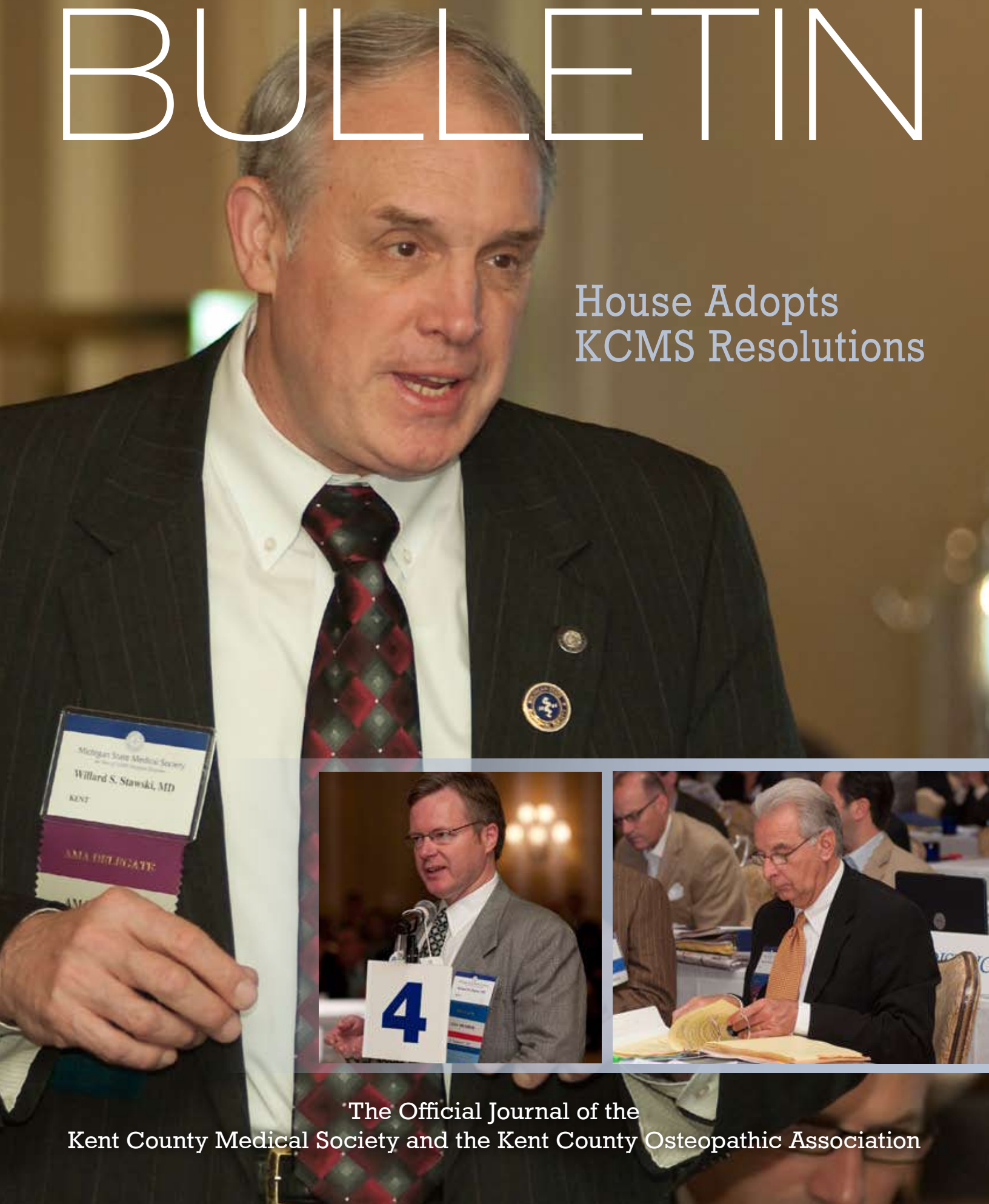


Spring/Summer 2010

BULLETIN

House Adopts
KCMS Resolutions



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

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BULLETIN

The Official Journal of the
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ON THE COVER

Willard S. Stawski, MD;

Inset photos (l to r): Michael D. Olgren, MD;
Domenic R. Federico, MD

For more photos of KCMS Delegates at work see page 12.



ABOUT THE BULLETIN

Editor - David M. Krhovsky, MD

The Bulletin is published four times yearly by the Kent County Medical Society and Kent County Osteopathic Association,

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Kent Medical Foundation
Project Access

CONTACT INFORMATION UPDATE

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Kevin McBride, MD
Khan Nedd, MD
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Marko Habekovic, MD
Elizabeth Henry, MD
Courtney P. Jones, MD
John A. Rupke, MD
Laura A. VanderMolen, DO
Susan H. Wakefield, MD

MEETINGS OF INTEREST

LOCAL

SEPTEMBER 20, 2010 KCMS/KCOA Joint Meeting
A Tribute to Congressman Vern Ehlers and a Candidates' Forum
Watermark Country Club, 6:00 pm
*Note: Special Day **Monday** and Time **6:00 pm***

NOVEMBER 9, 2010 KCMS/KCMS Alliance Joint Meeting
Patriotic Salute to Physicians Who Have Served Our Country
Watermark Country Club, 6:15 pm
(one hour CME will be given)

DECEMBER 5, 2010 KCMS Holiday Brunch
Blythfield Country Club

JANUARY 11, 2011 KCMS Annual Meeting
Watermark Country Club, 6:15 pm

FEBRUARY 26, 2011 SAVE THE DATE
KCMS CME Update
More information coming

STATE

OCTOBER 20-23, 2010 Annual Scientific Meeting, Troy, MI

APRIL 29-MAY 1, 2011 MSMS House of Delegates, Kalamazoo, MI

CHECK OUT OUR WEBSITE **KCMS.org**

IN MEMORIAM

Warren B. Mason, MD 1926 - 2010

Warren B. Mason, MD, a retired member of the Kent County Medical Society passed away April 8, 2010. Doctor Mason received his medical degree from the University of Michigan in 1950. Doctor Mason specialized in Internal Medicine spending over 35 years in practice. He retired in 1992 and moved to Arizona. He returned to Michigan in 2006 to be near family.

Bernard H. Siebers, MD 1922 - 2010

Bernard H. Siebers, MD, a retired member of the Kent County Medical Society passed away April 26, 2010. Doctor Siebers received his medical degree from Marquette University. Doctor Siebers was a pediatrician who had a practice on Leonard for 20 years. He then worked for the State of Michigan as Regional Director for the Dept. of Public Health's Crippled Children's Division. He retired in the mid-90's.

The Medical Society extends sympathy to their families.

NEW MEMBERS

Welcome

David R. Alfonso, MD	Plastic Surgery Associates, PC
Robert J. Bowes, MD	Grand Rapids Women's Health, PC
Thomas B. Foster, MD	Advantage Health Physician Network
Dean P. Gorsuch, MD	Advanced Radiology Services, PC
Brian S. Haskin, MD	Advantage Health Physician Network
Markian R. Iwaszko, MD	Urology Surgeons, PC
Robert P. Kobiela, MD	MMPC
Sandeep Khurana, MD	Healthy Heart Cardiology
Laura Lopez-Champion, MD	Advantage Health Physician Network
Michael A. Loffredo, MD	Center for Breast & Body Contouring, PC
Sara H. Mc Cune, MD	MMPC
Deborah K. Mulligan, DO	Anesthesia Medical Consultants, PC
Derek T. Nagle, MD	Grand Health Partners
Mario J. Orsini, DO	Advanced Radiology Services, PC
Gregory G. Pellizzon, MD	Grand River Cardiology, PC
Robert A. Riley, MD	MMPC
Marc H. Sink, MD	Anesthesia Medical Consultants
Marka J. Steensma, MD	W. Michigan OBGYN, PC
Yelena Yavich, MD	MMPC

RESIDENTS

Cristine V. Ignacio, MD
 Charisse N. Siapno, MD
 Mark T. Tierney, MD

MEDICAL STUDENTS

Katherine Hamilton
 Graduates - 2013
 John Phu
 Graduates - 2013
 Amanda Puro
 Graduates - 2013
 Shruti Sevak
 Graduates - 2013

50 Years in Practice

The following physicians were the recipients of the MSMS award for having graduated from Medical School in 1960, 50 years ago. They were celebrated with a luncheon at the House of Delegates meeting in Dearborn, as well as, recognition given to them at the May meeting of the Kent County Medical Society. It is with great pleasure that we celebrate the contributions of dedication to their discipline, training of new physicians and generosity to their patients of:

Thomas E. Klein, MD
Mohammad Riahi, MD
G. Jay Rottman, MD

Thomas G. Schwaderer, MD
Gordon F. Van Otteren, MD

Congratulations



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- Our strong capital position has allowed us to continue serving our customers' needs in our current economic climate, and we believe it will help fuel future growth, as demonstrated by our recently announced pending acquisition of O.A.K. Financial Corporation, holding company of Byron Bank.
- Chemical Bank is profitable and we expect that to continue. Although our earnings continue to be adversely impacted by the Michigan economy, Chemical Bank and Chemical Financial Corporation have continued to be profitable. For the 12 months ended December 31, 2009, we reported net income of \$10.0 million;
- Chemical Financial Corporation voluntarily declined participation in the U.S. Department of the Treasury's Capital Purchase Program (CPP), which is part of the \$700 billion Troubled Asset Relief Program, or TARP;
- Our deposits are backed to the maximum extent permitted by law by the full faith and credit of the Federal Deposit Insurance Corporation (FDIC).

Chemical Bank is the sole bank subsidiary of Chemical Financial Corporation, the third largest bank holding company headquartered in the state of Michigan with assets of \$4.25 billion as of December 31, 2009. Chemical Bank has 129 branches in 31 counties located primarily in the central and western portions of Michigan's Lower Peninsula.

Current and potential customers, analysts, investors, shareholders, and others seeking financial or general information about Chemical Bank and Chemical Financial Corporation are invited to contact David B. Ramaker, Chairman, Chief Executive Officer, and President, or Lori A. Gwizdala, Chief Financial Officer at 989-839-5350.



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PRESIDENT'S MESSAGE



Patient Safety and the Role of the Joint Commission

Patrick J. Droste, MS, MD
KCMS President

Safety in our hospitals and medical institutions has become a high national priority. The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) (Joint Commission) plays a major role in safety compliance in our hospitals and medical institutions. The Joint Commission makes regular visits to hospitals and other healthcare organizations to assure patient safety. Frequently they make site visits that involve a series of recommendations to improve patient safety.

A site visit is usually associated with a significant amount of anxiety for hospital administrators, staff and physicians. The main goal of the site visit is to obtain approval from the Joint Commission that will permit the healthcare organization to continue serving patients.

Frequently this is a "jump how high" exercise. The Commission makes a systematic review of hospitals and healthcare systems. They find deficiencies that they feel may compromise patient safety and subsequently make a series of recommendations. Compliance in fulfilling these recommendations is reviewed at a follow-up visit in a specified period of time.

One of the areas that receives frequent scrutiny from the commission is documentation in medical records. This is commonly referred to as compliance with form documentation standards. Recently there has been a significant increase in the number of forms for particular patient encounters.

Let us take routine outpatient surgery as an example, with each surgery the following forms are needed: Consent for Invasive or Complex Procedure or Treatment - signature, date and time, History and Physical - signature, date and time, 24-hour History and Physical Update - signature, date and time, Immediate Postoperative Progress Note, including documentation of procedure specifics as well as

signature, date and time, Physician Orders including Pre-Procedure Orders, Post Procedure Orders - all associated with signature, date and time, Post Procedure Discharge Instructions, documentation for activity, wound care, diet and nutrition, medications, follow-up appointment, comments and signature, date and time, Hospital Discharge Medication Summary, review of all medications - signature, date and time, Anesthesia Procedure Form with diagnosis, return visit, phone numbers and, of course, signature, date and time.

The question here is when does over documentation become counter productive and jeopardize patient safety? Some of the questions that we need to ask are: how many signatures, dates and times are necessary to be performed? How long does it take to perform the signature, date and time in each case? How long does it take to fill out the forms and how many of the forms have duplicative information? How much time does it take away from taking care of the patient or watching for mistakes by other members of the team?

A recent time study found that it takes 12 minutes to complete the forms prior to surgery (not including time for the history and physical which is usually done outside the hospital) and 12 minutes for completing the postoperative forms.¹ This does not include the time taken to speak with the patient after surgery (5 minutes), time to do the dictations (5 minutes) and the time required to speak with healthcare personnel before and after the case. It takes an average of 24 minutes for each case to fill out the appropriate paperwork. The time required to complete the paperwork is significantly greater now than in the past, primarily because of the recommendations/requirements of the joint commission.

The main question here is; where is the scientific evidence that multiple signatures, dates, and times for patient encounters improve patient safety? How many time studies have been done before these recommendations were made? How much field-testing of the Joint Commission's recommendations has been performed at other institutions that showed they truly improved safety and efficacy of patient care?

In short, there is a time when over-regulation and over-documentation become counter productive in the area of patient safety. Recommendations from the Joint Commission

need to be challenged similar to recommendations for medical treatment and management. Specific evidence including field-testing and statistical analysis (Beta testing) should be performed before specific recommendations are imposed upon hospitals and healthcare institutions.

Layering of additional documentation requirements and procedures to compensate for past mistakes or failures is not the best way to improve patient safety. Such over regulation makes things more complicated to perform, time consuming to execute and more likely to fail.

One plausible consideration would be the concept of "procedure neutrality." For every new procedure, document or signature requested for a patient encounter, there should be a corresponding reduction of a previous procedure, document or signature so as to make things SIMPLER and not add additional work or time to completing the paperwork for each patient encounter.

¹Droste, P.J., Conley, J.A., "Documentation Times for Surgical Procedures", Spectrum Health Safety Conference, May 2010, oral presentation

KCMS MEMBERS & SPEAKERS AT THE MAY MEETING



Pictured clockwise from top left: Craig Houchen, OMD (Speaker on Acupuncture); David Crocker, MD (Speaker on Medical Marijuana); Esther "Boots" and John Rupke, MD; Tina Luo, MD; Paul Clodfelder, MD, Jayne Courts, MD, Henry Guzzo, MD



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ADOPTED RESOLUTIONS

Summary of Submitted Resolutions:

18 resolutions were submitted
15 were adopted
2 had no action taken
1 was referred to the Board for study

MICHIGAN STATE MEDICAL SOCIETY

The following resolutions were introduced by Domenic R. Federico, MD for the Kent County delegation.

RESOLUTION 84-10A

By: Jayne E. Courts, MD
Title: Evidence-Based Standard Requirement for Governmental Regulations.

Adopted as Amended.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to pursue a federal mandate that all federal health care-related agencies (e.g., the Food and Drug Administration, the Drug Enforcement Agency, and the Centers for Medicare and Medicaid Services) must demonstrate the benefit of existing regulations and new regulations within the first year of implementation; and that the demonstration of benefit must employ evidence-based standards of care; and that any regulations that do not show proven benefit, must be revised or rescinded.

RATIONALE: The Committee amended the resolved slightly to condense the wording without taking away from the intent of the resolution.

RESOLUTION 85-10A

By: Jayne E. Courts, MD
Title: Short-Term Physician Volunteer Opportunities Within the United States.

Adopted as Amended.

RESOLVED: That MSMS seek legislation in Michigan for volunteer physicians that provides indemnity except in cases of willful misconduct or gross negligence; and be it further

RESOLVED: That the Michigan Delegation to the AMA asks the AMA to initiate and oversee a cooperative effort among state licensure boards to allow short-term (less than 90 days) physician volunteerism including, but not limited to, temporary licensure and indemnity.

RATIONALE: The Committee discussed the existing laws that encourage physician volunteerism as well as some obstacles that have been identified in natural disasters that have occurred in the past related to physician relief efforts. The Committee discussed that Michigan is, from a regulatory perspective, well situated to deal with a natural disaster. However, the author made a very compelling point that it is much easier to volunteer in a foreign country than it is in Michigan. The Committee recommended that one of the resolved portions be deleted as it simply asked the AMA to recognize the need to allow physicians to volunteer. The Committee believed that organized medicine recognizes the need to allow physicians to volunteer and that the focus should be simply on specific barriers to volunteer efforts.

RESOLUTION 86-10A

By: Donald P. Condit, MD, MBA
Title: Stillbirth Awareness.

Adopted as Amended.

RESOLVED: That MSMS encourage the next annual Conference on Maternal & Perinatal Health Committee to maintain all efforts to increase stillbirth awareness and to comply with current recommendations among Michigan health care providers of this tragic pregnancy complication; and be it further.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby Congress to enact H.R. 521 the Stillbirth Awareness and Research Act of 2009, which is a federal resolution that promotes stillbirth research by standardizing the definition of stillbirth and funding a national repository for stillbirth data, authorizes a campaign to increase public awareness of the risk for stillbirth, and encourages the director of the National Institutes of Health to allocate more resources to stillbirth research.

RATIONALE: The first resolved was amended to allow the Maternal and Perinatal Health Planning Committee the option of selecting the best educational approach(es) to increase awareness of stillbirths at the next annual Conference.

RESOLUTION 87-10A

By: R. Paul Clodfelder, MD
Title: Smokeless Marijuana Treatments.

RESOLVED: That MSMS continue to advocate for a smokeless society and work with the Michigan legislature to replace smoked marijuana with tablets or oral spray manufactured by a reputable and licensed company and available only by prescription.
RATIONALE: Much like Resolution 42-10A, this resolution faces significant obstacles to passage because the Michigan Medical Marijuana Act was adopted via voter initiated referendum. However, the scientific evidence related to marijuana smoke is clear and was supported by the Committee.

RESOLUTION 88-10A

By: Susan H. Wakefield, MD
Title: Childhood Obesity Treatment as a Covered Benefit.

Adopted.

RESOLVED: That MSMS encourage the Obama Administration to advocate having the evaluation and treatment of childhood obesity a benefit covered by health insurance plans; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to encourage the Obama Administration to advocate having the evaluation and treatment of childhood obesity a benefit covered by health insurance plans.

RESOLUTION 89-10A

By: Susan H. Wakefield, MD
Title: Reimbursement Codes for Non-Physician Members of the Medical Team.

Referred to the Board for Study.
RESOLVED: That the Michigan Delegation to the AMA ask the AMA to develop CPT codes for services of non-physician

members of the health care team provided in the primary care office including individual codes for social workers, psychologists, registered nurse care managers, dietitians, asthma educators, diabetes educators, pharmacists, physical and occupational therapists, and other allied health care professionals.

RATIONALE: The Committee heard about the difficulty practices have in receiving reimbursement for the services of allied health professionals who work for physician practices. The Committee agreed that this issue is best addressed by referral to the MSMS Board of Directors for further study on ways to enable physician practices to receive reimbursement for the services performed by employees in their practice without inadvertently expanding the scope of practice of such employees.

RESOLUTION 90-10A

By: Sadie Bush, Medical Student II
Title: Medical School Debt Forgiveness.

Adopted as Amended.

RESOLVED: That MSMS urge the legislature to pursue a program of debt forgiveness for students of Michigan medical schools in return for three years of service in primary care in the state of Michigan.

RATIONALE: The Committee made an amendment to clarify the intent of the author.

RESOLUTION 91-10A

By: John R. Maurer, MD
Title: Sale of Tobacco Products by Retail Pharmacies.

Adopted as Amended.

RESOLVED: That MSMS ask all retail establishments that contain a pharmacy to voluntarily stop selling any form of tobacco in their stores; and be it further
RESOLVED: That MSMS provide special recognition of all retail establishments that contain pharmacies that do not sell tobacco products; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to provide special recognition of all retail establishments that contain pharmacies that do not sell tobacco products.

RATIONALE: The Committee revised the resolution to omit the third resolved which can be found in existing AMA policy (D-495.994).

RESOLUTION 92-10A

By: Anita R. Avery, MD
Title: Medicare Consultation Codes.

No Action.

RESOLVED: That the Michigan Delegation to the AMA asks the AMA to emphatically fight the elimination of consultation codes by Medicare.

RATIONALE: The Committee noted that there is existing AMA policy stating "that if necessary the AMA seek regulatory and/or legislative relief to overcome this regulatory decision on the part of CMS." Additionally, MSMS submitted comments to the Centers for Medicare and Medicaid Services (CMS) in opposition to this change.

RESOLUTION 93-10A

By: Anita R. Avery, MD
Title: Medicare Redistribution of Funds.

No Action.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to vigorously reject the continual decreasing of funding from one group of physicians to another group in an effort to make up for shortfalls.
RATIONALE: The Committee agreed that AMA policy already provides the direction called for in the resolution.

RESOLUTION 94-10A

By: Michael D. Olgren, MD
Title: Monitoring Internet Libel of Physicians.

Adopted as Amended.

RESOLVED: That MSMS provide education to physicians about how to monitor websites that "rate" physicians; and be it further

RESOLVED: That MSMS develop or identify resources for physicians to pursue legal recourse in those situations where libel, defamation of character, or similar injustice has occurred from a posting on a website that "rates" physicians.

RATIONALE: The Committee agreed the intent of the resolution is best met by providing education to MSMS members.

RESOLUTION 95-10A

By: David W. Whalen, MD
Title: Opposition to Medication Reconciliation of Emergency Department Discharged Patients.

Adopted as Amended.

RESOLVED: That MSMS oppose calls for mandatory medication reconciliation to be done on patients discharged from the emergency department; and be it further

RESOLVED: That the Michigan Delegation to the AMA asks the AMA to oppose mandatory medication reconciliation on patients discharged from the emergency department.

RATIONALE: The Committee amended the resolution in recognition of National Patient Safety Goal 8, NPSG.08.04.01, which provides an exception to mandatory medication reconciliation in emergency departments. The author accepted this friendly amendment.

RESOLUTION 96-10A

By: Donald P. Condit, MD, MBA
Title: Reporting Impaired Drivers.

Adopted as Amended.

RESOLVED: That MSMS advocate for the State of Michigan to protect the confidentiality and mitigate civil liability of physicians reporting drivers to the Secretary of State for assessment; and be it further

RESOLVED: That MSMS obtain legal consultation and provide documentation in MSMS publications and on the MSMS website that Michigan physicians reporting patients to the Michigan Secretary of State are not violating Privacy Rules of the Health Insurance Portability and Accountability Act.
RATIONALE: This resolution received a great deal of discussion and several

continued on page 12

ADOPTED RESOLUTIONS (continued from page 11)

physicians expressed concerns regarding the existing law and supported the need for clarity related to physician involvement in reporting impaired drivers as well as protection from liability both for reporting an impaired driver as well as physicians who may elect to not report a driver who ultimately may be involved in an motor vehicle accident resulting from their impairment. The Committee believed that creating a regulatory structure and legal protections that facilitate the appropriate role of physicians to diagnose and report those conditions that may impair an individual's ability to drive is an important priority for MSMS. The resolution was amended to remove specific references to state forms and legislative bills that could change into the future. The result is a resolution that will remain relevant even if MSMS is not successful in achieving passage of this legislation in the current year.

RESOLUTION 97-10A

By: Michael D. Olgren, MD

Title: Runners Encouraged to Wear Reflective Clothing.

Adopted as Amended.

RESOLVED: That MSMS encourage Michigan physicians to educate their patients who run or jog to wear brightly colored, lighted, or reflective clothing while in the street when appropriate.

RATIONALE: The Committee agreed this is an issue that is better to educate than

legislate, but MSMS should support any physician wishing to pursue local ordinances that promote the safety of walkers, joggers, and runners.

RESOLUTION 98-10A

By: Donald P. Condit, MD, MBA

Title: Medicaid Federal Match.

Adopted as Amended.

RESOLVED: That MSMS seek federal and state policy changes to increase federal payment to the state of Michigan for Medicaid patient care without taxing physicians.

RATIONALE: This legislation asked that MSMS work to make the federal match more favorable for Michigan by changing the methodology used to calculate the rate of federal match received by Michigan. Establishing methodology that is more equitable for all states would result in payments to Michigan that more accurately reflect the overall state of our economic condition. The prospect of additional federal money to fund Medicaid is certainly an effort MSMS should support.

RESOLUTION 99-10A

By: Jayne E. Courts, MD

Title: After Dying With Dignity.

Adopted as Amended.

RESOLVED: That MSMS support legislation to grant the predeceased the right to make decisions about funeral arrangements and disposition of his/her body after death in written form (legal will or living will) and

specify that honoring these legal decisions is the responsibility of the executor of the decedent's estate or the nominated personal representative of the decedent, as a higher priority than the spouse (or consanguineous relatives).

RATIONALE: The Committee heard testimony regarding the decedent's last wishes not being granted in regards to funeral arrangements and disposition of his/her body after death. The Committee also discussed whether or not this was within the scope of physician practice. The Committee added "support" to clarify the perceived intent of the author.

RESOLUTION 100-10A

By: Patrick J. Droste, MS, MD

Title: Mandatory Electrophysiologic Testing for Patients Taking Vigabatrin (Sabril™).

Adopted as Amended.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to oppose the FDA's rigid schedule of vision testing for patients with Vigabatrin, but to favor instead a recommendation that physicians prescribing Vigabatrin arrange follow-up testing of vision as clinically appropriate.

RATIONALE: The Committee heard conflicting testimony regarding the mandatory ophthalmologic testing for patients on Vigabatrin. This was considered as a friendly amendment by the author of the resolution.

RESOLUTION 101-10A

By: Domenic R. Federico, MD

Title: Pain and Suffering Caps Unconstitutional.

Adopted as Amended.

RESOLVED: That MSMS continue the vigorous campaign within the state to preempt the Michigan trial lawyers' predictable assault on our tort reform package; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge the AMA Board of Trustees to engage the Obama administration immediately to educate them about the perils of making caps on pain and suffering unconstitutional and the inability of the physicians of America to offer access to patients for their health care if they cannot afford to stay in business.

RATIONALE: The Committee concurred with the author of the resolution that, given recent developments in other states, Michigan should expect a similar effort by the trial bar. The Committee recommended a minor amendment to reflect that efforts have been underway since 1993 to preserve caps on non-economic damages. Additionally, the Committee noted that the most important aspect of preserving caps and all other tort reforms is the re-election of Justice Robert Young.

KCMS DELEGATES AT WORK



Pictured far left: Donald P. Condit, MD, MBA and Lee P. Begrow, DO

Top left: David M. Khovskoy, MD and Senator Debbie Stabenow

Bottom left: Anita R. Avery, MD

SELECTING AN EXECUTIVE DIRECTOR FOR THE KCMS

by Patrick J. Droste, MS, MD

In November 2009 the Board of Kent County Medical Society implemented a national search for an executive director for the Kent County Medical Society. Three applications were received from Kentucky, Texas and California. Most applications were received from Michigan.

Each board member of the Kent County Medical Society evaluated all resumes. Applicants were evaluated in the area of management skills, education, finance and organizational skills. A cumulative score was provided for each applicant. The eight highest scores were selected for further review. The Board of Directors contracted with Clear Talent Incorporated, which is a human resources management firm to help supervise and vet our search.

On January 25, 2010, the search committee for the Kent County Medical Society executive director determined six competencies to be critical for the new executive director. These competencies included Communication, Action Orientation, Collaboration, Customer Engagement, Project Management, Vision and Strategy. Seven of the eight selected candidates participated in self-assessment and they were measured based on the above competencies. Competencies were also ranked in order of priority as determined by the search committee's individual ranking and subsequent discussion. Based on a combination of scores and interpretation of self-assessment, four finalists were recommended. All members of the board met on several occasions with Clear Talent Incorporated to review competencies and the results.

On Saturday, April 24, each of the four finalists underwent a two-hour interview. During this interview, applicants presented an oral and written presentation regarding their plans for the future of the organization. Furthermore, each applicant was questioned by board members in the area of the main competencies. All candidates were highly regarded.

The board felt that Patricia Wilhelm Dalton was the best candidate to direct our organization into the future. Ms. Dalton has extensive professional experience serving as the interim executive director of Kent County Medical Society from June 2009 through April 2010. She also worked with Project Access, Metropolitan Foundation, Butterworth Foundation and Davenport University. She has an M.A. from Western Michigan University in Organizational Communications and an M.P.A. in Public Administration, Health Care. She has a

B.B.A. in General Business from Davenport College and an A.A. in Business Administration from Grand Rapids Junior College.

Ms. Dalton belongs to the Economic Club of West Michigan, Kent County Medical Society Alliance, Leadership Grand Rapids Alumni and Rotary Club of Grand Rapids. She will serve as the executive director of Kent County Medical Society and Kent Medical Foundation. The Kent County Medical Society will contract her services to the Kent County Osteopathic Association.



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We welcome Patricia Wilhelm Dalton to the Society.

ARE THERE ANY DOCTORS IN THE HOUSE?

Have you ever thought of participating in a Habitat for Humanity (re)build project? KCMS is curious as to members' interest in working on such a project.

We are currently looking into the idea and need your input. No experience is necessary; however, skills you have will be put to use.

Attending and retired physicians, physician's spouses and families, residents, medical students and other members of the medical community are invited to participate.

If you are interested in learning more about the project or are interested in volunteering in the future, please call (616) 458-4157 or e-mail (kcmsoffice@kcms.org).



MEDICAL STUDENT GIVEN GRANT TO SPEAK AT CONFERENCE

by **Thomas H. Peterson, MD • KMF President**

Amit Sachdev, of Canton, has been intensely involved in research during his time at MSU/CHM. Under the mentorship of Animesh Sinha, MD, PhD, Chief of the CHM Division of Dermatology and Cutaneous Sciences, Sachdev has been part of the Division's Center for Investigative Dermatology (CID) Genetics Team and participated in six studies since April 2007. With CID, he has explored potential genomic associations (emerging classes or candidates) within the autoimmune skin blistering disorder pemphigus vulgaris and the autoimmune hair loss disorder alopecia areata. He also continues to assist with ongoing epidemiological studies attempting to assess both genetic and lifestyle risk factors for disease onset and progression.

In May 2009, he presented two posters including "HLA-E profile is associated with susceptibility to Alopecia Areata" and "Pemphigus Vulgaris Differs Among Males and Females" at the Society for Investigative Dermatology Annual Meeting in Montreal, Canada. The trip was funded in part by grants

from the Kent Medical Foundation, Dr. Animesh A. Sinha, the Michigan State University College of Human Medicine, the Michigan State University Graduate School and the Michigan State University International Office.

Sachdev will begin his internship in Internal Medicine at Thomas Jefferson University in Philadelphia, PA this June. He has an interest in neurology and structural brain disorders from multiple sclerosis to stroke. He intends to return to Michigan to practice.



**Amit Sachdev, Medical Student IV
Michigan State University
College of Human Medicine
Graduation June 2010**

DOCTORS IN THE NEWS

Marguerite E. Aitken, MD and **Francine L. Vagotis, MD** were named InForum's 2010 Inner Circle Honorees.

Lee P. Begrow, DO was recognized for earning the 2010 Distinguished Alumni Award from Lyman Briggs College at Michigan State University.

Patrick J. Droste, MS, MD was recognized by the American Association of Pediatric Ophthalmology and Strabismus with the Senior Honor Award.

Joseph J. Junewick, MD, FACR has been inducted as a Fellow in the American College of Radiology.

Jay P. LaBine, MD has been named Medical Director of Priority Health.

Robert H. Puite, MD was given the Spectrum Health 2010 Emeritus Lifetime Achievement Award in Medicine.

William J. Rozell, DO was named Metro Health Hospital's Physician of the Year.

John R. Vydareny, MD received the Community Champions Award from Molina Healthcare of Michigan.

The following physicians were recognized with the Distinguished Physician Society Award of Spectrum Health, honoring those who have made extraordinary contributions to the institution and to the quality of care provided to patients and families.

Lowell R. Bursch, MD

Raymond E. Fuller, MD

Brian L. Hotchkiss, MD

Larry J. Robson, MD

J.D. Miller, MD (Presented Posthumously)

MICHIGAN STATE MEDICAL SOCIETY FOUNDATION *Community Service Awards*

The Kent County Medical Society Board will recognize outstanding contributions to the community by KCMS physicians. Names submitted will be studied by the KCMS Board of Directors and *one name* will be sent to the MSMS Foundation for consideration. Each county may only put forth one member's name.

Awardees should be considered on the basis of their involvement, initiative and the need fulfilled by their service above and beyond their daily professional duties.

Please forward a candidate's name to the KCMS office along with a brief description of why this person should be nominated. Please submit by e-mail (kcmsoffice@kcms.org) or fax (458-3305).

Submissions appreciated by JULY 12, 2010.

Thank you for helping to shine the light on KCMS members.



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For more information, contact Marianne Ben Hamza at 517-336-7581 or mhamza@msms.org.

31 Michigan State Medical Society
 The Michigan State Medical Society (MSMS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The MSMS designates this educational activity for a maximum of 31 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.
 AAFP CME Credit: Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Wednesday Morning, October 20

"Early Bird" Plenary Session - 7:00 - 8:00 am
 • Health Care Reform in Michigan: 2010 Update*

All morning courses run concurrently from 8:30 am to 12:00 pm

- Reducing Rehospitalizations in Michigan: A Collaborative Approach Between Hospitals and Physicians
- Selected Topics in Dermatology
- Infectious Disease Update
- Update in Pulmonary and Critical Care
- Addiction Medicine 2010 Update - Smoking Cessation, Suboxone, and Methadone
- Are You Shopping for Health Information Technology?

Wednesday Afternoon, October 20

All afternoon courses run concurrently from 1:30 pm to 5:00 pm

- Diabetes Update 2010
- Upper Extremity Musculoskeletal Disorders
- Cardiology Update 2010: Old Problems, New Approaches
- Urology For the Non-Urologist: Does Prostate Cancer Screening Save Lives? Recent Controversies and Recommendations
- Safer Patient Care Through Evidence-Based Medicine: Practical Tools and Tips from the MHA Keystone Center for Patient Safety and Quality
- Health Disparities: Stating the Problems and Finding Solutions

Wednesday Evening, October 20

Evening course runs from 5:45 pm to 9:00 pm
 • Health Care's Smartest Investment: The Patient-Centered Medical Home

Thursday Morning, October 21

"Early Bird" Plenary Session - 7:00 - 8:00 am
 • Patient Safety Culture at Work: Where Quality Improvement Meets Quality of Life

All morning courses run concurrently from 8:30 am to 12:00 pm

- What's New in Vascular Surgery: Topics for the General Practitioner?
- Emergencies in Children - A Practical Update
- The Orthopaedic Examination for Primary Care Physicians
- Women and Breast Health for Primary Care Physicians
- Selected Topics in Rheumatoid Arthritis and Systemic Lupus Erythematosus
- Metabolic Effect of Hormone Therapy and New Prostate Guidelines from The American Cancer Society

*Not eligible for AMA PRA Category 1 Credit(s)[™]

Thursday Afternoon, October 21

All afternoon courses run concurrently from 1:30 pm to 5:00 pm

- What's New in Colon and Rectal Surgery?
- Broken Bodies and Troubled Minds: The Connection Between Stress and Physical Illness
- Updates on Immunizations for Children and Young Adults
- Neurology for the Generalist: A Course for Hospitalists and General Practitioners
- Radiology for Clinicians: Current Controversies in Imaging: Appropriateness and Indications
- COPD Therapy: Beyond the Steroids and Bronchodilators

Thursday Evening, October 21

Evening course runs from 5:45 pm to 9:00 pm
 • Current Updates and Guidelines in Otolaryngology

Friday Morning, October 22

"Early Bird" Plenary Session - 7:00 - 8:00 am
 • Maintenance of Licensure/Certification: Where Does It Stand?

All morning courses run concurrently from 8:30 am to 12:00 pm

- A Multidisciplinary Approach to the Diagnosis and Treatment of Atherosclerotic Vascular Disease
- Asthma Update 2010
- Advances in Management of Degenerative Spine Disease Using Evidence Based Practice
- Clinical Challenges in Prescribing Controlled Drugs: Prescribing to Balance Risk and Access
- Management of Common Pediatric Neurological Disorders for Pediatricians and Family Physicians
- Updates in Ischemic and Hemorrhagic Cerebrovascular Disease
- Ophthalmology for the Primary Care Provider

Friday Afternoon, October 22

All afternoon courses run concurrently from 1:30 pm to 5:00 pm

- Hyperbaric Medicine: Indications and Evidence for Use in Your Patients
- Anaphylaxis, Food and Drug Allergy
- Health Care's Smartest Investment: The Patient-Centered Medical Home
- Dilemmas in the Diagnosis and Treatment of Female Chronic Pelvic Pain
- A Clinical Approach to Common Neurological Conditions
- Disaster Preparedness and Response: Recent Reflections from Haiti

Saturday Morning, October 23

"Early Bird" Plenary Session - 7:00 - 8:00 am

• Courtroom Cases: Preventing Loss through the Study of Medical Misadventures

The morning course runs from 8:30 am to 12:00 pm

- Michigan Health Gaps: Asthma, Obesity, Smoking Cessation, and Depression



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PROJECT ACCESS UPDATE

Robin Pedtke, DO, Board Chair • Eric Bouwens, MD, Board Vice Chair

In partnership with physicians and the Health Intervention Services clinic in Kent County, Project Access staff and friends participated in the inaugural Undy 5000 on Saturday, April 24. Although the event was a serious fund raiser to benefit colorectal disease awareness, this competitive five mile run/walk in East Grand Rapids, did have some lighter moments. Imagine physicians modeling “Undy’s” in the form of star studded boxers, or frilly “tutu” attire. Other friends sported patterns of kisses, ducks, and smiley faces that made our faces smile too.

The chilly, wet weather did not dampen the enthusiasm of the more than 600 athletes who walked or ran so that Project Access patients could have life saving colorectal screenings. Runners and walkers alike were inspired by stories shared at the end of the race, remembering those who have had colorectal cancer.

Project Access appreciates all the participants who took part in raising funds and awareness for this important health screening. We also want to sincerely thank Donald Kim M.D. for all his time and effort gathering support for and coordinating this event.

Pictured top left: (clockwise l to r) Cathy LaPorte, Season Gates, Pam Wilson, Sarai Tzintzun, Jaziel Tzintzun, Mariana Garza; **Middle left:** (l to r) TCBY owners Paula & Ed Miller and staff member Sara Daum; **Below:** Participants gathered in EGR Middle School and walked through East Grand Rapids



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MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION

House of Delegates 2010: **Kent County Physicians Make a Difference in Healthcare**



Doreen Schoenborn,
Practice Manager
Donald P Condit MD PLLC
doreendpc@yahoo.com

The Michigan State Medical Society's 145th annual House of Delegates met April 30-May 2, 2010 in Dearborn Michigan. Kent County was well represented at the event. We should recognize Rose Ramirez, MD, who did a remarkable job as Speaker of the House. The Executive Director of the Kent County Medical Society, Patricia Dalton, must be acknowledged for her great leadership and hard work exhibited at her first House of Delegates. Serving on the Michigan State Medical Society (MSMS) board are David Krhovsky, MD and Gregory Forzley, MD, Chair of the MSMS board. Their dedication and time spent representing Kent County is truly appreciated.

The House of Delegates is the official policy making body of the Michigan State Medical Society, in which Resolutions are heard and debated upon, following strict parliamentary procedure. The physicians of the State of Michigan are to be applauded for their hard work and dedication. These men and women work long hours in their practices and additionally make time to consider how they themselves can work to advocate for the needs of their communities, patients and colleagues. These physicians envision improvements that could be made in healthcare, ultimately changing the lives of many. These considerations are drafted into Resolutions that are presented at the House of Delegates. Domenic Federico MD is the Chairman of the Kent County Delegation. His dedication and leadership is exemplary. Dr. Federico introduced 18 Resolutions that were authored by numerous physicians in Kent County. Remarkably, 15 of the Resolutions were adopted, 2 had no action, while only 1 was referred to the board for study.

Each of the 18 Kent County Resolutions can be found on page 11. These as well as the others considered can be viewed in full at the Michigan State Medical Society website (MSMS.org). It would be well worth it to view them in their entirety.

The 145th Annual House of Delegates was a great success. It is important for all of those who participated to know how much they are appreciated and respected. Thank you for your time and vision. Although this last year has been a difficult time for many, with leaders who represented Kent County as well as the State of Michigan, it seems we are ready to embrace the changes that are imminent in healthcare. We will be represented by superior leadership as we implement and improve on all that comes our way.



Bonnie Cochran,
Practice Administrator
The Fertility Center
President, MMGMA
bcochran@mriivf.com

Let me think about the House of Delegates, hmm... one word sums it up, *overwhelming!* We heard how important it is for Michigan Citizens to focus on the Supreme Court race! Currently there is a 3-3 representation with 1 swing vote. Knowing who the candidates are and what they represent is essential for private practices to understand. The audience was tasked with naming who is running in the race for governor, and simply put, we could at most name 2-3 candidates. It was emphasized by Tim Skubic, Anchor and Producer of Public Television's "Off the Record", that we vote on rhetoric heard on television, rather understand the issues and how they relate to our field of medicine. We heard loud and clear from all the speakers, if we don't research the candidates, we will vote on what we view on TV or read in the newspaper.

Peter A. Ubel, MD, Professor of Medicine and Psychology at the University of Michigan, made a presentation on the National Comparative Effectiveness Research leaving us to ponder perhaps "we can't have it all". Rationing in health services with cost effective analysis needs to be tackled. Our demand for the best services is resulting in payers making decisions for healthcare, rather than healthcare practitioners. Technology is driving costs to skyrocket as we explore outcomes of a devastating diagnosis such as lung cancer, with a patient being faced with the last two months of survival and being offered clinical experimental treatment. When choosing the experimental treatment route, outcomes revealed results of survival rates that did exceed the two months diagnosed previously to six months. Those results can leave families with their life savings depleted and a question of quality versus quantity. One must question, was that money well spent?

How I feel about Professor Ubel's talk isn't totally clear to me. Rather it was eye opening and thought provoking. I now have a better understanding of the critical challenges healthcare is facing.

Overall I do know that physicians hold the power of healthcare. You as physicians and we as your team need to understand that healthcare must remain in the hands of physicians. NOW is the time to get involved!

KENT COUNTY HEALTH DEPARTMENT



Social Networking Software Aids Investigation of Syphilis Outbreak

Mark Hall, MD, MPH
KCHD Medical Director

When the topic of social networking comes up, I often find myself fumbling through the conversation, responding similarly to the way Joe Paterno addressed the use of social media at last year's Big Ten media days, "What do you guys call those things? Tweedle-doo? Tweedle-dee? I haven't got the slightest idea what you're looking at." My three teenage boys officially say I'm "old-school." I was extremely impressed, however, at how the use of social networking software recently aided the investigation of a syphilis outbreak among the population of men who have sex with men (MSM) in Kent County. You may not be able to follow me on Twitter, but I can't deny how these new technologies improve the manner in which public health officials respond to community health threats.

Like several communities across the state, significant increases in early/infectious syphilis occurred in Kent County in 2009. While 339 early cases were diagnosed in Michigan in 2008, 370 early cases (9% increase) occurred in 2009. However, in Kent County, 10 early cases were diagnosed in 2008 and 27 cases were diagnosed in 2009 (170% increase, figure 1). In Kent County in 2009, 22 of the cases were White MSM over 40 years of age, and over 40% were HIV infected. Most were involved in meeting new partners online, at parties, or at other popular MSM venues in Kent and Allegan Counties. The remaining 5 early/infectious cases were considered high-risk heterosexual (HRH); all were under 40 years of age, and all were HIV negative. Four of the five cases were Black.

As part of the investigation, contact tracing was conducted and revealed that there were well over 200 partners to the 27 early cases. Many were anonymous or gave sparse or false identifying

information. Although many partners could not be identified, follow-up was initiated for 91 partners. Over 90% of the partners were located and were either new cases, preventively treated, previous cases preventively treated, or ruled out through negative testing. With an outbreak involving so many individuals, where some individuals were identified as contacts of multiple cases, KCHD epidemiologist Julie Payne identified the need to pictorially represent the outbreak through the use of social networking software (Ucinet 6 by Analytic Technologies). Creating a picture of the outbreak scenario (figure 2) made it much easier to track the progression of the outbreak and manage follow-up of contacts than the use of a traditional line listing of cases and their contacts.

It is quite overwhelming to visualize the outbreak in this manner. As clinicians, it is sometimes easy to get caught up in treating the patient seated in front of us on the examining table and forget about others who may be at risk for disease. Investigations such as this, as well as those involving other infectious agents (i.e. salmonella, tuberculosis, chlamydia, etc.), remind us of the true potential of these agents to impact a great number of individuals through contact with those who are infected. While treating those with communicable illnesses, it is in our best interest to attempt to obtain a detailed contact history to aid public health in completing the picture of all those who may be at risk.

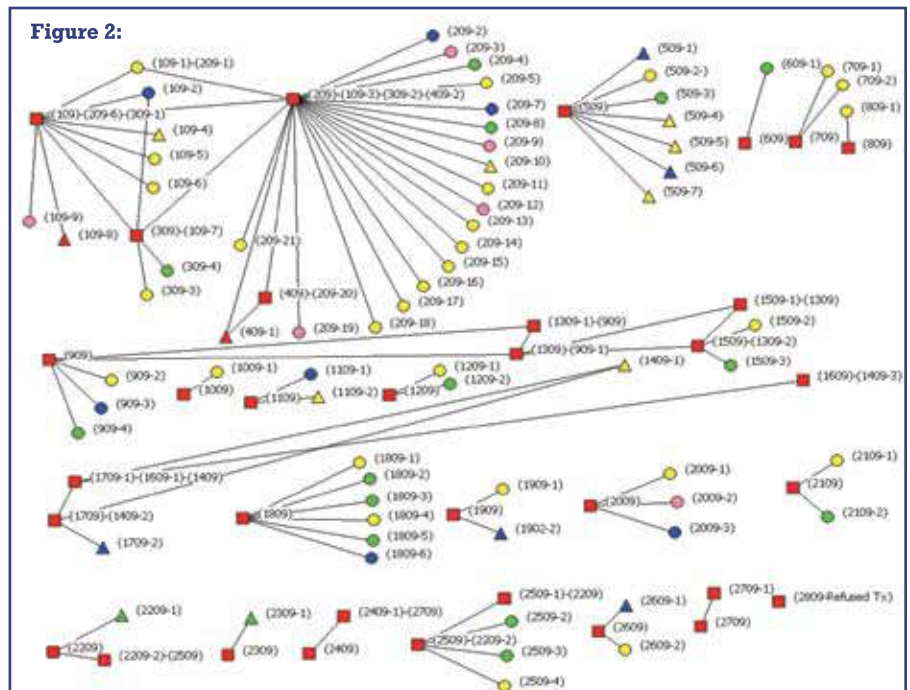
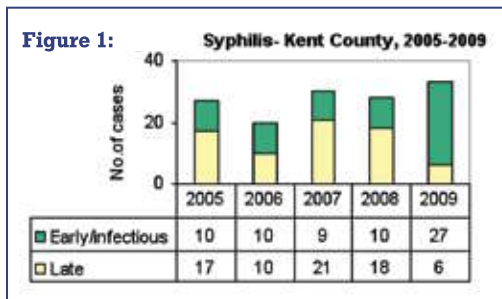


Figure 2: Notification and follow-up of partners of early/infectious syphilis cases (Kent County, 2009). This diagram illustrates the results of the investigation of 91 identified sex partners of 27 early/infectious syphilis cases. **LEGEND:** Case of infectious syphilis (■); Partner, epi-treated (●); Partner, unable to located or located and refused treatment (●); Partner, not infected (●); Partner, previous syphilis and epi-treated (●); Outside of Kent County (▲▲▲▲-colors symbolize same status as listed above).



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

May, 2010

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2010	Through May 2005-2009
AIDS (Cumulative Total - 850)	7	17	15
AMEBIASIS	0	4	1
CAMPYLOBACTER	6	19	16
CHICKEN POX ^a	5	41	128
CHLAMYDIA	157	1127	1334
CRYPTOSPORIDIOSIS	2	6	4
E. COLI O157:H7	0	0	2
GIARDIASIS	5	36	26
GONORRHEA	47	278	358
H. INFLUENZAE DISEASE, INV	0	2	1
HEPATITIS A	0	1	3
HEPATITIS B (Acute)	0	2	1
HEPATITIS C (Acute)	0	1	0
HEPATITIS C (Chronic/Unknown)	23	124	136
INFLUENZA-LIKE ILLNESS ^b	4067	28632	30860
LEGIONELLOSIS	0	1	1
LYME DISEASE	1	1	1
MENINGITIS, ASEPTIC	6	13	7
MENINGITIS, BACTERIAL, OTHER ^c	1	3	5
MENINGOCOCCAL DISEASE, INV	0	0	1
MUMPS	0	0	1
PERTUSSIS	1	1	3
SALMONELLOSIS	2	10	14
SHIGELLOSIS	0	0	2
STREP, GRP A, INV	2	10	10
STREP PNEUMO, INV	2	29	26
SYPHILIS (Primary & Secondary)	0	11	3
TUBERCULOSIS	2	8	7
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2010	DISEASE	NUMBER REPORTED Cumulative 2010
Kawasaki Syndrome	2	Q Fever, Acute	1
Malaria	1		
Toxic Shock Syndrome	1		
Brucellosis	1		
Creutzfeldt-Jakob Disease	1		

- a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.
 b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza **including lab-confirmed 2009 Influenza A (H1N1)**.
 ILI cases have flu-like symptoms and are reported primarily by schools.
 c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN *H. influenzae*, *N. meningitidis*, or *S. pneumoniae*.

Except for Chickenpox & Influenza-Like Illness, only confirmed cases (as defined by National Surveillance Case Definitions: www.cdc.gov/epo/dphsi/casedef/case_definitions.htm) are included. Reports are considered provisional and subject to updating when more specific information becomes available.

GRAND RAPIDS MEDICAL EDUCATION PARTNERS UPDATE



Coming Changes in Accreditation

Peter Coggan, MD, MEd
GRMEP President and CEO

Benjamin Disraeli was one of Britain's prime ministers during Queen Victoria's reign. She disliked him personally and for his political views. However, since he was the elected leader of parliament and she was the constitutional monarch, she had no choice other than to work with him. His statement about change is apt as we contemplate the changes about to occur in the ACGME's accreditation requirements.

Resident duty hour restrictions have been with us for some time. The ACGME promised a periodic re-evaluation when they were first introduced and the first review has been underway for the past year. A report with recommendations for revisions in duty hours will be released for public comment within the next few weeks, and will become incorporated in accreditation requirements as early as July 2011. I expect some changes, but hopefully no drastic reduction in duty hours.

Many of those who gave testimony to the ACGME review commission made a plea for flexibility in duty hours, particularly for more senior residents. They argued that artificial limits created by the 80 hour work week rules place residents, at times, in the position of having to leave the operating room in the middle of a procedure, or a very sick patient at a critical point in their care. Forcing a resident to

violate professional standards of behavior because of rigid work hour rules conveys the wrong message to our learners and flies in the face of treasured traditions which place our patients first.

Some interesting factoids have emerged from the duty hours review process. First, there is no evidence that reduced work hours have resulted in more sleep hours. Residents sleep about the same number of hours now as they did before the duty hours requirements came into force. This is not necessarily a bad outcome. I would also argue that other, non-work related activities are beneficial to resident well-being and clinical performance, but the evidence is lacking. Second, and most concerning, is the reduction in the number of procedures performed in general surgery and the surgically related specialties, and the concomitant decline in Board scores.

Exactly what will be recommended by the commission is not yet clear. Even less clear is the monitoring and documentation required to demonstrate compliance. It is likely to be complicated,

**“ In a progressive country change is constant;
...change... is inevitable. ”**

—Benjamin Disraeli (1804–1881)

requiring the resident to take a responsible and professional role in recording work hours accurately and requiring the faculty to honor the spirit of the new rules.

Experience in Europe with more stringent reductions in work hours has led to concern that some graduates of their training programs may not be ready for independent practice. American medicine has been justifiably proud of the quality of care that physicians provide and the degree of professionalism with which they provide it. If we compromise basic standards and principles with more work hour reductions - particularly in the formative training years - we risk damaging our profession and the quality of care of our patients.

MARK YOUR CALENDAR

KCMS CME Update
Saturday Morning • February 26, 2011
CME Educational Opportunity



NOTE FROM THE DEAN

Announcing
THE CHRISTIAN MEDICAL DENTAL ASSOCIATION,
 AN ORGANIZATION FOR CHRISTIAN PHYSICIANS AND DENTISTS IN WEST MICHIGAN.

Dr. Leroy Strong, retired KCMS Member, welcomes physicians to participate in the formation of a West Michigan chapter. Join others in learning more about mission programs, Bible studies, spouse/family support groups, and issues forums.

FOR MORE INFORMATION, CONTACT:
LEROY E STRONG MD
ZSTRONG7@AOL.COM



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

The College of Human Medicine's expansion is fully underway, as we prepare to move into the Secchia Center in the coming weeks and welcome our first students in late August.

I am pleased to share the exciting news that Rich and Helen DeVos have made a dollar-for-dollar pledge for up to \$5 million toward the completion of the MSU College of Human Medicine Campaign for the Secchia Center. To date, \$39.1 million has been raised toward the fundraising goal of \$50 million. We are very grateful to Rich and Helen for their generosity to our college and support of medical education. Only in Grand Rapids could one man's steadfast vision and 'get it done' leadership become the catalysts for the creation of our unparalleled health sciences community. The DeVoses' legacy in Grand Rapids is destined to last generations to come.

The success of our joint-recruitment initiatives with the Spectrum Health Alliance, Van Andel Institute and Saint Mary's Health Care continues to build. This spring, Saint Mary's announced funding to recruit four new scientists to support the four senior scientists of the Parkinson's disease research team whose arrival at Van Andel Institute with the \$6.8 million Udall Center for Parkinson's Disease Research designation we announced last fall.

In April, West Michigan became the new home for another center of excellence thanks to the Spectrum Health - Michigan State University Alliance and Van Andel Institute in the recruitment of Dr. Asgi Fazleabas. The Specialized Cooperative Centers Program in Reproduction and Infertility Research (SCCPIR) and its \$6.8 million in funding moved to MSU in April, where Dr. Fazleabas is now professor and associate chair in the Department of Obstetrics, Gynecology and Reproductive Biology. MSU's Center for Women's Health and Reproduction Research/SCCPIR is one of 15 nationwide and is also housed in Van Andel Institute.

In the coming weeks, faculty and staff move into the Secchia Center and we welcome our inaugural class of 100 first-year students and 50 second-year students in late August. We're counting the days until we officially dedicate the Secchia Center, September 10. As always, thank you for your continuing support of our college's expansion to Grand Rapids.

Nov 9

Patriotic Salute
 to Physicians Who Have
 Served Our Country

Have you served in any of our armed forces? Please submit details to the KCMS office by e-mail (kcmsoffice@kcms.org) or fax (458-3305).



ALLIANCE HEARTBEAT

The Alliance advances the science and art of medicine in partnership with the Kent County Medical Society by advocating health-related philanthropy, legislation, education, and by promoting friendship among families of physicians.



Year in Review

Holly Hirai Jones
KCMS Alliance President

My year as Kent County Medical Society Alliance President has been a rewarding one. It has allowed me to get to know more of the Alliance members, and to

become more involved with our local community as well as the Michigan State Medical Society Alliance. I have been reflecting on the many events and accomplishments of the year and I'd like to use this last article of the year to provide some feedback on one of the major ones.

The MSMSA and MSMS organized a "White Coat Rally" in October to educate lawmakers and provide a unified front in opposition to the proposed 3 percent tax on gross receipts of physicians. Over 1000 physicians, staff and Alliance members from across the State, many from Kent County, donned white coats and rallied on the steps of the State's Capitol Building. In addition, rally participants packed the Senate Appropriations Community Health Subcommittee meeting. It was standing room only for the rock-solid testimony given by both the MSMS President and the MSMS's Immediate Past-President. On October 28th, the Senate voted 32-4 to reject the proposed tax on physicians!

The "White Coat Rally" had a significant effect on our State Political Action Committee (PAC). Membership grew 10% compared to the same month in previous years and a

significant number of donations were received in direct response to this project. We need to continue to support the PAC as we face both the current and future challenges in the health care arena.

In recognition of this effort, the Michigan State Medical Society Alliance has received the **2010 Legislative Education and Awareness Promotion (LEAP) Award** from the **AMA Alliance**. This award recognizes excellence in legislative education and awareness programs and projects of state, county and RP/MSS Alliances throughout the country. Congratulations and thank you to Cindy Ackerman, our hard-working MSMSA Legislative Chair, Deb Droste and Barb Sink, our tireless KCMSA Legislative co-Chairs and all of you who participated in the rally and/or wrote letters to your state representatives.

I look forward to sharing the responsibility of leading the KCMSA in the up-coming year with my Co-President, Phyllis Rood, and our wonderful 2010-11 Board. Please remember to renew your membership or, if you are new to us, become an Alliance member. Membership forms are available on our website, KCMSAlliance.org. I urge you to consider joining one of our standing committees or to become involved in our fund raising, legislative or health promotion efforts. Time commitments are flexible.

I would also like to thank the 2009-10 KCMSA Board and Standing Committees for all your hard work. It's been a wonderful year and without your support and commitment, there would not be an Alliance.

Surf & Turf

The Surf and Turf dinner was held at Noto's Old World Italian Dining Restaurant on April 17th. We had 31 people attend, dining on steaks and lobsters. Noto's was a nice change and all who came had a wonderful time. The Sale and Dinner made a profit of \$1,279 and added to the KCMSA Foundation's treasury. We made \$340 from a drawing for special items donated by Alliance members and the Window Shop at Blodgett Hospital. This money will be used for Mini Grants. If you were unable to make our event this year, we hope to see you next year. Thank you to all who supported our fundraiser!

Charity Ball 2010

Irene Betz, Chairperson

I would like to take this opportunity to thank everyone for the success of the KCMSA Charity Ball 2010. This year's recipients, Gilda's Club Grand Rapids and Kids Food Basket, have given us the opportunity to touch the lives of so many children in West Michigan. Thanks to all your efforts, Charity Ball 2010 raised over \$79,000 for our charities. This year marked the 20th anniversary of the Ball which over its history has brought in over \$900,000 for charity. We are already looking forward to Charity Ball 2011 which will be benefitting Catherine's Health Center and D. A. Blodgett-St. John's. Be sure to save the date for this event which will take place on Saturday, February 5, 2011. The only thing that is more fun than going to the Ball is helping to put it together. We are always looking for volunteers. Please join us.

DID YOU KNOW?

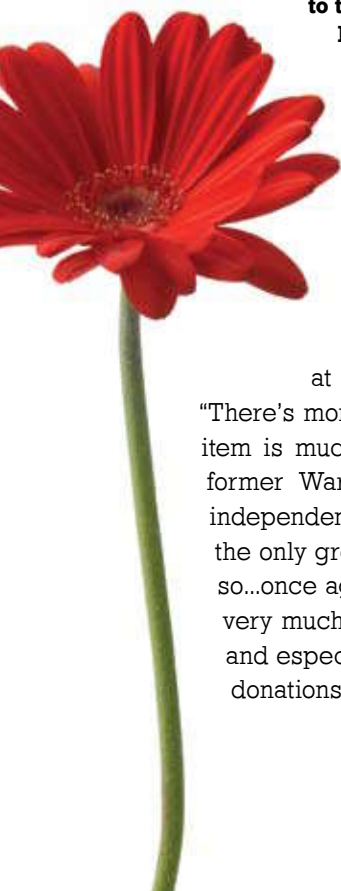
Charity Ball 2010 raised over \$79,000
benefitting Gilda's Club Grand Rapids
and Kids Food Basket

MARK YOUR CALENDARS

Charity Ball 2011
Saturday, February 5
Cascade Country Club
Benefitting Catherine's Health Center
and D. A. Blodgett-St. John's.

Spring Gathering Thank You

Andrea Haidle, KCMSA Representative
to the 17th Circuit Court,
Family Division CAC



Thank you, thank you, thank you for once again giving so generously to the Spring Gathering in April for Judge Gardner's Closet. I truly wish all of you could see the looks of astonishment when all of the items are unloaded at the Court; the people who help are almost overwhelmed at our Alliance members' generosity. "There's more?" is the most frequent remark. Each item is much needed and is put to good use by former Wards of the Court who are beginning independent living. As far as I am aware, we are the only group that helps to fulfill this large need, so...once again...thank you for your kindness. It is very much appreciated by both Court personnel and especially those individuals who receive our donations.

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KCMS & KCOA



Spouses are invited to a

Joint Meeting

of the
Kent County Medical Society
and the

Kent County Osteopathic Association

Monday, September 20, 2010

Honoring

Congressman Vern Ehlers

Plus a *Candidates' Forum*

Come listen to the candidates
and ask your questions

Participants will be those who are running for:

- US Congressional Representative
- Michigan State Senate
- Michigan State House of Representatives

Social 6:00 pm | Dinner + Presentation 6:45 pm

Watermark Country Club

RSVP

appreciated by Thursday, September 16, 2010

Call (616) 458-4157 or email kcmsoffice@kcms.org

DIRECTORY CORRECTIONS

Please make the following changes to your 2010 Directory.

Page 8

Bakeman, MD, James E.
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Page 9

ADD Bartek, MD, Gordon L. R
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676-2846 Fax: 676-1232

Page 11

Begrow, DO, Lee P.
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Page 15

ADD Bowman, MD, Harold E.
(R) (NR) PTH
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231-766-2055 Fax: 231-766-2076

Page 16

DELETE Braiteh, MD, Fadi S.
Moved out of area

Page 17

Brinker, MD, Brett T.
Add a second "t"

Page 18

Bukrey, MD, Charles D.
e-mail should be:
cdbukrey@oamichigan.com

Page 19

DELETE Buth, MD, Eric P.
moved out of area

Page 20

DELETE Carlson, DO, Jay W.
moved out of area

Page 29

DeNiel, MD, Melissa A.
Practice Name should be:
Melissa A. DeNiel, MD, PC

Page 43

Gribbin, MD, Denise D.
New office address and phone
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Medicine

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Retired. New address:
545 Saddlebrook Dr. NE
Ada MI 49301 (Res)

Page 49

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Spring Lake MI 49456

Page 50

Hodgson, MD, Richard J. (Jayne)
Add a "y"

Page 54

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Page 73

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Petersen, MD, David P.
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Page 87

DELETE Porter, MD, Jason J.
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Page 88

DELETE Purgiel, DO, Kevin
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DELETE Wei, MD, Tim Y.

Moved out of area

Page 119

Wilkinson, MD, Charles A.
Delete fax number

Page 121

Wong, MD, Leslie B.
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Grand Rapids MI 49546 (Res)

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Young, MD, James E.
Second Fax Number:
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- 2. MSMS has higher rates than other agents for Blue Cross Blue Shield.**
Absolutely false. BCBSM rates are the same for all chamber and association groups. If someone shows you a lower rate, it is for less coverage. True False
- 3. MSMS has no advantages over other agents.**
Among other advantages, MSMS can offer your spouse a group-like product (spousal continuation) if a member passes away. Other agents offer only individual policies with little or no prescription drug coverage. MSMS can also offer physicians a separate plan for employees in small groups. True False
- 4. MSMS groups must call BCBSM directly to solve claims issues.**
MSMS has a staff of dedicated customer service representatives who will act as your advocate in issues of claims and billings. True False
- 5. MSMS does not offer benefits management services.**
MSMS has qualified benefits managers to handle all of your needs in HRA, HSA and FSA. MSMS offers **FREE** COBRA administration to its groups of 20 or more. True False
- 6. There is no better deal than MSMS.**
Nobody can give you the service, the choices and the expertise that MSMS gives its members. True False

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MEETINGS OF INTEREST

LOCAL

SEPTEMBER 20, 2010 KCMS/KCOA Joint Meeting
A Tribute to Congressman Vern Ehlers and a Candidates' Forum
Watermark Country Club, 6:00 pm
*Note: Special Day **Monday** and Time **6:00 pm***

STATE

MAY 11-14, 2011 MOA House of Delegates, Dearborn, MI

KCOA NEW MEMBERS

Eric Kozfkay, DO Michigan Pain Consultants, PC
Tim Spencer, DO Greater Michigan Spine & Neurological Institute

MOA LIFE MEMBERS

The following KCOA physicians were made LIFE members by MOA.
A LIFE member has been an MOA member for 35 years.

Congratulations to

Lonson L. Barr, DO

George G. Carothers, DO

Carl J. Kubek, DO

CHECK OUT OUR WEBSITE

KCOA.us

PRESIDENT'S MESSAGE



Ann M. Auburn, DO
KCOA President

It is with great pleasure we announce that Patricia W. Dalton has been named Executive Director of the Kent County Osteopathic Association. She has been working as an Interim Executive Director since last year.

We look forward to continuing to work with her.

In May the Michigan Osteopathic Association held its Annual Convention and House of Delegates. Approximately 30 resolutions were submitted by physicians. As many of you know, the House of Delegates is the opportunity for physicians to demonstrate their say in how the practice of medicine can be changed for patients and their physicians. Kent County was well represented with 11 Delegates.

Approximately 800 attendees were at the Convention and House meeting. This was a wonderful opportunity to connect with physicians in other districts and to visit with Osteopathic colleagues from across the state.

The highlights listed show that our Kent County Osteopathic Association is quite active and contributing to the greater community of osteopathic physicians as well as the political scene in Michigan. With

all of the changes in medicine currently happening and the every day politics that are part of our world, it's important to make sure your voice is heard. Whether that be as an osteopath or medical professional in general, your voice, your opinion, your concerns and your actions are needed, helpful and appreciated.

It's easier to maintain your knowledge and understanding of where your voice may fit into the bigger picture if you are part of your local organization. So we encourage all osteopaths to become part of the KCOA and make it a strong organization that can continue to make a bigger difference in your medical profession and your world.

Convention and House meeting highlights:

- The Michigan Osteopathic Association has selected a new Executive Director, Kris Nicholoff, who began in January 2010.
- Craig H. Bethune, DO was re-elected Speaker of the House.
- Susan Sevensma, DO was presented with the Distinguished Service Award in recognition of her many years of service and leadership on the MOA Board of Trustees including her tenure as its 2007-08 president.
- Jeffrey Stevens, DO, current President-Elect of the Michigan Association of Osteopathic Family Practitioners, served as Chairman of the Public Affairs Committee which provided a review of resolutions.
- Since January 2010, the Michigan Osteopathic Association now offers its publications online.

It's important for you, your family, your patients and the future for everyone. The time and monetary commitments are minimal compared to the benefit received. If you would like a leadership roll, we are always looking for new faces on our KCOA Board. Whether you want to be a member, have an idea, have a concern or want to serve on our board, let us hear from you soon! I am always open to suggestions from anyone. I can be reached through my office at (616) 301-0808, through our new Executive Director, Patricia Dalton at (616) 458-4157 or visit our website at: www.kcoa.us.

The next MOA House of Delegates and Convention will be held May 11-14, 2011 at the Hyatt Regency in Dearborn.

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