

January/February 2008

BULLETIN

*Comprehensive Therapy Center * Gildas' Club Noogieland Plus*

Saturday, February 2nd, 2008 6pm
Egypt Valley Country Club



*Kent County Medical Society Alliance
18th Annual Charity Ball for Children*

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



Your Smart Choice—Recognized

Thousands of medical professionals choose ProAssurance Group companies for our exceptional strength, personalized service, and tough defense against meritless claims.

Now, ProAssurance Group has been recognized on the 2007 Ward's 50—a prestigious list recognizing the top 50 property-casualty insurance companies from over 2,700 companies analyzed. ProAssurance Group is the only specialty professional liability insurer on the 2007 Ward's 50 list whose primary business is medical malpractice insurance.

This honor is yours, too. You have helped us understand what is important. We are responding by delivering the service, stability, and valuable risk management strategies your practice deserves—and all at surprisingly competitive rates.

You deserve a winner—ProAssurance Group, your partner in excellence.



Crosby & Henry
Insurance Since 1858

616/542-5480

ProAssurance



MEETINGS OF INTEREST

KCMS Meetings

LOCAL

JANUARY 8, 2008 - KCMS Annual Meeting, Watermark Country Club

MARCH 4, 2008 - Joint KCMS/KCOA Meeting, Watermark Country Club

MAY 13, 2008 - KCMS Meeting, Watermark Country Club

STATE

MAY 2-4, 2008 - MSMS House of Delegates, Dearborn, MI

NATIONAL

APRIL 1-2, 2008 - AMA National Advocacy Conference, Washington DC

JUNE 14-18, 2008 - AMA House of Delegates, Chicago, IL

KCOA Meetings

LOCAL

JANUARY 15, 2008 - KCOA Annual Meeting, Watermark Country Club

MARCH 4, 2008 - Joint KCOA/KCMS Meeting, Watermark Country Club

JUNE 3, 2008 - KCOA Meeting, Watermark Country Club

STATE

MAY 14, 2008 - MOA House of Delegates, Dearborn, MI

MAY 14-17, 2008 - MOA Annual Convention, Dearborn, MI

NATIONAL

JULY 18-20, 2008 - AOA House of Delegates, Chicago, IL

About the Bulletin

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

Published five times yearly by the Kent County Medical Society and Kent County Osteopathic Association, \$1.50 per copy at the editor's office. Subscription price \$15.00 per year, included in society/association dues.

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

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

Published by:

Kent County Medical Society/Kent County Osteopathic Association
234 Division Ave. N, Suite 300 Grand Rapids, MI 49503
Phone 616.458.4157 Fax 616.458.3305 www.kcms.org www.kcoa.org

KCOA Officers, Directors & MOA Delegation

PRESIDENT	Ann M. Auburn, DO
PRESIDENT-ELECT	Dorothy "Robin" Pedtke, DO
IMMEDIATE PAST PRESIDENT	Karlin E. Sevensma, DO
PAST PRESIDENT	Kristopher Brenner, DO
SECRETARY-TREASURER	Kristi Kern, DO
DIRECTOR (To January 2008)	Lance Owens, DO
DIRECTOR (To January 2009)	J'Aimee Lippert, DO
EXECUTIVE DIRECTOR	William G. (Chip) McClimans, Jr.

MOA DELEGATES to January 2008	Joanne Grzeszak, DO	Jeffrey Stevens, DO
Ann M. Auburn, DO	Norman Keller, DO	Janice Wabeke, DO
Craig H. Bethune, DO	Daniel Kennedy, DO	Michael R. Wiltrakis, DO
Bradley Clegg, DO	Kristi Kern, DO	
James H. Coretti, DO	Edward K. Lee, DO	
William C. Cunningham, DO	J'Aimee Lippert, DO	
John Edleman, DO	Henry Olen, DO	
Erica Elsing-Stevens, DO	Dorothy Pedtke, DO	
Chad A. Friend, DO	Robert W. Selfe, DO	
Laura Griffin, DO	Karlin Sevensma, DO	
	Susan Sevensma, DO	

KCMS Officers, Directors & MSMS Delegation

PRESIDENT	Judith A. Hiemenga, MD
PRESIDENT-ELECT	Thomas H. Peterson, MD
PAST PRESIDENT	Jay P. LaBine, MD
SECRETARY-TREASURER	Anita R. Avery, MD
DIRECTOR (To January 2008)	David E. Hammond, MD
DIRECTOR (To January 2009)	Denise D. Gribbin, MD
DIRECTOR (To January 2010)	Lee P. Begrow, DO
EXECUTIVE DIRECTOR	William G. (Chip) McClimans, Jr.

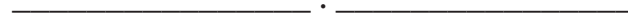
MSMS DELEGATES to January 2008	MSMS DELEGATES to January 2009	MSMS ALTERNATE DELEGATES to January 2008	MSMS ALTERNATE DELEGATES to January 2009
Anita R. Avery, MD	John H. Beernink, MD	James A. De Haan, MD	Bradford W. Betz, MD
R. Paul Clodfelder, MD	Jayne E. Courts, MD	Elizabeth Henry, MD	Edward J. Bok, MD
Michelle M. Condon, MD	Domenic R. Federico, MD	Courtney P. Jones, MD	Keith Getz, MD
Patrick J. Droste, MD	Judith A. Hiemenga, MD	John A. Rupke, MD	Amy L. Manley, MD
Sal F. Dyke, MD	John H. Kopchick, MD	Laura VanderMolen, DO	Judith L. Meyer, MD
Richard A. Ilka, MD	Jay P. LaBine, MD	Stephen L. Winston, MD	John B. O'Donnell, MD
Kevin McBride, MD	John R. Maurer, MD	Phillip G. Wise, MD	Robert E. Reneker, Jr., MD
Khan Nedd, MD	Rose M. Ramirez, MD		Stephen B. Rupp, MD
Michael D. Olgren, MD	David M. Reifler, MD		John E. Van Schagen, MD
Brian A. Roelof, MD	Robert C. Richard, MD		David W. Whalen, MD
	Bruce C. Springer, MD		



105th Annual Meeting of the Kent County Medical Society

TUESDAY, JANUARY 8, 2008

Election of Officers, Delegates, Alternate Delegates



Installation of KCMS President:
Thomas H. Peterson, 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



KCMS PRESIDENT'S MESSAGE

Basic Needs vs. Health Care

Judith A. Hiemenga, MD
KCMS President

What happens when your house is on fire and you are standing out in the snow and sleet in your shoes, jeans and a t-shirt? Just who are you going to call?

At 10 PM on December 1st I met a family of three in exactly that predicament. Firemen were present extinguishing the fire that had completely engulfed this family's home. Twynette, a single mother of two, had only social security disability for an income. The government was efficient and she received her SSI check on December 1st. She did not have her own personal bank, so she cashed her check and kept her money at home in a jar. Twynette also did not have renters insurance. So what do you do if you are standing in the middle of a winter storm with your two children, dog and one winter coat and one spring coat between the three of you? Food, clothing and housing are certainly basic needs and could be reasonably placed in priority above access to health care.

Twynette's first phone call was to the Fire Department. The Fire Department contacted the Red Cross. The Red Cross provided temporary housing for three days in a local hotel. Before Twynette could rent another home, she needed her landlord to credit December's rent back to the Department of Human Services. Twynette's worker at the Department of Human Services was not available until 12 days after her fire. She continued to have a place to stay only because she called multiple hotels and found a less costly hotel. She now had five days paid. Agencies told Twynette she was "rushing things". To qualify for financial assistance she needed a picture ID, social security card, children's birth certificates, a Fire Department's report and a Red Cross report. Only the last of these was available and the first three burned in the fire.

Twynette and her children had only the clothes on their backs. The family spent their initial three days in these clothes. By the end of the third day a church donated gift certificates to Meijers and four days of frozen meals. A teacher brought book bags and books for school. Twynette's daughters returned to school in smoke free clothes on the fourth day after their fire. So far no government intervention was provided. Twynette was given cash by neighbors the night of the fire. Even though she was given additional cash for gasoline for her car, the car started smoking and wouldn't run. The first day after the fire neighbors brought food, plates, cups and silverware. On the fifth day after the fire Twynette's landlord returned December's rent and she was free to look for a new home. A neighbor provided two more days at the hotel. Food, housing and clothing, it is hard to get more basic needs unless you add health care.

The health care system in Michigan and the U.S. has been much criticized for its lack of universal availability. I would suggest in Grand Rapids, health care, emergent or non-emergent, is much easier to obtain than life's very basic needs of food, clothing and housing. This is reflected by the difficulties that Twynette

had in simply availing herself of these resources. Plans for National Health Care are applauded. Others have promoted universal health care and some say that health care should be available and reasonably priced. If you and I were faced with a lack of health care on par with Twynette's emergency, how would we fare?



Emergency health care is easy to obtain. No one is turned away from the Emergency Room. Essential care is provided and sufficient medication is sent home with patients until patients are able to obtain their own medication. All are accepted; legal or illegal residents, insured or uninsured, destitute or wealthy. Hospitalized patients and family members are given food or food vouchers. Transportation vouchers at discharge are provided for cabs or buses. Housing plans are finalized prior to discharge. Nursing home placement for non-hospitalized spouses can be arranged. When domestic violence is a problem, patients are discharged to a shelter or the YWCA. Emergency childcare for dependents of hospitalized patients is available through protective services or the KIDS FIRST PROGRAM can be set up.

Hospital social workers may provide donated clothing items. Funds for prescriptions may be available. Patients and families are referred to financial counselors. Financial counselors even provided envelopes and application forms for Michigan Medicaid. They review patients eligibility. Illegal immigrants are eligible. Coverage is retroactive for medical bills incurred during emergencies or pregnancies. Project Access and Kent Health Plan are also avail-

“...health care...is much easier to obtain than life's very basic need of food, clothing and housing.”

able. Amish groups are offered discounts in health care. Individuals paying cash may ask for discounts. Financial counselors may refer to other local charity programs. Outpatient non-emergent health care is provided on a sliding scale fee through the medical resident clinics. The Cherry Street Clinic is available for routine health care for Medicaid patients and non-injured individuals. The Kent County Public Health Department has multiple medical and dental clinics.

In the hierarchy of human need, food, clothing and shelter are foremost. Politically, health care is the number one hot button. It is clear that health care issues such as costs, availability of physicians, and quality hospitals are seen as valid issues. But, if you start with nothing like Twynette, access to health care is easier to find than food, clothing and housing. And perhaps, government intervention isn't the only answer.

KENT COUNTY HEALTH DEPARTMENT

Mark Hall, MD, MPH
KCHD Medical Director

You Say You Want a Resolution?



It's that time of year when holiday traditions are in full force. Detroit Lions football on Thanksgiving, milk and cookies for Santa, and New Year's Resolutions. As I put away a second piece of apple pie during the final seconds of yet another Thanksgiving Day loss for the Lions, I realized that my holiday eating habits had to change to avoid the inevitable escalation of my body mass index. Shortly after Thanksgiving, news reports indicated that adult obesity rates have leveled off in the United States. Concerned that I may become a statistic without a little more self control, I took a look into local data related to obesity from the Behavioral Risk Factor Survey (BRFS), an ongoing state-based telephone surveillance system supported by the Centers for Disease Control.

Body Mass Index is calculated using height and weight measurements reported by BRFS survey respondents. Adults with a BMI of 30 and above are categorized as obese. Since 1993, the percentage of survey respondents in Kent County considered to be obese has increased from 17.0% to 22.8% (Figure 1). In Michigan, the increase has been somewhat greater (16.5% to 26.5%). Michigan data for 2006 was just released with the percentage of obese adults increasing to 28.7%. Although Kent County data for 2006 are not yet available, it is evident from BRFS numbers that obesity trends are not leveling off in Kent County or Michigan.

Despite my busy schedule, I still make an attempt to get a run in at least three times per week. Physical activity is important to maintain a healthy weight (and it makes me feel better about that extra piece of apple pie). One of the main indicators used in the BRFS is participation in leisure-time physical activities (running, calisthenics, golf, gardening, or walking) during the past month. These data indicate that

Kent County residents may be paying more attention to the benefits of physical activity. The percentage of respondents reporting no leisure-time physical activity within the past month has decreased from 29.5% in 1993 to 16.7% in 2005 (Figure 2). At the state level, the same percentage has remained relatively constant over that same period.

It's easy to see that the data on obesity and physical activity are contradictory. One would think that with more people exercising, obesity numbers would remain stable or decrease. We all know, however, that taking a walk once a month is not going to do much for weight management. To have an effect on weight, physical activity must be sustained for at least 30 minutes of moderate activity per day. Although this indicator provides us with information on those who receive no activity whatsoever, it gives us an indication that additional measures should be reported locally to get a better feel for those not meeting the recommendation of 30 minutes per day.

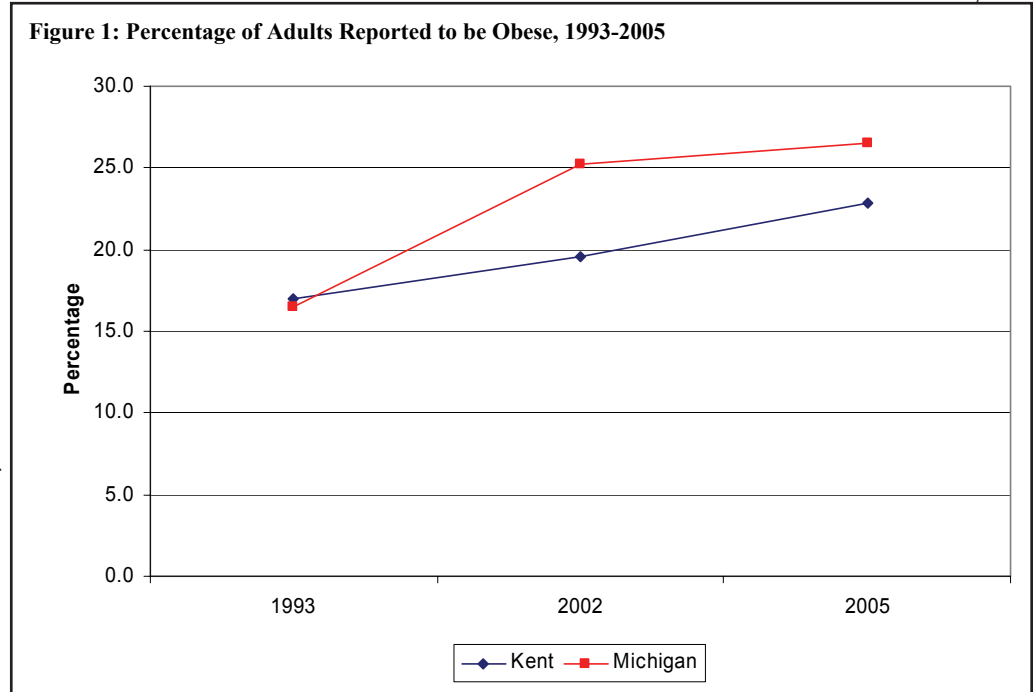
Does apple pie count as a serving of fruit? More than 76% of Kent County

BRFS respondents indicated that they do not get the recommended serving of five fruits and vegetables per day (Figure 3). We know that a combination of diet and exercise is the best way to manage weight, as well as mitigate a number of other health problems. It's concerning that so many people do not get the recommended servings of healthy fruit and vegetables, but the thought of what they're consuming in place of these healthy alternatives is even more concerning.

The issue of obesity is indeed multi-faceted and only a few of the contributing factors were touched upon in this article. Although we can't totally control the behaviors of our patients, we must all resolve to combat this issue by educating our patients on the importance of regular physical activity and healthy eating. For my own health, my personal resolution is to cut back on the holiday treats, and maybe abstain from watching the Lions.

continued on p. 10

Figure 1: Percentage of Adults Reported to be Obese, 1993-2005





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, 2007

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2007	Through Nov 2002-2006
AIDS ^a (Cumulative Total - 775)	3	29	36
AMEBIASIS	0	4	3
CAMPYLOBACTER	3	51	49
CHICKEN POX ^b	34	294	195
CHLAMYDIA	237	3031	2541
CRYPTOSPORIDIOSIS	0	14	7
E. COLI O157:H7	0	5	8
GIARDIASIS	5	79	90
GONORRHEA	64	1024	971
H. INFLUENZAE DISEASE, INV	0	2	2
HEPATITIS A	0	8	6
HEPATITIS B (Acute)	0	1	8
HEPATITIS C (Acute)	0	0*	0
HEPATITIS C (Chronic/Unknown) ^c	23	288	319
INFLUENZA-LIKE ILLNESS ^d	5630	42979	20462
LEGIONELLOSIS	0	12	3
LYME DISEASE	0	4	4
MENINGITIS, ASEPTIC	8	37	35
MENINGITIS, BACTERIAL, OTHER ^e	0	8	11
MENINGOCOCCAL DISEASE, INV	0	4	3
MUMPS	1	1	1
PERTUSSIS	1	6	7
SALMONELLOSIS	1	65	35
SHIGELLOSIS	1	9	10
STREP, GRP A, INV	1	14	15
STREP PNEUMO, INV	4	37	N/A
SYPHILIS (Primary & Secondary)	1	4	6
TUBERCULOSIS	4	22	20
WEST NILE VIRUS	1	2	8

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2007	DISEASE	NUMBER REPORTED Cumulative 2007
Coccidioidomycosis	3	Kawasaki Disease	3
Cryptococcosis	3	Psittacosis	0*
Guillain-Barre Syndrome	2	Yersinia enteritis	4
Histoplasmosis	18		

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

b. Individual chickenpox case reporting became mandatory on 9/1/05, resulting in an increase in case counts primarily from schools.

c. Chronic Hepatitis C surveillance case definition changed on 1/1/07, resulting in a decrease in case counts.

d. Influenza-like illness case counts increased in 2005 due to a change in school reporting of communicable diseases.

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

N/A Data not available.

* Previously reported case was reclassified as non-confirmed at later date.

KENT COUNTY HEALTH DEPARTMENT

continued from p.8

Figure 2: Percentage of Adults Reporting No Leisure-Time Physical Activity, 1993-2005

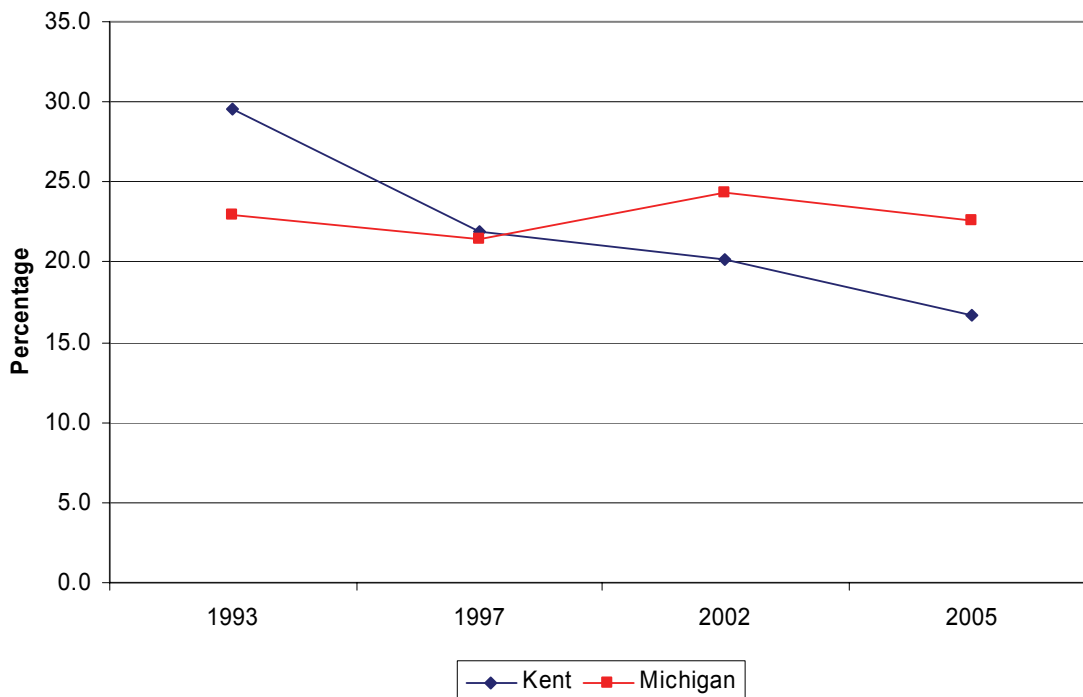
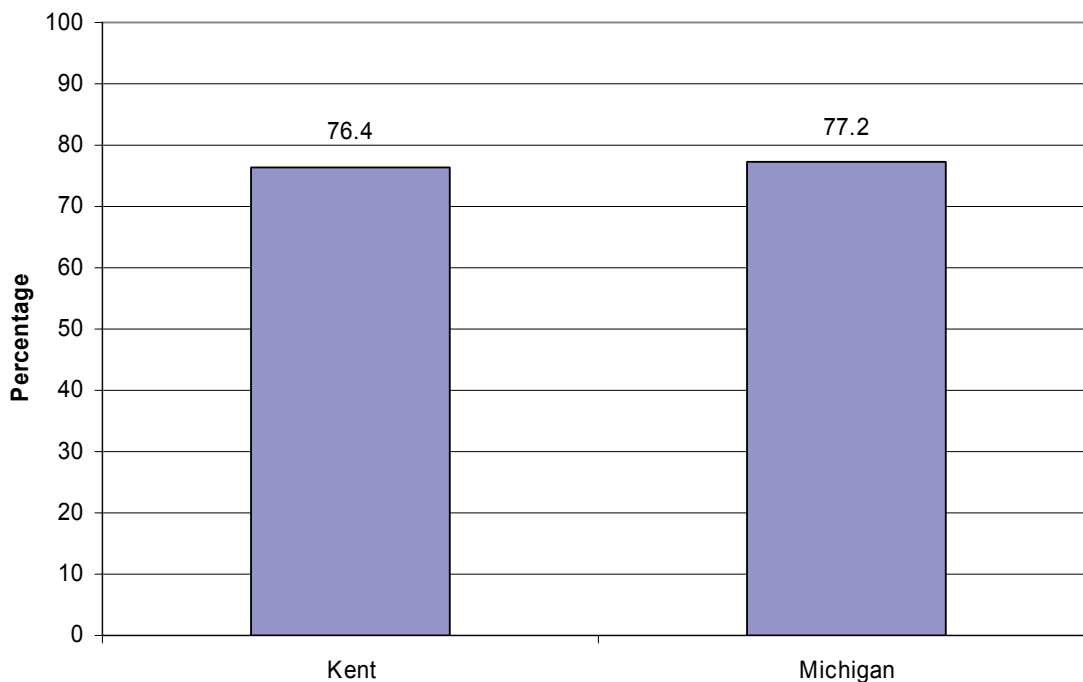


Figure 3: Percentage of Adults with Inadequate Daily Fruit and Vegetable Consumption (< 5 per day), 2005



KCMS PRESIDENT-ELECT NOMINEE



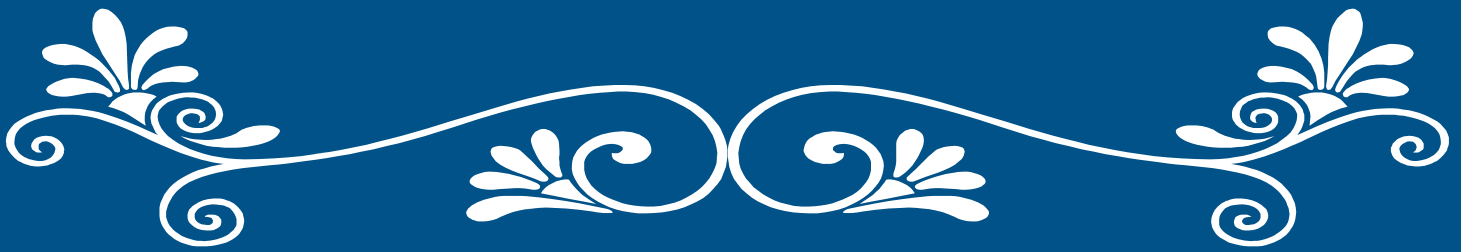
Anita R. Avery, MD has been a member of the Kent County Medical Society (KCMS) since November 2002. Born in Amsterdam, Netherlands, Doctor Avery graduated from Calvin College, and received her medical degree from Michigan State University's College of Human Medicine in 1998. She took her internship and residency program in obstetrics and gynecology at Stanford University in Stanford, California, and is board certified.

Doctor Avery is currently the Secretary-Treasurer for KCMS, is a Delegate to the Michigan State Medical Society (MSMS) House of Delegates, and is the Vice Chairperson of Project Access. She also served as a student delegate to the American Medical Association (AMA) House of Delegates. Doctor Avery is a member of MSMS, the AMA, and the Saint Mary's Health Care medical staff, and practices with Advantage Health.

DOCTOR MONTGOMERY NAMED 'MSMS WOMAN PHYSICIAN OF THE YEAR'



KCMS member Carole L. Montgomery, MD, a Grand Rapids internist, was elected the 2007 MSMS Woman Physician of the Year by the MSMS Committee on the Concerns of Women Physicians. Doctor Montgomery has committed endless hours to her community through educating residents, nurses and physician assistants and is actively involved in lecturing on quality metrics for hospitals. She serves on the Hospital Board of Quality and leads multiple efforts on benchmarking and quality improvement. Doctor Montgomery leads 19 hospitalists and has overseen the recent addition of hospitalists in two rural hospitals in West Michigan. Doctor Montgomery will receive special recognition at the 2008 MSMS House of Delegates.



Annual Meeting
of the
Kent County Osteopathic Association

Tuesday, January 15, 2008

Election of New Officers and Delegates

Speaker:

William D. Strampel, DO
Dean, MSU-College of Osteopathic Medicine



Topic:

Update on Osteopathic Medicine in Michigan

Watermark Country Club
Fairway Room
(1600 Galbraith SE)

Social 6:15 pm

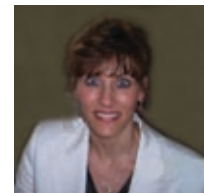
Dinner 7:00 pm



KCOA PRESIDENT'S MESSAGE

Ann M. Auburn, DO
KCOA President

Reflections on the Doctor as Teacher— Are We Keeping Our Promise to “Do No Harm”?



As I begin writing this last and final article of my KCOA Presidency, it's just a few days before the Christmas Holiday and I'm asking myself what is most important to me, my family, my profession and the world. As I look about, I see that truth, integrity and honesty are very important. I can also see that the appreciation of creativity and the differences amongst us that shape the beauty in our world are very important and integral to our happiness and the future. When we became physicians, we took an oath to “Do no harm” while caring for our patients. As a doctor, a physician and a healer, what does this really mean? We must answer these questions for ourselves, but I ask you to look into your hearts and really confront the answers that are best for not only yourselves and your own interests, but the answers that are the greatest good for the greatest number of people that we affect daily with our decisions, opinions and actions. Isn't that what we are supposed to do as doctors? Let's examine the word “doctor”. “A doctor is one who received a doctoral degree from a university, whether in medicine, law, or another field. A physician is a doctor of medicine who is licensed by the state. Doctor comes from Latin, docere, teach; it originally meant teacher—the modern sense of medical practitioner arose in the 16th century.” (from Webster's Handy College Dictionary, New Third Edition). According to this definition and derivation, we are teachers. We teach our patients how to live a healthier, happier life. They come to us with their pains and problems and we are teaching them the truths that guide them to be more able, physically and mentally. Or do we? That is the question we must ask ourselves with the array of tools we have at our disposal. Are we really teaching our patients, our “students”, to live a better life? What lessons are we helping them to learn so they can heal and be more whole? ... whatever their vision of that is.



Let's look at some examples. When a 24-year-old mother and wife comes to us in distress because she is stressed out due to the pressures of working a full-time job and caring for her husband and child while trying to get her masters degree, do we offer her Zoloft or talk to her about a better diet, vitamins, getting enough sleep, exercising, getting a helper, having a talk with her husband? It's easier to offer a

prescription than to do all of the other, but what does that say about our profession? Another example,...when 10-year-old Johnny comes to the office with his mother because of difficulty in school and frequent outbursts of anger, do we diagnose him with ADHD and put him on Ritalin or Adderal, or maybe consider the currently popular diagnosis of Bipolar and put him on Paxil, Zoloft or one of many other medication choices for this problem? Or maybe we should consider checking for anemia, thyroid problems, food allergies, gluten intolerance or dysfunctional family or other relationship dynamics. And what about finding out if he ever really learned how to study, how to read, how to think for himself, how to simply use a dictionary, how to get the full conceptual meaning of what he is studying and have a chance to apply it? And another case,...How about when 17-year-old Susan is brought to our office by her distressed mother because her boyfriend just broke up with her and she is crying a lot, not eating much and having difficulty sleeping? Do we put her on valium to help her sleep and de-stress or do we talk to her about life's tough lessons opening the door to another, possibly better, opportunity and then give her a prescription of rest, Magnesium, B-complex, Valerian Root or maybe a homeopathic to calm her nerves and help her get on with her life? These examples are all real cases (with the names changed) from my own family practice. They came for help, I gave them a healthy solution, a bit more of my time than I could afford in my busy practice day and they all came out just fine, in fact, better than they were because they learned that they had a choice. They learned that they didn't have to buy into the “chemical imbalance” theory. They learned that they didn't have a pathology but rather they were dealing with the difficult times in their lives that were teaching them lessons and making them stronger and more able. What lessons are we choosing to teach our patients, our “students”?

I know what you are thinking...these are just isolated cases or it's not a big deal because people take these medicines everyday and they're just fine. What is our definition of fine? Why aren't we looking at the fact that these examples are not isolated cases and there can be harm done with these drugs? There are thousands of people like these 3 people who walk in thousands of medical offices everyday and walk out with a prescription that has harmful and often lethal side effects and haven't learned anything about themselves, the world or life. A sad but true story that all too often ends in tragedy. Yes, tragedy.

continued on page 14

KCOA PRESIDENT'S MESSAGE

Reflections on the Doctor as Teacher—

continued from page 13

Talk to Mathy Downing or her husband and ask her how she deals with the fact that her 11-year-old daughter hung herself after being put on Zoloft for test anxiety. A kid who was never depressed a day in her life. A kid who had trouble with tests. She was a square peg that was being forced into a round hole and when she didn't fit, her doctor put her on a mind altering drug that gave her heart palpitations, psychotic episodes and after increasing doses, finally drove her into an apathy of hopelessness that caused her to take her own life. And hers is not an isolated case either. Go to www.prescriptionsuicide.com or to www.cchr.org and read about the thousands of cases of real life people who met a similar fate.

These are questions we must ask ourselves as the climate of our profession changes and everyday stressors and difficulties are pathologized as mental disorders or neurochemical imbalances, which have never been found to be supported by any truly scientific evidence. Medical professionals and those who are watching our profession are already asking these questions and examining the answers some physicians have given. Dr. Elizabeth J. Roberts, a child and adolescent psychiatrist, and author of "Should You Medicate Your Child's Mind?" examines these thoughts in an article written in the Pittsburgh Post Gazette on November 18, 2007 entitled "Bipolar Kids or Bad Parents?" (see article at: <http://www.post-gazette.com/pg/07322/834548-109.stm>). The article discusses the case of Rebecca Riley, a 4-year-old who drowned in her own lung secretions on Dec. 13, 2006. Her death was the direct result of psychiatric medications which had been prescribed to her for a presumed diagnosis of bipolar disorder -- a diagnosis first given to her when she was only 2 years old. In September 2007, researchers at Columbia University reported that there had been a 40-fold increase in the number of children diagnosed with bipolar disorder from 1994 to 2003 -- an increase which has shown no signs of slowing. As a medical profession, we are condoning the actions of a social phenomenon gone awry. Dr. Roberts goes on to state, "The permissive parents of spoiled children seek refuge from blame by using the excuse that their child's angry outbursts are the result of a chemical imbalance. Since a psychiatric condition is completely beyond a parent's control, a diagnosis of bipolar disorder is the perfect alibi. Once a child has been diagnosed with bipolar disorder, a parent feels absolved of guilt or responsibility for the child's misbehavior and therefore, the parents' discipline practices cannot be called into question. Parents looking for a psychiatric explanation for their child's misbehavior will find an abundance of support in the media and on the Web for the conclusion that their child's temper tantrums are due to a psychiatric disease rather than the

result of bad parenting. Psychiatrists, for their part, are more than willing to accept, without question, the assessment offered by a parent. Doctors have found it easier and less contentious to comply with a parent's wish to have their child diagnosed with a psychiatric condition than to confront the parent with the notion that their own weak parenting is the root cause of the child's aberrant behavior. Using the diagnosis of bipolar disorder, doctors then justify the sedation of these children with powerful psychiatric drugs. Even though some children treated with anti-psychotics may be temporarily sedated, their belligerent attitude continues unchanged. Of the many children I treat every year who had been previously diagnosed with bipolar disorder, not one of them stopped throwing tantrums after being treated with psychiatric medications. Yet doctors continue to misdiagnose and overmedicate children to appease frustrated parents in spite of the many serious, permanent or even lethal side effects. Tragically, as in the death of Rebecca Riley, her parents administered the multiple medications prescribed by their psychiatrist for Rebecca's "bipolar disorder" until the meds killed her. A few weeks ago, in an interview on 60 Minutes, Rebecca's mother told Katie Couric that she now believes that her four-year-old daughter had been misdiagnosed, had never been bipolar, and that Rebecca was simply mischievous. When it comes to misdiagnosing and overmedicating children, doctors have an unwitting, though not unwilling, accomplice -- the parent. Ultimately, it is the parent who is the gatekeeper for their child's health-care delivery. It is the parent who pursues psychiatric treatment for their child, fills the prescriptions and administers the medications. Parents have a duty to protect their children from the folly of this disastrous approach to childhood behavior problems."

So to my friends and colleagues in the medical field, even if you are initially taken aback by the contents of this article, I ask you to use your intelligence and analytical abilities to take an objective look, reflect on your career and life and ask yourself the questions posed in this article. As you begin the New Year, I hope these reflections help you to seek the truths that help you to be a better physician and a better teacher, so that your patients may live a better life. We have the power to make a choice that is the greatest good for the greatest number of people that we touch through our privilege of service to others who are in need of our expertise and who trust us to do the right thing as we guide them to better health. Best wishes to each of you for a New Year that brings you and all who you touch greater happiness and health.



The night is young and the Grill is hot.

**The
Grill
at 1913**

Make your night on the town complete with dinner at The Grill at 1913— a classic American steakhouse—serving only the finest cuts of your favorite meats. Our dining room is located just steps away from downtown’s thriving nightlife. Reserve your table today. Call 616.774.2000 or visit us online at AmwayGrand.com.

GRAND RAPIDS, MICHIGAN AMWAYGRAND.COM 616.774.2000



seasoned

seasoned

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

TRUE DEFINITIONS

ARE

HARD TO BEAT... WITH **SCW,**

THE

DEFINITION

IS CLEAR!



TRUST THE SEASONED PROFESSIONALS AT SCW WITH YOUR INSURANCE NEEDS

Professional Liability Personal Commercial Life & Disability Insurance

SCW Agency Group, Inc.
Insurance Across America®

Call Today! 1-800-968-4929



ALLIANCE HEARTBEAT

President's Message



The New Year is coming fast at us, reminding us that the annual Charity Ball for Children is Saturday, February 2, 2008, 6:00 PM at the beautiful Egypt Valley Country Club. According to Dee Federico, Chairperson of the Ball, it will be a delightful evening of elegant dining and dancing with sparkling entertainment. During the evening there will be opportunities to claim wonderful experiences such as; weekend cottages on the lake, tickets to Grand Rapids Opera productions, gourmet meals, outstanding art works and many other rare items which will be auctioned. Members, please invite family and friends to this unforgettable evening.

In addition to the excitement of the evening, the motivation for this event is the good that is done for sick children in Kent County. As an Alliance we have accepted as part of our mission to provide health care for children with special needs. All proceeds from the Ball will be donated to two organizations from many that submitted proposals to enhance their programs assisting additional children. The 2008 grants will be given to Gilda's Club Noogieland Plus and the Comprehensive Therapy Center. Last year funds were donated to Cherry Street Health Services, Dr. Edward A. Jones Pediatric Asthma Program, and the St. John's Discovery Program: Adolescent Substance Abuse Treatment. Both programs have extended their services and provide help for an ever enlarging number of children.

Are we making a qualitative difference in the lives of some of our most valuable children? We hope so. We are striving

to use our resources, community contacts and commitment to accelerating joy and wholesome lifestyles for children and youth. We welcome comments and suggestions from members, friends and child-centered organizations regarding how we can improve our fundraising efforts and help more children live healthy lives.

In addition to raising funds, members continue to give a Holiday Party for children and their mothers at a community center. During the party, mothers and children decorate cookies, make crafts and enjoy opening their presents. It is a wonderful, warm experience for Alliance members to join the children and mothers for a few hours. Maybe some of the loving spirit will linger after the last cookie is eaten and the last carol is sung. Other hands-on and volunteer actions are routinely performed by several Alliance members.

Being a member of KCMSA means being a part of the CHANGE to promote and to provide better health for our community. As a successful strategy, we are focusing on the children and youth of the community. The wellness of all is our goal and working together with like-minded people, we believe that this is achievable in our life times.

Ora Jones



NEW INTEREST GROUP!!!!

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.

THE NEXT MONTHLY MUSINGS

Date: Wednesday, January 9, 2008

Time: 11:30AM

**Place: Tuscan Express
6450 28th St. SE, Cascade**

For information on February's meeting, e-mail Irene Betz.

Please RSVP by January 8 to Irene Betz
breneb@aol.com.



ALLIANCE HEARTBEAT

ALLIANCE CALENDAR

EVENT: Bridge Group

DATE: January 28, 2008 (Monday)

TIME: 1 – 3 pm

PLACE: Marianne Delavans, 1995 Forest Shores SE

Calling all ladies interested in playing bridge. We will be meeting the 4th Monday on the month from 1-3 pm. We are looking for a home to hold our game. Please call Marianne Delavan 949-6674 if you are interested in playing or hosting.

Event: KCMSA BOOK CLUB

Date: January 15, 2008 (Tuesday)

Time: We meet at 12:00 in Schuler's Cafe for lunch (optional) and socializing. Book discussion begins at 12:30.

Place: Schuler's Café on 28th Street

Book: "We Need to Talk About Kevin" by Lionel Shriver

EVENT: Charity Ball Meeting

(Date: January 9, 2008 (Wednesday)

Event: Charity Ball Meeting

Time: 9:30 a.m.

Place: Holly Hirai Jones 1240 Breton Road SE East Grand Rapids, MI Phone: 575-9058

Date: January 29, 2008 (Tuesday)

Event: Charity Ball Meeting

Time: 9:30 a.m.

Place: Suzy MacKeigan, 215 Morningside SE, Grand Rapids, MI Phone: 942-7806

ALLIANCE CALENDAR

Event: Charity Ball for Children

Date: February 2, 2008 (Saturday)

Place: Egypt Valley Country Club 7333 Knapp St., NE Ada, MI

Event: Surf and Turf Sale

Date: March 14, 2008 (Friday)

Order Deadline: March 5th (Wednesday)

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.

Event: Surf and Turf Dinner

Date: March 14, 2008 (Friday)

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

TIME: 7pm Social Hour, 8pm Dinner

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

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.



KCMSA MARCH MED DRIVE PICK-UP

March 3, 4, 5, 2008

Collecting sample & surplus medicines – dated October 2008 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)

We've Lowered Rates . . . Again

Now Michigan's best doctors get even better value



Keeping rates low is important – that's why we've reduced them again – but great rates are only one component of American Physicians' commitment to providing Michigan doctors with the best medical liability insurance value in the state.

- **Lower Rates** – rates reduced two out of the last three years. We held rates steady the other year.
- **Better Coverage** – 33%-100% higher annual aggregate limits (at least four times the per claim limit) at no additional cost.
- **Free On-Site Risk Management Assessment (\$1,500 value)** – for all newly insured practices.
- **Best Coverage Choices** – including occurrence, claims-made and claims-made with a pre-paid tail.
- **Physician-Focused Service** – founded by doctors and guided by physician board members who understand your needs.
- **Discounts for the Best Physicians** – the best medical practices qualify for schedule rating credits, claims-free discounts of 5% to 15%, and a 3% Member Rewards discount for MSMS or MOA members.

Our industry-leading risk management, rigorous underwriting and prudent financial leadership, as well as the effect of Michigan's strong tort reforms, have enabled us to lower or maintain rates for three years running.

American 
Physicians[®]

ASSURANCE CORPORATION

Practices That Set The Standard

800-748-0465
www.apassurance.com

KCMS NEW MEMBERS

Stanislav Belyaev, MD (Active)
Pulmonary Disease (Board Certified)
Critical Care Medicine (Board Certified)

B.S./Medical School: Ural State Medical Academy, Russia, 1993, education is combined

Internship: City Hospital #1, Russia, Anesthesiology, 1993 -1994

Residency/Fellowship: Cook County Hospital, Chicago, Illinois, Internal Medicine, 1998 – 2001; Albert Einstein College of Medicine, Bronx, New York, Pulmonary/Critical Care, 2001 – 2004

Previous Practices: City Hospital #1, Russia, 1994 -1997; Eastern New Mexico Medical Center, Roswell, New Mexico, 2004 – 2007

Address: 4100 Lake Drive SE, #200, Grand Rapids, Michigan 49546, 949-8244

Sponsor: Michael J. Harrison, MD

Wael K. Berjaoui, MD (Active)
Internal Medicine (Board Certified)
Pulmonary Medicine

B.S./Medical School: Kaunas Medical University, Kaunas, Lithuania, 1999

Internship: Al Sahel General Hospital, Beirut, Lebanon, Internal Medicine, 1999 – 2000

Residency/Fellowship: Medical College of Ohio, Toledo, Ohio, Internal Medicine, 2001 – 2004; University of Utah, Salt Lake City, Utah, Pulmonary/Critical Care, 2004 – 2007

Address: 4100 Lake Drive SE, #200, Grand Rapids, Michigan 49546, 949-8244

Sponsor: Michael J. Harrison, MD

Emilie M. Collins, MD (Active)
Internal Medicine
Diabetes/Endocrinology

B.A. : Middlebury College, Middlebury, Vermont, 1996

Medical School: University of Texas Southwestern Medical School, Dallas, Texas, 2002

Internship/Residency: University of Michigan, Ann Arbor, Michigan, Internal Medicine, 2002 – 2005

Fellowship: University of Michigan, Ann Arbor, Michigan, Metabolism, Endocrinology, and Diabetes; training in clinical research, 2005 -2007

Address: 200 Lafayette Ave SE #2045, Grand Rapids, Michigan 49503, 732-3098

Sponsor: Philip Tate, MD

Jennifer J. Ekkens, DO (Active)
Emergency Medicine

B.S.: Hope College, Holland, Michigan, 1997

Medical School: Michigan State University, College of Osteopathic Medicine, E. Lansing, Michigan, 2003

Internship/Residency: Metro Health Hospital, Grand Rapids, Michigan, 2003 – 2007

Address: 200 Jefferson Ave., SE, Grand Rapids, Michigan 49503, 752-6781

Sponsor: Michael Olgren, MD

Russell J. Lampen, DO (Active)
Infectious Disease (Board Certified)
Internal Medicine (Board Certified)

B.S.: Michigan State University, East Lansing, Michigan, 1997
Medical School: Michigan State University, College of Osteopathic Medicine, 2001

Internship/Residency: Metropolitan Hospital, Grand Rapids, Michigan, Internal Medicine, 2001 – 2004

Fellowship: Virginia Commonwealth University Hospitals, Richmond, Virginia, Infectious Diseases, 2004 – 2006; Michigan State University, East Lansing, Michigan, Assistant Professor Infectious Diseases, 2006 -2007

Address: 515 Michigan Street NE, Grand Rapids, Michigan 49503, 774-2822

Sponsor: David Dobbie, MD

Sudheer K. Meesa, MD (Active)
Pulmonary Disease (Board Certified)
Critical Care Medicine (Board Certified)

B.S.: Loyola College, Vijayawada, India, 1986

Medical School: Guntur Medical College, Guntur, India, 1993

Internship/Residency: Edgewater Medical Center, University of Illinois, Internal Medicine, 1995 - 1998

Fellowship: Cook County Hospital, Chicago, Illinois, Pulmonary/Critical Care, 1998-2001

Previous Practice: Medical Group of Fort Wayne, Indiana, 2001 – 2007

Address: 4100 Lake Drive SE, #200, Grand Rapids, Michigan 49546, 949-8244

Sponsor: Michael J. Harrison, MD

Robert L. Smith, MD (Active)
Emergency Medicine

B.A.: Albion College, Albion, Michigan, Biology, 1994

Medical School: Wayne State University School of Medicine, Detroit, Michigan, 2004

Internship/Residency: St. John Hospital & Medical Center, Detroit, Michigan, Emergency Medicine, 2004 -2007

Address: 200 Jefferson SE, Grand Rapids, Michigan 49503, 752-6781

Sponsor: Michael Olgren, MD

Crosby & Henry

Insurance Since 1858

PREFERRED



VENDOR

(616) 942-5480
www.crosbyhenry.com

PREFERRED



VENDOR



Corporate Moving Specialists

- Home • Business • Free Estimates • Local & Statewide
- Packing Service • Climate Controlled, Containerized Storage
- Boxes & Packing Supplies • Specialized Boxes for Office Use
- Confidential • Professional • Courteous

Have questions or need moving tips?
Just give us a call.

North (616) 647-4262 South (616) 245-9200
4020 West River Dr. 1575 Gezon Pkwy., SW, Suite F
Comstock Park, MI 49321 Wyoming, MI 49509

Each franchisee independently owned and operated

The Cure for Moving Anxiety.

As you may already know **TWO MEN AND A TRUCK®** is much more than our name implies. After moving hospitals, universities and major corporate headquarters, we have built a strong reputation of expertise & professionalism. A fleet of 45 trucks and a staff of 125 are ready to serve you. So simplify, with the fleet that's right down the street.

And, We Sell Boxes For All Your Moving & Storage Needs!



**TWO MEN
AND A
TRUCK.**

"Movers Who Care.™"

www.twomenandatruck.com

DEAN'S MESSAGE

Construction, Departments, Teaching Sites

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



As we start this New Year, Michigan State University College of Human Medicine (MSU CHM) has a full agenda of work to accomplish in the next 12 months. Construction will soon be underway at 15 Michigan Street for the Secchia Center, as we prepare for construction to begin in April. Recruitment continues for researchers representing several fields of study, while we secure laboratory space from our partnering institutions. Perhaps our most intensive effort underway presently is the establishment of departments for MSU CHM.

Over the past several months, I have met with advisory groups made up of physicians from both Spectrum Health and Saint Mary's Health Care. Our discussions have focused on how to structure the MSU CHM departments in Grand Rapids to meet the vision of Michigan State University and our community partners. This has been a highly collaborative effort with exciting outcomes.

Our five-year transition plan for MSU CHM will establish departments among the physicians of the Grand Rapids community and includes the following:

- An effective merger and blend of the academic and research functions of the faculty of Grand Rapids and the faculty of East Lansing. There are several ways in which departments may work toward these goals. Scenarios include having two department chairs during the transition, allowing each to accomplish the intense work of building collaboration across physician groups in Grand Rapids and of building strength in East Lansing, or having one chair who might be based either in Grand Rapids or East Lansing.
- A commitment from MSU CHM to forego a competitive clinical practice in the community of Grand Rapids, thereby relinquishing the usual source of support for college activities that results from clinical work of faculty.

- A commitment from the physician groups joining the MSU CHM departments to provide college support.

The current phase of this plan includes an invitation to area practices to participate in the MSU medical school expansion by becoming designated teaching sites for MSU CHM. Participation through a Group Affiliation Agreement offers important benefits to groups, including the eligibility for enhanced Medicaid reimbursement that is available to all medical school faculty in Michigan.

For physician groups considering becoming teaching sites, please note that enhanced reimbursement under Medicaid Fee for Service begins the quarter after the Group Affiliation Agreement contract is signed, while enhanced reimbursement under Medicaid Managed Care begins in October for contracts signed prior to February 1, 2008. Should you miss this deadline, you may risk an entire year of enhanced managed care reimbursement, as contracts signed between February 1, 2008 and January 31, 2009 will not begin reimbursement until October 2009.

The measure of our success in meeting the goals of MSU

“...important benefits...including the eligibility for enhanced medicaid reimbursement...”

CHM and our partner institutions will be the establishment of research intensive departments with strong academic programs across the college. We appreciate your consideration in joining the MSU College of Human Medicine faculty. For more information, please contact Tina Barnikow, MSU advisor for health plans and administration, at 616.233.1678 ext. 207.

While you manage their health...



...let us manage your wealth.

Think of your Fifth Third Private Client Advisor as your primary financial care provider. We understand the unique business issues you face each day and provide professional assistance with everything from insurance strategies¹ and equipment financing to employee benefits and cash management solutions. We can even help you when the time comes to sell your practice. Your Private Client Advisor will work closely with you to help strengthen your financial health and well-being throughout the life of your practice.

To arrange a consultation with a Private Client Advisor, call Tim Haberling at 616-653-5603

PREFERRED



Fifth Third Bank
Private Client Group

WEALTH PLANNING | INVESTMENT SERVICES¹
TRUST SERVICES | PRIVATE BANKING² | RISK MANAGEMENT

^{*}Fifth Third does not provide tax or legal advice. Please contact your tax accountant or attorney for advice pertinent to your personal situation.

¹Fifth Third Bancorp provides access to investments and investment services through various subsidiaries, including Fifth Third Securities, Inc., member NASD/SIPC. Fifth Third Securities, Inc. is a wholly owned subsidiary of Fifth Third Bank.

Investments, including stocks, bonds and mutual funds are:

Not FDIC Insured	Offer No Bank Guarantee	May Lose Value
Not Insured By Any Federal Government Agency		Not A Deposit

Insurance made available through Fifth Third Insurance Agency, Inc.

²Private Banking bank products provided by Fifth Third Bank. Member FDIC. Equal Housing lender.

Physicians Quietly Making a Difference

Happy New Year to you and yours. Thanks to the many gifts given by physicians and their offices, people across Kent County are approaching 2008 with a renewed sense of life. You have given them the ability to live life, and not merely exist.

The Project Access office coordinates your gifts of talents receives expressions of thanks often. The most recent letter identifies the importance of helping people gain access to care, treat that care and the donor gratefully and then “pay it forward” to get back on their feet financially – or in this case, help others.

“Hello Everyone, I want to say thank-you for helping me along the road to getting the hip replacement I so much needed. Your program lifted a very depressing financial burden off my shoulders, which I’m sure has helped my healing process go so much quicker. I am recuperating very well and look forward to getting back to work (pain free) and getting back to volunteering for Habitat for Humanity.

It’s a God send that a program such as Project Access exists. I truly feel blessed. Thank-you all so very much. Your help is greatly appreciated.”

2007 – Year in review

Donated care as reported to date December 2007	\$1,729,000
Since inception, total gifted care	\$3.3 million
Patients assisted with Primary Care Home	
Since inception, total given Primary Care Home	552
Patients assisted with Specialty Care	993
Patients enrolled in programs given Medication Access	166

Local Funders of Project Access include:

Blodgett Foundation
Blue Cross and Blue Shield of Michigan/Blue Care Network
Peter and Pat Cook
The Doornink Foundation
Grand Rapids Community Foundation
Idema Foundation
The Slemons Foundation
Spectrum Health Healthier Communities
The Steelcase Foundation

Project Access patients are mentored to make healthy lifestyle choices, utilize community health services, quit smoking and learn more about financial management. We hear that physicians office appreciate this in-depth screening and orientation - if you or your office would like more information about community resources, or wish to further the partnership in health promotion to your patients, contact Project Access Executive Director, Patricia Dalton at 235-0000.

Thank you again for your work to help the uninsured in Kent County. You are making a difference.



Project Access Board Members accept a check from the Grand Rapids Community Foundation for \$100,000 from GRCF Board Member Paul Doyle. Project Access Board Members are (l-r): Davis Dalton, DO, Anita Avery, MD; Laura VanderMolen, DO; Board Chairman Jeffrey Stevens, DO; Executive Director Patricia Dalton and presenter, Paul Doyle.



Project Access Board Chairman, Jeffrey M. Stevens, DO, accepts a check from Grand Rapids Community Foundation for \$100,000, as presented by GRCF Board Member Paul Doyle.



IN MEMORIAM

Anne F. Oostendorp, MD 1940-2007

Anne F. Oostendorp, MD, a member of the Kent County Medical Society passed away October 24, 2007. Doctor Oostendorp received her medical degree from the University of Michigan in 1968. She practiced Pediatric Radiology in Grand Rapids.

The Medical Society extends sympathy to her family.



CLASSIFIED ADS

Boca Grande, Florida

Owner rates, Beachfront condo, heated pool, great view, sleeps 4 to 6. Call (616) 942-4768

Medical Offices in SE Area

1815 Breton Rd. - 1,750sf - Sale or Lease
 2540 Woodmeadow Dr. - 4,523sf - Lease
 2566 Woodmeadow Dr. - 2,705sf - Lease

Denise Chumas
 Prime Development Co.
 (616) 957-4733 Ext. 307

GRMERC UPDATE

Physician Shortage

Peter Coggan, MD, MEd
GRMERC President and CEO



Michigan will experience a shortage of doctors in the next few years. The Michigan State Medical Society (MSMS) report issued in 2006 predicted a shortfall of 6,000 physicians in this state by 2020. You might think we have plenty of doctors judging by the new construction along the Medical Mile and at Saint Mary's Health Care and Metro Health. Not so according to just about everyone who has looked at the statistics. Perhaps you are skeptical that the projections can be trusted. After all, we have been hearing about physician shortages for decades so this doesn't seem to be a new issue.

The Report of the Graduate Medical Education National Advisory Committee (GMENAC) published in 1980 used a population-based model to determine physician need nationwide. It predicted a substantial physician surplus and was followed by other reports from organizations such as the Pew Health Professions Commission and the Council on Graduate Medical Education that led some medical schools to consider cutting class size by as much as 25 percent.

How could these reports have been so

wrong? The problem with past predictions is that they were based on the wrong methodology and a poor understanding of the forces driving physician distribution and career decisions. While theoretically

sound in many respects, GMENAC was limited because it did not take into account the economics of establishing a practice, quality of life issues and other factors important to physicians evaluating practice locations and professional lifestyle.

Other studies published since GMENAC have used more sophisticated models but have not successfully predicted physician need. The exception may be the work of Richard "Buzz" Cooper, MD whose analysis has been the focus of much criticism but now seems to be one of the most accurate predictive models available.

How does this affect us here in West Michigan? The MSMS commissioned a report using a modification of "Buzz" Cooper's model for a comprehensive statewide study. In Western Michigan this translates to a 34% increase for physicians of all specialties and a consequent shortage in primary care and most other specialties and subspecialties. The solution, it seems to me, is threefold:

- Maximize our graduate medi-

of the numbers we need. The presence of Michigan State University's new medical school in Grand Rapids will enhance our opportunities to recruit its graduates to our residency programs.

- Develop a plan to recruit physicians to West Michigan. This is a great place to live and that certainly counts when residency graduates make their practice location decisions. The competition will be fierce since other states will be competing for our graduates, so fasten your seatbelt for a challenging ride.

- Foster new primary care practice models teaming physicians, nurse practitioners and physician assistants. The developing partnerships in our health care community will place us in a good position to create these models.

With goodwill, collaboration and

“The problem with past predictions is that they were based on the wrong methodology...”

cal education programs. An expansion of our residencies and fellowships will help; however, even if we expand our programs to capacity, our best projections indicate that we will fall far short

dedicated effort we can solve this problem.

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 14, 2008 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!

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 14, 2008

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 5, 2008.

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 2008



TO BENEFIT
 Kent County Medical Society Alliance Foundation
 A non-profit corporation providing funding for
 Charitable projects in our community and
 Hope Community Day Care

PICK-UP: Friday, March 14, 2008 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 5, 2008

----- cut here -----

Order Now! Use this 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		\$

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

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

MMGMA UPDATE

New Year's Thoughts

By: Bob Wolford, CMPE
Executive Director – Grand Rapids Ophthalmology
Past President, Michigan Medical Group Management Association

Most of us are aware that alleged medical billing improprieties have been in the news right here in West Michigan. As a member of the Kent County Medical Society (KCMS) and the Kent County Osteopathic Association (KCOA) you should be asking yourself what you are doing to prevent being surprised by an improper billing practice by a member of your organization ... including another provider, a billing and coding staff member or data entry person. This is not to say that improper billing is always willful or malicious. We all understand that medical billing is extremely complex and that any of us can understand a code improperly. Thus, even the smallest of practices can find that it has been billing a procedure improperly and proving good intent can be very difficult.

Time for a new year's resolution: Make 2008 the year that you and your staff commit your practice to billing excellence. Some helpful tools ...

Education: KCMS, KCOA, MSMS, MOA and the Michigan Medical Group Management Association (MMGMA) in addition to various specialty societies all offer excellent courses and meetings to assure that you and your staff understands billing issues well. I would be remiss if I didn't mention the MMGMA's Spring Conference which will be held in Mount Pleasant on March 13th and 14th.

Compliance Plan: Your practice should have a compliance plan, assign a compliance officer and a Compliance Committee should meet regularly to review any billing (and other regulatory) issues. Our compliance plan includes performing internal prospective audits which are reviewed by the Compliance Committee and permit the development of targeted in house education and development.

Compliance Hot Line: This is perhaps one of the least understood and most valuable membership benefits offered by the MMGMA. The cost of participation in the Hot Line is just \$100 for the year. The Hot Line facilitates your practice learning about an "issue" from employees who might otherwise keep a concern to themselves. Whistle-blowers often say that they were afraid of being punished or even fired if they were to express a concern. This product removes that concern since an employee can call the Hot Line. The Hot Line is operated by a physician owned answering service. Staff have

been instructed how to handle these calls and the caller's identification is kept confidential. Should a call be processed from one of your employees, you will be contacted and can give the Hot Line a reply for the caller.



So, there you have it ... a new year's resolution for your practice. Remember that membership in MMGMA for your practice manager is very inexpensive at just \$95.00 per year.

For information on membership in MMGMA, subscribing to the Hot Line or registering your manager for the MMGMA Spring Conference in Mount Pleasant, you can contact:

Sherry Barnhart – MMGMA Executive Secretary
E-mail: sbarnhart@msms.org
phone: (517) 336-5786

YOU MAY QUALIFY FOR MEDICARE REIMBURSEMENT

Attention Oxygen Patients!

Get HomeFill™ and breathe in the freedom!

- Weighs less than 5 lbs.
- Quick, easy and safe connection
- Two tanks last over 10 hours
- No waiting for deliveries
- Carry over the shoulder or around the waist

It's easy to fill your own Invacare cylinders for a continual portable oxygen supply. Use the lightweight Patient Convenience Pack and go!

Ask us about our Respiratory Medication Program for Medicare Recipients!
Unit Dose Respiratory Medications for Aerosol Therapy Patients.

AIRWAY OXYGEN INC.
Home Medical & Rehabilitation Equipment & Supplies
www.airwayoxygeninc.com

2935 Madison SE Grand Rapids 2955 Clydon Ave SW Wyoming
616.247.3900 800.632.0730

BATTLE CREEK • BENTON HARBOR • CADILLAC • COLDWATER • HASTINGS • HOLLAND • KALAMAZOO
LANSING • MT. PLEASANT • MUSKEGON • PETOSKEY • TRAVERSE CITY • WARSAW, IN

Professional Liability Coverage Forms

As you've looked at different professional liability or "med mal" insurance policies, you may have noticed two forms: "claims-made" and "occurrence." Neither form is superior; there are inherent similarities and differences between the two. Understanding the differences may help you to make an informed comparison—along with your knowledge of the companies' commitment to defense, financial stability, and history in your state.

The claims-made form provides you with coverage for an event (injury or damage) that takes place on or after the retroactive date identified in the policy and prior to the end of the policy period and is reported while the policy is in force. The occurrence form provides you with coverage for an event that takes place during the policy period no matter when you report the claim, though the policy's coverage for the event is at the limits in force at the time of the event.

As with many products in the financial sector, the more options you bundle into an insurance policy, the higher the cost of that policy. With the occurrence policy's option of reporting an event at any time, the cost of occurrence coverage is, generally, higher—at least over the first several years of coverage. With occurrence coverage, you're paying for the "extended reporting period" or "tail" up front—as the cost is "bundled in" at the time the policy is purchased.

With claims-made coverage, the lack of the "extended reporting period" is not an issue for coverage until canceling a policy—when it is common to purchase "tail" coverage against future claims that may arise from past events. This way, the cost of tail coverage is paid when you purchase it, instead of at the beginning of your

policy purchase (as with the occurrence form of coverage). Some companies offer a free tail with retirement (after a minimum number of policy years), disability, or death.

Tail coverage can cost up to several times your annual premium. To balance out this "later" cost, you receive discounted premiums in the early years of your claims-made policy. While occurrence policies charge you mature premiums from the start, claims-made premiums typically take five years to reach full maturity—often in the pattern of 20%, 40%, 60%, and 80% of full premium over the first four years.

Since insurance companies can more accurately predict the cost of insuring doctors year-to-year with claims-made coverage, this coverage form helps to reduce cost and loss volatility—which is high due to the ever-changing legislative, judicial, and medical arenas. Claims-made coverage is the dominant professional liability form for physicians, dentists, and other professionals in the United States today.

For more information on coverage types and companies, contact your malpractice carrier.

This article was submitted and authored as a courtesy by ProNational Insurance Company, a ProAssurance Company.

Liability Rates are dropping



Joe Benoit
insurance agent



Eric Palmer
insurance agent



Wayne Vaupel
insurance agent

The Michigan State Medical Society (MSMS) and the MSMS Physicians Insurance Agency are pleased to announce changes regarding professional liability insurance.

Beginning January 1, 2008, American Physicians Assurance Corporation, the exclusively-endorsed carrier for MSMS and the #1 writer in Michigan, will **decrease rates overall in many counties and specialties overall by 6.5%**.

For Insurance

... the only number you need:
877-PIA-ASK-US (742-2758)
www.msmsinsurance.org
msmsagency@msms.org

Why Doctors Choose American Physicians:

- 33% higher annual aggregate limits
- Claims-free discounts up to 15%
- Additional discount for MSMS members
- Additional credits available
- Occurrence or claims-made coverage
- Free on-site risk management assessment and toolkit

And . . .

- Founded by physicians
- Endorsed by MSMS and MOA
- Focused on the Midwest
- Headquartered in East Lansing, MI
- 31 years of experience
- Financially strong and getting stronger
- Exceptional claims service
- Tough defense strategy

MICHIGAN STATE MEDICAL SOCIETY



Physicians
Insurance
Agency

American 
Physicians®
ASSURANCE CORPORATION

No two patients are the same.

Whether in medicine or banking, everyone has different needs. Working locally and personally with medical professionals, we offer banking solutions that fit.



FOUNDERS
Bank & Trust

Member FDIC

Passionate about people.

LOCATIONS

Northland Dr at Plainfield - NE
Cascade Rd at Spaulding - SE
Monroe Ave at Louis - Downtown
Wilson Ave at 56th - SW

616-956-9030

www.foundersbt.com

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

PRSR STD
U.S. POSTAGE
PAID
Grand Rapids, MI
Permit 180