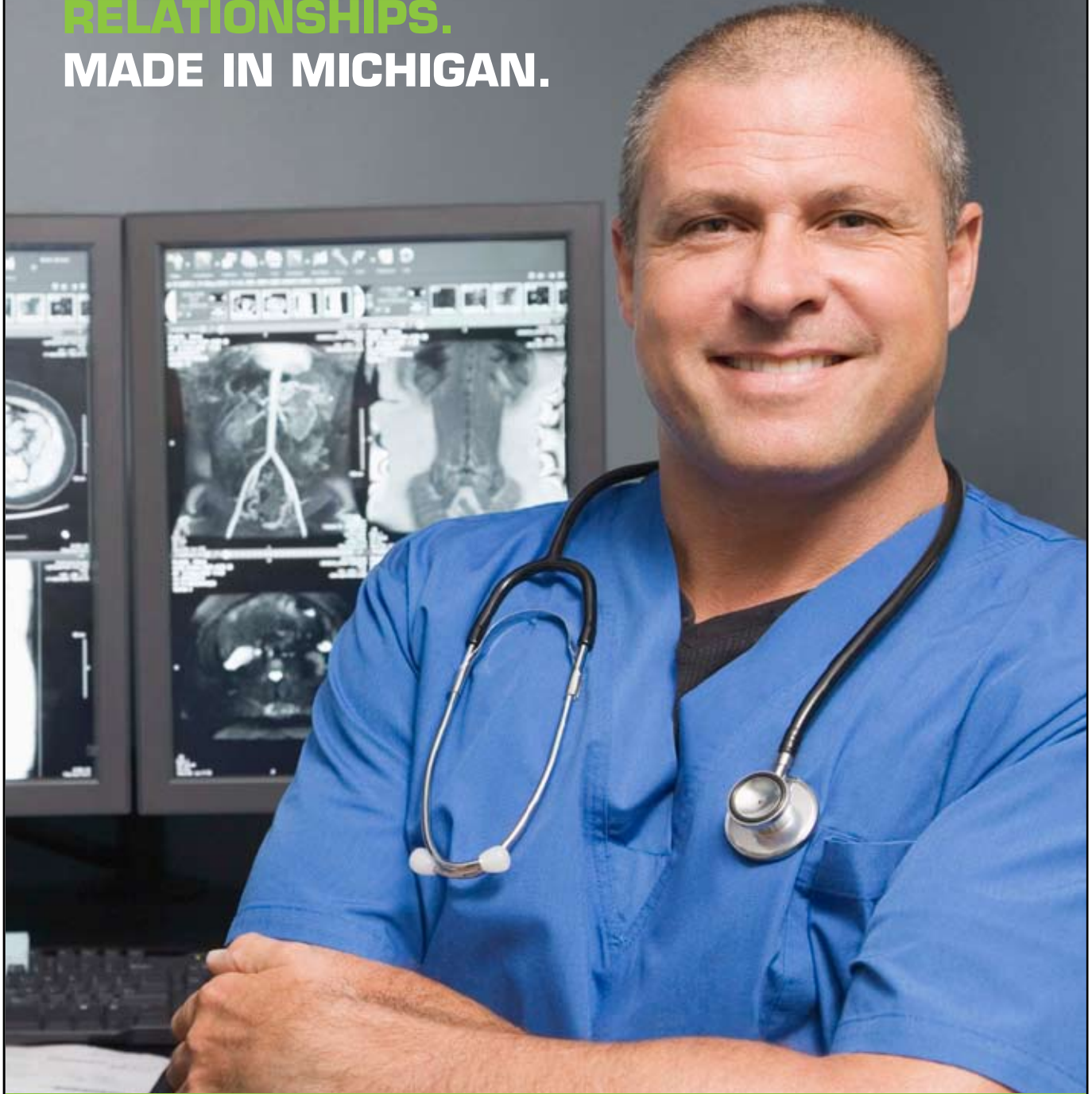


“...more than the application of science and technology, medicine is a special calling, and those who have chosen this vocation in order to serve their fellow man understand the tremendous responsibility it entails.” “...Common to the experience of each of them, from the specialist in research to the general practitioner, are hard work, stress and sacrifice.”

(Proclamation of National Doctors' Day by President George H.W. Bush, February, 1991)

The Official Journal of the
Kent County Medical Society and the Kent County Osteopathic Association

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BULLETIN

The Official Journal of the
Kent County Medical Society and the Kent County Osteopathic Association



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ABOUT THE BULLETIN

Editor - Gregory J. Forzley, 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.

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AFFILIATED AGENCIES:

Kent County Medical Society Alliance
Kent Medical Foundation
Project Access



NEW DIRECTORY FOR 2012!

**SEE PAGE 6 FOR THE
2012 DIRECTORY UPDATE FORM.**

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. We'll be happy to make that change.

GO GREEN!

Please help conserve Society resources. Send us your email address today!

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David W. Whalen, MD

PRESIDENT-ELECT
Phillip G. Wise, MD

PAST PRESIDENT
Gregory J. Forzley, MD

SECRETARY-TREASURER
Donald P. Condit, MD, MBA

DIRECTOR (To January 2014)
Adrianna S. Tanner, MD

DIRECTORS (To January 2015)
Jaime Caughran, MD
Honorio Valdes-Murua, MD

SPEAKER OF THE HOUSE OF DELEGATES MICHIGAN STATE MEDICAL SOCIETY
Rose M. Ramirez, MD

5TH DISTRICT DIRECTORS
Gregory J. Forzley, MD
David M. Krhovsky, MD
Todd K. VanHeest, MD

MSMS DELEGATES to January 2013
John H. Beernink, MD
Jayne E. Courts, MD
Domenic R. Federico, MD
John H. Kopchick, MD
John B. O'Donnell, MD
Rose M. Ramirez, MD
David M. Reifler, MD
John E. vanSchagen, MD
David W. Whalen, MD
Philip G. Wise, MD

MSMS DELEGATES to January 2014
Anita R. Avery, MD
Lee P. Begrow, DO
R. Paul Clodfelder, MD
Donald P. Condit, MD, MBA
Michelle M. Condon, MD
Patrick J. Droste, MS, MD
Sal F. Dyke, MD
Elizabeth Henry, MD
Khan Nedd, MD
Michael D. Olgren, MD
Brian A. Roelof, MD

MSMS ALTERNATE DELEGATES to January 2013
Karen C. Cumiskey, MD
Eric L. Larson, MD
Marcy S. Larson, MD
Judith L. Meyer, MD
Gilbert D. A. Padula, MD
Michael Rush, MD
Herman C. Sullivan, MD
Yvan Tran, MD
Michael S. Werkema, MD

MSMS ALTERNATE DELEGATES to January 2014
Marko Habekovic, MD
David E. Hammond, MD
Clifford B. Jones, MD
Laura A. VanderMolen, DO
James E. Young, MD

MEETINGS OF INTEREST

- APRIL 9, 2012** **KCMS/KCOA Legislative Committee**
12:00 noon | Masonic Center, Grand Rapids
- APRIL 9, 2012** **KCMS Board Meeting**
KCMS Office, Grand Rapids
- APRIL 18, 2012** **District Delegate Briefing**
6:30 pm | Bistro Bella Vita, Grand Rapids
- APRIL 27-29 2012** **MSMS House of Delegates**
The Henry, Dearborn (formerly the Ritz-Carlton)
- MAY 14, 2012** **KCMS/KCOA Legislative Committee**
12:00 noon | Masonic Center, Grand Rapids
- OCTOBER 27, 2012** **KCMS CME 2012 #3**
7:00 am | Calvin College, Prince Auditorium

2013 CALENDAR DATES

- JANUARY 12, 2013** **KCMS CME 2013 #1**
7:00 am | Calvin College, Prince Auditorium
Visit www.kcms.org for additional information.
- JANUARY 12, 2013** **KCMS 2013 Annual Meeting of Membership**
- FEBRUARY 12, 2013** **KCMS CME 2013 #2**
7:00 am | Calvin College, Prince Auditorium
Visit www.kcms.org for additional information.

WELCOME

The KCMS Board of Directors welcomes **Jamie Caughran, MD** (right) and **Honorio Valdes Murua, MD** (far right) to the 2012 KCMS Board of Directors.



CHECK OUT OUR WEBSITE
KCMS.org

DIRECTORY CHANGES FOR 2012

The KCMS is publishing a Member Directory for 2012. Please submit any **updates or changes** you have since the last Directory was published. Please use one form per doctor/member in your practice.

Name: _____

Address: _____

Phone(s): _____ Fax: _____

Spouse's Name: _____

Check one: Please list my spouse's name in the 2012 Directory. DO NOT list my spouse's name in the 2012 Directory.

Email: _____ Publish in Directory Do NOT Publish/Office Use Only

NPI Number: _____ Practice Name (if applicable): _____

Contact person and phone number if we have any questions regarding this form:

Name: _____ Phone: _____

**Please print clearly. Fax (458-3305) or mail completed form to the KCMS/KCOA office BEFORE April 9.
233 East Fulton, Suite 222, Grand Rapids, MI 49503**

GET INVOLVED IN 2012!



KCMS Committees **THRIVE** with your involvement! Contact the KCMS Office, Executive Director Patricia Dalton or KCMS President David Whalen, MD if you wish to participate or learn more.

The **CME/Program Committee** works on the suggestion and recruitment of speakers and/or topics for the Society's scientific programs and annual KCMS CME Updates.

The **Legislative Committee**, with representatives from KCMS, KCOA, KCMS Alliance and Medical Managers, meets monthly to review legislative issues that affect physician care, legislation and input that shapes Michigan's laws that affect patient care and patient well being. Legislators meet every other month with this group.

The **Membership Committee** reviews all applications for membership, make recommendations of membership to the

Board of Directors, have responsibility for retaining members, and conduct an orientation of new members.

The **Peer Review Committee** reviews any matters pertaining to problems between complainants and members of this Society which shall be brought before it in writing, or in person and subsequently reduced to writing.

Delegates/Alternate Delegates to MSMS House of Delegates represent KCMS articulating local and state issues to be considered for change. The MSMS House convenes April 27-29 in Dearborn.

DOCTORS IN THE NEWS

Dr. Jessica Keto, a breast surgeon with Saint Mary's Health Care and new member of the Kent County Medical Society was featured on the WZZM13 Healthy You segment. Dr. Keto was a featured guest during their "Just Ask: Breast Surgery Study & Other Surgical Options" segment.

Dr. Steven Ringler, a physician with Center for Aesthetics and Plastic Surgery in Grand Rapids and a KCMS member, was featured on the WZZM13 segment on "The Treatments of Lip Wrinkles."

KCMS member and surgical oncologist **Dr. Mathew Chung** was featured on WZZM13 Healthy You segment titled "Heated Chemotherapy Used to Treat Mesothelioma."

Dr. John Miner, a dermatologist with Dermatology Associates of West Michigan in Grand Rapids and a member of the KCMS was featured on the WZZM13 Healthy You segment titled, "Surviving Skin Cancer: Peter Ross' Story."

Kent County Medical Society member, **Dr. Helayne Sherman** was featured on the WOOD TV8's eightWest segment on "Women's Heart Health."

Diana Castanon, MD was a featured guest on the WZZM13 Healthy You segment on "Cosmetic and Varicose Vein Treatment." on Sunday, January 22, 2012.

Paul Farr, MD and **Nadav Djovney, MD** were featured in the March 4, 2012 Health Section in the *Grand Rapids Press* discussing the importance of Colorectal Cancer Awareness.



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PRESIDENT'S MESSAGE



Connecting and Communicating With Patients

Gregory J. Forzley, MD
KCMS President, 2011

The opportunities to connect and communicate with patients have expanded exponentially over the recent decades. Doctors have generally developed a much more collaborative style with patients who are now better informed or who want to know more. Except for a few instances where the treatment needed is clear based on scientific evidence, it is uncommon for a patient to be offered only one option for their medical condition. In this final installment of the Connect and Communicate series, we will explore the wide variety of patient communication options available today.

First and foremost, there is the traditional direct one-on-one conversation that is the hallmark of the doctor-patient relationship. Medical school and residency training programs have broadened the training in this critically important arena as one of the core competencies. No longer is it presumed that we can focus solely on the clinical knowledge that is so critically important to our role as clinicians. While many clinicians strive to engage the patient in determining the appropriate care, the ability to effectively engage the patient is no longer assumed to be a skill that develops naturally. Many studies have demonstrated that improved patient compliance, and therefore better results, is achieved when the patient has been engaged in the decision-making process. But this engaged style of communication may not be for all patients. Some studies suggest the elderly and those with less education prefer a more directive style of communication (Swenson, et al; *J Gen Intern Med.* 2004 November). Even then, it should be acknowledged that the patient will often be accompanied by, or dependent upon, a caregiver who expects the more open style of engaged communication.

As we touched on earlier in the series, patient care teams have developed as a refined, coordinated core that is critically important in the patient-centered medical home. The patient care team, as a multidisciplinary team, is usually organized under the leadership of a physician. As such, each member of the team has specific responsibilities and the whole team contributes to the care of the patient. Add to that the use of

health information technology, and that is the making of the complete patient-centered medical home. But the use of an electronic medical record can bring its own challenges. As many clinicians will tell you, it can feel like all you are doing is typing or clicking as you are engaging the patient, essentially introducing a three point triangle that is not always directed at the patient. Alternatively, it can be used to transform the visit into an interaction, bringing the patient into the visit in a more modern and engaging manner. Some simple tips to consider include:

1. Reviewing the electronic chart prior to walking in the room
2. Immediately engaging the patient in viewing the screen with you
3. Talking directly to the patient before opening the screen to engage them
4. Choosing equipment that can be easily viewed by both physician and patient
5. Physically orienting the room for better communication

(Grana: Enhancing Physician Communication Skills while using an EMR; accessed 2/2012)

This leads to an additional consideration: allowing the patient to review their own electronic record outside of the office setting via a web-based patient portal. Patient portals have developed to provide information about the practice, the ability to communicate with the office or even the physician electronically, and medically relevant information and results using secure, HIPAA compliant access. A recent study of physician practices that have both an EMR and patient portals (Walker, et al; *Ann Intern Med.* 2011;155:811-819) found that the patients were much more interested in reviewing the medical notes than the physicians were in sharing them. While not your average physician practice, these technological pioneers felt the benefit of sharing the record electronically would support improved patient satisfaction and patient safety, would allow patients to be better prepared for visits and more in control of their health care, and would therefore take better care of themselves.

How prepared is the patient with information about their health, illnesses, or preventive measures to maintain their well-being? With the steady advance of information on the internet, patients today are likely making an office visit to confirm or refute their own 'self diagnosis'. Or for those that have been given a diagnosis, they will return with reams of

Continued on page 14

AMA NATIONAL ADVOCACY CONFERENCE



David W. Whalen, MD
KCMS President, 2012

Recently, I attended the AMA's National Advocacy Conference on behalf of the Kent County Medical Society. Dedicated to informing Congress about the needs of organized medicine, this several day event in Washington, D.C., brought hundreds of physicians together from all over the United States to learn about the issues that affect us all. We had the opportunity to talk with our congressmen about these issues. Needless to say, there are several important areas where we need congressional help.

Of primary importance is the Medicare payment formula which fixes the amount of money paid to physicians under Medicare Part B. In the Balanced Budget Act of 1997, the rate of growth of Medicare spending was fixed under the Sustainable Growth Rate (SGR). SGR was designed to limit the rate of growth of payments under Medicare and tie it to growth in the economy.

Over the first couple of years, this worked out, and physicians saw an increase in payments under Medicare. However, due to a flaw in the formula, physicians have been facing a potential cut in Medicare reimbursement for the last dozen years. Currently, this cut is projected at 32% of the amount physicians are paid under Medicare. Congress has repeatedly postponed this cut, as they understand that a cut of this magnitude would seriously limit access to care for seniors. However, each postponement is only temporary. We were able to prevent the cut from going into effect at the end of February, but the postponement is scheduled to expire at the end of this year. Congress needs to act to permanently repeal the SGR and replace it with a more appropriate means of stemming the growth in healthcare spending. Certainly, a permanent repeal will look expensive on the budget, but these current budget gimmicks only worsen the problem. One solution might be the "Medicare Patient Empowerment Act," introduced by Rep. Tom Price, MD (R-GA), which would

allow patients and physicians to enter into a private contract and use Medicare dollars to partially pay the bill, while the patient pays the remainder. This practice is currently forbidden under current law, but this bill, and its companion in the Senate, would allow this type of private contract.

In addition to the Medicare reforms, the Balance Budget Act of 1997 fixed the number of residency slots paid for by Medicare. Three new medical schools are opening in Michigan, and MSU and Wayne State have recently expanded their class sizes. Therefore, many more medical school graduates will be applying for residency slots. However, since no additional slots are being funded, medical school graduates may not be able to find a residency program to train them. Additionally, the Governor's most recent budget recommends elimination of state funding for Graduate Medical Education. Therefore,

Michigan, in particular, may be in a position of graduating physicians, only to force them to leave the state. At a time when we are projecting a severe physician shortage, this is not a sustainable plan.

There were a number of other issues that we spoke to members of Congress about, including enacting federal tort reform, removing the Independent Pay-

ment Advisory Board from the recently enacted Affordable Care Act, and better identifying the type of education and training of each member of the health care team. Clearly, there is a lot of advocacy still left to do.

I encourage all members of the Kent County Medical Society to become active in informing their legislators on both the state and federal levels about issues that are important to the practice of medicine. The Society is planning a meeting in the fall for members to meet their representatives. This will also give members an opportunity to evaluate the positions of the candidates in the upcoming election with regards to health care policy and determine which are likely to vote for policies that support physicians and our patients.

There are several important areas where we need congressional help.

I encourage all members of the Kent County Medical Society to become active in informing their legislators on both the state and federal levels about issues that are important to the practice of medicine.

109TH ANNUAL MEETING RECAP

The Members of the Kent County Medical Society participated in the 109th Annual Meeting of the Society on Saturday, January 14, 2012. The meeting minutes follow:

Call to Order: The 109th Annual Meeting of the Kent County Medical Society was called to order by the President, Gregory J. Forzley, MD at 12:45 pm, Saturday, January 14, 2012, at Calvin College Prince Conference Center. There were 38 members in attendance.

Physicians who have served as Presidents of the Medical Society were in attendance were recognized and extended warm greetings. Those present were:

Anita Avery, MD	Paul Clodfelder, MD	Patrick J. Droste, MS, MD
Paul Farr, MD	Rose Ramirez, MD	

Recognition of Deceased Members: A photo tribute and period of silence was observed for the following members who had passed away in 2011. They were:

Harvey Bratt, MD	Frank Campbell, MD	Herman Eldersveld, MD
Perry Greene, Jr., MD	Laird Hamstra, MD	Joseph Moore, MD
John Robberts, MD	Harry Schneiter, MD	Christopher Southwick, MD

Minutes: Minutes of the 108th Annual Meeting held January 11, 2011, were approved as distributed at the meeting.

A MOTION WAS MADE BY, SECONDED AND UNANIMOUSLY PASSED, to approve the minutes of the 108th Annual Meeting as distributed.

Membership: The Kent County Medical Society Board of Directors approved 4 Retired members, 17 new Active members, 38 Resident members; and 5 Student members.

Members who Retired in 2011 are listed below:

Mary Appelt, MD	Richard Ilka, MD	Roger Pietras, MD
Daniel Ritemire, MD		

New Active Members for 2011 are as listed below:

Enzo A. Cento, MD	Paul J. Dibble, MD	Christopher C. Glisson, MS, DO
Scott H. Greenwald, MD	Ebony R. Hoskins, MD	Jessica L. Keto, MD
Danielle Light, MD	Daniel L. Maison, MD	Jay T. Morrow, MD, PhD
Mark J. Rapoport, MD	E. Gaile Roddy, MD	William A. Slater, Jr., MD
Jacqueline A. Tung, MD	Yvan Tran, MD	Roderick M. Urbaniak, MD
Kaisa vanderKooi, MD	Andrew J. Woodrow, MD	

New Resident Members for 2011 are as listed below:

Paul Abrams, MD	Sherley Aramath, MD	Lindy Babcock, MD
Jeanne Bohm, MD	Timothy Byon, MD	Iain Charnley, MD
Madiha Dar, MD	Juan Miguel DelaCruz, MD	John Dinh, MD
Michael Dizon, MD	Viet Do, MD	Mary Dugan, MD
Marina Dupree, MD	Armasabille Ermita, MD	Sukepma Giri, MD
Asra Kozak, MD	Theodore Liao, MD	Charlotta Lindvall, PhD, MD
Sameer Mehta, MD	John Rajlich, MD	Rebekah Rajlich, MD
Shireesha Sangineni, MD	Brian Scheeringa, MD	Christopher Shoemaker, MD
Dolly Singh, MD	Katrina Sink, MD	Chiniya Thapa, MD
Christian Vanderkaay, MD	Sridiyya Veeravalli, MD	Parminder Wachwa, MD

New Student members for 2011 are as listed below:

Eric Akopian	Payal Attowlao	Brad Burmeister
Kyle Lineberry	Megan M. Roberts	

Elections: The order of business moved to the annual election. Dr. Forzley proposed that ballots will be shown on the screen and paper ballots are not necessary.

The following members were elected:

A. A MOTION WAS MADE BY DR. PHIL WISE, SECONDED BY DR. DAVID WHALEN, AND UNANIMOUSLY PASSED, elect 11 MSMS Delegates for two-year terms:

Incumbent Delegates:

Anita R. Avery, MD	Lee P. Begrow, DO	R. Paul Clodfelder, MD
Donald P. Condit, MD, MBA	Michelle M. Condon, MD	Patrick J. Droste, MS, MD
Sal F. Dyke, MD	Khan Nedd, MD	Michael D. Olgren, MD
Brian A. Roelof, MD		

Elevated Delegate nominated and elected to a two-year term:

Elizabeth Henry, MD

B. A MOTION WAS MADE BY DR. PHIL WISE, SECONDED BY DR. JOHN KOPCHICK, AND UNANIMOUSLY PASSED, to elect 4 MSMS Alternate Delegates for two-year terms:

Incumbent Alternate Delegates:

Marko Habekovic, MD	David E. Hammond, MD	Laura VanderMolen, MD
---------------------	----------------------	-----------------------

New Alternate Delegates for two year terms

Cliff Jones, MD	James Young, MD
-----------------	-----------------

C. A MOTION WAS MADE BY DR. CLODFELDER AND SECONDED, AND UNANIMOUSLY PASSED, to elect Phillip Wise, MD as President-Elect of the KCMS Board of Directors.

D. A MOTION WAS MADE, AND SECONDED, AND UNANIMOUSLY PASSED, to elect Jaime L. Caughran, MD unanimously to the KCMS Board of Directors. The Board of Directors was granted approval to elect the final (7th) member of the Board of Directors when they have responses from those who have been asked.

Members were also asked to show appreciation for members present who were retiring from service as MSMS Delegates:

Courtney Jones, MD	Kevin McBride, MD	John Rupke, MD
Susan Wakefield, MD		

The regular order of business followed.

Reports:

A. The Financial Report of the Medical Society was read by the KCMS Secretary-Treasurer, David E. Hammond, MD. Dr. Hammond reported on the stewardship, transparency and checks and balances that have been instituted in the last couple of years. He reported the KCMS Board has not needed to rely on a line of credit to make ends meet for the last two years. The Board has approved budgets that are less than the anticipated dues income.

Continued on page 12

109TH ANNUAL MEETING RECAP *CONTINUED FROM PAGE 11*

- Total KCMS Income for the year 2011 from Dues, Advertising, Investments, Interest and Fees was \$229,900
- Total KCMS Expenses for the year were \$216,000
- Income exceeded Expenses by \$13,900

The Total Assets, as of 12/31/11, is represented by:

• Checking & Savings Accounts	\$ 97,700
• Investment Portfolio	\$223,600
• Accounts Receivables (dues, ads)	\$115,400
Total:	\$436,700

A MOTION WAS MADE, AND SECONDED, AND UNANIMOUSLY PASSED, to approve the KCMS Treasurer's report.

B. The Chair of the Kent Medical Foundation, Patrick Droste, MS, MD provided an annual update. The members were reminded of the strategic changes made in 2009 to address new goals for Kent Medical Foundation. Since then the following initiatives have been adopted to: enhance community service, such as wellness seminars, indigent clinics, etc.; research grants for academic presentations; and tuition loans.

• Total KMF Income for the 2011 from Holiday Card Project, Memorials	\$ 8285
• Interest (loss)	\$(8269)
Total Income	\$ 16

Total KMF Expenses for the year were \$ 56,830

Uncollectible loans	\$24,000
• Administrative Fee KCMS	\$15,000
• Community outreach programs (Fit Kids 360, Healthy Cooking, Project Access outreach, NicoTeam)	\$14,400
Expenses exceeded Income by	\$ 56,814

Assets as of 12/31/11, is represented by:

• Checking & Savings Accounts	\$ 15,900
• Loan Receivables	\$ 15,000
• Investment Portfolio	\$344,700
Total	\$375,700

A MOTION WAS MADE, AND SECONDED, AND UNANIMOUSLY PASSED, to approve the KMF report.

C. Project Access Board President, Eric Bouwens, MD was unable to attend the meeting. In his absence, Donald P. Condit, MD, MBA, who served as Treasurer for Project Access in 2011, gave a brief report on Project Access and expressed appreciation to the physicians for participating.

- Total Income for 2010 savings plus granted dollars \$162,990
- Total Project Access expenses for the year were \$114,456
- Expenses exceeded income by \$ 48,534



David Hammond, MD (left) and Patrick Droste, MS, MD (right) were recognized for their service by Gregory J. Forzley, MD.



Gregory J. Forzley, MD (left) congratulates incoming KCMS President, David W. Whalen, MD.

Project Access Financial Report (continued)

Total served since 2005:

- 1137 receiving physician referral and/or special referral
- 651 total new medical homes
- 1518 specialty referrals for clinic patients
- 487 non-patients assisted with community navigation
- \$5,729,449 - Total contributions of care given
- \$327,396 - Retail value for medication coordination

Recognition: Members present showed their appreciation for Patrick J. Droste, MS, MD and David E. Hammond, MD as retiring members of the Board of Directors. Dr. Hammond had served a three-year term as Director, and then four years as Treasurer of the Board. Dr. Droste served as Director and then served in the roles leading to the President of the Board and has served as Past-President in 2011. Both physicians were thanked for their countless hours, dedication to the Society and leadership during a very challenging time in the organization's history. They were thanked for their work in the KCMS' transitions and improvements. Each was presented with a plaque.

Dr. Forzley, provided the membership a summary of activities by the Board for 2011. Doctor Forzley presented a year in review identifying several areas focused on by the KCMS Board, specifically to meet the areas identified last year including the updating of the KCMS website; increasing membership; improving relationships with other medical entities (MSU-CHM, MEP, and MSMS). He reported that the Strategic Plan was reviewed as an update of the long-range planning session that was done in 2008. The review confirmed that the Board is on track with those goals. Dr. Forzley also reported on the Board's involvement in activities that meet the needs of its members, including CME opportunities, legislation/advocacy for patients, and physician wellness. Members will see changes/upgrades to communication from the KCMS including the Bulletin and website activities.

Other Business:

A. Gregory J. Forzley, MD, MSMS District 5 Director, provided a brief presentation on the goals of MSMS and the latest activities in serving their members. He focused on MSMS' endeavors in Stewardship, Community Leadership for Physicians, Advocacy for Patients; Government Relations, and MSMS' 2012 Strategic Priorities.

B. AMA Delegate, Domenic Federico, MD briefly updated members on activity of the AMA and current issues within AMA.

Announcements: Upcoming dates were presented on the screen, including the upcoming MSMS House of Delegates, on April 27-29, 2012.

Installation: David W. Whalen, MD was asked to the podium where Dr. Forzley administered the oath of office and installed Dr. Whalen as the 109th President of the Kent County Medical Society. The KCMS gavel was turned over to Dr. Whalen.

Presentation: Dr. Whalen recognized Dr. Forzley for his leadership during his term as president, and presented Dr. Forzley with a plaque commemorating his year as president.

Adjournment: David W. Whalen, MD adjourned the 109th Annual Meeting.

A brief session of the Delegation, led by Dr. Domenic Federico, was conducted immediately following the meeting to set the date for a brainstorming session on resolutions. Seventeen members participated.

Submitted by,

Patricia W. Dalton, MPA, MA
Executive Director

SUSTAINING THE MISSION



Gregory J. Forzley, MD
KMF Board Chair 2012

Dr. Patrick Droste, outgoing KMF President, has provided you periodic updates as to the progress of the Kent Medical Foundation in 2011. In February, the Kent Medical Foundation Board held its Annual Meeting, with a new slate of officers

and directors. As you can see in the minutes of the KCMS Annual Meeting on page 10, The Kent Medical Foundation has done a great deal to assist community health endeavors that interest physicians, medical students and inspire community volunteers.

Patrick Droste, MS, MD was presented with a President's Appreciation Plaque in recognition of his service and leadership to the Kent Medical Foundation Board. David Hammond, MD was also appreciated of his years of dedication as the Secretary/Treasurer of the KMF Board.

As the incoming President, I wish to thank Dr. Droste for his leadership and drive in helping the KMF Board with its newly restated mission and funding direction. It now is up to the

Board and volunteers to further that direction by continuing effective past fundraising through the holiday card tradition, and looking for new fundraising projects that will add to your individual support of the Foundation. This will allow funding for new and varied projects that inspire community health and well being, medical research and educational opportunities. You will be receiving updates on the KMF activities periodically. In addition, the KMF website will be expanded to provide you and other visitors with more timely information than before.

Thank you for your continued support.

2012 KMF BOARD

Chair

Gregory J. Forzley, MD

Vice-Chair

David W. Whalen, MD

Secretary/Treasurer

Donald P. Condit, MD

Trustees

Irene Betz

Shirley Daniels

Margie Gerencer

Thomas Peterson, MD

Willard Stawski, MD

Timothy Waalkes

KCMS PRESIDENT'S MESSAGE *CONTINUED FROM PAGE 8*

information and questions that has changed the dynamic of most routine office visits. What has also now become commonplace is the use of the plethora of social media (Facebook, Twitter, blogs, etc) for information gathering and sharing of information by patients, friends, and family. This can lend itself to misinformation, erroneous and unproven alternative therapies, and actual harm to well intentioned patient. So is it appropriate that we as medical professionals use these various means to connect with patients. I recently heard Dr. Wendy Sue Swanson speak about her experience as "Seattle Mama Doc". As a pediatrician, she has a population that is heavily into the use of social media. So, she blogs regularly about keeping kids healthy. She "tests the waters" on fresh but potentially controversial topics or incidents (potentially tainted infant formula for example) by tweeting a message to connected parents, and within a few hours has confirmation of the level of concern and interest from her patient following. She can then blog with relevant scientifically based information to assist hundreds of patients and families at a time rationalize their understanding of the issue at hand.

The time honored values of empathy, trust, active listening, understanding, and communicating at the level of the patient are not being challenged by these new technological avenues. They are being reinforced and expanded to provide an even greater opportunity to build the critically important relationship inherent to successful patient outcomes. And while some of the newer methods of connecting and communicating with patients may not be for everyone, they are definitely moving into the mainstream and are here to stay.

So, as I complete my year as KCMS President, I encourage you to reflect on your personal styles and methods of connecting and communicating with colleagues, with political and organizational leaders, with friends and family, and with the patients we serve. While you may consider yourself good at communicating, there is always room to improve our ability to stay connected.

GRAND RAPIDS MEDICAL EDUCATION PARTNERS UPDATE



Match Day 2012

Peter Coggan, MD, MSED
GRMEP President and CEO

Match Day, when graduating medical students find out which residency program they will be joining, is approaching quickly. The process will be different this year. Previously, match results have been announced to both student applicants and program directors early during match week, typically in mid-March. Residency programs with open positions and medical students who were unsuccessful in the match then “scrambled” for the remaining spots. This process led to a free-for-all storm of faxed or downloaded information about prospective candidates, hurried phone interviews and commitments to a contract. Often the motivation of the program director was to fill a spot with a passable candidate to preserve the symmetry of the rotation schedule and meet service needs. Candidates, on the other hand, experienced a sense of panic knowing they had not yet secured a position and felt pressured to accept a contract with a program that might not necessarily be the best available choice.

This year, for the first time, the National Residency Matching Program (NRMP) is requiring a second “mini match” for those students who do not match in the first computer run. The NRMP is calling this a Supplemental Offer and Acceptance Program (SOAP). Essentially, SOAP is a second round of computer matching for unmatched students and programs with openings. We hope the new process will help avoid the stressful “scramble” experienced in prior years; it remains to be seen how the system will work in practice.

Applicant interest for all of our programs has increased this year. In some programs we have been more selective in the candidates we have interviewed and in others it has allowed us to select from a larger pool. In either case I am expecting another excellent recruiting year.

We are anticipating more changes to the matching process in March 2013. Currently, we are able to offer contracts outside the NRMP process to international medical graduates whose credentials and interviews would place them high in our ranking. The NRMP will not allow this option next year. All candidates

will have to go through the same matching system. I personally support this change even though I am an international medical graduate because it levels the playing field for all candidates who participate in the process.

On a different topic, I am pleased to be able to give you an update on our GRMEP Institutional Accreditation. The ACGME conducts two levels of accreditation. Individual programs are reviewed every few years to determine how well they comply with specialty training program requirements. The second layer focuses on the quality of support provided by the sponsoring institution. In most cases this is either a medical school or a teaching hospital. In GRMEP’s case we are an independent community corporation. We are required to undergo periodic accreditation review because we are the sponsoring institution for all residency programs at Spectrum Health and Saint Mary’s Healthcare. Our official Letter of Notification was received in January with confirmation of our re-accreditation for the full five year period “with commendation”. This places us among the best Graduate Medical Education programs in the nation... recognition well worth celebrating.

WWW.PMLODGE.COM 231-745-3972

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 Guide Service—Fishing Schools

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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

Barbara Sink
KCMS Alliance President

Kent County is fortunate to have outstanding medical programs and facilities. For many of the Alliance general meetings, we visit these programs, touring their facilities and learning of the programs offered. This enables Alliance members to learn more about the medical community and become better advocates, fundraisers, workers and volunteers. It allows each of us to pass on to our friends and family personal knowledge of some health care options available in our community.

In January, the Alliance returned to Catherine's Health Care to tour their recently opened facility and to learn about their use of the Charity Ball 2011 grant. We were so pleased to learn how women and their families were incorporating new knowledge of exercise and nutrition into their families' meals and lifestyles. In February, the Alliance board visited the Heart of the City new facility to tour and learn of their comprehensive programming. We learned more about the Durham Clinic and

how it designed to treat mental health patients who also have physical health problems. Both of these organizations serve indigents with quality care and respect. These state of the art facilities are a sign of the importance our community puts on health care for all.

In March, the Alliance will be visiting the Hauenstein Center on the Saint Mary's campus. Here, clinics for epilepsy, spine, stroke, Parkinson's, neurosurgery, Alzheimer's and other neurological disorders are treated. Our visit will include a tour as well as a program on Alzheimer's disease.

I encourage you to attend the Alliance general meetings as we learn together about Kent County and the extensive and exceptional network of health care options that are offered.

Finally, a big thank you to all of you who supported and attended our 2012 Children's Charity Ball. It was a successful fundraiser for the Baxter Community Center and the Mental Health Foundation of West Michigan. **We surpassed our one million dollar mark of raising funds for West Michigan charities.** The Alliance greatly appreciates all the creativity and work of Lisa Jabara, Tanya Vanden Bosch and their committees who provided us with this glittering, and fun evening.

CHARITY BALL 2012

The Charity Ball 2012 was an evening of art, fundraising, friendship, and cheer! *Pictured below (l to r)* **1.** Thank you to Lisa Jabara and Tanya Vanden Bosch for co-chairing the 2012 Charity Ball. It was a fabulous evening! **2.** Dr. Pat Droste and his wife Deborah **3.** Luke and Heather Callahan enjoy the evening. **4.** GiGi Society members supporting our Ball are Tamara & Charlie Laage, Shelly & Rob Batterbee.



ALLIANCE CALENDAR

Surf & Turf Sale

A fundraiser for the KCMSA minigrants

Date: **Friday, April 13, 2012**
 Pick Up: **11:30 am - 2:00 pm**
 @ **1240 Breton Road SE, East Grand Rapids**
Order by Friday, April 22, 2011

For sale information, please see page 18 or visit www.kcmsalliance.org to print out an order form.

Surf & Turf Dinner Party

Date: **Saturday, April 14, 2012**
 Time: **6:00 pm Social Hour | 7:30 pm Dinner**
 Place: **Noto's Old World Italian Dining**
6600 28th Street SE, Grand Rapids
 Cost: **Lobster or Steak - \$50; Surf & Turf - \$69**
 RSVP: **by April 5 to Eileen • ekbrader@sbcglobal.net**

Please see page 19 for dinner information or go to our website: kcmsalliance.org to print out your form.

Spring Luncheon & Installation of Officers

Date: **Tuesday, April 24, 2012**
 Time: **12:00 pm**
 Place: **Cascade Country Club**
 Cost: **\$25.00**

Join us for a luncheon and collection of new or gently used household items for Judge Gardner's Closet. Please make checks out to KCMSA and send them to Beth Junewick 3840 Foxglove Ct. NE Grand Rapids, MI 49525.



Volunteer Opportunity @ Rays of Hope for Haiti

Date: **Tuesday, May 15, 2012**
 Time: **9:30 am - 12:00 pm**
 Place: **Rays of Hope for Haiti**
Loading Dock 6, 4th Floor
446 Grandville Ave SW, Grand Rapids
 RSVP: **Kathy Kendall • ktkski@comcast.net**

The Alliance will be helping to sort medical supplies to be used all over the world. Wear comfortable, work clothes and bring Kathy's cell phone number with you (616-260-1679).

Rays of Hope accepts any medical supplies including walkers, wheelchairs, over the counter meds/vitamins, and most items or equipment from a medical office or unopened supplies and equipment from individuals who have been sick. If you have access to these supplies, please bring them when you come.

The Alliance thanks the medical offices that have donated supplies and equipment in the past. To schedule a medical supply pick up, please email ktkski@comcast.net.

KCMSA Board Meetings

Date: **First Tuesday of the Month**
 Time: **9:30 am**
 Place: **KCMS/KCOA Office**
233 E. Fulton, Suite 222, Grand Rapids

Bus Trip to Ann Arbor Art Fair

Date: **Thursday, July 19, 2012**

Mark your calendar! Additional details coming in the next issue of the *Bulletin*.

FEATURE

Surf & Turf SALE 2012

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 501(c)(3) organization, providing funding for charitable projects in our local community.

PICK-UP: FRIDAY, APRIL 13, 2012 | 11:30 am - 2:00 pm
at Holly's Home | 1240 Breton Road SE, East Grand Rapids

Clip & Return with Payment by April 5, 2012

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: _____ or Cell Phone: _____

**** ORDER DEADLINE IS FRIDAY, APRIL 5, 2012 ****

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 14, 2012

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

Noto's Old World Italian Dining

6600 28th Street SE, Grand Rapids

PLEASE RSVP BY FRIDAY, APRIL 5, 2012

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 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. Payment can be included with Surf & Turf Sale order.*

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

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PROJECT ACCESS UPDATE

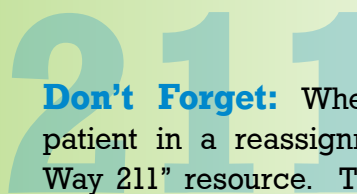


In Appreciation

Eric Bouwens, MD
Board Chair

During the celebration week of Doctors Day 2012, I reflect on the many gifted hours of talent by our volunteer physicians.

Whether you volunteer at a mission close to your heart, or with a family members' project, or donate care in your office or at a clinic, thank you for all you do. Many who benefit from your generosity appreciate your gifts of compassion.



Don't Forget: When you need to help a patient in a reassignment, share the "United Way 211" resource. This service has contacts and resources for most Medicaid insurance companies, community resources, food and shelter information.

Project Access' website (www.projectaccessmi.org) also has a current list of community resources to help patients with other needs.

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FEATURE

JANUARY 2012 CME



Thank you for taking time from your weekends to attend the Kent County Medical Society January and February CME Updates. We hope you found the programs to be informative and time well spent.

“Excellent opportunity, excellent presentations and educational endeavor, excellent value to attendees. Would appreciate and support expansion of program.”

“Very strong program, I enrolled for CMEs but I found magnificent learning points.”



Special thanks to our speakers who gifted their time and knowledge to provide critical information at these half-day sessions.

January Speakers: Diana Castanon, MD, Mimi Emig, MD, Brian Lane, MD, PhD, Randy Meisner MD, Tom Peterson, MD, Adriana Tanner, MD, Peggy Thompson, MD, Michael Wassenaar, PhD

February Speakers: Stephen Bloom, DO, Alexander DeHaan, DO, Bohuslav Finta, MD, Susan Haveman-Kruef, AuD, Ann Renucci, MD, Bruce Springer, MD, Michael Wassenaar, PhD, Chad Williams, MD, Mark Winkle, MD

FEATURE

FEBRUARY 2012 CME



“Excellent topic & presenters!”

“Very nicely done.”

“Most interesting morning.”

“Excellent info that will improve my practice.”

“Great to learn more about another treatment option for patients.”

“Outstanding morning - Excellent - Well rounded program.”



Special THANK YOU to the generous vendors who helped to support the KCMS CME Events. We appreciate the gifts of time and support for the CME events.

January Vendors: Fit Kids 360, Keystone Pharmacy, MSU - CHM, PNC Healthcare, REV Business Solutions

February Vendors: Chemical Bank, Keystone Pharmacy, Panopoulos Salons-East, PNC Healthcare, REV Business Solutions, Tre Cugini

KENT COUNTY HEALTH DEPARTMENT



Barf Buckets Instead of Snow Shovels

by: **Mark Hall, MD, MPH**
(pictured left)
and **Brian Hartl, MPH**

This year, West Michigan has experienced one of its warmest winters in history. Those of us who despise the cold and shoveling snow have enjoyed the respite that Mother Nature has provided. Those of us working in emergency departments and other health care facilities, however, might trade a stretch of sub-zero temperatures for a break in the number of patients presenting with symptoms of gastrointestinal (GI) illness. Based upon data from the Michigan Syndromic Surveillance System, a system that categorizes chief complaint data from hospital emergency departments (EDs) in Kent County, the area experienced a 10% increase in GI complaints between December 4, 2011 and February 4, 2012 when compared to data from the previous three years. Among youth under the age of 18, this increase was upwards of 21%.

Figures 1 and 2 present a comparison of the weekly average percentage of individuals presenting to the ED with GI complaints from the current year to the weekly average over the past three years. Figure 1 presents data on all patients while figure 2 presents data for those younger than 18. These figures suggest that elevated gastrointestinal illness activity began during the week of December 4, 2011 (MMWR week 48) and peaked during the week of January 1, 2012 (MMWR Week 1). Among youth, elevated gastrointestinal activity began during the week of November 13 (MMWR week 46) and peaked during the first week of January. Further analysis of youth data indicate that activity in the 6-10 year old age group peaked during the week of December 18 and stayed elevated through the week of January 1, while the peak level of activity in the 0-5 age group and those 11-17 peaked during the first week of the new year.

Although no confirmed laboratory results of norovirus were reported to the Kent County Health Department (KCHD) from the general population, as of February 17, 2012, the Michigan Department of Community Health reported 70 outbreaks of norovirus throughout the state. Norovirus is the most common cause of acute gastroenteritis in the United States and has likely played a large role in local disease activity this year.

Figure 1: Weekly Average Percentage of GI Complaints, 2011-2012 compared to the previous three years

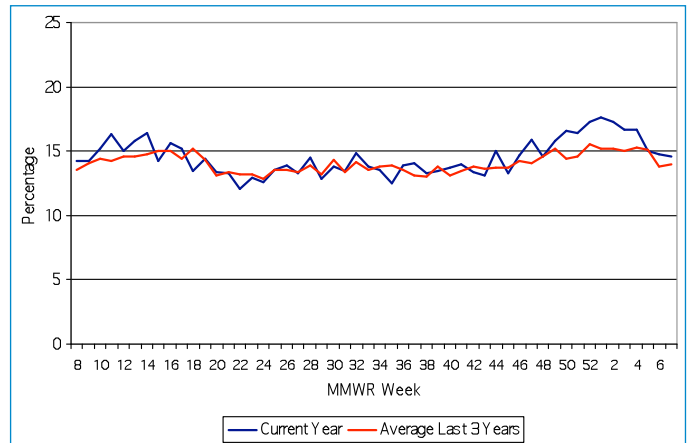
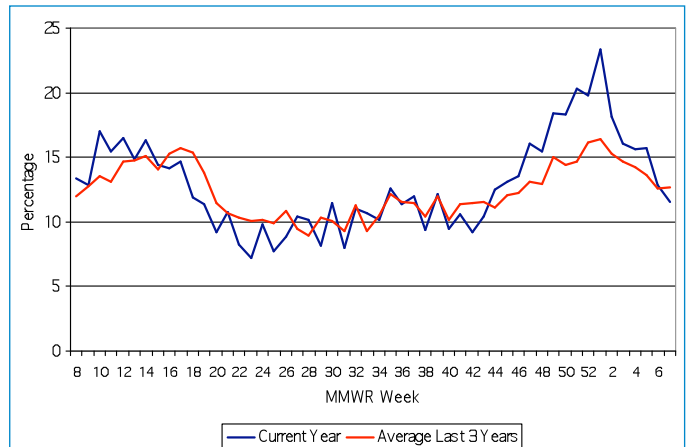


Figure 2: Weekly Average Percentage of GI Complaints Among Youth 0-17 years of age, 2011-2012 compared to the previous three years



Currently, there are five recognized norovirus genogroups, of which three (GI, GII, and GIV) affect humans. Within these genogroups, more than 25 different genotypes have been identified. Although the evidence isn't completely clear, immunity to norovirus appears to be strain-specific and lasts only a few months. Because of the genetic variability of these viruses, individuals are likely to be repeatedly infected throughout their lifetimes.

Norovirus presents great challenges for infection control and prevention both in the household and health care settings. Noroviruses are highly contagious, requiring as little as 10 viral particles to cause illness. Individuals infected with

Continued on page 26



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

February, 2012

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2012	Through February 2007-2011
AIDS (Cumulative Total - 888)	1	4	5
AMEBIASIS	0	2	1
CAMPYLOBACTER	3	10	5
CHICKEN POX ^a	6	6	22
CHLAMYDIA	283	596	556
CRYPTOSPORIDIOSIS	0	1	2
Shiga Toxin Producing E. Coli ^b	1	1	0
GIARDIASIS	4	7	15
GONORRHEA	37	96	128
H. INFLUENZAE DISEASE, INV	0	1	0
HEPATITIS A	1	1	1
HEPATITIS B (Acute)	0	1	1
HEPATITIS C (Acute)	2	2	0
HEPATITIS C (Chronic/Unknown)	29	50	44
INFLUENZA-LIKE ILLNESS ^c	7062	13669	15701
LEGIONELLOSIS	3	3	1
LYME DISEASE	0	0	0
MENINGITIS, ASEPTIC	4	4	7
MENINGITIS, BACTERIAL, OTHER ^d	1	2	1
MENINGOCOCCAL DISEASE, INV	1	1	1
MUMPS	0	0	0
PERTUSSIS	0	0	2
SALMONELLOSIS	0	2	6
SHIGELLOSIS	1	2	1
STREP, GRP A, INV	1	2	5
STREP PNEUMO, INV	5	9	12
SYPHILIS (Primary & Secondary)	0	0	2
TUBERCULOSIS	1	2	2
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2012	DISEASE	NUMBER REPORTED Cumulative 2012
Guillain-Barre Syndrome	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: 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.

KENT COUNTY HEALTH DEPARTMENT *CONTINUED FROM PAGE 24*

norovirus are contagious from the moment they become ill to at least 3 days and perhaps as long as 2 weeks after recovery. Noroviruses are also very hearty and can persist on environmental surfaces if they are not properly disinfected with a chlorine bleach based solution (typically 1/3 cup of bleach per gallon of water). Because viral particles may contaminate surfaces via aerosolization of vomitus, it is extremely important to clean and disinfect not only the immediate site of contamination with vomit, but also the surrounding vicinity. As an added protection against transmission during periods of increased GI illness, hand washing with soap and water

(instead of alcohol-based hand sanitizers) should be strongly encouraged.

The Kent County Health Department asks that health care facilities report outbreaks of norovirus-like illness to the communicable disease unit at 616-632-7228. KCHD staff can assist with laboratory testing and outbreak control measures. Additionally, the CDC's norovirus prevention toolkit containing valuable resources is available at <http://www.cdc.gov/HAI/organisms/norovirus.html#a4>



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FROM THE DEAN'S DESK



Dr. Dean Sienko: Treating Emotional Wounds of Battle for Vets and Their Families

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

Not all the wounds of war are visible, and soldiers are not the only ones who suffer them.

That's why physicians should be trained in treating not only the physical injuries, but the emotional wounds combat inflicts on veterans and their families, said Dr. Dean Sienko, the new associate dean for prevention and public health in the Michigan State University College of Human Medicine.

Sienko brings an unusual perspective to that challenge. In addition to his duties at MSU, he is a major general in the U.S. Army Reserve and Commanding General of its 3rd Medical Command based at Fort Gillem, Georgia. He served in Kosovo and commanded all medical assets in Kuwait and in Southern Iraq in 2003 and 2004.

His appointment as associate dean in November came just two months before the College of Human Medicine and MSU's College of Osteopathic Medicine joined several other medical schools in a commitment to ensure that veterans and their families receive the medical care they deserve.

Marsha Rappley, dean of the College of Human Medicine, joined First Lady Michelle Obama on January 11 when she announced the nation's top medical schools were coming together under the Joining Forces campaign, a national initiative to give veterans and their families the opportunities, resources and support they need. As part of that effort, the medical schools will increase training for medical students and share information on the best practices for treating post-traumatic stress disorder, traumatic brain injuries and other conditions affecting soldiers and their families.

"I think it's a wonderful campaign," Sienko said. "I'd like to see some training for our (medical) providers on what soldiers go through in combat," including how "to talk with a service member about their experiences and the family dynamics."

Physicians in the military medical system are experienced in dealing not only with the physical injuries of war, but the emotional trauma that can adversely affect the soldier and the family, Sienko said.

"I think the shortfall might be in the handoff to the civilian medical system," he said. That is a gap the Joining Forces campaign was created to fill.

Physicians need to be aware of the stresses a long deployment can place on the soldier and the family, Sienko said.



Dr. Dean Sienko

"The dynamics of families change when you're gone for a year," he said. "I went through that myself when I've been gone for a year."

Improving care for soldiers and their families fits within Sienko's broader goal of increasing medical students' knowledge of disease prevention and public health. Before becoming associate dean, he was medical director of the Ingham County Health Department.

While the College of Human Medicine already trains its students in disease prevention and public health, Sienko plans to expand and integrate it throughout their education. That includes teaching medical students how social conditions, such as poverty, affect health.

"Education and poverty are huge indicators of health," Sienko said. "What we're trying to do is recognize those disparities exist. You can't do this in pieces. It has to be continually reinforced. I think that's really the key. What I'd like to see is medical students becoming more aware of the conditions in which people live and how that contributes to their health."

"I think we're doing a pretty good job of this," he added. "I think, like anything else, we could do better, and I think we could get more recognition for what we are doing."

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Laura A. Tinning, DO
Adam T. Wolfe, DO

MEETINGS OF INTEREST

- APRIL 9, 2012** **KCMS/KCOA Legislative Committee**
12:00 noon | Masonic Center, Grand Rapids
- APRIL 21, 2012** **KCOA Educational Update**
7:00 am | Metro Health Conference Center
- MAY 14, 2012** **KCMS/KCOA Legislative Committee**
12:00 noon | Masonic Center, Grand Rapids
- MAY 16, 2012** **MSMS House of Delegates**
Hyatt Regency, Dearborn, MI

THANK YOU

Special Thank You for your prompt dues payment!

A drawing was conducted of all members who paid their 2012 dues before December 31.

Scott A. Carlson, DO and **Denise M. Logan, DO**
have each won a \$50 gift certificate to The Gilmore Collection restaurants.

GET INVOLVED IN 2012!



CHECK OUT
OUR WEBSITE
KCOA.us

The **Legislative Committee**, is seeking representatives from the KCOA to serve alongside members of KCMS, KCMS Alliance and Medical Managers. The committee meets the second Monday of every month at noon to review legislative issues that affect physician care, legislation and input that shapes Michigan's laws that affect patient care and patient well being. Legislators meet every other month with this group.

Contact (616) 458-4157 for additional information or to join the committee.



PRESIDENT'S MESSAGE



Improving Patient Care and Physician Wellness: Through Gratitude and Attitude

Ann M. Auburn, DO
KCOA President

By maintaining an attitude of gratitude with each new day, you develop the habit of appreciating what you have instead of dwelling on what you don't have. You'll have more peace and joy because your outlook begins on a positive note. You'll also handle challenges differently if you begin with an appreciative mindset, whether you're in the hospital, office, at a meeting or at home. Communication will become more clear and result in more understanding. *Patients often tell me about their surgical and hospital stay experiences. Most tell of the nursing staff and doctors who passionately helped them through their recovery, making them smile, relax and heal. Unfortunately, there is the occasional experience where a clinician acts like the last place they want to be is working in that hospital. This leaves the patient and family with a negative feeling.*

A grateful and loving attitude in all your communications and actions will not only impact the receiver, but it also has benefits for the one giving and living this way of thinking. Recognizing the blessings in your life and acting upon them regularly increases your awareness and appreciation. Sharing your gratitude improves your quality of life because it can only result in positive emotions. Learning to appreciate what you have also makes life more valuable and meaningful. And when your cup is full of positive emotions, this automatically flows through to others.

Reigniting the Light of the Flame

Everyone hits rough spots - and some people seem to survive avalanches - but often, other people are sent our way to rekindle our faith and keep us from despair. Who are the people in your life who deserve gratitude for supporting you

when you needed it most? Albert Schweitzer, the Nobel Peace Prize recipient, once said, "At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us." And isn't this our job as physicians? We light the flame of hope in our patients, the flame of care and concern in our staff and the flame of improved health care and passion for what we do with our administrative executives..

Modeling Gratitude

Saying "thank you" is a wonderful start, but modeling a spirit of gratitude takes this concept to a much higher level, and a shift in thinking is the first step. It helps to remember that the word 'doctor' actually comes from the root word 'doctrine', meaning teacher. People who model gratitude don't take others for granted. They don't make assumptions about how other people should treat them or what others should do for them. They don't walk around with a sense of entitlement, feeling they are owed more from the world. When modeling gratitude, we develop an awareness of appreciating small everyday experiences. For example, you might be quick to complain when traffic is making it hard to get to work on time. However, do you appreciate days when the lights seem to all work in your favor? Frustration comes from unmet expectations, but an

attitude of gratitude results in expecting, finding and receiving the joy in whatever comes your way. This is not a typical thought process for Americans, who are so used to getting what they "deserve" and getting it quickly. However, modeling gratitude will attract people,

circumstances and events to you and improve your overall attitude and that of those around you. Children who observe grateful parents learn to be thankful. Bosses who demonstrate a spirit of gratitude will find that their employees are more grateful. Physicians who exemplify gratitude improve the patients and staff around them and smooth any rough edges in the challenges of the patient's case or the events of the day. John F. Kennedy expressed it eloquently when he said, "As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them."

Practicing an attitude of gratitude not only makes us better health care providers, but it also has a positive and permanent effect on those around us?

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PRESIDENT'S MESSAGE *CONTINUED FROM PAGE 29***Expressing and Modeling Gratitude Through Attitude and Communication**

At times it is obvious that gratitude should be expressed, such as when someone does you a favor or gives you a gift, but we can also express gratitude through our actions and words with our patients, colleagues, support staff and administrative executives. As stated by LAO-TZU (c. 4th century BC): "Kindness in words creates confidence. Kindness in thinking creates profoundness. Kindness in giving creates love."

Being Thankful For a New Opportunity

Each day we're given a new chance to make a difference in the world. Until we are gone, there is always hope of creating happiness. Meister Eckhart, a German theologian from the 13th century, wrote: "If the only prayer you said your whole life was 'thank you' that would suffice." It is with heartfelt intension that I thank all of you for being my fellow professionals and friends and I hope that this article helps you to put the feelings of gratitude into the words "Thank you" and give those words wings so that the effect of your words and work is felt by all around you, and brought back to you again.

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