

January/February 2007

www.kcms.org

BULLETIN

Kent County Medical Society

- KCMS ANNUAL MEETING
- PROJECT ACCESS REACHES \$1.5 MILLION IN GIFTED CARE

a breath of fresh air

KENT COUNTY MEDICAL SOCIETY ALLIANCE
17TH ANNUAL CHARITY BALL FOR CHILDREN
FEBRUARY 3, 2007
EGYPT VALLEY COUNTRY CLUB

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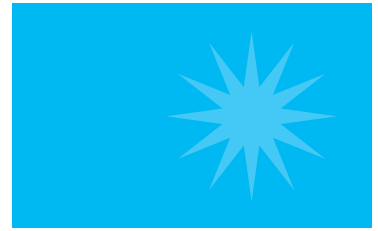
AMWAY GRAND PLAZA

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BULLETIN

Kent County Medical Society

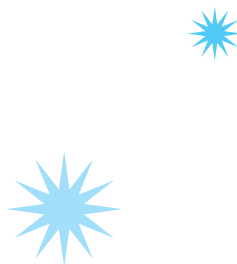


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MEETINGS OF INTEREST

Kent County Medical Society

Meetings

LOCAL

JANUARY 9, 2007 - KCMS Annual Meeting
Watermark Country Club

MARCH 13, 2007 - KCMS/KCOA Joint Meeting

MAY 8, 2007 - KCMS Meeting

STATE

APRIL 27-29, 2007 - MSMS House of Delegates
Ritz-Carlton, Dearborn

NATIONAL

FEBRUARY 13-14, 2007 - AMA National Advocacy Conference
J.W. Marriott Hotel, Washington, DC

MSMS DELEGATES AND ALTERNATE DELEGATES

MSMS DELEGATES to January 2007

John H. Beernink, MD
Jayne E. Courts, MD
Wayne L. Creelman, MD
Domenic R. Federico, MD
Judith A. Hiemenga, MD
John H. Kopchick, MD
John R. Maurer, MD
Rose M. Ramirez, MD
Robert C. Richard, MD
Bruce C. Springer, MD

MSMS DELEGATES to January 2008

Anita R. Avery, MD
R. Paul Clodfelder, MD
Michelle M. Condon, MD
Patrick J. Droste, MD
Sal F. Dyke, MD
Richard A. Ilka, MD
Kevin McBride, MD
Khan Nedd, MD
Michael D. Olgren, MD
Brian A. Roelof, MD

MSMS ALTERNATE DELEGATES

to January 2007

Keith Getz, MD
Denise D. Gribbin, MD
David M. Krhovsky, MD
Jay P. LaBine, MD
Amy L. Manley, MD
Judith L. Meyer, MD
Robert E. Reneker, Jr., MD
David M. Reifier, MD

MSMS ALTERNATE DELEGATES

to January 2008

James A. De Haan, MD
Elizabeth Henry, MD
Courtney P. Jones, MD
Mark W. Kemp, DO
Robert A. LaFleur, MD
David E. Randolph, MD
John A. Rupke, MD
Laura VanderMolen, DO
Stephen L. Winston, MD
Phillip G. Wise, MD

Officers and Directors

PRESIDENT	Jay P. LaBine, MD
PRESIDENT-ELECT	Judith A. Hiemenga, MD
PAST PRESIDENT	Robert C. Richard, MD
SECRETARY-TREASURER	Anita R. Avery, MD
DIRECTOR 2006	Patrick J. Droste, MD
DIRECTOR 2007	David E. Hammond, MD
DIRECTOR 2008	Denise D. Gribbin, MD
EXECUTIVE DIRECTOR	William G. (Chip) McClimans, Jr.

About the Bulletin

Editor - David M. Krhovsky, MD
Business Manager - Wm. G. McClimans, Jr.

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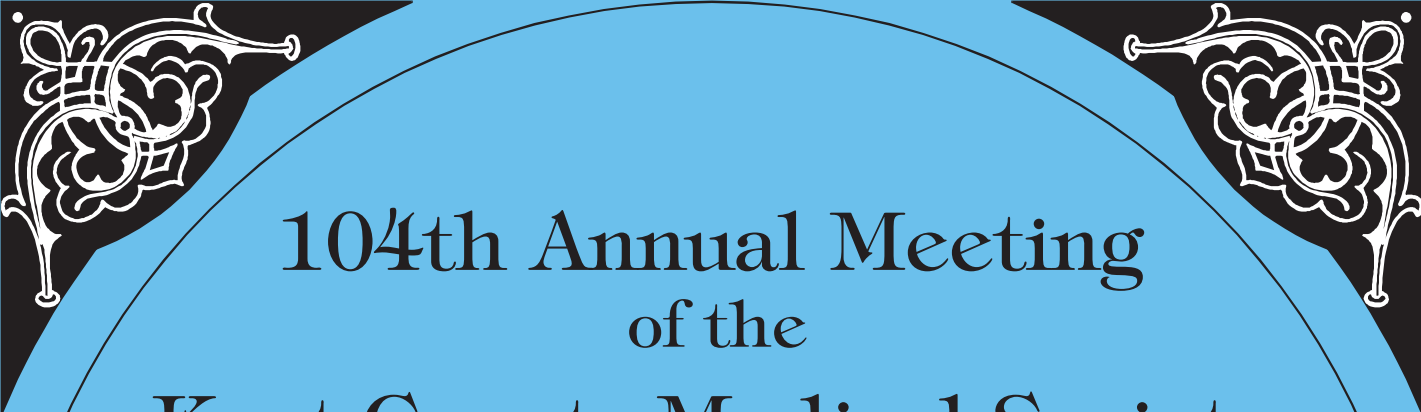
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104th Annual Meeting of the Kent County Medical Society

TUESDAY, JANUARY 9, 2007

Election of Officers, Delegates, Alternate Delegates

Installation of KCMS President:
Judith A. Hiemenga, MD

Open Discussion for Resolutions for the
MSMS House of Delegates

(If there is something that bothers you about the practice of medicine,
then that issue could be a potential resolution. Bring your ideas to the meeting.)

Watermark Country Club
1600 Galbraith SE
(Off Cascade Road, East of Spaulding Avenue)

Social 6:15 PM

Dinner 7:00 PM

PRESIDENT'S MESSAGE

Kent County Medical Society

Jay P. LaBine, MD

How does a person define tradition?

Merriam-Webster's dictionary

1 a : an inherited, established, or customary pattern of thought, action, or behavior (as a religious practice or a social custom)

b : a belief or story or a body of beliefs or stories relating to the past that are commonly accepted as historical though not verifiable <the bulk of traditions attributed to the Prophet -- J. L. Esposito>

2 : the handing down of information, beliefs, and customs by word of mouth or by example from one generation to another without written instruction

3 : cultural continuity in social attitudes, customs, and institutions

4 : characteristic manner, method, or style <in the best liberal tradition

Tradition is an incredible intangible that not only provides security and familiarity, it promotes success and advancement.

For example, holiday traditions provide a focus for a family. Growing up in northern Minnesota, my family had some wonderful yet quirky traditions. We would gather each year at our grandparent's house. After the Christmas meal, all the adults would sit around the table, pull out the poker chips and play 7 card draw or 5 card stud poker all afternoon. As a youngster, I would walk around the table, watch the action and wonder. "When can I play?" Throughout the game, there is the constant exchange of mutual misfortune. "I can't believe I'm losing every hand." Grandma would say. "Your losing? Look at me. I only have two nickels left." Aunt Beverly replies. Do other families do this?

Sports traditions are equally as powerful. The football programs at the University of Michigan or Notre Dame University are classic examples. The history and success over the years has crossed generations. It provides a focus for the community to celebrate (or grieve) in a united fashion. Isn't it great when an 8 year old and an 86 year old can get excited about the same event?

Traditions in medicine are a part of the fabric of our culture. When the data is available and convincing, we all utilize evidence-based medicine. Best practice models of care have been advo-

cated, supported and embraced by the medical community. But in the all too often times when there is no prospective, randomized trial, what are we to do? When the problem doesn't fit into the guideline or algorithm, what do we do? We look carefully at our history and tradition. We look to our professors, senior partners and experienced, mature colleagues. "Have you seen this before?" "How did you handle it?" It seems to be poorly understood by some policy makers and some administrators how often we need to rely on imperfect information. There are times we need to make important judgments and decisions based on the traditions of our profession. I believe it is so important to appreciate, recognize and understand the traditions of medicine. More specifically, this could be translated into understanding the natural history of disease and the evolution of each



“Traditions in medicine are a part of the fabric of our culture.”

particular treatment regimen. The artfulness of our profession comes from these traditions. Many times it is exactly this understanding which guides us to the appropriate judgment.

Our county medical society embraces tradition. Over the span of 100 years of tradition, it has moved with our profession. The society honors and appreciates the contributions of those who have come before us. Many of whom have dedicated their entire lives for the betterment of the community. The society also embraces the future and the developing tradition. In November, Dr. Rappley, Dean of Michigan State University's College of Human Medicine, presented information and entertained discussion regarding the West Michigan Medical School to be located in Grand Rapids. We sincerely thank her efforts and her excellent presentation. At this meeting, medical students, young physicians and old physicians gathered to interact, discuss and exchange ideas. It was very exciting! The medical society provides a mechanism by which our local traditions can develop. The medical society provides a forum in which our traditions can be appreciated and nourished. We should all recognize the importance of tradition in our profession and continue to support the efforts of the Kent County Medical Society.

Do you know what will happen to your wealth
in the next
3,000 Days!

Leonard A. Renier, "Sudden Impact", *Infinity Publishing*. Copyright ©1995.

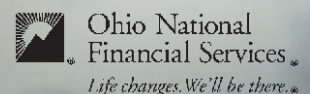
The Future of investing is dark.
Do you have a plan?

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ONE TO PONDER

Kent County Medical Society

Chip McClimans

Engine or Fuel?

What drives America's health care system? To a point, patients drive it with their ailments, but the real engine is you, the physician. How is this so? In reality the health care system *only* moves when a doctor takes action and gives an order.

Think about it. Who can order lab or other diagnosis tests? Who can write prescriptions (this includes supervised written scripts)? Who supervises residents, medical students and physician-extenders? Who can perform operations or give treatment instructions to nurses? As much as they might like to, hospitals, outpatient facilities, nursing homes and other health care centers are unable to diagnose, treat and provide care on their own. If they did, they'd be practicing medicine without a license. Hence, patients are *your* patients and no one else's.

Health care facilities provide tools and resources physicians need to practice medicine. And physicians provide training, expertise and knowledge to use these resources and tools to care for their patients. But the most important piece of this two-piece collaborative puzzle is the physician.

As a physician, you can practice medicine virtually anywhere you'd like, and at any time. You could change hospitals in town, or leave the state and practice elsewhere. There is really nothing tying a physician down to practice in any one location.

Hospitals and health care facilities,

however, don't have that same luxury. For the most part, they can't just pull up stakes and move the facility when they want. And aside from moving across town like Metro Health Hospital, these facilities stay put, planting roots and making significant investments so physicians can provide the care the physicians' patients need.

As I see it, the *only* customers the hospitals have are the physicians on staff. For the most part it's the physicians bringing *their* patients to the hospital, not visa versa.

“...the *only* customers the hospitals have are the physicians...”

Want to test if the health care system really revolves around physicians? You and your fellow medical staff colleagues should coordinate and collectively en masse take a week off from admitting any of your patients into the hospital, except for emergencies. Take the time to see your patients in your office, get caught up on your charts, go through your stack of mail, get some CME, or better yet spend some time with your family.

At the same time, what would be happening in the hospital? Except for the emergencies, nothing else medically. And if nothing medically is being performed, then the income stream for the hospital will quickly grind to a halt (physicians generate the income stream for hospitals). In the mean time, the hospital staff

and administrators are still being paid (unless they've been laid off), medical equipment and building projects are still being paid for, and other overhead expenses are continuing to be incurred.

So why do I bring this up? To stimulate conversation and to make a very big point. For 17 years I've observed the health care system and, like you, I've had enough of watching the government, insurance companies, attorneys, health care systems and




business try to divide physicians and bully them into coercion. The creep of scope of practice expansion by doctor-wannabes is also deplorable. I believe the time is way, way, way over due for physicians to come together and take back the practice of medicine. There was a flicker of that needed passion by physicians when a proposed “merger” of one large hospital system and a large group practice was announced. And you have passion, like when you get into a frenzy for your alma mater's football team. Take that flicker and begin to build a roaring fire with it. How fast the fire grows depends on how fast you add fuel to it. As physicians, you are both the fuel and the engine that drives the health care system. The next move is to the driver's seat.

MED
MAL


TIP #9

Know their approach to protecting physicians.



There is a big difference in operating philosophy among medical malpractice carriers. With some, defense against claims may be half-hearted at best. Many good physicians have been hurt by frivolous lawsuits when their good work went undefended in favor of quick-fix settlements. Clearly, this does not serve you or the profession well.

Get proper care.



ProAssurance Group has led in the defense of physicians for over a quarter of a century. Our strong record of personalized service and number of cases tried to verdict are testaments to our long-term commitment: to help good physicians keep practicing good medicine.

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It's in Our Hands — Preventing Antimicrobial Resistance

This past summer, I purchased a new car. I went into the process not knowing exactly what I wanted. A practical sedan with good gas mileage? Something with four-wheel drive for the harsh Michigan winters? Or something therapeutic for mid-life like a good old-fashioned muscle car? The search turned out to be quite extensive with the requisite purchase of the Consumer Reports Buyers Guide, internet research, and multiple test drives. After gathering all the facts and not appeasing my three sons by getting the one with “the sweet rims,” I made my decision and mid-life has never felt better. Perhaps frustrated by my unwillingness to upgrade to a premium sound system, my youngest son asked me, “How can someone who takes so long to make a decision be an ER doctor?” Although urgent life-threatening situations require decisions to be made on the fly, I explained to him that many clinical decisions take the same care that I put into buying a car - like the treatment of suspect bacterial infections in this age of antimicrobial resistance.

As many of us know, antimicrobial resistance has increased steadily over the past several decades. The first isolate of methicillin-resistant *Staphylococcus aureus* (MRSA) in the US was discovered in 1968. According to CDC data, MRSA infections accounted for 22% of the total number of staph infections in 1995. By 2004, this percentage had increased to 63%. Recently, the emergence of new community-associated strains (CA-MRSA) has presented new challenges to the control of MRSA. Strains of CA-MRSA are genetically distinct from those which are endemic to health care settings. The USA300 and USA400 genotypes, which account for the majority of CA-MRSA infections, almost always carry type IV of the staphylococcal chromosomal cassette *mec*. This cassette is smaller than those found in healthcare-associated MRSA (HA-MRSA) and is thought to be more easily transmissible between *S. aureus* strains. Recently recognized outbreaks of MRSA in community settings have been associated with strains that have some unique microbiologic and genetic properties compared with the traditional hospital-based MRSA strains, suggesting some biologic properties (e.g., virulence factors) may allow the community strains to spread more easily or cause more skin disease.

Even more troubling has been the emergence of vancomycin-intermediate and resistant strains (VISA/VRSA) over the past few years, with several cases occurring in Michigan. To date, persons developing these infections have had several underlying health conditions, previous infections with MRSA, and recent exposure to vancomycin and other antimicrobials. Research has shown that the cell wall of certain MRSA strains will thicken upon repeated exposure to vancomycin, thus reducing the ability of vancomycin to enter the cell and effectively eliminate the organism. Additionally, co-infection with vancomycin Resistant *Enterococcus* (VRE) presents opportunity for the MRSA strain to acquire the *van-A* gene required for vancomycin resistance.

As front-line medical staff, we play a major role in preventing advances in antimicrobial resistance by adhering to the following:

Prevent Infection

- Vaccinate for illnesses for which antibiotics are often given as treatment (influenza and pneumococcal disease)
- Help prevent aspiration, pressure ulcers and other conditions that lead to infection.
- Use catheter devices appropriately
- Use them only when essential
- Use proper insertion and care protocols
- Reassess use regularly and remove when no longer essential

Diagnose and Treat Infection Effectively

- Obtain appropriate cultures and interpret results with care
- Perform susceptibility testing on all isolates
- Target empiric therapy to likely pathogens
- Target definitive therapy to known pathogens

Use antimicrobials wisely

- Minimize use of broad-spectrum antibiotics
- Avoid long-term prophylaxis
- Treat infection, not colonization or contamination
- Re-evaluate the need for continued therapy after 48-72 hours
- Stop treatment when cultures are negative and infection is unlikely

Prevent Transmission

- Use approved Droplet and Contact isolation precautions
- Educate staff, residents, and families
- Perform hand hygiene (for staff and visitors)
- Identify new admissions with resistant organisms and manage appropriately

This summer, a lot of research and testing went into the purchase of a car that perfectly suits my needs. Although the search was meticulous, the only real impact it will have is on the comfort of my ride and how cool I look while driving down the highway. At some point, I'm sure we all have been guilty of bypassing the research and testing necessary to guide treatment of a bacterial infection. In this age of antimicrobial resistance, eschewing the appropriate prevention steps could have a devastating long-term impact and make the ride a lot bumpier for many of our patients. And that is not cool at all. *References: http://www.cdc.gov/ncidod/dhqp/ar_MRSA_spotlight_2006.html (November 17, 2006) <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>; <http://www.cdc.gov/drugresistance/healthcare/default.htm> (November 17, 2006)*



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

October, 2006

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2006	Through Oct 2001-2005
AIDS ^a (Cumulative Total - 717)	N/A	33	30*
AMEBIASIS	0	3	1
CAMPYLOBACTER	3	49	44
CHICKEN POX ^b	54	321	127
CHLAMYDIA	279	2796	2325
CRYPTOSPORIDIOSIS	0	15	N/A
E. COLI O157:H7	1	7	5
GIARDIASIS	4	55	83
GONORRHEA	208	1129	894
H. INFLUENZAE DISEASE, INV	0	1	N/A
HEPATITIS A	0	4	8
HEPATITIS B (Acute)	0	2	6
HEPATITIS C (Acute)	0	0	0
HEPATITIS C (Chronic/Unknown)	13	159	311
INFLUENZA-LIKE ILLNESS ^c	4582	38570	16371
LEGIONELLOSIS	0	8	N/A
LYME DISEASE	1	5	N/A
MENINGITIS, ASEPTIC	5	45	27
MENINGITIS, BACTERIAL, OTHER ^d	0	5	11
MENINGOCOCCAL DISEASE, INV	0	1	N/A
MUMPS	0	1	0
PERTUSSIS	1	7	6
SALMONELLOSIS	7	44	35
SHIGELLOSIS	2	10	8
STREP, GRP A, INV	0	13	11
STREP PNEUMO, INV	5	39	30
SYPHILIS (Primary & Secondary)	0	9	4
TUBERCULOSIS	5	19	19
WEST NILE VIRUS	1	13	N/A

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED	DISEASE	NUMBER REPORTED
	Cumulative 2006		Cumulative 2006
Histoplasmosis	8	Encephalitis, Post Other	3
Hepatitis B, perinatal	1	Listeriosis	2
Coccidioidomycosis	2	Cryptococcosis	3
Yersinia enteritis	1		

a. Due to a national effort to de-duplicate the HIV/AIDS Reporting System, there was a change in the numbers reported as of 8/1/06.

b. Individual chickenpox case reporting became mandatory on Sept. 1, 2005, which may result in an increase in numbers.

c. Influenza-like illness numbers increased in 2005 due to a change in school reporting of communicable diseases.

d. "Meningitis, Bacterial, Other" includes cases caused by bacteria OTHER THAN *H. influenzae*, *N. meningitidis*, or *S. pneumoniae*.

N/A Data not available.

*4-year (instead of 5-year) median cumulative is provided for HIV/AIDS due to change in the reporting system in 2004

ALLIANCE MESSAGE

Kent County Medical Society

Dolores Dobbie, KCMSA President

Heartbeat

PRESIDENT'S MESSAGE

Invitations have just been mailed! One of the most exciting and elegant evenings planned by the Alliance is just around the corner! Once again, our annual "Charity Ball for Children" promises to be a fun and worthwhile time for all. It has been our mission to raise money for charities that strive to offer quality medical care to every child in need in Kent County. Please join us in our efforts.

Although many of the Alliance's activ-

ities are aimed at fund-raising for charitable causes, another vital interest we have is promoting healthy lifestyles within the Kent community. This year, our focus will be aimed at SMOKING... STILL the #1 cause of preventable death. In February, all Alliance members will have an opportunity to hear about "SCREEN OUT", a project that has been endorsed by the AMA and AMA Alliance and of the Smokefree Movies Action Network. Studies have shown that SMOKING found in G, PG and PG-13 movies and

CARTOONS has a powerful influence over children. Dr. Tom Peterson, Medical Director of Healthier Communities, will be speaking on how we are addressing smoking in our own community. More details to follow.

These are a few ways the Alliance is working hard to make a difference in our community.

Respectfully submitted,
Dolores Dobbie

CHARITY BALL FOR CHILDREN

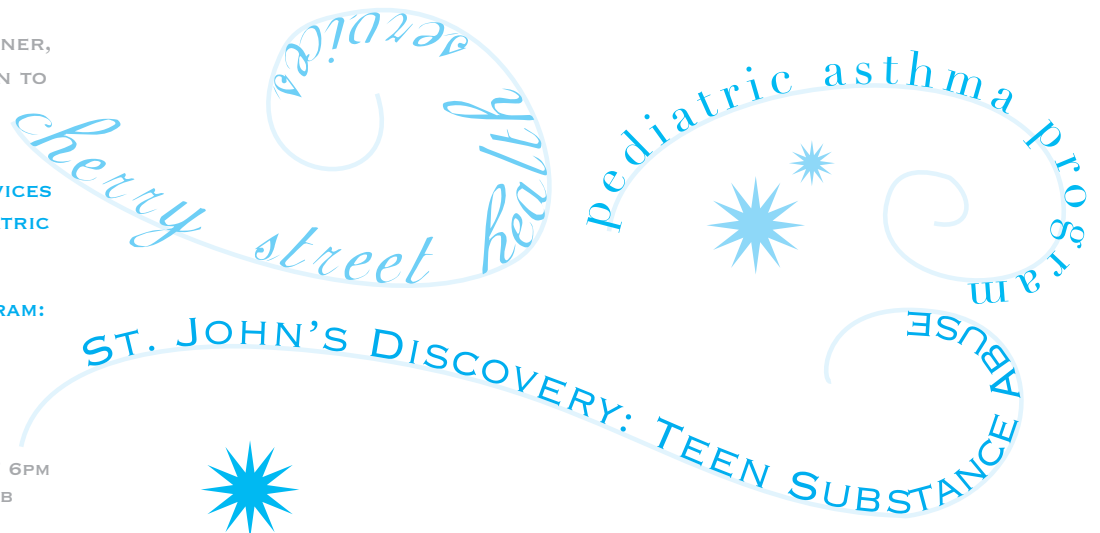
JOIN US FOR AN ELEGANT DINNER,
DANCING, AND SILENT AUCTION TO
RAISE FUNDS FOR

CHERRY STREET HEALTH SERVICES
DR. EDWARD JONES JR. PEDIATRIC
ASTHMA PROGRAM

ST. JOHN'S DISCOVERY PROGRAM:
ADOLESCENT SUBSTANCE
ABUSE TREATMENT

SATURDAY, FEBRUARY 3RD, 2007 6PM
EGYPT VALLEY COUNTRY CLUB

\$150 TICKET
BLACK TIE OPTIONAL



MEMBERSHIP CALL

The Membership Committee is asking each Alliance member to encourage all KCMS spouses to join the Alliance. To increase membership and participation, a three-prong plan is being developed to reclaim former members, entice new members and to survey the interest of potential members. At all meetings of the Society and Alliance, informational materials and membership forms will be available.

Please let Ora Jones, Chairperson of the Membership Committee, know if you meet a potential member. She or a member of the committee will contact that individual with a warm greeting.

KCMSA MEMBERS:

As you are volunteering in, working for or supporting service organizations in our area please invite them to apply for grant monies available through the KCMSA Foundation. The Foundation Board meets four times per year in order to review requests and make funding gifts of up to \$2000.00 per grantee. Any local non-profit program is welcome to apply as long as their program benefits people within Kent County. If an organization you know of is interested in applying, please contact me at (616) 942-2847 or via e-mail at mitchillag@comcast.net.

Melissa Chillag
KCMSA Foundation President □06/□07

ALLIANCE MESSAGE

Kent County Medical Society

Heartbeat continued

KCMSA MARCH MED DRIVE PICK-UP

March 5, 6, 7, 2007

Collecting sample & surplus medicines – dated October 2007 or later

- o Eyeglasses, microscopes, sterile gloves, surgical & medical supplies
- o Stethoscopes, slides, x-ray equipment, sterilizers, etc.
- o PDR's – 2 years old or newer

Any questions call Sue Condit (942-5105)
or Connie Mead (361-1719)

ALLIANCE CALENDAR

Charity Ball Silent Auction

Ladies, we are in need of items for our Silent Auction. To give you an idea of things we have had for past auction:

Opera, Ballet, Griffins tickets, signed sports memorabilia, vacation homes for a week or weekend, dinners from a favorite restaurant or put a basket together of your favorite things. We need your participation to make this even successful. Please contact Christine Pfennig c.pfennig@comcast.net if you have items for the auction.

Thank you for your support.

Charitable Fund Committee:

Submit applications for the charities to be considered for the funds from Charity Ball 2008 by January 1, 2007.

Contact Carol Beernink for questions and/or applications
Phone 233-9600 or Email wannarow@aol.com

Meeting for the Charitable Funds Committee -- Tuesday
January 9, 2007

ALLIANCE CALENDAR

Event: Book Club

Date: January 16, 2007 Please note that book club has been changed to Tuesday's

Place: Schuler's Cafe on 28th Street

Time: 12:00 PM in Schuler's Cafe for lunch (optional) and socializing.

Book discussion begins at 12:30 PM. This event is open to friends and family

March, by Geraldine Brooks

No RSVP necessary; all are welcome. Discussion, lunch and or fellowship. The book is 20% off at Schuler's on the Book Club table under KCMSA.

Date: February 13, 2006 (Tuesday) - *The Syringa Tree*, by Pamela Gien

Date: March 20, 2007 (Tuesday) - *The Glass Castle*, by Jeannette Walls

Date: April 17, 2006 (Tuesday) - *Water for Elephants*, by Sara Gruen

If you would like to make suggestions for next year's selections, please drop an email to Beth Junewick at ejunewick@comcast.net

Event: Bridge Club

Date: January 22, 2007 (Monday)

Event: Bridge Club

Time: 1:00-3:00 pm

Place: Sue VanTuinen 1747 Vesta Lane S.E., Grand Rapids

Phone: 942-2436

Phone: Marianne Delavan 949-6674 Please call if you will be able to make it.

ALLIANCE MESSAGE

Kent County Medical Society

Heartbeat continued

ALLIANCE CALENDAR

EVENT: LADIES NIGHT OUT!!

DATE: January 25, 2007

TIME: 7:00 PM

Hosted by: Tracy Anderson
5453 Egypt Creek Blvd., Ada, MI 49301

We will be featuring



Taste of Home Entertaining offers functional items for your kitchen and beautiful decor for your home.

All proceeds will benefit the KCMSA Foundation.
Be sure to bring friends!! We encourage you to bring along guests not associated with KCMSA.

This will be a fun night you won't want to miss.
Please RSVP to Tracy at 616.682.1481

ALLIANCE CALENDAR

EVENT: Charity Ball for Children (see page 13)

EVENT: Med Drive (see page 13)

EVENT: Surf and Turf Sale (see page 26)

EVENT: Surf and Turf Dinner (see page 24)

Scrapbook Club — Pages in Time on Plainfield.
contact Francesca Wiseman, wiseman@earthlink.net

Gourmet Club — contact Mary Crawford,
marycraw@comcast.net

seasoned

seasoned

adjusted, attuned, attained distinctive quality.
to make fit by experience.

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KENT COUNTY MEDICAL SOCIETY

In Memoriam

Edward A. Jones, Jr., M.D.....January 3, 2006
Dugald S. MacIntyre, M.D.....February 24, 2006
Austin E. Lamberts, M.D.....April 18, 2006
John B. Wilkes, M.D.....May 7, 2006
James W. Logie, M.D.....June 22, 2006
Christian Helmus, MD.....August 13, 2006
William L. Johnston, MD.....November 14, 2006

William L. Johnston, MD **1917-2006**

William L. Johnston, MD, a retired member of the Kent County Medical Society passed away November 14, 2006. Doctor Johnston received his medical degree from Vanderbilt University in 1942. He practiced as a General Surgeon in Grand Rapids for more than 30 years until he retired in 1983. During his retirement, he helped found the Rotary East Antique Fair and Sale because of his belief that art was healing.

The Medical Society extends sympathy to his family.



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How many times have you been faced with trying to find a specialist, diagnostic tests, or other services for uninsured patients? Usually, there’s a need to make several phone calls, promises of a favor or two, and experience the cost of staff time to help a patient in need. Project Access has been created by our Kent County Medical Society and Kent County Osteopathic Association to help YOU help these special patients. Since the processing of its first patient, in April 2005, Project Access has screened, mentored, oriented 670 patients and assisted in the coordination of over \$1.4 million dollars in care (through physician care and hospital charity care).

By participating in Project Access, your office staff will assist the non-compensating patients in your practice get additional services if needed:

- Primary care
- Specialty care
- Diagnostic lab and radiology tests
- Hospitalization through charity care programs
- Referrals to community health programs (diabetes education, dental options, free mammograms and pap tests, MI-Child enrollment)
- Enrollment into Pharmaceutical Manufacturer’s Charity Programs (and re-orders)

Your office staff will see a savings of time and effort in:

- Arranging referrals to specialists
- Finding and navigating community resource referrals

Please consider participating in Project Access if you haven’t already done so. As a Physician program, your interests are our first goal. This is YOUR PROGRAM and your input is needed in participation. If you do participate, be sure to tell our staff how it’s going and what you want to see.

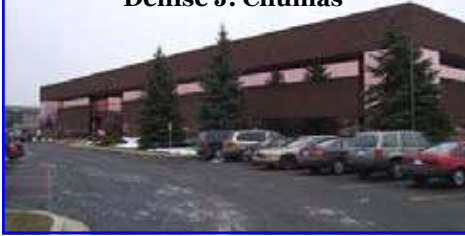
Project Access has been the recipient of financial support from foundation grants and contributions. The Project Access Board of Directors is grateful to recent gifts by physicians and others to assist in the matching grant effort. Thank you for your support. With your generosity, we have raised enough funds to submit a request for a matching grant. Thank you again for your contribution of time, talent and support. Project Access is making a difference in how physicians can serve the uninsured.

PROJECT ACCESS FACTS & FIGURES

Primary Care Referrals: (Patients Enrolled and Referred to Primary Care Physicians)	365 (up from 353 last report)
Specialty Care Referrals for Project Access Primary Care Patients:	318 (up from 260 last report)
Clinic Referrals to Specialists:	340 (up from 292 last report)
Total of Individuals helped:	705

Total Gifted Care: \$1.5 million since April ‘05, of that \$363,789 was in 2005. Remainder \$1,168,915.04 was in 2006

**John P. Francis, CCIM
Denise J. Chumas**



SE Grand Rapids

- ◆ Assessable to US-131, Broadmoor (M-37) & M-6
- ◆ Very well maintained medical building with three primary care providers
- ◆ Suites sizes range from 1,700 to 3,700 sq. ft.
- ◆ First or second floor suites available
- ◆ Approx. 70,000 households in a 3-mile radius

John P. Francis, CCIM



Cutlerville

- ◆ Spectrum Health South Pavilion
- ◆ Located near US-131 & M-6 interchange
- ◆ Suites range from 2,000 to 5,805 sq. ft.
- ◆ Time share also available
- ◆ Competitive rental rate includes utilities, medical waste services, improvement allowance & most occupancy costs

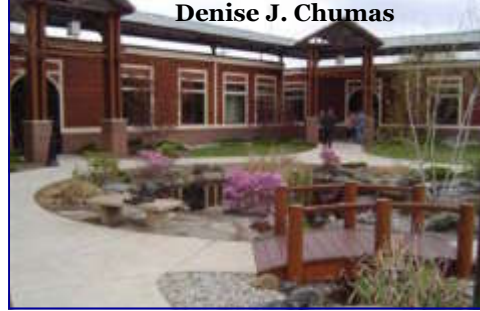
Denise J. Chumas



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- ◆ 2,560 square foot medical suite for lease
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- ◆ Close to East Grand Rapids
- ◆ Located across from Breton Village Mall

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NE Grand Rapids

- ◆ Occupy current space or build-to-suit
- ◆ Over 130 parking spaces and on a bus-line
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- ◆ Close to I-96 and Us-131
- ◆ Great for a medical practice

Mark A. Baker, CCIM



Big Rapids

- ◆ Adjacent to Ferris State University
- ◆ Current medical tenants include Metron Home Health Care, Evergreen Physical Therapy and Renal Dialysis Center
- ◆ Competitive lease rates
- ◆ Also available-land for new construction

Denise Chumas or Mark Baker, CCIM



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NEW MEMBERS

Kent County Medical Society

BROOKE BOLLIN RICHARDS, MD (Active)
Obstetrics and Gynecology

B.S.: Bowling Green State University, B.S. Chemistry, 1998
Medical School: Medical College of Ohio, Toledo, OH, 2002
Internship/Residency: University of Michigan, Ann Arbor, OBG, 2002-2006
Address: 710 Kenmoor SE, #100, Grand Rapids, MI, 49546, 957-1510
Sponsor: Adam B. Blickley, MD

SANJAY KURICHH, MD (Active)
Anesthesiology (Board Certified)

B.S.: Michigan State University, East Lansing, MI, Physiology, 1994
Medical School: American University of the Caribbean, Plymouth, Montserrat, British West Indies, 1998
Internship: St. John Hospital & Medical Centers, Detroit, MI, Surgery 1999 – 2000
Residency: Loyola University Medical Center, Maywood, IL, Anesthesiology, 2000 – 2003
Previous Practices: Staff Care, Inc., Harvard, IL, 2003 - 2004; Bixby Medical Center, Adrian, MI, 2004 and ongoing
Address: 6475 28th Street SE, P.O. 172, Grand Rapids, MI, 49546, 252-7103
Sponsors: William C. Cunningham, DO

STANLEY O. SKARLI, MD (Active)
Neurological Surgery (Board Certified)
Pediatric Neurological Surgery

B.S.: Oral Roberts University, Tulsa, OK, 1982
Medical School: Oral Roberts University, Tulsa, OK, 1987
Internship: Washington University School of Medicine, St. Louis, MO, Surgery, 1988
Residency: University of Maryland, Baltimore, MD, Neurosurgery, 1988 – 1993
Fellowship: University of Utah, Salt Lake City, UT, Pediatric Neurosurgery, 2005 – 2006
Previous Practices: Tulsa, OK and Lawton, OK, 1993 – 2000
Address: 414 Plymouth NE, Grand Rapids, MI, 49505, 454-3465
Sponsors: Lawrence T. Foody, MD, PhD.

STANLEY H. STANCIL, MD (Active)
Anesthesiology (Board Certified)

B.S.: University of Texas, 1975
Medical School: University of Texas, 1981
Internship/ Residency: Baylor University, Houston, TX
Military Service: United States Air Force, multiple locations including internship and anesthesia residency ending in Anchorage, AK, 1981 – 2003
Previous Practices: War Memorial Hospital, Sault Sainte Marie, MI, 2003 – 2004; Munson Hospital, Traverse City, MI, 2004 - 2005; Valley Baptist Medical Center, Brownsville, TX, 2005 - 2006; Metro Hospital, Grand Rapids, to present
Address: 400 Ann Street NW #209, Grand Rapids MI, 49504, 808-3944
Sponsor: Cesar Alcidi, MD

GHAYAS UDDIN, MD (Active)
Anatomic and Clinical Pathology (Board Certified)
Transfusion Medicine/Blood Banking (Board Certified)

B.S.: Aisha Bawany College, 1973
Medical School: Sind Medical College, Pakistan, 1981
Internship: Saint Vincent Hospital, Worcester, MA, Pathology, 1982 – 1983
Residency: Sparrow Health System, Lansing, MI, Pathology, 1983 – 1986
Fellowship: University of Cincinnati, Cincinnati, OH, Transfusion/ Blood Banking, 1986 – 1987
Previous Practices: Lansing, MI, 1987 – 1991; Wenatchee, WA, 1991 – 2003
Address: 1919 Boston SE, Grand Rapids, MI, 49506, 252-7166
Sponsor: Robert Knapp, MD and William Cunningham, DO

MEDICAL STUDENTS

Jonathan E. Barkham, MSU □ 08	Jelanie Bush, MSU □ 08
Deborah Farr, MSU □ 08	Matthew Gale, MSU □ 08
Joseph Goodman, MSU □ 07	Rebecca Hasse, MSU □ 08
Anthony Kokx, MSU □ 08	Jennifer Kretschman, MSU □ 08
Amanda McClure, MSU □ 08	Megan Morczkowski, MSU □ 08

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PLEASE SAVE THE DATE

Last year the Surf and Turf Dinner was a great success. All who came had an excellent meal and great time to catch up with one another. This event is open to your friends and family the order forms are inserted in this heartbeat. We want you all to mark your calendars and join us for a wonderful evening.

KENT COUNTY MEDICAL SOCIETY ALLIANCE

Invites you to our

SURF & TURF DINNER

TO BENEFIT

KCMSA FOUNDATION

a non-profit corporation providing funding for charitable projects in our community

Sponsored by the Gourmet Club

Friday, March 23, 2007, 7:00pm Social Hour, 8:00pm Dinner

Marc Stewart's Guest House
636 Stocking NW, Grand Rapids, MI 49504

Questions: Contact Holly Jones 575-9058 or Mary Crawford 940-0998

If you would like to have your own Surf and Turf Dinner you can purchase steaks and lobsters. Please see the order form for items for sale.

SURF & TURF DINNER PARTY!

A KCMSA fund raiser to benefit KCMSAF

This is a fun evening – open to family and friends so get a table together for great food and a relaxing, entertaining night. Enjoy fresh lobster and/or steak prepared on site. The Gourmet Club will provide appetizers and desserts. There will be a cash bar.

Questions? Contact Holly Jones 575-9058 hollyhiraijones@comcast.net or
Mary Crawford 940-0998 marycraw@comcast.net.

Date: Friday, March 23, 2007

Time: 7pm Social Hour, 8pm Dinner

Location: Marc Stewart's Guest House, 636 Stocking Ave. NW, Grand Rapids

We need your orders by Wednesday, March 16, 2007.

Dinner Order Form

----- cut here -----
Name: _____ Number attending: _____

Phone: _____ Cell: _____

- Dinner choices:
- λ Fresh Lobster dinner \$45.00 ea
 - λ Steak Dinner \$45.00 ea
 - λ Lobster & Steak \$65.00 ea.

Payment must accompany reservation – payment can be included with Surf and Turf Sale order.

Return to: KCMSA Foundation, 1995 Forest Shores, Grand Rapids, MI 49546

Make checks payable to: **KCMSAF**

NAME OF INDIVIDUAL	FRESH LOBSTER	STEAK	SURF AND TURF

If you have a table of eight we will reserve a table for you please call or e-mail your reservation!

SURF & TURF SALE 2007



TO BENEFIT
 Kent County Medical Society Alliance Foundation
 A non-profit corporation providing funding for
 Charitable projects in our community and
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PICK-UP: Friday, March 23, 2007 at 340 Gracewood S.E., Grand Rapids (Mary Crawford's)
 Time: 11:30am – 2:30pm
Questions: Call Marianne Delevan 949-6674 or Mary Crawford 940-0998

DEADLINE FOR ORDERS: Wednesday, March 16, 2007

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Item	Quantity		Price
Fresh Live Lobster - \$17.00 ea. 1 ¼ lbs. average			
Frozen Lobster Tails - \$16.00 ea.			
Cooked Cocktail Shrimp - \$9.00 ea. 1 lb. bag 41-50 count			
Filet Mignon – 8oz. individual steaks @ \$20.00 ea or 5 lbs. box @ \$165.00 (approx. 10/box)	Boxes (#)	Individual Steak (#)	
New York Strip Steaks - 12 oz. individual steaks @ \$12.00 ea or 5 lbs. box @ \$80.00 (approx 7/box)	Boxes (#)	Individual Steak (#)	
	TOTAL PRICE		\$

Name: _____
 Address: _____
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