March/April 2008

# BULLETIN

# CSI:

## GRAND RAPIDS...PART II

IN THIS ISSUE:



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


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March/April 2008 volume 93, no.2

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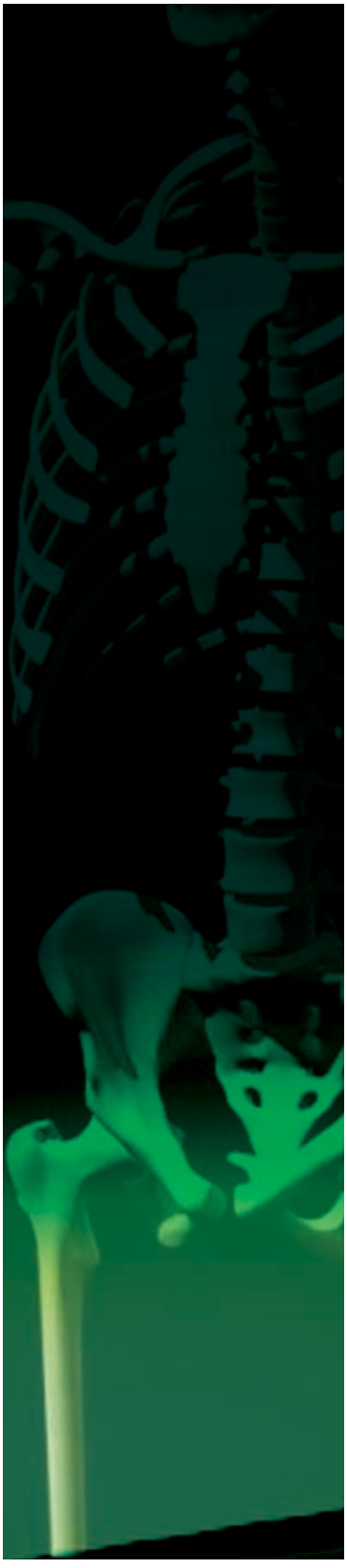
Kent County Medical Society and the Kent County Osteopathic Association



## FEATURES



## DEPARTMENTS



### WE'VE MOVED!

**THE KCMS AND KCOA HAVE A NEW OFFICE**

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

# MEETINGS OF INTEREST

## KCMS Meetings

### LOCAL

**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

**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.

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**234 Division Ave. N, Suite 300 Grand Rapids, MI 49503**
**Phone 616.458.4157 Fax 616.458.3305 www.kcms.org www.kcoa.org**

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YOU ARE INVITED

to THE JOINT MEETING of

THE KENT COUNTY MEDICAL SOCIETY and

THE KENT COUNTY OSTEOPATHIC ASSOCIATION

Topic:

# CSI:

## GRAND RAPIDS PART II

Speaker: Stephen D. Cohle, MD
Forensic Pathologist
Kent County Medical Examiner

Date: March 4, 2008

Location: Watermark Country Club
5500 Cascade Road SE

Social 6:15 PM Dinner 7:00 PM

# KCMS PRESIDENT'S MESSAGE

# What's Ahead

**Thomas H. Peterson, MD**
**KCMS President**

2008 is here. The ever turbulent health care climate can seem like a roller coaster, but one we have to have to ride whether we like it or not. Many physicians feel the so called "golden years" of medicine have passed while many younger, newer physicians never knew those years. We are now finally moving into the electronic world, a second nature to new young doctors, a scary venture for many of us elder ones. Quality improvement demands, pay for performance, health plans measures, transparency of our care, standardized guidelines, patient safety, and the ever-changing Medicare and Medicaid requirement struggles have become very real aspects of our everyday practices today. Terms like medication reconciliation, cultural competency, motivational interviewing, core measures, and medical homes are examples of medicine's future landscape that we all have to navigate. While some of the fears of the 90's might be behind us, there are even more unknowns facing us in the coming years. A shortage of primary care physicians, Medicare and Medicaid viabilities, national health care or single payer potentials, and yes, more and more chronic, preventable diseases in not only our baby boomer patients, but in the pediatric population as never seen before.

Like no other time in history, over 75% of all health care costs today are due to chronic diseases, most of them either caused or worsened by lifestyle choices. Diseases that are not curable by surgery, medications, or medical technology. The leading two causes of preventable death each year, over 700,000 annually, are now due to smoking and obesity. For the first time ever, over 2/3 of the patients we see each day in our practice are overweight, one out of every three are obese. Childhood obesity in itself is a potentially devastating epidemic, threatening both financial and social infrastructures as never witnessed before. At the current rate, 30-50% of all children born in the 21st century will become diabetics! Are we ready to handle that? Can we pay for it?

The chronically ill patient, young or old, is our new reality, our new challenge of the 21st century. Smoking, obesity, metabolic syndrome, diabetes and pre-diabetes, dyslipidemia, hypertension, and depression to name a few have never dominated the medical landscape like they do today. New skills and resources are needed to help manage them. But this is also our opportunity. We can be leaders in effecting changes our profession desperately needs. We are challenged now to re-engage with improving the "public's health". Make the field of medicine again as it once was meant to be – helping heal the patient as well as the community. The prescription or procedure are no longer the single solution. We need to become public health advocates again, regardless of the field of specialty we have chosen. We can become active in legislative or community efforts needed to help curb the millions of preventable, chronic diseases. We can influence required policy changes at the local, state and federal levels, and we as physicians possess a unique voice if we choose to use it. We need to become involved in our own medical societies, and make their efforts sensitive to the needs of today. We could become more involved in providing for the uninsured, underserved population who suffer the greatest weight of these epidemics and disparities. Project Access is a perfect example of such an effort. We could restructure our offices to become aggressively proactive again in prevention and disease management, hence the "advanced medical home" concept; both primary care and specialists alike. As John Gardner once said, "We are all faced with a series of great opportunities, brilliantly disguised as insoluble problems." Prevention has always been an important aspect of health care, now it is an essential one. That includes primary, secondary and tertiary alike. 2008 and the years ahead will bring new challenges, which means also great opportunities.

**"…we as physicians possess a unique voice if we choose to use it."**

# Unsolved Mysteries:
## Disease Detectives at the Kent County Health Department

**Mark Hall, MD, MPH**
**KCHD Medical Director**

Growing up with five siblings in a time when video games were limited to arcades and the family television had three channels and needed a few thumps to its side to steady the picture, board games occupied a lot of my time in the winter months. I didn't have much patience for Monopoly© and I always got too frustrated trying to remove the bread basket in Operation©, but I loved Clue©. Being the first to discover that it was Colonel Mustard, in the library, with a rope was a great childhood thrill. It may come as no surprise that my childhood fascination with solving mysteries lead me to a career in medicine, and more recently public health. In nearly five years working closely with the communicable disease and epidemiology (CD/Epi) Unit at the Kent County Health Department (KCHD), it has been interesting to compare and contrast the practices of medicine and epidemiology.

When facing packed waiting rooms or full patient loads, it is often difficult for physicians to think about community health when assessing and treating patients. A case of gastroenteritis is not cause for alarm when there is a kid with a shattered femur being carted off an ambulance. Multiple cases of gastroenteritis being seen in multiple ERs, urgent care centers, and private offices across the county, however, may signal that something greater is occurring. It is not our job as physicians to identify county-wide outbreaks. It is, however, our responsibility to notify the local health department (LHD) and their team of "disease detectives" of any unusual occurrences we encounter in our practice and ensure the reporting of notifiable diseases to the LHD.

In Michigan, the state Public Health Code requires that healthcare providers (physicians, physician assistants, nurses, etc.) report over 80 specific diseases and laboratory-identified organisms. Timely and accurate reporting of communicable disease data allows public health nurses and epidemiologists to determine whether a single case of illness requires an investigation to identify others at risk due to exposure to the index case. These detectives also check for related cases in the community that may signal a larger cluster or outbreak. If an outbreak is identified, the chase is on to determine not who done it, but rather what (food, water, chemical, etc.) done it.

In medicine, the basic tools of the trade (scalpels, reflex hammers, forceps, etc,) haven't changed much over the years. Likewise, the tools of the disease detective are very similar to those used by John Snow in 1854 when investigating the cholera outbreak in London. Surveys, line listings, and specimen collection kits all provide valuable information when attempting to connect the pieces of the puzzle in disease mysteries.

Once a culprit is discovered, these disease detectives take quick action to prevent further people from becoming ill. Prevention efforts include removing the source of infection or treating contacts of the person infected. In 2003, 1700 pounds of ground beef were recalled from a Kent County supermarket in response to 18 people reporting symptoms, including burning of the mouth, nausea, vomiting, and dizziness, after eating the product. In 2005, after four separate gastrointestinal illness clusters were linked to food purchased at a Kent County restaurant, the restaurant was closed so appropriate cleaning procedures could be performed. In response to reports of certain communicable diseases (i.e. meningococcal disease or pertussis), the CD/Epi Unit works to identify patient contacts and arrange for prophylaxis to stem the spread of infection. In some instances, up to 100 individuals have been treated as a result of their exposure to a single index patient.

Although many of the basic tools have remained the same, several advances have occurred since the time of Hippocrates and John Snow. In medicine, advances in technology allow us the opportunity to view the inner workings of the human body like never before. Similar advances in technology have also improved the manner in which disease detectives go about their trade. The Michigan Disease Surveillance System (MDSS) is an internet based system that allows for data on notifiable diseases (including patients' symptoms, exposure history, and laboratory data) to be reported and updated in real time. The system allows the Michigan Department of Community Health to monitor health events across the state and initiate further investigation when potential commonalities are identified. Because confirmatory lab data may take days to be finalized, awaiting laboratory results can delay epidemiologic investigation into a potential outbreak. To strengthen the ability to respond to potential community health issues, local health departments were recently provided access to the Emergency Department Syndromic Surveillance (EDSS) System. This system collects over 8,000 registrations every day from 69 healthcare facilities in Michigan, based on chief complaint data. The data is updated in real-time and is available 24/7 for analysis by health department epidemiologists.

Prior to working at the health department, my main concern with non-trauma patients in the ER was treating their ailments and sending them home feeling better than when they walked in. I never paid much attention to their exposure history. After working with the CD/Epi Unit, I can't assess a patient now without thinking about what they had to eat in the past three days or who they've been in contact with. For the sake of community health, we should unleash the Sherlock Holmes that lies in all of us and remember the disease detectives available to us at KCHD. The CD/Epi Unit can be reached at 616-632-7228 or on the web at www.accesskent.com/Health/HealthDepartment/CD_Epid/.

# 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

## December, 2007

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

| DISEASE | NUMBER REPORTED | | MEDIAN CUMULATIVE |
|---|---|---|---|
| | This Month | Cumulative 2007 | Through Dec 2002-2006 |
| AIDS[a] (Cumulative Total - 777) | 2 | 31 | 37.5* |
| AMEBIASIS | 1 | 5 | 3 |
| CAMPYLOBACTER | 5 | 56 | 49 |
| CHICKEN POX[b] | 18 | 310 | 218 |
| CHLAMYDIA | 331 | 3362 | 2884 |
| CRYPTOSPORIDIOSIS | 2 | 16 | 7 |
| E. COLI O157:H7 | 0 | 5 | 9 |
| GIARDIASIS | 7 | 87 | 92 |
| GONORRHEA | 120 | 1142 | 1140 |
| H. INFLUENZAE DISEASE, INV | 1 | 3 | 2 |
| HEPATITIS A | 1 | 11 | 6 |
| HEPATITIS B (Acute) | 0 | 1 | 9 |
| HEPATITIS C (Acute) | 0 | 0* | 0 |
| HEPATITIS C (Chronic/Unknown)[c] | 24 | 318 | 333 |
| INFLUENZA-LIKE ILLNESS[d] | 5081 | 49103 | 23740 |
| LEGIONELLOSIS | 0 | 12 | 3 |
| LYME DISEASE | 0 | 3 | 4 |
| MENINGITIS, ASEPTIC | 1 | 37 | 36 |
| MENINGITIS, BACTERIAL, OTHER[e] | 0 | 9 | 11 |
| MENINGOCOCCAL DISEASE, INV | 0 | 4 | 4 |
| MUMPS | 0 | 1 | 1 |
| PERTUSSIS | 0 | 6 | 8 |
| SALMONELLOSIS | 4 | 70 | 41 |
| SHIGELLOSIS | 0 | 10 | 11 |
| STREP, GRP A, INV | 0 | 14 | 18 |
| STREP PNEUMO, INV | 9 | 46 | N/A |
| SYPHILIS (Primary & Secondary) | 0 | 4 | 6 |
| TUBERCULOSIS | 2 | 24 | 22 |
| WEST NILE VIRUS | 0 | 1 | 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 | 19 | | |

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.

This report includes confirmed cases residing in Kent County as defined by National Surveillance Case Definitions (www.cdc.gov/epo/dphsi/casedef/case_definitions.htm)

DeVos Medical Ethics Colloquy

# "Public Policy vs. Personal Choice: *The HPV Vaccine Debate*"

**Monday, March 24, 2008**
**6:00 – 8:10 pm**

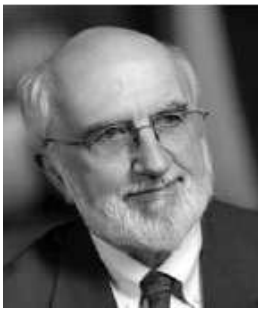
**2.0 AMA PRA Category I Credits**

***Featuring:***

## Diane Medved Harper, M.D., M.P.H., M.S.

*Professor*
**Department of Women's and Gender Studies**
**Dartmouth College**
*Director*
**Gynecologic Cancer Prevention Research Group**
**Norris Cotton Cancer Center**

## Neal Halsey, M.D.



*Director*
**Institute for Vaccine Safety**
*Professor*
**Department of International Health**
**The Johns Hopkins University Bloomberg School of Public Health**
*Professor*
**Department of Pediatrics**
**Johns Hopkins School of Medicine**

***Moderated by:***

## Steven J. Triezenberg, Ph.D.

**Dean of the Graduate School, Van Andel Institute**

*Light Refreshments Served From 5:30 – 6:00 pm*

**Cook-DeVos Center for Health Sciences**
Grand Valley State University ▪ Hager Auditorium – Room 119
301 Michigan Street, NE ▪ Grand Rapids, MI 49503

**Free Admission. Free Parking Provided.**
**Please Contact Sandi Norton at 616-643-4768 or**
**SandiN@rdvcorp.com to Register**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Michigan State Medical Society Committee on CME Accreditation through the joint sponsorship of the Grand Rapids Medical Education and Research Center and the DeVos Medical Ethics Colloquy. The Grand Rapids Medical Education and Research Center is accredited by the Michigan State Medical Society Committee on CME Accreditation to provide Continuing Medical Education for physicians. The Grand Rapids Medical Education and Research Center designates this educational activity for a maximum of 2.0 AMA PRA Category 1 Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

# ONE TO PONDER

## The Rest of the Story, and a $27,650 Investment

**Chip McClimans**
**KCMS/KCOA Executive Director**

A couple months ago I had dinner with three practice managers, and I was stunned these three learned professionals did not know the whole story about the proposed 10% Medicare cut to physicians. Oh they knew and understood what this cut would mean to their practices, but as Paul Harvey says, they didn't "…know the rest of the story."

As of this writing Congress postponed, in December, the looming 10% Medicare cut to physician reimbursement until July, giving physicians a 0.5% increase. If the cut goes through in July, it will mean Michigan physicians would lose $540 million from July 2008 through December 2009, an average $21,000 loss for each and every physician over this 18-month period. Tell me you're excited about this prospect! I didn't think so.

In July, Congress will probably flat line the reimbursement or physicians will probably get another miniscule increase. Then next year, and for the third year in a row, you will be faced with a probable 15% reimbursement cut hanging over your heads. If your practice manager hasn't started taking Prozac, this predicament might send them over the edge.

In April, the AMA is holding its annual National Advocacy Conference in Washington, DC. KCMS leadership, along with other Michigan county medical societies and MSMS leadership will be attending. KCMS president Thomas Peterson, MD and KCMS president-elect Anita Avery, MD, myself, and the others from Michigan will be meeting with various members of Congress from Michigan. And you can bet the Medicare cut will be discussed with great enthusiasm. This isn't just a pocketbook issue for physicians, it's an access issue for seniors.

If the proposed cut is reversed in some way, it will be because in part of the joint efforts of the American Medical Association and the American Osteopathic Association, the Michigan Osteopathic Association and the Michigan State Medical Society, the Kent County Medical Society and the Kent County Osteopathic Association, multiple specialty societies and individual physicians. This is one very important reason why you belong to organized medicine – advocacy for physicians. And when it comes to your payday, we're there in your corner for you, especially when you can't be there.

Nobody wants to take a $21,000 pay cut, but extrapolate that figure by the number of years you plan to practice. That's scary! But turn the scenario around where you get to keep the $21,000 per year for the rest of your career. You like?

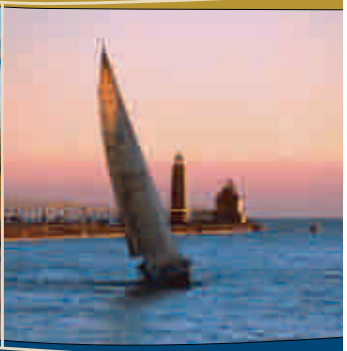
Now if you think your hospital or some other entity is going to go to bat for you, well you're going to be disappointed in the long run. Ask your hospital how much lobbying they performed on behalf of physicians for the change in Medicare reimbursement. Better yet, ask them what their increase was from Medicare (3.8% for urban hospitals in 2008). Here's "the rest of the story" the practice managers didn't know. A couple years ago, the Hospital Association negotiated with Congress to get their Medicare reimbursement increased for them annually and that was set into law. Hospitals gave zero support for the physician reimbursement schedule. And hospitals have enjoyed a regular increase since then, without having to fight for it. You, on the other hand, have to fight tooth and nail annually with Congress.

So what's with the investment in the title of this article? If you practice an average of 35 years and pay your dues to your state and county associations (at current dues rates), you will be investing up to a total of $27,650 during your career. And like any investment, you will see ups and downs with the advocacy efforts of the medical associations. Mostly you will see the ups. Always remember, you as physicians have the upper hand. You are in control, and in control of your destiny in the practice of medicine! No one can practice medicine except you! So don't abdicate the power you have. If you can't stand in the gap to protect medicine, then your county, state, and national associations will do so for you and your colleagues.

Is your investment in organized medicine worth it? Of course it is. Look at it and analyze it any way you want…it's worth it!

**"Hospitals gave zero support for the physician reimbursement schedule."**

# ZEPHYR



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# KCOA PRESIDENT'S MESSAGE

## Forgetting Identity and Diversity

Dorothy (Robin) Pedke, DO
KCOA President

There's so much going on in the world right now. So many conflicts. An over abundance of opinions. So many clubs we can join and "sides" we can take to define ourselves. Republican/Democrat. Israeli/Palestinian. Christian/Muslim. White/Black. Male/Female. Gay/straight. Fat/skinny. Rich/poor. D.O./M.D. I left out so many, but you get the idea….

Not to say that one's identity is unimportant. Among other things, I am a die-hard proud, Doctor of Osteopathic Medicine. You, dear reader, may be an M.D. or D.O. We all have many other identities and cultural affiliations. But as physicians, when we walk into a room to diagnose/treat/counsel our patients, we are neutral. What a blessing to be in a position where none of the above labels makes any difference at all (unless medically indicated). In a polarized world, we are allowed to practice our art/skills unencumbered, rationally, and with love towards every patient, regardless of our own labels or those of the patient.

Your religion, family, nation, and political party may all have creeds and criteria that allow or disallow membership. But illness, pain, depression and death have no such inclusion/exclusion criteria. They transcend all socio-economic, racial, and sexual boundaries. And everybody knows it. You may be Catholic, but if you choose to save the life of a woman who has had an abortion, very few people would fault you. The protocol for a stroke workup and treatment is identical for a president and a homeless person. Nobody would expect you to treat an Iraqi differently from an American, though our nations are at war. Why? Why, unlike any other business person, do we not only have the freedom but are actually expected to cross these boundaries?

Simplistically, it is because we have taken an oath. Less simplistically, we have taken on the perceived sacredness of a profession that is held above most others both in responsibility and respect. And though you may not remember the words of your oath, between the letter and the spirit of the oath, you are called to serve humanity, with very few restrictions.

And what is the point of all this?

Our patient population in West Michigan is increasingly diverse as well as polarized, racially, ethnically, politically, and socio-economically. As physicians we are in a unique position to heal not only the individual patient, but also our communities, by giving equal, quality and caring service to absolutely every patient, regardless. By being examples of what it means to accommodate all points of view, without having to agree with every opinion or change anyone's core values or beliefs. My point is, our communities are in desperate need of our unique calling to serve unconditionally.

I leave you with the beautiful Oath of Maimonides. Though it is not frequently the oath we graduate with, it brings us back to the visceral passion of our calling and the true focus of our endeavors. It applies, more now than ever, to our modern day struggles as physicians.

**"… our communities are in desperate need of our unique calling to serve unconditionally."**

*"The eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all times; may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children."*

*"May I never see in the patient anything but a fellow creature in pain.*

*"Grant me the strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements.*

*"Today he can discover his errors of yesterday and tomorrow he can obtain a new light on what he thinks himself sure of today. Oh, God, Thou has appointed me to watch over the life and death of Thy creatures; here I am ready for my vocation and now I turn unto my calling."*

# ALLIANCE HEARTBEAT

## An Alliance "AHA" Moment

***I slept and dreamt that life was joy***
***I awoke and saw that life was service***
***I acted and, behold, service was joy***
*(Rabindrinath Tagore)*

After we read the words above at the most recent Board meeting, it was an "aha" moment for us. You know that moment when it all comes together, the moment when you really get it! Yes, we were experiencing the afterglow of the success of the Charity Ball for Children, remembering the Hope Community Day Care Holiday Party for 23 young children and recovering from attending too many meetings, luncheons and sessions designed to keep us on track. It was good to recite aloud all together that "service was joy".

Involving ourselves in one, two, a few or many of the activities of the Alliance creates a positive power to transcend our comfort zones. By doing so we profit as individuals and contribute to the improved well being of may others beyond our circles of family and friends. I congratulate each member of the Alliance who gives time, expertise, funds and positive thoughts to our determined efforts to keep our community strong and healthy. By giving of ourselves, we continue to GROW. Winter is still with us in Grand Rapids, but spring is on the way. Our thoughts turn green with the coming of spring. We are planning a Spring Luncheon for April 15, Noon, at Cascade Country Club to celebrate our members. Each member is special, important and valued. Although special recognition will be given to new members, 50 year members, past presidents, past Community Service Awardees, past Alliance contributors, current Board members and all dues paying members, all members will be congratulated. Without the support of everyone, including spouses, family and friends, contributions made to the community by the Alliance would not be possible.

At the Spring Luncheon there will be a Spring Gathering for Judge Gardner's Closet. Andrea Haidle, KCMSA Representative, CAC to the 17th Circuit Court, Family Division, said that young persons upon reaching their 18th birthday leave their placements as wards of the court and live on their own. She asks that we go through our closets and cupboards and select a small item that will help a young person make a home. Bring these items to the Spring Luncheon on April 15.

Remeber to enjoy the Surf and Turf Dinner on MARCH 14 at Marc Stewart's Guest House. It will be a fun evening with lively conversation while dining on fresh lobster and great steaks locally prepared. Hats off to Holly Jones, Mary Crawford and the Gourmet Club!

A YOU ALL members retreat is being planned for late spring. Everyone will be encouraged to participate in suggesting how to make the changes envisioned by a few become the vision of all. Working side by side while protecting the backs of each, especially those who over the years have done so much of the heavy lifting, will dominate the discussion. If we open our eyes and minds, we will discover the difference the Alliance makes and resolve to continue our efforts. If we open our hearts, we will understand why SERVICE brings Joy. Come on, Alliance members, become a part of the CHANGE.

Ora B. Jones
Alliance President

## Surf and Turf Dinner Drawing

If you have items you would like to donate for the drawing please contact me hollyhiraijones@comcast.net or call 575-9058. To give you an idea last year we had jars of homemade jams, containers of forced bulbs, dish garden, bottles of wines and other items. All of these items were made or donated by our members. If you a hobby or have an item that you think someone would like we would love your donation to make this a fun event.

## New Members

Please add them to your Directory.
**Welcome New Members!**

**Barb Uhl**
1143 Conlon SE
Grand Rapids, MI 49506
(616) 949-8721
uhltide@comcast.net

**Kim Cassidy**
4844 Summer Ridge Ct
Ada, MI 49301-8808
(616) 974-9175
kimcassidy65@comast.net

# ALLIANCE HEARTBEAT

## Charity Ball

Egypt Valley Country Club provided a beautiful setting for the 19th Annual KCMSA Charity Ball for Children, benefiting Comprehensive Therapy Center's Therapy and Fun Program and Gilda's Club Noogieland Plus. Elegantly attired guests were greeted in the lobby and had their pictures taken. They then ascended the staircase to bid on the 100 items artistically displayed on the silent auction tables. The live auction brought about a unique competitive atmosphere, one whose only goal was charity. Guests mingled, an elegant dinner was served, dancing was in full swing and long after the band packed up and left, people were still laughing and talking, postponing the end of a wonderful evening. The theme of the evening was "Generosity Warms the Heart of Those in Need" and we want to thank our Gold, Silver and Corporate Table sponsors, our advertisers, the many people and businesses who donated items for our auction and all our guests for making that theme come alive. Dee Federico and her talented committee created a memorable evening for all and provided much needed funds to the children of Kent County.

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, March 12, 2008**
**Time: 11:30AM**
**Place: To be determined**

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

Please RSVP by March 3 to Irene Betz
breneb@aol.com or call 682-9299.

# ALLIANCE HEARTBEAT

## ALLIANCE CALENDAR

### Event: March Med Drive: Packing for International Aid

DATE: March 5th, 2008 (Wednesday)
PLACE: Sue Condit 2555 Frederick SE, East Grand Rapids, MI
PHONE: 942-5105
Sue Condit and Connie Mead are looking for helpers to pick up medicines and supplies from area Doctors' offices. The actual Medicine drive is Monday and Tuesday, March 3 + 4, with the packing at Sue's house on Wed. March 5. It works well to contact the Doctors' offices and arrange pickups anytime between mid February and our packing day, March 5. We would love your help. It is an easy, one time event, so please check your calendars and call Connie (first) or Sue. Thanks, Connie Mead: 361-1719 email: c.mead@comcast.net
Sue Conduit: 942-5105

**********

### 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.

**********

### 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@comast.net
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.

**********

### Event: KCMSA Book Club

Date: March 18, 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: The Good Earth by Pearl S. Buck
All are welcome. Discussion, lunch and or fellowship. The book is 20% off at Schuler's on the Book Club table under KCMSA

**********

### EVENT: Bridge Group

DATE: March 24, 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.

## ALLIANCE CALENDAR

### Event: Spring Luncheon & Installation of Officers

DATE: April 15th, 2008 (Tuesday)
TIME: Noon
PLACE: Cascade Country Club, York Room
*Judge Gardner's Closet*
At our April 15th meeting at the Cascade Country Club, the Alliance will be holding its "Spring Gathering" for Judge Gardner's Closet. The Gathering supports those teens who are moving into independent living upon reaching their 18th birthday, after being wards of the Court for many years. These young people truly have nothing, and Alliance members have been wonderful in their generosity to help them have "something".

After our Fall Gathering for this project, Judge Gardner sent a wonderful thank you card to the Alliance, part of which I would like to share with you. She wrote, "Thank you so much for your recent donation to the Family Division's Independent Living Closet. The young people are so appreciative of receiving bedding, towels, and kitchen items. Your support touches many young lives!! Thank you for being guardian angels for our youth." I think we always hope that what we do and give makes a difference…this does. So, once again, I am asking Alliance members to go through their cupboards, drawers, and closets for small items that can be used to help a young person make a home (new items are perfectly fine too) and bring them to the meeting on the 15th. Please no knifes or sharp items.

Thank you in advance for your kindness and generosity.
Andrea Haidle KCMSA Representative, CAC to the 17th Circuit Court, Family Division

Please call if you have any questions, 942-9598 or e-mail athaidle@comcast.net or if you are unable to make it to the luncheon but would like to make a donation.

**********

### Event: Benefit for The Shoppe at The Lacks Cancer Center at Saint Mary's.

Date: April 30, 2008 (Wednesday)
TIME: 6:00 - 8:00 PM
PLACE: Cascade Hills Country Club, 3725 Cascade Rd. SE
PRICE: $35 per person with advanced reservations;
$40 at the door. Pink Champagne and desserts included.
ATTIRE: Pink Panache
Shop....Mix and Mingle...Sip Pink Champagne
Bring your girlfriends, sisters, mother.....

Contact: Kerri Larsen at 616-913-1891 or Eileen Brader at 616-949-5835.

One of our members saw a **"GREEN"** segment on The Today Show that highlighted this website: **www.catalogchoice.org.** You can go to the website, register your home address, and opt out of any catalog that you do not wish to receive! **Save a Tree!!**

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# MMGMA UPDATE

# Developing a Marketing Strategy in HealthCare

By: Bonnie Cochran
First Vice President MMGMA
Practice Administrator
Michigan Reprodictive and IVF Center

As physicians and managers operating in a globally connected information society, we have to position ourselves to develop a marketing plan that represents an awareness of our practices.

No matter where you sit in an organization and what your specific job responsibilities, developing satisfied and content patients and getting them to return again and again is an integral part of all of our jobs.

Patients are our core assets and are central to the health and welfare of our organizations. Evidence points to the conclusion; you can only put the patient at the center of the business if marketing is a guiding philosophy for the organization as a whole.

It's important for practices to understand from the bottom up what the corporate philosophy is and to put the philosophy into practice. Practices who engage from the bottom up look comprehensively at patient needs and understand that communicating a clear message of the values of their corporate philosophy is shared at every level.

The fact of the matter is that no matter how dominate your position may be, you cannot remain on top unless you put the patient at the center of your practice and make serving the patient everybody's job. Every job in your practice is important, it clearly is not just the doctor that matters, it is the nurse, the MA, the technician, the biller, the administrator together as a team you impact the marketing picture of your practice. What is clear is; we are caring for more educated patients, who in many instances are driven to your practice through information they have gathered through various different sources.

When you have created a corporate culture that understands that patient centric care is the theme, you must show the world the great things you're doing for your patients. This is where marketing comes in. Marketing is not the same for all practices. Depending on your size and specialty, patients come from various sources. An organization must define who those sources are and who you are marketing to when trying to develop a strategy. Then determine what you need to do to market your organization. Some of us market to our referral sources, some of us directly to the patients, some of us to employer groups. Practices then need to determine what can be done internally and what can be done externally, i.e. bringing in a Marketing Firm.

It is important for practices to ensure that its communications are clear and essentially share the picture of your practice. Your website draws visitors who want to learn about your medical services and approach to medical care.

One of your most important marketing tools comes from a personal recommendation from a family member or friend. Every satisfied patient shares that satisfaction with numerous people, and in return patients come to your practice.

Gone are the days of 80's and the arrival of managed care restricting access through gatekeepers, denying specialist care and procedures. Now we are seeing consumer engaged health care plans, where our patients are taking active rolls in seeking their health care and sharing in the responsibility of managing costs, and making choices of healthy lifestyles to share in the savings.

**One size does not fit all:** Depending on the size and structure of your practices there are different levels of marketing. In some cases the appropriate vehicle for marketing is direct marketing to your referral sources, in other instances mass communications like advertising and public relations, and still others developing and or up-dating your websites, communicating the message about your practice.

The Kent County Medical Society and MMGMA are presenting a practice managers' meeting on May 2, discussing "Marketing and Your Practice - Shifting the Money". We look forward to sharing what practices are doing to show the world their corporate philosophy.

## 2008 Spring Conference
## MMGMA - March 12-14
## Soaring Eagle Casino & Conference Center

# DEAN'S MESSAGE

## A Note from the Dean

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

This month, preparation begins for construction of the Michigan State University College of Human Medicine Secchia Center. If you drive by our 15 Michigan Avenue site, you'll begin to see activity atop the five-story parking ramp, including assembly of the construction crane. On April 21, we'll hold our "ground breaking" event, signaling the official start of construction for the seven-story medical education building.

We continue with our behind-the-scenes work. More than 70 physician faculty from Grand Rapids are currently participating in teaching and faculty development in East Lansing in preparation for the arrival of our students this fall. We are engaged with many physician groups in forging relationships and the organizational structure of the medical school departments.

Perhaps most exciting are the results we're beginning to see from our partnerships with Spectrum Health, Saint Mary's Health Care, Van Andel Research Institute and Grand Valley State University. Recent accomplishments include:

• Mary Free Bed Rehabilitation Hospital, Michigan State University and Saint Mary's Health Care have opened the 38th certified Muscular Dystrophy Association ALS Center in the country with two clinical sites, at Mary Free Bed Hospital in Grand Rapids and the MSU Clinical Center in East Lansing.

• MSU College of Human Medicine is collaborating with Van Andel Research Institute for the recruitment of NIH-funded groups.

• Spectrum Health and MSU are partnering in recruitment for molecular research in women's health. These scientists will conduct their research in a state-of-the-art laboratory housed at the GVSU Cook-DeVos Center for Health Sciences, a partnership with Grand Valley State University, West Michigan Science & Technology Initiative, Spectrum Health and MSU.

**"On April 21, we'll be holding our ground breaking event..."**

Finally, now through April 11, we are accepting nominations for the inaugural David Van Andel Life Sciences Achievement Award. I wish to invite you to participate by helping us to identify outstanding candidates from the West Michigan life sciences community. For more information, please contact Jerry Kooiman at 616.233.1678, or jerry.kooiman@hc.msu.edu

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PROJECTACCESS
Creating a Community of Care for the Uninsured

# UPDATE



# KCMS and KCOA — Helping Improve Access to Care

Project Access Board Members will meet in March for their Annual Meeting and Election of Officers and Members. KCMS and KCOA members currently serve in the following capacity on the Board:

| | |
|---|---|
| **Chairperson** | **Jeffrey M. Stevens, DO** |
| **Vice chairperson** | **Anita R. Avery, MD** |
| **Secretary/Treasurer** | **Laura M. VanderMolen, DO** |
| **Director** | **Lee P. Begrow, DO** |
| **Director** | **Donald Condit, MD** |
| **Director** | **Daniel B. Cunningham, DO** |
| **Director** | **Robin Pedtke, DO** |
| **Director/Past Chair** | **Robert C. Richard, MD** |
| **Director** | **Karlin E. Sevensma, DO** |

Because of Board Members' dedication and enthusiastic staff, Project Access has been able to serve 1280 patients since April 2005. Over $3.4 million in coordinated, gifted health care has been delivered by generous physicians and hospitals for uninsured people in our community. In 2007, over 400 physicians representing 27 medical disciplines participated by serving uninsured patients, recommending existing patients to the Project Access program. And because of this program, people who would not normally get care were helped.

Patients are counseled by Project Access staff to understand their responsibilities within the program. In 2007 a tobacco cessation effort was established. Nurse Case Manager, Pam Wilson, RN reports patients do listen to the benefits of not smoking, they do set a quit date, and several have called in with updates on their success in quitting the habit. At minimum, many have reduced the quantity of cigarettes they smoke. This is done in recognition of the physician care being donated to improve their health.

Project Access has helped thousands of people navigate the health care system in Kent County, providing referrals to community agencies which focus on free or low-cost care, in hopes of helping them become easier patients to serve in your office:

- Mental Health counseling
- Eye Glasses
- Dental referrals
- Benefits of making healthy choices
- Women's Health Services
- Financial counseling
- Literacy assistance resources
- Referrals for seniors preparing for Medicare
- Medication access
- Transportation access
- Translation access

Project Access welcomes new physicians who are interested in participating. All specialties are welcomed and the program could use more help in the recruitment of Gastroenterology and Neurology. As a physician volunteer, you determine the number of patients you are willing to see annually through this program.

Thank you for helping Project Access work toward 100 percent access, zero percent disparities. If you wish to learn more or would like to become more involved personally, contact Patricia Dalton, MPA, MA, Executive Director at 616-235-0000.

# NEW MEMBERS

## KCMS

**Napoleon Bravo, MD (Resident)**
**Family Practice**

**B.S.:** University of the Philippines, Manila, Philippines, 1996
**Medical School:** University of the East, Manila, Philippines, 2000
**Internship & Other Experience:** Visiting Resident Physician, Paranaque City, Philippines, 5/2001 – 9/2001; Back Office Manager, Pacific West Dermatology & Laser Center, Beverly Hills, California, 11/2001 – 9/2004; 9/2004 – 3/2005 took time off to study for USLME and to take a course; 3/2005 – 1/2006 Clinical Research Coordinator, Long Beach, California,
**Residency:** Michigan State University, GRMERC, Grand Rapids, Michigan 2006 - 2009
**Address:** 200 Lafayette Ave SE, #4000, Grand Rapids, Michigan 49503, 752-6922
**Sponsor:** Peter G. Coggan, MD

**Jeffery L. Chamberlain, MD (Resident)**
**Family Practice**

**B.S.:** University of Illinois at Urbana-Champaign, 1999
**Medical School:** Southern Illinois, Springfield, Illinois, 2005
**Internship/Residency:** Michigan State University, GRMERC, 2005 – 2008
**Address:** 1000 Monroe NW, Grand Rapids, Michigan 49503
**Sponsor:** Peter G. Coggan, MD

**Benjamin J. Rogoway, MD (Resident)**
**General Surgery**

**B.S.:** University of Southern California, Los Angeles, California, 1996
**Medical School:** University of California, Irvine, California, 2004
**Internship/Residency:** Michigan State University, GRMERC, Grand Rapids, Michigan 2004 - 2010
**Address:** 1000 Monroe NW, Grand Rapids, Michigan 49503
**Sponsor:** Peter G. Coggan, MD

## KCOA

**Jaret A. Beane, DO (Active)**
**General Surgery (Board Certified)**

**B.S.:** Grand Valley State University, Allendale, Michigan, 1995
**Medical School:** Michigan State University College of Osteopathic Medicine, East Lansing, Michigan, 1999
**Internship:** Metropolitan Hospital, Grand Rapids, Michigan, 1999 - 2000
**Residency:** Metropolitan Hospital, Grand Rapids, Michigan, 2000 – 2004
**Previous Practice:** Metro Health Hospital, Grand Rapids, Michigan 2004 – present
**Address:** 2093 Health Drive, #300, Wyoming, Michigan 49519, 532-8100
**Sponsor:** Dorothy Pedtke, DO

## IN MEMORIAM

| | |
|---|---|
| R. Donald Eward., M.D. | July 8, 2007 |
| William D. Simpson, M.D. | September 7, 2007 |
| Anne F. Oostendorp, M.D. | October 24, 2007 |

**Paul M. Dassel, MD** **1921-2008**

Paul M. Dassel, MD, a retired member of the Kent County Medical Society passed away January 24, 2008. Doctor Dassel received his medical degree from Indiana University School of Medicine in 1944. He practiced Radiology in Grand Rapids from 1955 until retiring in 1988.

The Medical Society extends sympathy to his family.

**Cornlus Van Nuis, MD** **1935-2008**

Cornelis Van Nuis, MD, a retired member of the Kent County Medical Society passed away February 7, 2008. Doctor Van Nuis received his medical degree from the University of Michigan in 1960. He served as one of West Michigan's first neurologists in Grand Rapids from 1968 until retiring in 1995.

The Medical Society extends sympathy to his family.

# GRMERC UPDATE

# The Ides of March

**Peter Coggan, MD, MSEd**
**GRMERC President and CEO**

In Shakespeare's play Julius Caesar, the soothsayer warns Caesar of his impending assassination with the words "Beware the Ides of March". This date has a sinister connotation to most but for those of us in medical education it is associated with a more positive event – the national residency "Match".

The National Residency Matching Program (NRMP) has been working well for medical students and residency program directors for almost 60 years. It replaced a system in which applicants for internships applied individually to teaching hospitals and medical school departments. The old system relied heavily on personal connections between faculty and department chairs and prospective program directors. Thus selection was governed not by "what you know" but by "who you know". It was patently unfair.

In 1951 the first trial run of a new matching program took place with 5600 senior students. At the request of a national organization of medical students, the algorithm was modified and the revised version received overwhelming support. Since its inception, the system has been improved and enhanced extensively but its underlying philosophy to favor the applicant's choices has remained unchanged. The system is designed to match an applicant into the residency program ranked highest on that applicant's list. If that program does not have a position available, the algorithm moves to the next choice on the applicant's list and so on. Almost all applicants and program directors are satisfied with the system but it is not perfect. Some gaming does occur but overall the rules are observed and the program is seen as fair and equitable.

Today the NRMP is computerized and processes approximately 16,000 graduates from US allopathic medical schools, 3,500 osteopathic graduates and 13,500 international applicants, including some from Canada. The total number of residency positions available in the US is approximately 24,000. About 4000 residency programs participate. In recent years the NRMP has expanded to include fellowship positions in 34 sub-specialties such as cardiology and a "couples match" has been added to assist married applicants to match in the same community.

No good deed goes unpunished however. The NRMP was the subject of a recent anti-trust lawsuit in which the plaintiffs argued that residency applicants no longer had personal control of their applications and were forced to participate in a process that was essentially employer controlled. The Match agreement, signed by both applicants and program directors, precludes any other selection arrangement such as a personally arranged interview outside the Match. This provision ensures that the process cannot be subverted. Without it the system would revert to the chaotic inequality that existed before the Match. Fortunately for everyone involved – except for the plaintiff's law firms who stood to gain millions of dollars had the suit prevailed – special legislation was enacted to protect the NRMP from anti-trust suits.

Match applicants and our residency program directors are busy preparing their preference lists for submission to the NRMP. Our residency program directors tell me that applications to Grand Rapids programs are up about 30% this year. The word is out that we have much to offer. The computer will work its magic in early March and we will celebrate the outcome around the Ides of March. In my next column I will let you know the result of the process. I expect the news to be very positive.

**"Without it the system would revert to the chaotic inequality that existed before the Match."**

# LEGAL UPDATE

## Asset Protection for Physicians — Part I

Mark B. Periard

Physicians work hard to accumulate assets after years of medical school, residency, school loans and the first mortgage. Ask yourself, have you done all that you can to best protect those assets? This article is the first in a series about asset protection. This part provides an overview of asset protection and the need to do planning before a creditor has a claim against a physician. The next part will provide more information about asset protection strategies.

Asset protection planning is not about hiding assets. Asset protection is the process by which people plan for the proper management and protection of assets from possible claims by creditors. Proper asset protection planning can make it more difficult for creditors to reach personal assets and discourage further creditor attempts to pursue those assets. Proper asset protection may also provide inducement for creditors to settle a case sooner if collecting against personal assets is going to take substantial additional effort. Some asset protection strategies are simple, such as proper titling of an automobile (title should be in the name of the principal driver), while other strategies can be complicated, such as irrevocable domestic asset protection or offshore trusts.

The important part of asset protection planning is that the planning is in place before potential claims arise. If the "bad" event has already occurred, the planning options available to a physician and his or her advisors are substantially limited, if not completely eliminated and illegal.

**Fraudulent Conveyance**

Michigan law provides that a conveyance which renders a person insolvent is fraudulent as to creditors without regard to actual intent when transfers are made at less than fair market value. In addition, a transfer made with actual intent to hinder, delay, or defraud a present or likely future creditor is fraudulent. In these cases, a creditor can have the transfers set aside or disregarded and attach or levy the property. Furthermore, attorneys and others can incur civil and criminal penalties for conspiring to defraud a reasonably foreseen creditor.

**Potential Creditors**

One must understand who are the potential creditors who can make a claim to determine which type of asset protection planning that should be considered. Potential creditors include but are not limited to:

- Car accident victim
- Guest who is injured on property
- Spouse in a divorce proceeding
- IRS
- Bank as lender of loan or guarantee in default

One simple strategy is to title some property in the name of the non-physician spouse. But a physician may not want to avoid creditor claims by transferring assets to a spouse if the marriage is not solid and the spouse may become a creditor as a result of a divorce.

Physicians have additional possible claimants. Physicians are personally liable for medical services rendered by the physician. Even if a physician is employed by a hospital or in professional corporation or professional limited liability company, malpractice claims can be made against the physician and subject the physician's personal assets to potential liability. The level of a physician's concern about malpractice liability and patient creditors usually varies depending upon the medical specialty in which physicians practice. Secondarily and with increasing frequency, physicians can be accused by a co-worker or others of fraudulently billing for procedures or other Stark or Anti-kick violations which result in liability to the federal government.

**Conclusion**

There are many asset protection strategies available to physicians. The best strategy will depend upon a variety of factors including the type of assets of the physician or the types of creditors about which the physician is concerned. In the next article, general asset protection planning guidelines and insurance will be discussed. But the most important part of asset protection planning is to complete the planning before a creditor has reason to make a claim.

*Mark B. Periard is a partner with Warner, Norcross and Judd. Warner, Norcross and Judd is legal counsel for the Kent County Medical Society and the Kent County Osteopathic Association.*

# *Liability Rates are dropping*

The Michigan State Medical Society (MSMS) and the MSMS Physicians Insurance Agency are excited 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 specialities overall by 6.5%.**

**Joe Benoit**
*insurance agent*

**Eric Palmer**
*insurance agent*

**Wayne Vaupel**
*insurance agent*

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**Kent County Medical Society**
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