January/February 2009

BULLETIN

In This Issue:

**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

FEATURES

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MEETINGS OF INTEREST

KCMS Meetings

LOCAL

JANUARY 13, 2009 - KCMS Annual Meeting, Watermark Country Club
MARCH 10, 2009 - KCMS Meeting, Watermark Country Club
MAY 12, 2009 - Joint KCMS/KCOA Meeting, Watermark Country Club

STATE

APRIL 24 – 26, 2009 - MSMS House of Delegates, Grand Rapids, MI

NATIONAL

MARCH 10 & 11, 2009 – AMA National Advocacy Conference, Washington, DC
JUNE 13 – 17, 2009 – AMA House of Delegates, Chicago, IL

KCOA Meetings

LOCAL

JANUARY 20, 2009 – KCOA Annual Meeting, Watermark Country Club
MAY 12, 2009 - Joint KCOA/KCMS Meeting, Watermark Country Club

STATE

MAY 13, 2009 – MOA House of Delegates, Dearborn, MI
MAY 13 – 16, 2009 – MOA Annual Convention, Dearborn, MI

About the Bulletin

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106th Annual Meeting

of the

Kent County Medical Society

TUESDAY, JANUARY 13 , 2009

Election of Officers, Delegates, Alternate Delegates

Installation of KCMS President:
Anita R. Avery, 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
5500 Cascade Road SE

Social 6:15 PM Dinner 7:00 PM

KCMS PRESIDENT'S MESSAGE

Thomas H. Peterson, MD
KCMS President

Change We Can Believe In:

Not Just a Slogan for the Politicians

Waste, costs, quality, safety, prevention, chronic diseases, evidence based care, standards of care, variability, technology, primary care crisis, medication errors, continuum of care, etc etc ……

These issues in health care either did not exist, or were very minimally understood in the early days of creation of our modern medical system. Today, health care costs are at an all time high in American history, and at levels claimed unsustainable by many experts. Waste is a significant problem. Quality and safety sciences in healthcare are relatively new in the 21st century and growing daily in value to institutions such as hospital systems and health plans. Three fourths of Americans believe the system needs significant changes or total overhaul. Modern technology is slowly creeping along to a newly wired medical world, but we are still far from it. Costs of medical education and stagnant reimbursement threaten primary care's existence as never before. Preventive medicine is finally being seen as a viable intervention that will hopefully receive the attention it has long deserved, something we cannot afford to avoid. And evidence-based standards of care and excessive variability in practices are matters now being paid attention to. Change is desperately needed.

Waste and Costs

Regarding waste, a recent study by Pricewaterhouse Coopers showed that of the $2.2 trillion that is spent on health care each year in the US, about half, or $1.2 trillion is considered wasteful spending. Our top three areas of waste are behavioral ($200 billion for obesity, $191 billion for smoking, $100 billion to non-compliance), clinical ($200 billion for defensive medicine, $25 billion for preventable hospitalizations, $20 billion for poorly managed diabetes, $17 billion to medical errors, $10 billion to variability of treatment, and $3 billion to hospital acquired infections), and operational (up to $300 billion in claims processing inefficiencies, lack of Information Technology integration and use of paper prescriptions). Barriers to eliminating the waste include our culture (that's us), politics, funding and incentives, and a lack of coordinated focus. Culture, funding, and focus could all be sited as barriers. Another study showed that while consumers felt systems such as transportation and universities were very efficient, they felt heath care was inefficient by a ratio of 3-1.

Safety and Quality

A study by the World Health Organization in 2004 compared the US with Germany, Australia, United Kingdom, Canada and New Zealand. We ranked first in per capita spending, over twice the rate of every other country, and last in life expectancy, infant morality, obesity, and avoidable deaths/1000. Although we pay twice the amount per capita of any civilized nation for healthcare, the Institute of Medicine claims we still do not deliver safe, effective, efficient, patient-centered, timely or equitable care. That is a pretty bad outcome for such an enormous annual investment.

Medication errors alone result in at least 50-100,000 deaths per year, competing fiercely with emphysema and strokes as the third and fourth leading causes of death. Up to another estimated 100,000 people die from hospital acquired infections. Over 1.5 million patients in total every year are victim to some sort of medical errors. Doctors in the outpatient world are not exempt. These medical errors also cost us approximately $17 billion per year according to the Institute of Medicine. 20 years ago very little was known about the sources of these errors, how to prevent them, and very little was done. But they still occurred, probably at even higher rates. In the airline industry where safety is an absolute, a pilot is required to be healthy, receive physicals regularly (sometimes twice per year), and be fully trained in safety and modern technology. Do we demand the same from our physicians? That is our choice to make, our responsibility. The science of safety is well known today in the institutions where it is demanded, with no exceptions, such as nuclear power and the airlines. Health care is currently trying to catch up to these industries, learning from their successes and failures, and how to change years of established cultures and ingrown habits. In many cases, physicians can be some of the toughest and slowest of all populations to comply, let alone lead these changes. We have lived in an "anecdotal" type world for years, not truly knowing the exact effects of our failures to follow standards, deaths from errors we may have been part of, or complications due to our deficient following of proper procedures. Accurate, timely data has been scarce. And even today in a more electronic world, we still face enormous challenges with competing electronic systems unable to interface or communicate with each other.

According to the American Association of Endocrinologists in 2007, poorly managed diabetes costs us $23 billion per year, but few doctors who care for diabetics will freely admit they do not manage their patients well. Who are the outliers? What should we do? We still lag behind in the area of educating and supporting our providers appropriately, demanding the highest of quality in their services, and policing our own mishaps and mistakes. Human errors will always be an existing variable in medicine, but the lives that can be saved by minimizing them is profound, and physicians need to be the leaders, not the ones just coming along because of rules or mandates.

KCMS PRESIDENT'S MESSAGE

Prevention and chronic diseases

Another "modern day phenomenon" is that health problems among working-age Americans contribute to $260 billion of lost work productivity every year. Much of this is directly related to the chronic disease epidemic, led by smoking, obesity and sedentary lifestyles, the leading causes of preventable death each year. Chronic diseases are now, and will remain, the mainstay of modern healthcare, whether we like it or not. 60% of all deaths are due to chronic diseases, deaths from chronic diseases will increase 17% over the next 10 years, and the estimated costs of them is about 3% of our nation's total gross domestic product, or GDP. Even non-health care businesses are investing in and driving their own employee wellness efforts due to their frustrations with increasing premiums and lack of success from the healthcare sector. Prevention today has more value in both costs savings and common sense than ever before. For example, the CDC recently reported while states today spend $719 million per year in tobacco prevention, it is still 269 times less than the healthcare and productivity costs lost from smoking. If the same amount of money was applied to preventing cancer, heart disease and diabetes as is currently committed to treating them and finding cures, we would be preventing and hence saving tens of thousands more lives every year. One study showed that if we added $2 tax to every cigarette pack, and applied it all to tobacco control, we would save $191 billion by 2017. Another study showed that if major changes occurred that would improve healthy lifestyles, we would cut $217 billion in our nation's health care bill by 2023. We spend $2 trillion dollars annually on health care, but only 3% of that goes toward prevention! And we have more preventable diseases than ever before. Half of all deaths and 80% of morbidities we face daily are secondary to preventable lifestyle choices. It seems absurd that we as Americans, and physicians, virtually ignore this fact year in and year out. It is an amazing ethical paradigm we struggle with in today's "system" that the lack of commitment of significant dollars toward preventing diseases is in large part because institutions and businesses do not profit from doing so. In other words, we could save thousands of lives, but not directly make money doing so.

Variability of care

Variability of care provided by our institutions and providers, which has existed for decades, has now been called out and openly questioned. There are many types: patient demand variability, clinical variability and the one we have most control of, professional variability – different providers treating similar patients in different ways. This exists in everything from how we treat ear infections to if and when we perform spinal surgery. For example, a study in 2006 from Dartmouth Medical School showed the rate of lumbar fusions has increased as much as 250 times in the past decade, with up to 500 percent higher costs to Medicare in that same time, with a variation of as much as 20 times the rates in some regions of the country as others. West Michigan ranks in the highest category in the US. And that can't be explained by our obesity rates since Colorado, which is the thinnest state in the nation also came in with a similarly high rate. The reasons are poorly understood. The same study found that treatment variation costs us over $10 billion per year. A family member of mine recently experienced a professional variability issue, which we eventually decided on after seeing 4 different specialists, with 4 different opinions. Another variation is hand washing. Evidence abounds that we put patients at higher risk when not washing our hands every time we enter and leave a room. But still some of us wash our hands, and many do not. We seem to be slow to comply. Again. To minimize variation, we now have guidelines, protocols, national standards, and evidence to follow. But the individuality of a provider's care, and how they were trained from the beginning, still holds a key influence on their decision making and behaviors.

Evidence based

Today we finally have accepted what is supported by evidence. We call it an "evidence based" approach, have developed the science of the strength of evidence, and have everything from evidence based guidelines to evidence based websites. But applying high quality medical care requires much more than simply knowing the evidence. We need to apply it with every patient with every diagnosis, and in every preventable opportunity. We do not have to, and should not rely as heavily on the "art" of medicine as we once did for so many years. Evidence that did not exist for many issues decades ago does today. A great example is babies sleeping prone. For decades we instructed vulnerable parents to put them on their stomachs. Evidence showed we were wrong, for almost a century, and American medicine finally complied with the rest of the world. And by doing so, thousands of babies lives have been spared.

It is hard to keep up with all of this "evidence" today, as a typical internist would have to read 17 articles per day, every day simply to keep up with the latest evidence. Help is needed, and we need to place this at a level of importance in the medical world that allows us, and forces us not only to provide it, but to use it.

Technology

Technology is also brand new in historical perspectives. Virtually all businesses in America are fully electronically based today. That is all except the one that cares for our health. The one that is most prone to errors and variability of care. In 2008, the majority of private practices in America, primary care and specialty both are still paper based. We still to this date allow doctors to literally scribble their signatures on orders for medications, prescriptions or treatments that could cause permanent harm, or even death to the patient if misread or misapplied. Why? There exists no business today other than healthcare that would tolerate this. When did this behavior become a given "right" of a physician, even when it leads to multiple medication errors? Every provider, at every site, in every city in a country as advanced as the United States should be using electronic forms, orders, prescriptions and medical records. They should have

continued on p.18

KENT COUNTY HEALTH DEPARTMENT

Push Partner Registry

Provider-based distribution of pandemic influenza vaccine

Mark Hall, MD, MPH
KCHD Medical Director

What is the Push Partner Registry?

The Push Partner Registry (PPR) is a new program developed by the Kent County Health Department (KCHD) to expedite the distribution of government-sponsored pandemic influenza vaccine by using health care providers as a point of distribution.

Government-sponsored vaccine will likely be given to local health departments for distribution. Based on the "push" strategy of vaccine distribution, KCHD will give (i.e. "push") vaccine directly to health care providers so they may vaccinate their employees and patients. This "push" strategy will supplement the "pull" strategy, in which the health department will staff public vaccination clinics. Solely relying on health department staffed clinics will **not** be sufficient.

Why is the PPR important?

In the early stages of an influenza pandemic, limited supplies of vaccine will be available. The U.S. Department of Health and Human Services has identified priority groups that will be considered for the early administration of vaccine as it becomes available *(Guidance on Allocating and Targeting Pandemic Influenza Vaccine*, **www.pandemicflu.gov/vaccine/allocationguidance.pdf).**

Frontline inpatient and outpatient health care workers will be among the first to receive a pandemic influenza vaccine, followed by pregnant women, infants and toddlers 6 to 35 months of age.

How will the PPR work?

To become a Push Partner, health care providers must enroll in the PPR by completing an enrollment form and agreeing to follow the required procedures (e.g. having a vaccine safety and handling plan, having a safety and security plan, having the ability to pick up vaccine at the health department, etc). Most health care providers already have these plans in place and thus will find it easy to complete the enrollment form. Providers will not need to submit the various plans to the health department, but they must be prepared to make them available upon request by local, state or federal authorities as allowed by law.

If KCHD receives an allocation of government-sponsored vaccine, we will decide if the PPR should be activated. If the PPR is activated, KCHD will notify Push Partners by sending a Health Alert via e-mail and/or fax containing details on the amount of vaccine available and the groups eligible to receive vaccine. The Health Alert will also contain an Activation Form, which Push Partners must fax back to KCHD to indicate if they would like to participate in the vaccination effort and if so, how many doses of vaccine they need.

Push Partners will never be obligated to participate in a mass vaccination effort, and will always have the option to decline participation in the vaccination effort for any reason. Enrollment simply demonstrates your agreement to follow the procedures should you decide to participate. It also demonstrates your capacity to appropriately store and handle refrigerated vaccine.

Benefits of enrolling in the PPR?

- You will receive pandemic influenza vaccine sooner than organizations that have not enrolled in the PPR.
- You will help KCHD vaccinate more people in less time, thereby reducing the morbidity and mortality associated with pandemic influenza in our community.
- You will provide a valuable and appreciated service to your employees and patients.
- You will have added assurance that your employees will come to work instead of going to a public vaccination clinic, thus improving your continuity of operations.

How do I enroll in the PPR?

KCHD strongly recommends that all primary care providers enroll in the PPR. Providers can receive more information and request an enrollment packet from Dayna Porter, Kent County Health Department Emergency Preparedness Coordinator at (616) 632-7168 or **dayna.porter@kentcountymi.gov.**

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

November, 2008

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

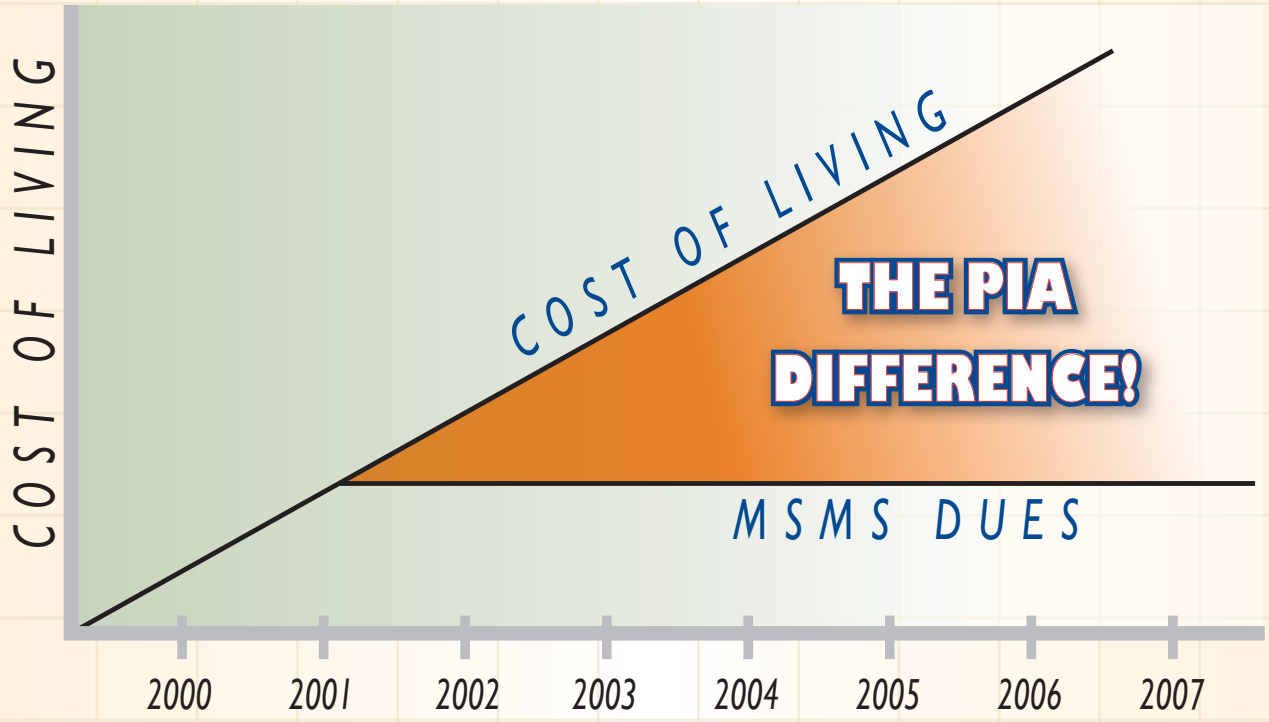
DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2008	Through Nov 2003-2007
AIDS (Cumulative Total - 795)	2	16	36
AMEBIASIS	0	3	3
CAMPYLOBACTER	6	82	51
CHICKEN POX[a]	5	203	263
CHLAMYDIA	244	2959	2691
CRYPTOSPORIDIOSIS	0	18	11
E. COLI O157:H7	1	6	7
GIARDIASIS	4	55	90
GONORRHEA	73	907	1024
H. INFLUENZAE DISEASE, INV	1	2	2
HEPATITIS A	0	7	8
HEPATITIS B (Acute)	0	2	4
HEPATITIS C (Acute)	0	1	0
HEPATITIS C (Chronic/Unknown)[b]	33	300	307
INFLUENZA-LIKE ILLNESS[c]	7809	50899	20462
LEGIONELLOSIS	1	7	7
LYME DISEASE	0	3	4
MENINGITIS, ASEPTIC	5	40	37
MENINGITIS, BACTERIAL, OTHER[d]	2	10	8
MENINGOCOCCAL DISEASE, INV	0	2	4
MUMPS	0	0	1
PERTUSSIS	0	6	7
SALMONELLOSIS	5	42	35
SHIGELLOSIS	3	30	9
STREP, GRP A, INV	1	15	14
STREP PNEUMO, INV	4	58	N/A
SYPHILIS (Primary & Secondary)	1	8	6
TUBERCULOSIS	2	18	20
WEST NILE VIRUS	0	3	2

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2008	DISEASE	NUMBER REPORTED Cumulative 2008
Coccidioidomycosis	5	Listeriosis	1
Guillain-Barre Syndrome	4	Malaria (imported)	3
Histoplasmosis (Acute)	6	Shiga toxin, E. Coli	4
Kawasaki Disease	0*	Yersinia enteritis	2

a. Individual chickenpox case reporting was mandated on 9/1/05, resulting in increased case counts primarily from schools. Confirmed and probable cases are included.
b. Chronic Hepatitis C surveillance case definition changed on 1/1/07, resulting in decreased case counts.
c. Includes lab-confirmed influenza and "Influenza-Like Illness (ILI)." ILI cases have flu-like symtpoms 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*.
N/A Data not available.
* Kawasaki Disease case reported previously was reclassified as not a case.
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.

THE PIA DIFFERENCE:



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*for group BCBSM Health Insurance

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Note from the Dean

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

The New Year brings us another year closer to the opening of the Michigan State University College of Human Medicine Secchia Center in 2010. Already we have accomplished great things in preparation for our expansion to Grand Rapids. Some of our highlights from 2008 include:

- The August arrival of our first 50 second-year students in Grand Rapids
- The commitment by 21 area physician groups to become founding College of Human Medicine departments, including more than 900 Grand Rapids area physicians engaged in teaching
- The announcement of two new Spectrum Health MD/PhD Fellowships
- The announcement of our first joint-hire with Spectrum Health, John Risinger, PhD, who brings a portfolio of national research in women's health
- The announcement of our first joint-hire with Saint Mary's Health Care, Dr. Christopher Glisson, the area's first pediatric neuro-ophthalmologist
- The opening of the state's first MDA-ALS Clinic, a partnership with Mary Free Bed Hospital, Saint Mary's Health Care and MSU
- Significant translational science & molecular medicine research recruitment underway with our partnering institutions, Spectrum Health, Van Andel Institute and Saint Mary's Health Care
- The announcement of a laboratory space agreement with Grand Valley State University for scientists researching women's reproductive health
- A joint announcement with Grand Valley State University for an Early Assurance Program for GVSU students pursuing medical education – a program that will address both disadvantaged students and underserved areas of medicine
- The establishment of additional higher education partnerships, including Grand Rapids Community College for the instruction of Medical Spanish and Grand Valley for the development of standardized patient and team teaching
- The introduction of a new Master of Public Health (MPH) program
- The addition of a new Traverse City campus, our seventh community campus in Michigan, opening additional clinical slots for our expanding student population

As you can see, we have been busy preparing for the opening our medical school in Grand Rapids and we are looking ahead to more accomplishments this year. Thank you for your support.

Chip McClimans
KCMS/KCOA Executive Director

New Health Management Leadership In Kent County

Bonnie Cochran

Dan Grevengoed

Bob Wolford

It is no secret of my feelings for practice managers. They are the backbone of a medical practice, handling the business side of medicine so physicians can effectively practice. They are the unsung heroes of keeping a practice running efficiently and smoothly. And the practice managers in Kent County are some of the best and brightest in Michigan and the country. So it is with pleasure that I toot the horn of several practice managers from Kent County and around the state.

The Michigan Medical Group Management Association (MMGMA) and the national Medical Group Management Association (MGMA) both met during the final months of 2008 and elected new leadership for 2009. It is a tribute to local area medical practice management that the state organization's new leadership features individuals from Kent County and the national organization features a number of individuals from Michigan.

The MMGMA which represents practices in the state of Michigan boasts a total membership of about 600 practices from around the state. Bonnie Cochran, Administrator of The Fertility Center, has been named Chair Elect, and Dan Grevengoed, Senior Project Manager for Spectrum Health, has been named Treasurer of the organization. Both of these individuals are well known to many physicians and other health administration people from West Michigan.

At the national level, Gary Paavola, Administrator of Vascular Surgery Associates in Flint, was elected to the MGMA Board of Directors, along with Warren White, Administrator of Southwestern Medical Clinic PC in Berrien Springs, who remains a member of the Board and holds the position of Immediate Past Chair. Both of these healthcare leaders are past Chairs of the Michigan organization and they continue to be involved at the national level. Finally, another past Michigan Chair and contributor to this Bulletin, Bob Wolford, Executive Director of Grand Rapids Ophthalmology, has been named Chair of the Midwest Section of the MGMA.

I'd like to take a moment to congratulate all of the individuals named in this article and to say what a pleasure it has been to work with both the MMGMA and the MGMA over recent years. And truth be known, I couldn't have written most of this column without the input from Bob Wolford. Thanks, Bob.

KCOA PRESIDENT'S MESSAGE

Dorothy (Robin) Pedke, DO
KCOA President

Are you Open to NEW IDEAS?

And so, we have elected a new President. Every four years, the utter futility of engaging in political debate with anyone who disagrees with me becomes obvious. Not that I don't enjoy a good debate, but I have never been swayed, even marginally, by anyone's vehement presentation of the logic of their party's platform. Though, I am willing to verbalize the rationale for my vote, I do not believe I can change anyone's mind, nor is it my place to do so. Moreover, some of the people I love dearly and am even related to, are members of the "other side." (I say this fondly.) There is an unspoken agreement that we will not discuss the biggest news on the planet. It might bring us to a criticism of each other and we never want to do that to people we love and respect. Because, regardless of political affiliation, said individuals are amazing, creative, community-building, highly intelligent, rational, compassionate, save-the-world GOOD PEOPLE.

I like to think we hold strong political opinions based on DATA. FACTS. Voting records. Outcomes. Concrete, tangible criteria that should make the choice seem so clear. EVIDENCE BASED VOTING. It's hogwash, of course. Stupid, pragmatic, idealistic, unrealistic, black and white, delusional myopic view. Upbringing, life experience, socioeconomic status, religion, emotion and a myriad of other nebulous criteria are key to one's political affiliation.

This last article is here to remind you, one more time, that:

a) None of it matters to you AS A PHYSICIAN, and
b) One way or another, it is a good thing to open your mind to change and that which is different from you.

Point "a" is thus: Remember that you practice in a political (and other) neutral zone. You are called to a higher mission that rises above politics. A huge privilege…and relief.

The only way point "b" segways into the first couple paragraphs is this: As in politics, keep an open mind in medicine. I invite you to note that a change – slow, under-the-radar, but very real – is also afoot in medicine: The mind can truly control the body and patients are searching for practitioners who are aware of and embrace this idea. Truthfully, this is not a new "concept" to you. Most physicians are aware of bio-feedback, the ability of a patient to decrease their blood pressure with thought and intention, the proverbial "power of love to heal," the fact that stress increases morbidity and mortality and that terminally ill patients can wait until that last family member arrives before they die. Everyone experiences gravity, though it can't be directly measured. Dogs hear wavelengths humans cannot. You certainly believe in radio waves though you cannot see, hear or feel them without a device to tune into them. And, doesn't everyone know that every color of the spectrum has a different wavelength?

You are familiar with EMG, ECG, and EEGs. We measure and manipulate these data to diagnose and treat. Traditional Chinese Medicine, Aryuvedic medicine and others have always assumed that every organ and the body as a whole, emits energy that can be manipulated to treat disease. Today, the millivoltage signal of the body's energy field is measurable in ways that the scientist (and skeptic) in us can embrace. You do not have to train your hands and eyes to measure the high and low amplitudes of your patient's energy field. The technology now exists to just take a picture of the human aura.

For more on this read **Infinite Mind**: **Science of Human Vibrations of Consciousness** *by Dr. Valerie Hunt.* The book is full of graphs, spectrograms, Fourier Analyses and studies. To open your Newtonian/linear-trained mind to a quantum/holistic perspective on the role electromagnetic energy plays in health and disease, read **The Biology of Belief** *by Bruce*

KCOA PRESIDENT'S MESSAGE

Lipton, Ph.D. Be prepared to slog through reams of data regarding genetics vs. environment, the vibration of drugs vs. anatomy, the interface between environmental signals and behavior-producing cytoplasmic proteins in the cell membrane, the limbic system and conversion of chemical communication signals into emotion, and multiple studies of the placebo effect. To learn the latest on the neuroplasticity of the brain – how it can adapt, heal and learn to reverse disease and disability, read **Train Your Mind Change Your Brain** *by Sharon Begley*. This book is neat in that it reviews the studies performed on Buddhist monks as well as the latest Western studies on the brain. Joe Dispenze, D.C. wrote a book titled **Evolve Your Brain**. He discusses, in dizzying depth, how attitude/thought/emotion chemically alters micro and macro level functions. This book is full of neurotransmitters, growth factors, peptides and autonomic and endocrine system biology. If you are interested in ending an addiction – in yourself or your patients – this book delves deeply into the chemistry of habits and the power of the mind to manipulate this chemistry to a better outcome. Finally, a Harvard-educated Ph.D., Dr. Gary Schwartz, does a good job reviewing multiple studies on "vibrational medicine" in his book **The Energy Healing Experiments**. His focus is 100% on scientific studies. They are not all double-blinded, randomized, controlled studies, but there are so many of them that it's hard to write them all off…

And so, dearest colleagues, I am encouraging you to remember that we once thought the earth was flat and blood-letting was a cure for everything. Consumers of medicine are seeking a new dimension to healing without abandoning conventional practice. Thus, it is our prerogative to be progressive, proactive and add a new tool to our treatment arsenals. Always keep your mind open to new ideas.

Annual Meeting

of the

Kent County Osteopathic Association

Tuesday, January 20, 2009

Election of New Officers and Delegates

Speaker and Topic to be determined.

Watermark Country Club
5500 Cascade Road SE

Social 6:15 PM Dinner 7:00 PM

KCMS PRESIDENT'S MESSAGE

continued from p. 7

access to records electronically at every point of care in our system. Paper equals both fragmentation of care and higher costs, as well as errors and mistakes. The Commonwealth Fund in 2007 showed the lack of IT integration is calculated at $88 billion in potential cost savings, while the Health Research Institute the same year found that paper prescriptions instead of electronic costs us over $3.7 billion per year. But again it comes down to funding and willingness to change, and where we as a nation and medical system put our priorities.

Cultural Competency

And cultural competency? Most of the physician world in West Michigan is of one ethnicity – Caucasian. But the patient population is not. A colleague of mine at Denver Children's Hospital once told me of the huge problem they were facing today in Colorado. Over 99% of all pediatricians were white, while over 40% of the pediatric population was of a different ethnicity, and increasing. They were in desperate need of cultural training. Physicians today will only be truly successful if they fully understand cultural issues, know how to gain the true trust of patients of different ethnicities, and how to apply these diverse approaches to diverse populations. While we may be good at diagnosing asthma or diabetes, managing it well in diverse populations is a very different skill. Dr. Enrique Caballero, M.D., a cultural expert and Professor at Harvard Medical School and Director of the Joslin Latino Diabetes Initiative in Boston says, "For many years patients have received the bulk of the blame for the inequities in care. Physicians tend to categorize patients as "not caring about their treatment" or simply "non-compliant" when cultural factors obscure reasons for the patient's behavior. Doctors today need to take more responsibility and rethink their approach. They need to find a way in how they can really help their patient implement some of the changes needed, and that takes understanding cultural differences." We as providers actually need to accept the fact that patients often do receive a different level of quality of care due to the type of insurance, or ethnicity, they possess, and be willing to help change that.

Today's Physician

So how do we correct this? Federal support is obviously needed. We also should demand much more from our doctors than simply finishing residency or fellowship, signing with a practice and starting to see patients the same way we have for decades. That approach has to a great extent led to the many problems we face today. It is now a different world. All new providers should be fully trained in EMR use, be required to have extensive safety behavior training, training in quality improvement and have full understanding of quality processes and outcomes. They need to understand medication reconciliation, root cause analysis, and national patient safety goals as well as properly diagnosing and treating a disease. They need to understand the business side, operational aspects and inefficiency's of the health system and how they can make them better. They also should be trained in behavioral modification, disease management, motivational interviewing, chronic care model, and cultural competency to have any chance of being expert clinicians in today's chronic, sedentary, overweight, and culturally diverse world. They also need to learn and operate in the entire disease continuum. The patient care does not begin nor end in their office or operating room. The typical "acute care hospital" and "acute care outpatient setting" are not naturally synergistic, and chronically ill patients move in and out of both systems constantly. When I began practice 20 years ago, I knew none of these aspects of care, or advocacy. I simply blindly copied my partner, started seeing lots of patients with little learning in these "other" aspects of care. Our new docs need to be advocates, for themselves, their patients, and their medical community. If we educate them well, in 2008 standards, they are more likely to help lead the changes needed. We need to educate and re-educate our established docs better also. We've known for years that the most effective form of changing their behaviors is by academic detailing, yet we leave this style solely to the pharmaceutical reps, and still rely primarily on the "grand rounds", CME and "newsletter" approach we have known for so long. I have been guilty of many of these issues in my earlier career but have made efforts to change. When changes come, and they are coming big time, we need to step up and lead, not dig in our heels, obstruct, and constantly say "Why should I ?" or "That's not the way I have done it for my whole career". Physicians should be leaders. Instead of saying "Why" we should be saying "How can I help?" As John Gardner once said, "We are all faced with a series of great opportunities, brilliantly disguised as insoluble problems."

Sources:

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IN MEMORIAM

KCMS

Frederick S. Gillett, MD **1921 - 2008**

Frederick S. Gilllett, MD, a retired member of the Kent County Medical Society passed away November 7, 2008. Doctor Gillett received his medical degree from the University of Michigan in 1944. He was a General Surgeon at St. Mary's in Grand Rapids for over 40 years before retiring in 1989.

The Medical Society extends sympathy to his family.

Wilma Ewald, MD **1941 - 2008**

Wilma Ewald, MD, an active member of the Kent County Medical Society passed away November 30, 2008. Doctor Ewald received her medical degree from Manila Central University in the Philippines in 1965 and came to the United States in 1970. She was a Radiation Oncologist at Blodgett Hospital in Grand Rapids for over 35 years.

The Medical Society extends sympathy to her family.

2008

Paul M. Dassel., M.D.	January 24, 2008
Cornelis Van Nuis, M.D.	February 7, 2008
C. Robert Good, M.D.	April 4, 2008
Eugene S. Sevensma, M.D.	April 25, 2008
James Smiggen, M.D.	April 30, 2008
Reynaldo G. Castillo, M.D	June 17, 2008
Willis L. Dixon, M.D.	July 1, 2008
Paul L. Fatum, M.D	August 7, 2008
Frederick S. Gillett, M.D.	November 7, 2008
Wilma Ewald, M.D.	November 30, 2008

KCOA

Robert A. DeJonge, DO **1953 – 2008**

Robert A. DeJonge, DO, an active member of the Kent County Osteopathic Association passed away October 13, 2008. Doctor DeJonge received his medical degree from The College of Osteopathic Medicine and Surgery in Des Moines, Iowa in 1980. He practiced Family Medicine in Rockford and Grand Rapids emphasizing complementary medicine, autism and Lyme disease.

The Kent County Osteopathic Association extends sympathy to his family.

2008

Doyle A. Hoopingarner, D.O.	July 5, 2008
Robert A DeJonge, D.O	October 13, 2008

KCMS President-elect Nominee

Patrick J. Droste, MD has been a member of the Kent County Medical Society (KCMS) since September 1987. Born in Detroit, Doctor Droste graduated from the University of Detroit, and received his medical degree from Wayne State University in 1980. He took his internship and residency program in Ophthalmology at Henry Ford Hospital in Detroit, and is board certified in Ophthalmology as well as Pediatric Ophthalmology and Ocular Motility.

Doctor Droste is a past Director of KCMS, is a Delegate to the Michigan State Medical Society (MSMS) House of Delegates and is Past President of the Michigan Society of Eye Surgeons and Physicians. His practice is Pediatric Ophthalmology, P.C.

NEW KCMS/KCOA MEMBERS

KENT COUNTY MEDICAL SOCIETY

Michael H. Boyle, MD (Active)
Ophthalmologist (Board Certified)

B.S.: St. Xavier University, Chicago, Illinois, Biology, 1998
Medical School: University of Illinois College of Medicine, Chicago, Illinois, 2002
Internship: Methodist Hospital, Indianapolis, Indiana, 2002 -2003
Residency: Indiana University, Department of Ophthalmology, Indianapolis, Indiana, 2003 – 2006
Fellowship: University of Alabama, Birmingham, Voluntary Clinical Instructor of Ophthalmology, 2006 – 2008
Address: 750 East Beltline NE, Grand Rapids, Michigan 49525, 949-2600
Sponsor: Gilbert Vanderveen, MD

Nagib T. Chalfoun, MD (Active)
Cardiology (Board Certified)
Internal Medicine (Board Certified)
Nuclear Cardiology (Board Certified)

B.A.: La Salle University, Philadelphia, Pennsylvania, 1996
Medical School: Robert Wood Johnson Medical School, Piscataway, New Jersey, 2000
Internship/Residency: Hospital of the University of Pennsylvania, Philadelphia, Internal Medicine, 2000 – 2003
Fellowships: Mount Sinai Medical Center, New York, New York, Internal Medicine, 2003 – 2006; University of Michigan, Ann Arbor, Michigan, Electrophysiology, 2006 -2007
Previous Practices: University of Michigan, Ann Arbor, Clinical Faculty/Lecturer in Electrophysiology and Attending Physician on consultations and devices while training in complex ablations, 2007 – 2008
Address: 2900 Bradford St. NE, Grand Rapids, Michigan 49525, 885-5000
Sponsor: Michael Vredenburg, MD

Bridget A. Green, MD (Active)
Dermatology

B.S.: Michigan State University, East Lansing, Michigan, 2000
Medical School: Michigan State University, East Lansing, Michigan, 2004
Internship: Grand Rapids Medical Education and Research Center, Grand Rapids, Michigan 2004 -2005
Residency: Wayne State University, Detroit, Michigan, 2005 – 2008
Address: 750 East Beltline NE #303, Grand Rapids, Michigan 49525, 942-2538
Sponsor: Michelle Emery, MD

Rolf D. Hollstein, MD (Active)
Diagnostic Radiology (Board Certified)

B.A.: Cornell University, Ithaca, New York, 1995;
Masters of Public Health, University of Chile, Santiago, Chile, 1996 – 1997
Medical Degree: Case Western Reserve University School of Medicine, Cleveland, Ohio, 2002
Internship: McGaw Medical Center/Northwestern University, Chicago, Illinois, Internal Medicine 2002 – 2003
Residency: Los Angeles County/University of Southern California, Los Angeles, California, Diagnostic Radiology, 2003 -2007
Fellowship: University of California San Diego, Magnetic Resonance Imaging, 2007 – 2008
Address: 3264 N. Evergreen Dr., Grand Rapids, Michigan 49525, 363-7339
Sponsor: Charles Luttenton, MD

Georgeanna J. Huang, MD (Active)
Plastic Surgery (Board Certified)

B.S.: Youngstown State University, Youngstown, Ohio, 1995
Medical School: Northeastern Ohio Universities College of Medicine, Rootstown, Ohio, 1999
Internship/Residency: Loma Linda University Medical Center, Loma Linda, California, 1999 – 2005
Previous Practice: Private practice in Thousand Oaks, California, 2006 to present
Address: 4070 Lake Drive SE #202, Grand Rapids, Michigan 49546, 464-4420
Sponsor: Dennis Hammond, MD

Mark E. Jacoby, MD (Active)
Cardiology (Board Certified)

B.S.: University of Michigan, Ann Arbor, Michigan, 1996
Medical School: University of Michigan, Ann Arbor, Michigan, 1999
Internship/Residency: Brigham and Women's Hospital/ Harvard Medical School, Boston, Massachusetts, 1999 - 2002
Fellowship: University of Michigan Health System, General Cardiology, 2002 -2005; Interventional Cardiology, 2005 -2006
Previous Practices: Atlantic Cardiology Associates, and Portsmouth Regional Hospital, Portsmouth, New Hampshire, 2006 -2008
Address: 2900 Bradford St. NE, Grand Rapids, Michigan 49525, 885-5000
Sponsor: Michael Vredenberg, MD

NEW KCMS/KCOA MEMBERS

Brian K. Petroelje, MD (Active)
Internal Medicine (Board Certified)
Infectious Diseases

B.S.: Hope College, Holland, Michigan, 1998
Medical School: Wayne State University School of Medicine, Detroit, Michigan, 2002
Internship/Residency: University of Iowa Hospitals and Clinics, Iowa City, Iowa, 2002 – 2005
Fellowship: University of Iowa Hospitals and Clinics, Dept. of Internal Medicine, Infectious Diseases, 2006 – 2008
Previous Practices: Henry Ford Hospital, Emergency Department, Detroit, Michigan 2001 – 2002; Lakeland Regional Hospital, Hospitalist, St. Joseph, Michigan, 2005 - 2006
Address: 515 Michigan St. NE #202, Grand Rapids, Michigan 49503, 774-2822
Sponsor: David Dobbie, MD

Daniel B. Shumaker, MD (Active)
Diagnostic Radiology (Board Certified)

B.A.: Albion College, Albion, Michigan, 1977
Medical School: St. George's University, Grenada, West Indies, 1983
Internship/Residency: Providence Hospital, Southfield, Michigan, General Surgery, 1983 – 1985; Henry Ford Hospital, Detroit, Michigan, Diagnostic Radiology, 1985 – 1989
Previous Practices: Active Staff at Heritage Hospital & Medical Center, Taylor, Michigan; Henry Ford Wyandotte Hospital, Wyandotte, Michigan; Oakwood Hospital & Medical Center, Dearborn, Michigan from 1989 to 2008, and Mercy Memorial Hospital, Monroe, Michigan from 2007 to 2008
Address: 3264 N. Evergreen Drive, Grand Rapids, Michigan, 49525, 363-7339
Sponsor: Charles Luttenton, MD

Dara D. Spearman, MD (Active)
Dermatology

B.S.: Hope College, Holland, Michigan, 1999
Medical School: University of Michigan Medical School, Ann Arbor, Michigan 2004
Internship: Oakwood Health System, 2004 – 2005
Residency: University of Michigan Health System, Dermatology, 2005 -2008
Address: 655 Kenmoor Ave SE #200, 49546 949-5600
Sponsor: Daniel Dapprich, MD

Damon T. Vu, MD (Active)
Anesthesiology (Board Certified)
Pain Medicine

B.S.: Michigan State University, East Lansing, Michigan, Natural Science, 1997
Medical School: Michigan State University, East Lansing, Michigan, 2002
Internship/Residency: University of South Florida, College of Medicine, Tampa, Florida, Anesthesiology, 2002 – 2006
Fellowship: Mount Sinai School of Medicine, New York, New York, Department of Anesthesiology, Division of Pain Management, 2006 -2007
Previous Practices: Baptist Hospital, Pensacola, Florida, Staff Anesthesiologist, Locum Tenens, 7/5/07 – 8/3/07; Florida Hospital, Ormand Beach, Florida, Staff Anesthesiologist, Locum Tenens, 8/6/07 – 8/17/07; Albany Memorial Hospital, Albany, New York, Staff Anesthesiologist, Locum Tenens, 8/20/07 – 6/2008
Address: 4100 Lake Drive SE #305, Grand Rapids, Michigan 49546, 285-1377
Sponsor: Fred Davis, MD

Thomas M. Witham, MD (Active)
Emergency Medicine (Board Certified)

B.S.: University of Michigan, Ann Arbor, Michigan, Biochemistry, 1999
Medical School: Wayne State University, Detroit, Michigan, 2004
Internship/Residency: Henry Ford Hospital, Detroit, Michigan, Emergency Medicine, 2004-2007
Address: 200 Jefferson Ave.SE, Grand Rapids Michigan 49503, 685-6789
Sponsor: Nilda Oxholm-Uribe, MD

KENT COUNTY OSTEOPATHIC ASSOCIATION

Andrew M. Behler, DO, MPH (Active)
Otorhinolaryngology

B.S.: University of Michigan, Ann Arbor, Michigan, 1996; Masters of Public Health, University of South Carolina, Columbia, South Carolina, 1998
Medical Degree: Doctor of Osteopathy, Medical University of Kansas City, Kansa City, Missouri 2003
Internship/Residency: Michigan State University, Spectrum Health, Metropolitan Hospital, Grand Rapids, Michigan, 2003 – 2008. Included is Pediatric Otolaryngology, Cincinnati Children's Medical Center; Head and Neck/Reconstructive Surgery, Indiana University Methodist Hospital; Otology/ Neurotology, Michigan Ear Institute, Southfield, Michigan; West Michigan Ear Institute, Grand Rapids, Michigan.
Office: 1179 East Paris Ave SE, #100, Grand Rapids, Michigan 49546, 942-0380
Sponsor: Harold Hollander, DO

PROJECT ACCESS
Creating a Community of Care for the Uninsured

UPDATE

Jeffrey M. Stevens, DO, Chairperson
Laura M. VanderMolen, DO, Vice Chairperson

Happy New Year! On behalf of the over 1500 patients that have been referred to Project Access physicians, THANK YOU!!! Over 400 of our local physicians, representing 27 medical disciplines, have provided medical homes, specialty care, critical diagnostic tests and care to the qualified patients of Project Access. Collectively all participating donors (physician, hospitals, and other providers) have given almost $4 million in donated, coordinated care for these special patients.

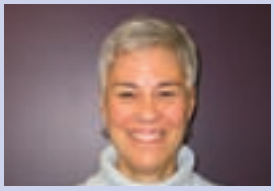
Project Access staff have been working for you and your staff to make it easier to serve uninsured patients. The staff qualifies Project Access patients by confirming their income is at 150% of the Federal Poverty Level and confirming they do not qualify for other programs. The following services are made available to qualified patients:

- Mandatory compliance through the Patient Responsibilities Agreement
- Detailed eligibility review to confirm eligibility
- One-on-one orientation of the patient regarding expectations
- Medication coordination with national drug manufacturers
- Health coaching and referrals to community resources
- Referrals to specialty physicians in 27 medical disciplines
- Referrals to donated labs and other ancillary services through hospital charity care programs
- Physical therapy, home health care, hospitalization and other services
- Community referrals to resources in finding work, assistance, other health programs

The Project Access website is now completed.
Check it out at *www.projectaccessmi.org*.

We wish you the best for 2009. Thank you for your support of Project Access and your service to uninsured patients in our community. Your efforts are needed more than ever and greatly appreciated.

Meet the Project Access Team that is working for your office:



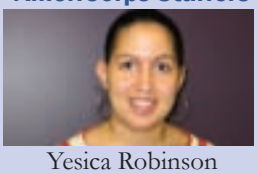
Pamela Wilson, RN, MM
RN Case Manager
459-1111 x224

Amy Tzintzun
Data Base Coordinator
459-1111 x222

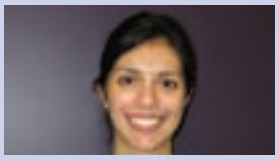
Patricia W. Dalton, MPA, MA
Executive Director
459-1111 x223

Megan Gorney
On-call clerical support

AmeriCorps Staffers



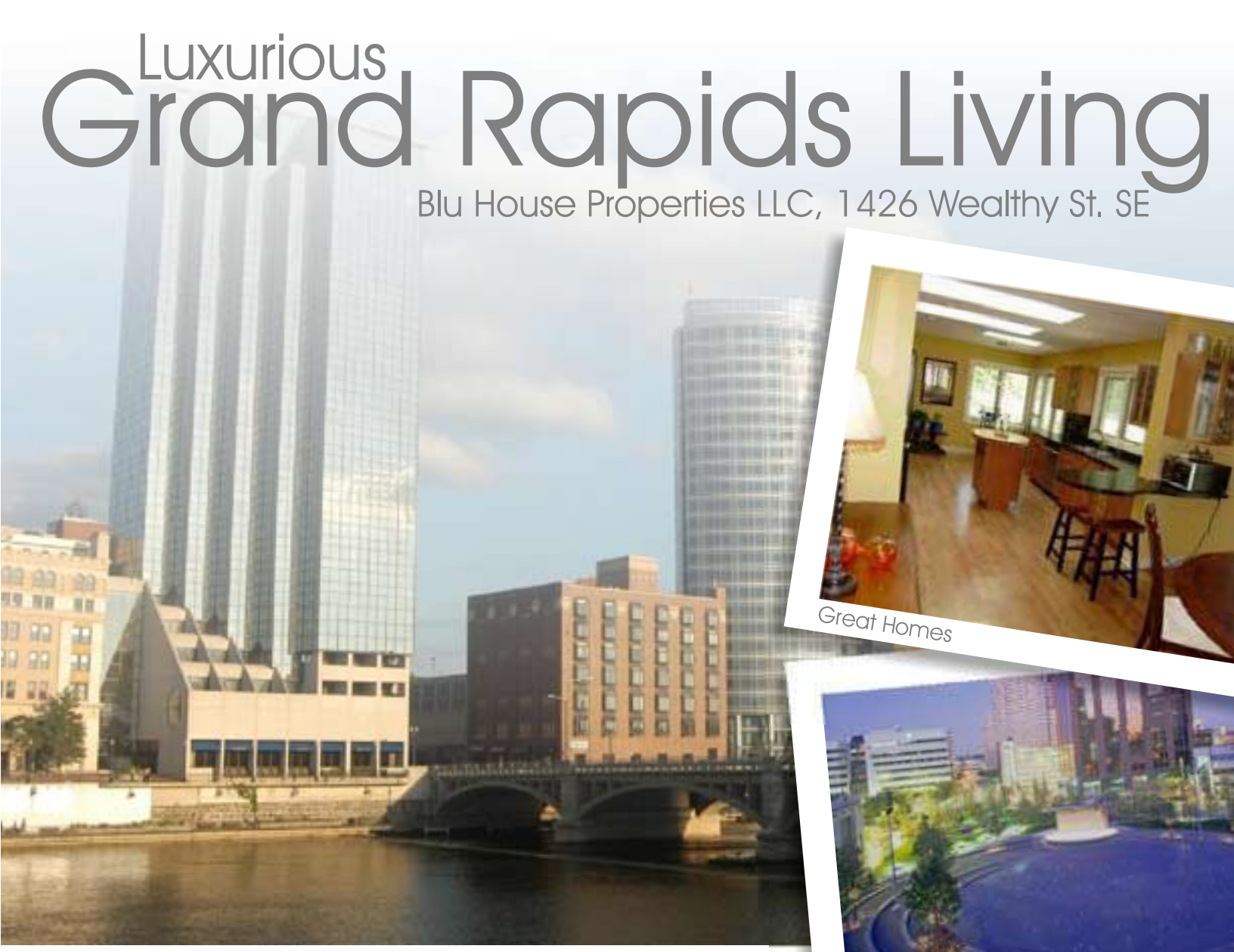
Yesica Robinson
PAP Coordinator
459-1111 x226



Cathy LaPorte
Referral Coordinator
459-1111 x228

Luxurious Grand Rapids Living

Blu House Properties LLC, 1426 Wealthy St. SE



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bluhouse properties llc

Downtown Developments

Peter Coggan, MD, MSEd
GRMERC President and CEO

Professionalism

In previous columns I have alluded to the six ACGME competencies and their importance in residency training programs. "Professionalism", and the issue of medical ethics embedded within it, is one of the six competencies. It presents a challenge to residents and medical students as they formulate their professional values and individual beliefs. Medical educators are also challenged as we consider the best way to teach this competency given the complexity of ethical issues. As an illustration, consider the following report discussed at the recent DeVos Foundation Colloquy on the topic of "Patient Rights vs. Doctor Conscience."

In August 21, 2008, the Los Angeles Times reported that Guadalupe T. Benitez, who is a lesbian, was turned away when she sought artificial insemination from an obstetrics and gynecology medical group. Benitez claimed she was refused because of her sexual orientation; the doctors said they wouldn't perform the procedure on any unmarried woman.

This case made its way through the California Court system to the California Supreme Court. The Supreme Court ruled that doctors, in the course of operating a business, cannot refuse to treat a patient because of his or her sexual orientation, just as they would not be allowed to reject patients based on their race.

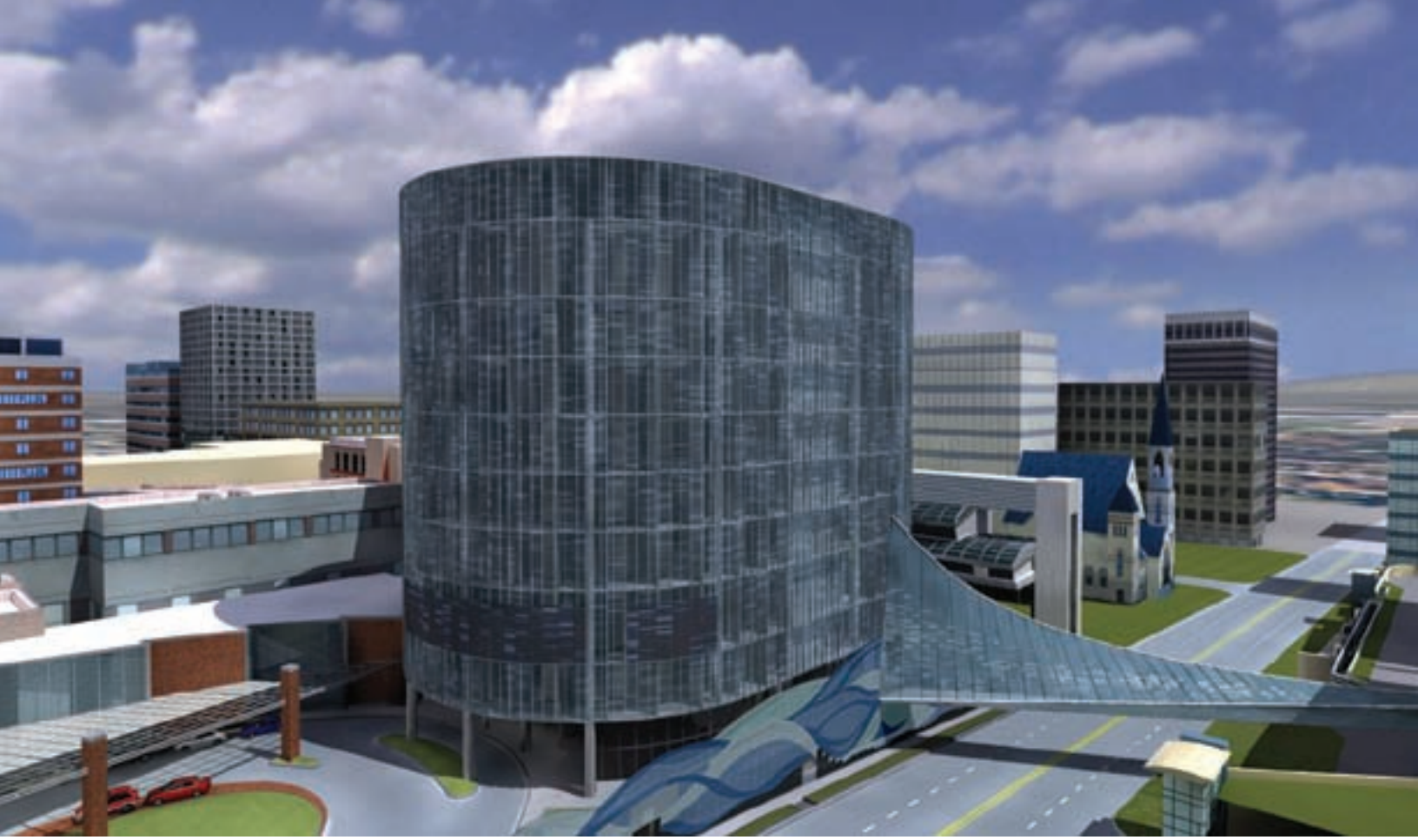
Email threads in response to the report in the LA Times highlight the conflict: "Doctors have the right to provide their services to whomever they wish and for whatever reasons they wish. One person's desire for something does not create another person's obligation to meet it, only an opportunity for mutual voluntary exchange." And, by contrast, this email: "Coming from a family of generations of doctors, I have never known one member to refuse healing service to ANYONE. My father in 1927 started the first evening clinic, free or little pay, in the nation to aid the poor and the workers regardless of their orientation or ethnic or religious background. Also, once a physician takes the Hippocratic Oath, he/she is bound to care for those in need. What has happened to that oath? The California Supreme Court is correct in its judgment."

Close examination of the California Supreme Court ruling reveals limitations to the clarity one might expect from this ruling. The court stated that: "The rights of religious freedom and free speech, as guaranteed in both the federal and the California Constitutions, do not exempt a medical clinic's physicians from complying with the California Civil Rights Act's prohibition against discrimination based on a person's sexual orientation."

However, the California Supreme Court did not rule on the issue of whether the rights of religious freedom and free speech exempt physicians from complying with the State's civil rights act on grounds of marital status. In their ruling the justices state that, because there is doubt as to whether the physicians involved in this case refused to perform the procedure for Ms. Benitez based on her marital status and not her sexual orientation, they (the physicians) are entitled to present evidence that their religious beliefs prohibited them from performing artificial insemination on any unmarried woman, regardless of the woman's sexual orientation.

In other words, discrimination based on sexual orientation is not supportable under California Law, but discrimination based on a patient's marital status remains an open question.

Is this scenario an example of a physician or physician group asserting the right of individual conscience, or is this an unethical - perhaps illegal - denial of a patient's right to receive medically appropriate treatment? How can a case such as this be used as a teaching tool given the range of individual beliefs and cultural backgrounds of our current students and residents? In the past, before the competencies entered the scene, such questions were often ignored. Now, although not an easy task, we must find ways to address them.



The cover of the November/December 2009 Bulletin had an outdated rendering of the new Helen Devos Children's Hospital. Above is the current rendering. We apologize to the Helen Devos Children's Hospital for this error.

Every day when I come to work I see the new Helen DeVos Children's Hospital growing before my eyes.

The new children's hospital will be magnificent in size and scope of care. It is the cornerstone of the "Medical Mile" project, a once in a lifetime convergence that will transform medical care in this region for generations to come.

While construction of the building itself is a four year project, it really represents at least 30 years of investment by this community in developing and enhancing pediatric care.

I have been a pediatrician here for more than 20 years. When I stop and think about how much progress has been made in that timeframe I am amazed. Visionary pediatricians and community leaders worked together to build a comprehensive, regional system of care for children.

Look what is in place now two years before the opening of the new Helen DeVos Children's Hospital in 2011:

- A comprehensive tertiary children's hospital
- The 10th largest neonatal intensive care unit in the nation
- 40 pediatric specialties and more than 150 pediatric specialists
- Partners in Children's Health, a network of two dozen community hospitals affiliated with HDVCH to enhance care for children throughout the state
- A Grand Rapids home for the Michigan State University College of Human Medicine and an enhanced residency program

Of course, once it opens the new facility will bring many additional, significant enhancements to the way we care for children including:

- A 14-floor, 440,000 square foot building dedicated exclusively to pediatrics
- 206 beds, featuring all private rooms for patients and rooming-in for families
- Expanded NICU capacity with an additional 40 private rooms
- Dedicated emergency room, trauma program, operating rooms and post anesthesia recovery
- Centralizing pediatric specialty care in an adjacent ambulatory facility

Bob Connors, MD, president of Helen DeVos Children's Hospital is fond of saying that "we are building care, not just a hospital." He is right. The children's hospital is making investments beyond bricks and mortar and technology. Significant steps in the past year to enhance quality and patient safety are making measurable differences toward our stated goal of being the safest children's hospital in America. We are one of three children's hospitals working with the leading patient safety experts in the country. I am proud of the major commitment we have undertaken and the results achieved already.

I am equally excited about projects myself and others are working on now that address urgent health care needs for children. Helen DeVos Children's Hospital is one of 16 children's hospitals selected by the National Association of Children's Hospitals and Related Institutions to serve on an obesity task force. Together we will design innovative approaches to reduce childhood obesity and its epidemic of related co-morbidity.

Further developing evidence-based care models that drive outcomes and benchmark results will put Helen DeVos Children's Hospital on par with the leading children's hospitals in the nation. The work we are doing now to improve management of children with asthma is designed to do more than satisfy JCAHO core measures: it will reduce visits to the emergency room for children and improve their quality of life.

The innovations being driven by the new Children's Healthcare Access Program, CHAP, are improving access to quality primary pediatric care for children. This collaboration involves support from First Steps, the Early Childhood Children's Commission, local pediatricians, Priority Health Medicaid and Helen DeVos Children's Hospital along with others.

The children's hospital is making investments beyond bricks and mortar and technology.

Based on successful models from Colorado and North Carolina, the idea behind CHAP is that improved access to primary care pediatrics will reduce needless visits to the emergency department. The anticipated savings in emergency room costs help fund enhanced reimbursement to pediatricians, which in turn improves access to primary care.

As the medical director of CHAP, I must say that early metrics are encouraging since the launch of the program in August. The commitment by all involved to changing the system of care is truly gratifying from my perspective. This is just the "first steps" on a long journey, but I am encouraged that we are on the right path.

I am honored to have served as president of the Kent County Medical Society for the past year and to share my thoughts with you in this article. All of you should feel a sense of pride that the Grand Rapids community is becoming a destination for health.

Tom Peterson, MD

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.

Irene Betz
KCMS Alliance President

Wow! What a year it has been! Since my last letter to you, members of the KCMSA visited the Children's Assessment Center in November. The Children's Assessment Center evaluates and protects child victims of suspected sexual abuse, and will be one of the recipients of funds from the KCMSA Charity Ball for Children on February 7. The KCMSA Gourmet Group had a great time at WineFest raising funds for the KCMSA Foundation mini-grant program. Our annual Chicago Bus Trip was a very fun time for everyone!

KCMSA members can celebrate the New Year with a cocktail party at Naya's on January 15 and on January 13, Alliance members will visit the Women's Health Center for a tour and presentation of women's health issues. At this meeting, we will also be collecting your donations of backpacks and duffle bags for the teens at St. John's Home. As in every year, February brings the KCMSA Charity Ball on February 7. This is our major fund raising event of the year and is the result of many hours of work from many members. Please support this fun event that benefits our community!

The Alliance will soon have a website! The membership voted unanimously to establish a website to provide our members and the public up-to–the-minute KCMSA information and be a great resource for our committees. Visitors to the Alliance website will be able to find in-depth webpages devoted to our projects and fundraisers. It will also have a calendar containingallKCMSA meetings and events. The website is still a work in progress, but we hope to go live in February. Please let us know what else you would like to include on the KCMSA website.

I am so proud of our Alliance! When I think of you, I think of people with outstanding talent, leadership, commitment, passion, and character. Thank you, thank you for all that you do!

Happy New Year!
Irene Betz, President

KCMSA MARCH MED DRIVE PICK-UP

Collecting sample & surplus medicines – dated October 2009 or later
- **Eyeglasses, microscopes, sterile gloves, surgical & medical supplies**
- **Stethoscopes, slides, x-ray equipment, sterilizers, etc.**
- **PDR's – 2 years old or newer**

March 16,17,18, 2009
Any questions call
Kathy Kendall (260-1679)

Monthly Musings

No votes, no speakers, no bylaws, no agenda! In short, the only things participants need to anticipate while going to Monthly Musings are one well-served meal and a time of hassle-free quality conversation. We will meet the second Wednesday of the month, combining lunch with a broad-ranging discussion of current events mixed with scintillating bits of chitchat. Lunch will be held at various locations throughout the area chosen by the lunch attendees.

If you would like to attend, please e-mail Eileen Brader ekbrader@sbcglobal.net by January 13, 2009.

Date: Wednesday, January 14, 2009
Time: 11:30AM
Place: Rose's on Reeds Lake
540 Lakeside Dr., E Grand Rapids, MI
616-458-4122

ALLIANCE CALENDAR

EVENT: KCMSA BOOK CLUB

Time: We meet at 12:00 in Schuler's Cafe for lunch.
Book discussion begins at 12:30.
All are welcome. The books are 20% off at Schuler's on the Book Club table under KCMSA.

Place: Schuler's Café on 28th Street
Date: January 20, 2009
Book: *The Count of Monet Cristo*, Alexandre Dumas,
Leader: Kim Cassidy (Kim will tell us which edition)
(Kim will host at her house: 4844 Summer Ridge Court, Ada, 7pm)

Date: February 17, 2009
Book: *Acts of Faith*, Kathy Kendall
Leader: Kathy Kendall

Date: March 17, 2009
Book: *The Shack*, William P. Young
Leader: Carol Beernink
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EVENT: Board Meeting

Date: Tuesday, January 6, 2009
Time: 9:00 a.m.
Place: Board room of the offices of Advanced Radiology Services, 3264 North Evergreen Dr., Grand Rapids
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EVENT: General Membership Meeting

Date: Tuesday, January 13, 2009
Place: Grand Rapid's Women's Health
Speaker: Drs. Michael and Jason Bennett
Topic: "Hot Topics in Women's Health"
Time: 11:00am Women's Health Center Tour and Lunch
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EVENT: Celebrate the New Year with Friends

Date: Thursday, January 15, 2009
Place: Naya
1144 East Paris Ave SE
Time: 7:00 pm
Your $25 reservation includes light hearted conversation and heavy hors d'oeuvres and you may order your favorite cocktail at the cash bar.

Please send $25 check payable to KCMSA by Monday, January 5 to Francesca Wiseman, 615 Cambridge SE, East Grand Rapids, MI 49506
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EVENT: Charity Ball for Children

Date: Saturday, February 7, 2009
Place: Cascade Country Club, Grand Rapids MI
Tickets: $150.00 Black Tie Optional
Time: 6:00 PM
Questions: call Dee Federico 456-6706
This year's two recipients are Children's Assessment Center and Camp Blodgett.

ALLIANCE CALENDAR

EVENT: Surf and Turf Sale

Order Deadline: Friday, March 13, 2009
Pick-Up Date: Friday, March 20, 2009
Pick-Up Location: 340 Gracewood S.E., Grand Rapids
(Mary Crawford's)
Time: 11:30am - 2:30pm
Questions: Call Marianne Delavan 949-6674 or
Mary Crawford 940-0998

Keep room in your freezer we will keep you posted on when you can order
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EVENT: Surf and Turf Dinner

Time: 7pm Social Hour, 8pm Dinner
Date: Friday, March 20, 2009
Place: Marc Stewart's Guest House
636 Stocking Ave. NW Grand Rapids
Questions: Contact Holly Hirai Jones 575-9058
hollyhiraijones@comcast.net or Mary Crawford 940-0998
marycraw@comast.net
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EVENT: Bridge Club

4th Wednesday of the month
Call Marianne Delavan (949-6674) for information

ALLIANCE HEARTBEAT

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.

It's a Small World

We are parents with young children, birth to 5 years, enjoying this role together. Families meet and greet, chit chat, attend GR venues together, dine together, moms and kids play dates, dads and kids play dates, family outings, just making friendships.

Contact: Gina Figurski mfigurski@sbcglobal.net or 534-6942

Join thousands across America by wearing RED on Friday, February 6 to support the fight against Heart Disease in Women.

KCMSA COOKBOOK PROJECT

The KCMSA has many wonderful cooks and we thought a great way to share our recipes with one another as well as the community is to put together a cookbook. If you are interested in getting involved with this new project we are looking for ladies who like to shake it up in the kitchen. Please contact Sandi Winston 485-8705

email: winston4@mac.com. Start collecting your favorite recipes for our cookbook.

KCMSA FOUNDATION MAKES THREE CHARITABLE GRANTS

The Foundation Board of Directors made three mini-grants in November. One grant funded the "Wellness Project for Children at St John's Home" and two grants were made to individuals, a young boy who needed a Danmar Head Float to keep his head above water in the pool and a young woman who needed repairs to her manual wheelchair. Both of these requests were made by representatives from Mary Free Bed Rehabilitation Hospital because the patients' insurance would not cover these costs and the individuals could ill-afford the needed items.

In 1997, KCMSA organized a foundation to make funding available to improve the health and well being of persons of greater Grand Rapids and Kent County, Michigan. The Foundation is a corporation which is organized on a directorship basis. The Board of Directors is empowered to raise funds and disburse funds according to a prescribed grant process. In the past the Alliance has conducted one major fundraiser, the Children's Charity Ball in February, and several small fund raising activities. Proceeds from the major fundraiser will be distributed to charities as determined by the Charitable Fund Committee and the KCMSA. Funds and donations from other events and activities will be used to provide mini-grants, not exceeding $2,000.00, to organizations or individuals through an agency that meet requirements.

Who can apply for mini-grants? How can they get information about the grant process?

Alliance members, their spouses, and all health and wellness organizations may submit requests for funding from the Foundation. Applications for mini-grants may be requested and submitted to the President of the Foundation. The current president is Ora Jones and her address is listed in the KCMSA Directory. The Foundation meets four times a year and will review requests received during each meeting. Members of the Alliance are at work to raise funds to improve the lives and comfort of persons who are at risk.

Prepared by Ora Jones, President of the KCMSA FOUNDATION
December 1, 2008

SURF AND TURF DINNER PARTY - 2009

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 20, 2009 **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 13, 2009.

DINNER ORDER FORM

Name:_____ Number attending:_____Phone:_____ Cell: _____

Dinner choices: - Fresh Lobster dinner $45.00 ea - Steak Dinner $45.00 ea - Lobster & Steak $65.00 ea.
Payment must accompany reservation – payment can be included with Surf and Turf Sale order.

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!

Return to: KCMSA Foundation, 1995 Forest Shores, Grand Rapids, MI 49546
Make checks payable to: KCMSAF

SURF AND TURF SALE - 2009

KCMSAF A non-profit corporation providing funding for Charitable projects in our community and Hope Community Day Care

PICK-UP: Friday, March 20, 2009 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: Friday, March 13, 2009 Order Now! Use this form
Name: _____Phone: _____Cell Phone: _____
Address: _____City/State/Zip: _____

DINNER ORDER FORM

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 $	

Please enclose check or money order payable to KCMSAF

Mail order form to: KCMSA SURF AND TURF SALE, 1995 Forest Shores S.E., Grand Rapids, MI 49546

Kent County Medical Society
Kent County Osteopathic Association
234 Division Avenue N, Suite 300
Grand Rapids, MI 49503-2532

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