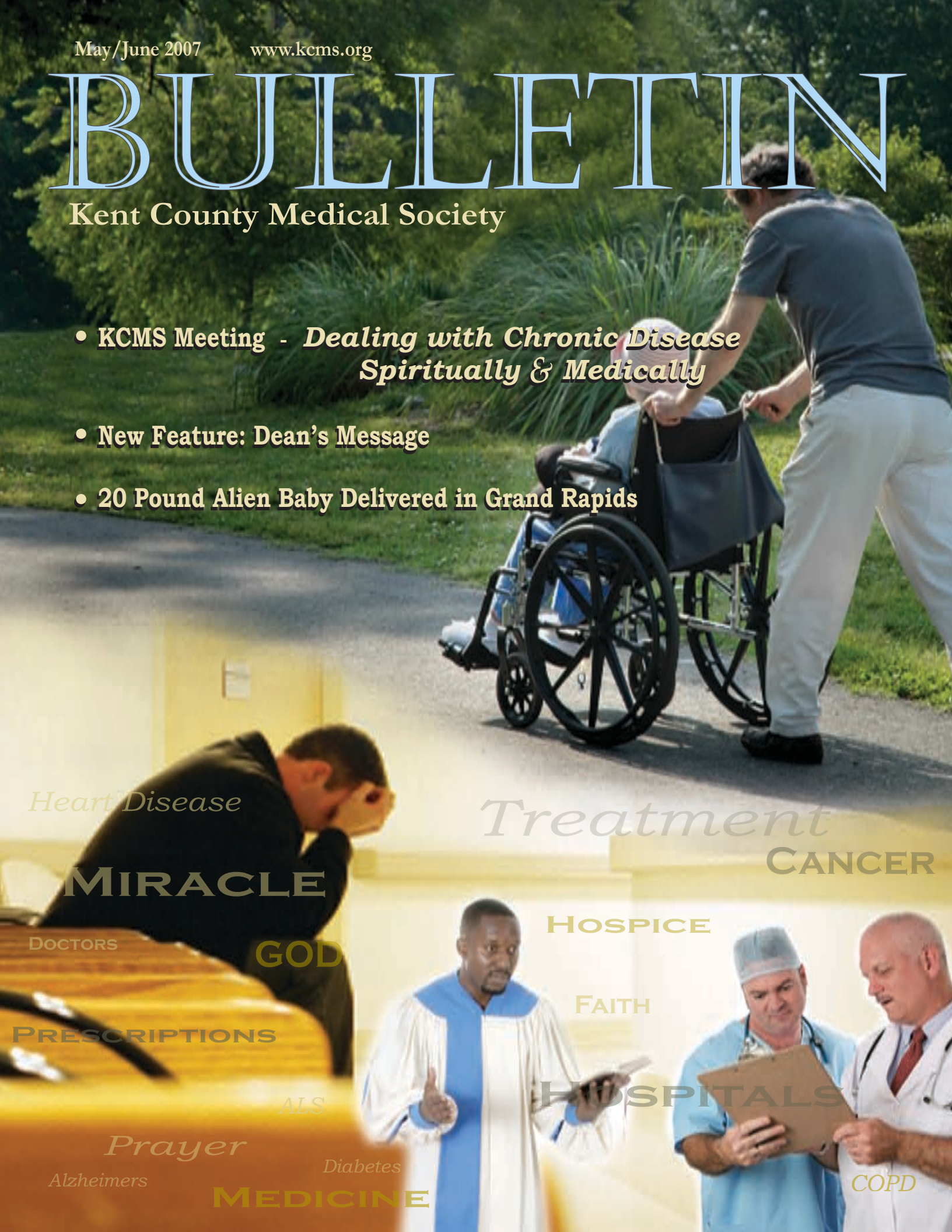


# BULLETIN

Kent County Medical Society

- **KCMS Meeting - *Dealing with Chronic Disease Spiritually & Medically***
- **New Feature: Dean's Message**
- **20 Pound Alien Baby Delivered in Grand Rapids**



*Heart Disease*

*Treatment*

**CANCER**

**MIRACLE**

**DOCTORS**

**GOD**

**HOSPICE**

**FAITH**

**PRESCRIPTIONS**

*ALS*

**HOSPITALS**

*Prayer*

*Diabetes*

*Alzheimers*

**MEDICINE**

*COPD*

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# BULLETIN

Kent County Medical Society

## FEATURES

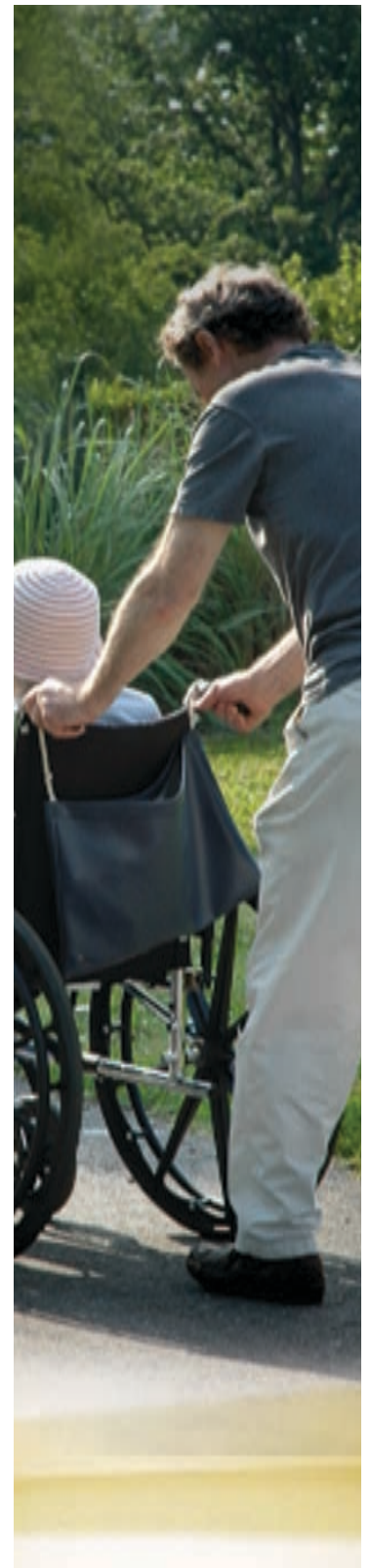
- 7....President's Message
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## WE'VE MOVED! THE KCMS HAS A NEW OFFICE

Kent County Medical Society  
234 Division Ave. N, Suite 400, Grand Rapids, MI 49503  
Phone 616.458.4157 Fax 616.458.3305  
www.kcms.org



# MEETINGS OF INTEREST

## Meetings

### LOCAL

**MAY 9, 2007** - KCMS Regular Meeting, Watermark Country Club

**SEPTEMBER 11, 2007** - KCMS Regular Meeting, Watermark Country Club

**NOVEMBER 13, 2007** - KCMS/KCMSA Joint Meeting, Watermark Country Club

### STATE

**SEPTEMBER 19, 2007** - Capitol Check-up, Lansing, MI

**OCTOBER 5, 2007** - Annual Conference on Bioethics

**OCTOBER 24, 2007** - Annual Scientific Meeting

### NATIONAL

**JUNE 23-27, 2007** - AMA House of Delegates, Chicago, IL

**NOVEMBER 10-13, 2007** - AMA Interim Meeting, Honolulu, HI

### MSMS DELEGATES AND ALTERNATE DELEGATES

#### MSMS DELEGATES to January 2008

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

#### MSMS DELEGATES to January 2009

John H. Beernink, MD  
Jayne E. Courts, MD  
Domenic R. Federico, MD  
Judith A. Hiemenga, MD  
John H. Kopchick, MD  
Jay P. LaBine, MD  
John R. Maurer, MD  
Rose M. Ramirez, MD  
David M. Reifler, MD  
Robert C. Richard, MD  
Bruce C. Springer, MD

#### MSMS ALTERNATE DELEGATES

##### to January 2008

James A. De Haan, MD  
Elizabeth Henry, MD  
Courtney P. Jones, MD  
John A. Rupke, MD  
Laura VanderMolen, DO  
Stephen L. Winston, MD  
Phillip G. Wise, MD

#### MSMS ALTERNATE DELEGATES

##### to January 2009

Bradford W. Betz, MD  
Edward J. Bok, MD  
Keith Getz, MD  
Amy L. Manley, MD  
Judith L. Meyer, MD  
John B. O'Donnell, MD  
Robert E. Reneker, Jr., MD  
Stephen B. Rupp, MD  
John E. Van Schagen, MD  
David W. Whalen, MD

## Officers and Directors

<b>PRESIDENT</b>	Judith A. Hiemenga, MD
<b>PRESIDENT-ELECT</b>	Thomas H. Peterson, MD
<b>PAST PRESIDENT</b>	Jay P. LaBine, MD
<b>SECRETARY-TREASURER</b>	Anita R. Avery, MD
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<b>DIRECTOR 2009</b>	Lee P. Begrow, DO
<b>EXECUTIVE DIRECTOR</b>	William G. (Chip) McClimans, Jr.

## About the Bulletin

Editor - David M. Krhovsky, MD

Business Manager - Wm. G. McClimans, Jr.

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*Spouses are Invited to the General Membership Meeting of the  
Kent County Medical Society*

*TUESDAY, MAY 8, 2007*

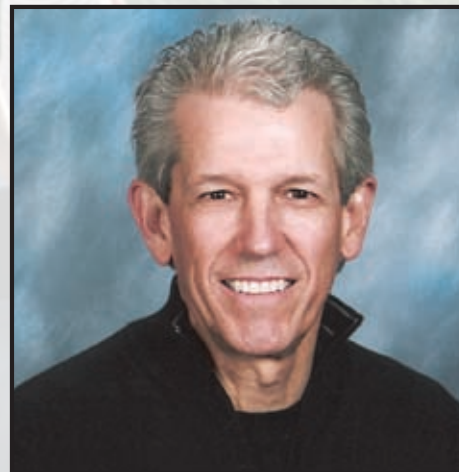
*- Topic -*

*“Dealing with Chronic Disease  
Spiritually & Medically”*

*- Speakers -*



***Dr. Ed Dobson***  
*Emeritus Pastor  
Calvary Church*



***Gene Wiley, MD***  
*Neurologist  
Neurological Associates of  
West Michigan, PC*

*Watermark Country Club  
1600 Galbraith SE  
(Off Cascade Road SE, Just east of Spaulding Avenue)*

*Social 6:15 PM*

*Dinner 7:00 PM*

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# PRESIDENT'S MESSAGE

Judith A. Hiemenga, MD  
KCMS President

## Patient's Goals

Life is just easier when people think alike. I left Labor and Delivery to go to my annual medical checkup. When I returned the nurses offered me a Hershey Bar for Physician's Appreciation Day. I declined, saying I was dieting. The nurses promptly reminded me I had just stepped on the scale for the year and was entitled to celebrate with chocolate. I agreed. As physicians our shared understanding, our unspoken goals with our patients are often that simple. It is clear what we want and what they want. Their goals are our goals. Sweet!

Doctor patient relationships are traditionally based on our central premise; physicians are supposed to heal, and second do no harm. The unspoken expectation we hold is that a patient must want to be healthy or to get well. We prefer no grey areas, no compromises and ideal care. We prefer no altered goals caused by rapidly changing technology.

As a profession dominated by type A personalities, we really expect ourselves and our patients to be perfect. If we are perfect and our patients are perfect, then our health care outcome will be perfect. Obstacles such as poor patient compliance, undesirable patient lifestyle choices, poor genetics, bad luck, or poor protoplasm offer endless frustration. Financial impediments and poverty are a sad stumbling block to ideal patient care. Callousness of big business and insurance companies' decisions impacting ideal patient care just ignite anger.

Patients have varied views of their medical needs. Certainly being healthy, happy, and long lived is probably one of the most significant goals for our society. This goal is a great fit with a physician's premise that everyone should want to be healthy or get well. It conflicts painfully with alternate patient goals. Living well and feeling good may be a goal of the young alcohol and drug dependent patient. Avoidance of psychological pain may be the goal of the obese or pain medication addicted patient. Smoking may be the self prescribed therapy for stress. Pain prevention and death with dignity may be the driving goal of the terminally ill cancer patient. Poor self esteem and craving for attention seem to drive the patient affected with Munchausen syndrome. Terrible greed drives parents to drop children down uncovered manholes for a windfall of civil damages.

No matter what motivates our patients, we must determine their goals and define our goals to come to a shared goal.

Just like eating chocolate, many physician and patient goals are alike. There is not a lot of debate about goal oriented care for life threatening trauma, delivering a baby, or providing well child care. Discrepant goals are best approached with empathy and communication. Without communication there is no solution for life threatening bleeding with a Jehovah's Witness. You can't TIVO life to obtain a family's informed consent in caring for a barely viable premature infant. Advanced directives and family communication must already be in place for a terminal



## “Patients have varied views of their medical needs.”

cancer patient before emergencies occur. Patient communication is a must before considering if, when and how legal opinions are sought for a fetus that's severely Rh affected. Addressing patient fears may prevent an impossible situation such as a term pregnant patient with a bleeding placenta previa that refuses care.

Unless we as physicians truly believe in our impossible expectations for perfection we must communicate with our patients and be open to compromise. We must strive to understand the unspoken goals of our patients. Communication fails less often with planning and forethought. If all else fails, they may want to share your chocolate.

# Last Year We Saved Michigan Doctors Over \$3 Million!



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# ONE TO PONDER

Chip McClimans  
KCMS Executive Director

## Your Backbone

They are given the title of practice manager, practice administrator, office manager, group manager, site manager, chief executive officer, chief operating officer, administrator, and probably a few other names depending on the mood or disposition of the physicians in the practice. These people are hired by you to administer the business-side of your practice, to keep you compliant, oversee billing and coding, handle personnel issues, and generally take care of the “busy work” so you can concentrate on seeing your patients.

So, did you send your practice manager to the Spring Conference of the Michigan Medical Group Managers Association (MMGMA) this past March? If you did, here is a sample list of the sessions they participated in and learned about (and if you didn't, here's what they missed for your practice): *Keeping the Office of Inspector General Away from Your Practice*; *Leveraging Common Technology in the Medical Office*; *How and Why to Avoid Billing Fraud*; *Payor Contracting and Current Insurance Issues*; *Disaster Preparedness: Will Your Office Be Ready?*

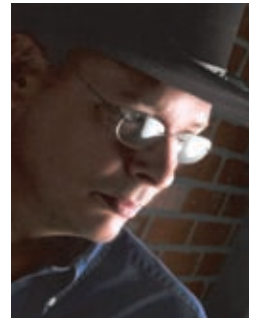
Kent County is proud to have the largest number of members in MMGMA, and that is good for you! If your practice manager is a member, you can be assured they are receiving the most up-to-date information to keep your practice running as smoothly as possible. If you don't have a member of MMGMA in your office, I would begin to wonder if your practice is running as efficiently as it could (this is not to say non-MMGMA practice managers are running medical practices poorly).

The annual dues for MMGMA are a nominal \$95, and the association hosts two, two and a half day conferences in the Spring and Fall.

The Kent County Medical Society is beginning to supplement

seminar also took place this past March and ran from 4-6 pm, with an hour devoted to the program and an hour to socialize and network. Our topic was *The Future of Health Care for West Michigan* and we had over 60 attendees. We were fortunate to have National City Bank, Select Bank and Medical Protective sponsor this event.

Just as it's important for you to belong to the Kent County Medical Society, the Michigan State Medical Society and the American Medical Association, so I believe it is for your practice manager to belong to MMGMA. Practice managers are your backbone keeping your practice running straight and efficiently, and your



## “...here's what they missed for your practice...”


these conferences with two local seminars for both members and non-members of MMGMA. We have issues here in Kent County that are germane to our region and it is important for us to focus on them locally. Our inaugural

medical associations are the glue keeping a watchful eye (among many other things) for any intrusions on the practice of medicine. Together, we've got your back!

MED  
MAL

TIP #9

## Know their approach to protecting physicians.



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

## Get proper care.

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E V E R V I G I L A N T

## Twenty Pound Alien Baby Delivered in Grand Rapids

Mark Hall, MD, MPH  
KCHD Medical Director



Admit it. We all have our guilty pleasures. I must confess that every time I stop by Meijer to pick up a few necessities, I get a kick out of reading the headlines on covers of supermarket tabloids. Reading about the latest alien abduction, Big-foot sighting, or the newest celebrity to join the Psychic Friends Network always provides a few moments of comic relief from my hectic schedule. These headlines are so obviously far-fetched that no one would ever believe them, and the articles are worthless save for a few minutes of mindless reading. When it comes to reporting of the medical literature in mainstream media, however, it is not so easy for the general public to differentiate fact from fallacy.



As physicians, we are accustomed to exercising a healthy skepticism when results of a new study are released. Even if the information appears to be valuable or “practice-changing” at first glance, doctors know there will be ensuing debate and commentary; the study will be dissected, weaknesses exposed, and conflicts of interest may be brought to light. Even if the study stands up to the initial scrutiny, it still needs to be reproduced. As such, there is some wisdom to the advice for a physician to avoid being the first or

the last to do the latest thing. As most of our patients do not subscribe to medical journals, the mainstream media is where they receive information on “the latest medical advances.” I used to get peeved when a patient wanted to discuss these articles that I knew little about. In my position at the Health Department, I am now made aware of health related articles - including pre-releases to the media that allow for coverage prior to the actual

Injuries that are evaluated after 48 hours are more likely to have the time to elicit inflammatory changes. The study design favors ibuprofen and tells us nothing about the first 48 hours after an injury.

**“...it is not so easy for the general public to differentiate fact from fallacy.”**

release of the journal - on a regular basis. Now when I get the early questions from patients, I typically say something like, “I’m sure this will be extensively debated in the medical community - I look forward to following it.”

Although I no longer feel like I’m the last to know, I have other concerns. These articles are invariably reported as incontrovertible fact from a respected medical journal. I’ve found that when I actually compare the journal article to the news report, there is frequently some degree of spin or omission that significantly changes my perception of the study. I recently came across an article in the newspaper with the somewhat clumsy title, “Ibuprofen best fights kids’ pain.” The article follows the usual script; truth is revealed as told by a major medical journal (in this case, Pediatrics). The conclusion is that ibuprofen is preferred in acute injury. Even a cursory reading of the actual journal article reveals some obvious problems.

- Patients were selected for the study only if their visit was at least 48 hours after the injury. There is some evidence to suggest that the analgesic effect of ibuprofen is a result of its anti-inflammatory properties.

- The study size was small. Approximately 300 patients were divided into three groups. This was at least in part a product of the study design. Many injured children presenting to the ER are seen in the first 48 hours, and therefore were excluded from the study. Side effect information is essentially impossible to attain with a study of this size. Although both drugs have favorable safety profiles, ibuprofen is still an NSAID and probably more likely than acetaminophen to show measurable adverse reactions with larger sampling. Obviously, the conclusions of the study may change with more substantial numbers.

- The study describes a 12 point difference between the drugs on a visual analog scale (VAS) used to assess pain relief. Although this may be statistically significant, the clinical significance of this is considered borderline at best.

Of course, none of this was discussed in the news article, and I’m sure other significant criticisms of the study will surface. In the meantime, be aware of what your patients are reading, and don’t throw away your Tylenol just yet.



# 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

## March, 2007

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2007	Through Mar 2002-2006
AIDS <sup>a</sup> (Cumulative Total - 749)	2	12	5
AMEBIASIS	0	0	0
CAMPYLOBACTER	4	10	9
CHICKEN POX <sup>b</sup>	32	155	65
CHLAMYDIA	319	875	652
CRYPTOSPORIDIOSIS	1	2	N/A
E. COLI O157:H7	0	2	3
GIARDIASIS	4	23	17
GONORRHEA	94	300	253
H. INFLUENZAE DISEASE, INV	0	0	N/A
HEPATITIS A	1	3	2
HEPATITIS B (Acute)	0	0	1
HEPATITIS C (Acute)	0	0*	0
HEPATITIS C (Chronic/Unknown)	12	39	87
INFLUENZA-LIKE ILLNESS <sup>c</sup>	6953	17008	10100
LEGIONELLOSIS	2	6	N/A
LYME DISEASE	1	1	N/A
MENINGITIS, ASEPTIC	4	12	5
MENINGITIS, BACTERIAL, OTHER <sup>d</sup>	3	5	3
MENINGOCOCCAL DISEASE, INV	0	1	N/A
MUMPS	0	0	0
PERTUSSIS	0	0	1
SALMONELLOSIS	2	7	7
SHIGELLOSIS	0	1	1
STREP, GRP A, INV	1	6	N/A
STREP PNEUMO, INV	7	16	N/A
SYPHILIS (Primary & Secondary)	0	3	1
TUBERCULOSIS	2	6	3
WEST NILE VIRUS	0	0	N/A

### NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED	DISEASE	NUMBER REPORTED
	Cumulative 2007		Cumulative 2007
Guillain-Barre Syndrome	2	Yersinia enteritis	2
Histoplasmosis	6		
Kawasaki Disease	2		
Psittacosis	1		

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

b. Individual chickenpox case reporting became mandatory on 9/1/05, which may result in an increase in numbers.

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

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

N/A Data not available.

\* Previously reported Acute Hep C case in Feb. was reclassified as Chronic Hep C in Mar.

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# DEAN'S MESSAGE

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

## A New Era

The College of Human Medicine (CHM) is embarking on a new era in Grand Rapids and I am very excited about what this means for the College. Thank you for the enthusiasm and willingness to help that so many of you offer. I am asked by the Kent County Medical Society to provide you with regular updates on our progress, and I welcome the opportunity to communicate with you in this forum. I will focus on our educational plan in this column, since it is the aspect of the expansion that is most fully advanced at this time. I will turn my attention to research and clinical services in future pieces.

The College of Human Medicine is expanding its class size from the current 106 students per year to 150 beginning in the class entering fall of 2007. By 2010, we plan to admit 200 students per year. Overall, we will eventually have 800 students in CHM. Grand Rapids will absorb most of this increase.

**“We know that it will be one of the finest medical education buildings in the country”**

In Phase One of our expansion, beginning in the fall of 2007, 150 students will matriculate in the College of Human Medicine. These 150 students will do their first year of medical studies in East Lansing. In the second year, 50 of these students will move to Grand Rapids where they will complete their undergraduate medical training. The remaining 100 students, after completing their second year in East Lansing, will be distributed to the other campuses in our system: Kalamazoo, Lansing, Flint, Saginaw and Marquette.

In Phase Two of the expansion, which will begin in the fall of 2010, CHM will admit 200 students. One hundred of these students will do their first two years in Grand Rapids and the rest will do these years in East Lansing. Seventy-five of the Grand Rapids students will stay on for years three and four in the city. The remaining 25 will go with the 100 East Lansing students to one of our other campuses.

By the time Phase Two is fully implemented, there will be approximately 375 medical students in Grand Rapids, close to half of the total of 800 in the medical school.

The trigger for moving from Phase One to Phase Two is also the most visible aspect of the whole project: completion of The Secchia Center—our new medical education building on Michigan Street. As you probably know, this building will be the westernmost tower between Michigan and the highway, and its planning is well underway. The Secchia Center will provide an excellent means of access for our students and faculty to interact with our partners at Spectrum, Saint Mary's, Van Andel and Grand Valley State University. We know that it will



be one of the finest medical education buildings in the country. It will also house the chief administrative offices of the College, including the Office of the Dean of the CHM.

Thank you to the more than 200 physicians in the greater Grand Rapids area who currently teach our students, and the many more who have taught over these past 30-40 years. We look forward to strengthening this relationship with the dedicated and highly competent physicians of greater Grand Rapids. Together we will build an academic medical center which brings value and pride to our profession and our community.



## DON'T ASK WHY, **ASK WHY NOT?**



As a professional in the medical industry, we know that you may not work nine to five. So why not live in a house that looks great, fits your lifestyle and won't cost you an arm and a leg? One that is loaded with features – the kind of features found in homes with much higher price tags. Why not own a home with plenty of room for your family and friends, without cramping your own sense of independence. And we haven't even begun to mention the sense of comfort you'll feel when you step inside. At Roersma & Wurn, we build houses that fit individual lifestyles, not *everyone's* style.

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# ALLIANCE MESSAGE

## Heartbeat

Dear Alliance Members,

Thank you for your commitment to making the March Med Drive a success. We were able to pack 39 boxes of medicines and supplies for International Aid. We also had several donations picked up directly from offices before our drive. We also received medical equipment to be used over seas. We sent nine boxes of medicines to Heartside Clinic in Grand Rapids, six boxes of supplies to Dr. Tim Mead in Kijabe, Kenya, and five boxes to El Salvador.

The work of each of these clinics is enhanced by your commitment of time and energy. We are always looking for volunteers for this once a year event. Please share your enthusiasm with other Alliance members for next year. Put it on your calendar for the first week in March 2008.

Thank you for allowing KCMSA to share in medical work around the world.

Sincerely,  
Sue Condit and Connie Mead

*Special thanks to:*

Francesca Wiseman  
Nancy Struyk  
Melissa Chillag  
Christine Pfennig

Holly Hirai Jones  
Carrie Rosen  
Sandi Winston  
Joanne Coretti

Dolores Dobbie  
Marianne Delavan  
Joan Roberts  
Kelley Grifka

---

## NEW KCMS ALLIANCE OFFICERS

<b>President</b>	Ora B. Jones
<b>President-elect</b>	--
<b>Immediate Past President</b>	Dolores Dobbie
<b>Recording Secretary</b>	Melissa Chillag
<b>Treasurer</b>	Cindy Papp
<b>Assistant Treasurer</b>	Francesca Wiseman
<b>Corresponding Secretary</b>	Tracey Anderson
<b>Parliamentarian</b>	Susan Van Tuinen

---

THERE'S A **NEW**  
**SPECIAL INTEREST GROUP**  
THAT IS JUST WAITING TO TAKE OFF!!

Parents and children looking to meet and connect with other parents and young children, birth to 5 years. Open to the many possibilities of the when, where and how often.

Please contact Gina Figurski  
Phone: 534-6942



# ALLIANCE MESSAGE



## ALLIANCE CALENDAR

### Event: Book Club

Please note that book club has been changed to Tuesday.

**Date:** May 22, 2007 (Tuesday)

**Place:** Schuler's Cafe on 28th Street

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

**Book discussion begins at 12:30 PM.**

This event is open to friends and family

***Vanity Fair* by William Makepeace Thackeray**

(JoAnn Korhonen will be leading this discussion)

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

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

**Scrapbook Club — Pages in Time on Plainfield.**  
contact Francesca Wiseman, [wiseman@earthlink.net](mailto:wiseman@earthlink.net)

**Gourmet Club — contact Mary Crawford,**  
[marycraw@comcast.net](mailto:marycraw@comcast.net)

## SURF & TURF SALE and DINNER

The Surf and Turf Sale was very successful this year - a profit of \$1,670 was made and added to the KCMSA Foundation's treasury. The surf and turf dinner, hosted by the gourmet group and held at Marc Stewart's Guest House on March 23 was an enjoyable evening. \$715 was made from a drawing for special items donated by Alliance members. This money was added to the Alliance treasury. We would like to thank Marc Bohland for donating the Marc Stewart's Guest House for our dinner. Thank you to all who supported our fund-raiser!





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# ALLIANCE MESSAGE

## President's Message

Where do I begin as I reflect on this past Alliance year? Not too many months ago, I had cold feet, doubting whether I could lead this organization into another successful year. Now, here I am, not knowing where to begin to look at all WE have accomplished.

The learning experience was great for me. One thing I knew before I began, and know, even more now, is, that it was NOT about ME leading as much as it was about ALL of YOU helping me to lead.

As many of you can recall, we started with many challenges. First of all, the Boardroom of the KCMS office would not be available the morning we were to begin our year, due to a "water" problem. As everyone arrived, an invitation was offered by Dee Federico to head over to her house as she was willing to host our board meeting that morning. Luckily for us, we sat (around a beautiful swimming pool/garden) and began work on the year's strategic plan. Dee's home would then be the planning station for our next Charity Ball for Children.

As we began, one of our more ambitious goals was to produce a new, and smaller, membership directory, including e-mail. As you might imagine, this was no small feat getting correct addresses and updated e-mail from members. Many of you commented on how much you liked this smaller version. All of this praise goes to Francesca Wiseman. She spent countless hours on this task and was able to produce the little green book that we can all carry in our purses or backpacks today. As we obtained more and more e-mail addresses, Holly Jones faithfully sent out SAVE THE DATE e-newsletters to our members. Meetings/functions/events/attendees increased. Who doesn't welcome a reminder now and then to keep us on track? Many of our members who do not correspond by e-mail were kept up-to-date by Carol Beernink by a snail-mail newsletter.

Next, our ongoing collaboration with KCMS presented us the opportunity to join camps; the KCMSA HEARTBEAT publication is now in color, complete with smart and inviting graphics. More importantly, the BULLETIN now represents both physicians and spouses. After all, isn't this what we're all about?

As the months proceeded into early February, can you guess the next challenge? YES, it was the blizzard on the day of the Charity Ball. What should we do? Cancel or proceed, knowing that many of our faithful supporters might not want to risk driving over to EVCC? It turned out to be to be the right decision. Over \$77,000 was raised for the Cherry Street Health Services, Edward A. Jones Pediatric Asthma Clinic, and for St. John's Home Discovery (teen substance abuse) program.

These are just a few examples of what the Alliance was able to accomplish this year. Many other events drew members, such as SPA night at Vasaio Spa and lunch at Gilda's Club. The Holiday Tea and Hope Day Care Parties yielded many gifts for women and children, underserved or affected by domestic violence. Tracey Anderson then hosted a "LADIES NIGHT OUT" in her home to present her "Taste of Entertaining" and to welcome new members. Generously, she presented the Foundation with a donation check of over \$200. And, most recently, the annual Surf n' Turf Sale and Lobster Party proved, once again to be a success. The list goes on and on and on.... And this is just a small sampling of who we are and what we do.

I would like to thank each and everyone of you who have contributed your time, talents, and financial support to the Alliance. I eagerly look to next fall as we being another Alliance year, renewing friendships and working together to make a difference in our community.

Respectfully submitted,  
Dolores Dobbie

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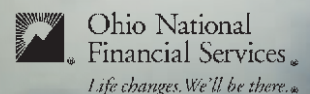
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## Kent County's Physicians Increasing Access

Project Access is approaching its second year of serving uninsured patients in Kent County. Thanks to the KCMS and KCOA and participating physicians, the program is helping physician offices serve uninsured, low-income patients, efficiently. Yes, efficiently, here's how:

Patients are proven eligible before being referred to your office – Project Access staff confirms:

- the patient is not eligible for other programs
- the patient is low-income based on size of household
- patient isn't eligible for employer-offered insurance
- eligibility confirmation every 6 months

Patients are mentored (prior to referral to your office) on appropriate behavior and accountability:

- Being timely and appropriate
- Knowing family history, their medical history and medications
- Recommendations on paying down old medical bills
- Attitude and gratitude

Patients given information on community resources:

- Application to Plan First, MI Child, food stamps
- Community resources to gain further access to health programs in Kent county
- Smoking cessation information
- Diabetes management classes
- Job seeking resources

Referrals to specialists and medication assistance

- Your staff makes one call to PA to arrange for a specialist for a patient
- Patients enrolled in drug manufacturer's charity care programs
- Hospital services coordinated through local hospital charity care programs

Many physicians continue to see patients who have had the misfortune of losing a job or their health insurance. By enrolling the patient into Project Access, you will be making it easier to serve these patients who have many needs, thus eliminating the extra work by your staff. The 2007 Physician Recruitment efforts are underway. Please register your practice today!

*Unlike other patients who receive Medicaid, Kent Health Plan, or are uninsured, Project Access patients are different. My staff normally triple-books Medicaid patients for one time slot, as usually 2 (or all 3) will no-show. Project Access patients are different.*

*The difference ensures, (consistent with all Project Access patients) they 1) show up ready for the appointment, and on time; 2) they thank me and the staff at various times though the appointment and 3) they are grateful for the care they are receiving and show they feel "lucky" to be part of Project Access by being compliant.*

-Colo-rectal surgeon, Project Access Participant

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**2007 Physician Volunteer Commitment Form**

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**Physician:** \_\_\_\_\_  D.O.  M.D.  
**Practice:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Office Contact:** \_\_\_\_\_

I will do my part to make Project Access a success. My commitment is below:

- Please call me on “case by case” to inquire if other patients need my care.
- I agree to accept \_\_\_\_\_ (#) Project Access referrals for ongoing or short-term care needs (total annual commitment).
- Contact me with more information on my role in Project Access.
- I do not wish to participate at this time.

I understand that I can resign my commitment at any time by contacting Project Access and that my commitment will automatically be renewed at year-end unless I contact the Project Access office.

---

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to: 616-459-1133

Mail to: PROJECT ACCESS  
233 East Fulton NE, Suite 108  
Grand Rapids, MI 49503

Questions: Call 616-459-1111

**PROJECT ACCESS FACTS & FIGURES - 2006 Year End Statistical Report**

Primary Care Referrals: (Patients Enrolled and Referred to Primary Care Physicians)	458 (up from 445 last report)
Specialty Care Referrals for Project Access Primary Care Patients:	431 (up from 405 last report)
Clinic Referrals to Specialists:	435 (up from 416 last report)
<b>Total of Individuals helped:</b>	<b>893</b>
Medication Assistance Enrollments: (Patients Enrolled in KHP-Medication Assistance program)	200 (average of 3 per person)
(Patients Enrolled in Prescription Assistance Programs with drug manufacturers)	43 (average of 2 per person)
<b>TOTAL GIFTED CARE (as reported to Project Access)</b>	
Value given by physicians and hospitals since inception	\$1,891,073
Donated care through March 2007	\$ 226,916
Hospital Charity Care Programs	\$154,168 (appx 68%)
Physician Care	\$ 72,253 (appx 32%)
Total Donated Care for 2006:	\$1,300,368
Hospital Charity Care Programs	\$875,563.89 (appx 67%)
Physician Care	\$424,805.35 (appx 33%)
Total donated care for 2005 (8 months):	\$363,789

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# NEW MEMBERS

**SCOTT D. BURGESS, MD (Active)**  
**Orthopaedics/Hand Surgery**

**B.S.:** Hope College, Holland, MI, 1995  
**Medical School:** Wayne State University, Detroit, MI, 2000  
**Internship/Residency:** University of North Carolina, Chapel Hill, NC, Orthopaedics, 2000 – 2005  
**Fellowship:** University of Cincinnati, Cincinnati, OH, Hand Surgery, 2005 – 2006  
**Address:** 1111 Leffingwell, NE, Ste 200, Grand Rapids, MI, 49525, 957-4263  
**Sponsor:** David Petersen, MD

**ARIANNA S. TANNER, MD (Active)**  
**Neurology (Board Certified)**  
**Epilepsy/Neurphysiology**

**B.S./Medical School:** Universidad Miutar Nueva Granada, Bogota, Columbia, 1992; University of North Carolina, Chapel Hill, Child Neurology Department, rotating; Exchange student, 1/1993 -6/1993; Meta State Health Department, San Martin Hospital, San Martin, Columbia, Staff Physician, 7/1993 – 12/1993; District Health Office, Bogota, Columbia, “Claret” Community Health Center, Acting Director and Staff Physician, 2/1994 – 1/1995; Stanley H. Kaplan Educational Center, Durham, North Carolina, 2/1995 – 3/1996; University of North Carolina, Chapel Hill, Department of Neurology, Independent Research Project; Fundacion Santa Fe de Bogota Hospital, Internal Medicine Dept., Rotated as observer, 12/1996 – 6/1997  
**Internship:** University of Kentucky, Lexington, KY, Internal Medicine, 1997 -1998  
**Residency:** University of Kentucky, Lexington, KY Neurology, 1998 – 1999  
Georgetown University Hospital, Washington, DC, Neurology, 1999 – 2001  
**Fellowship:** Cleveland Clinic, Cleveland, OH, Epilepsy, 2001 – 2003  
**Previous Practices:** Cleveland Clinic, Cleveland, OH, Consulting Staff, 2004 – 2006; Metro Health Medical Center, Grand Rapids, MI, Neurology Staff, 2004 – 2006  
**Address:** 245 Cherry St. SE #105, Grand Rapids, MI, 49503, 752-5900  
**Sponsor:** Leslie Neuman, MD

**DAVID W. WHALEN, MD (Active)**  
**Emergency Medicine**

**B.S.:** University of Toledo, Toledo, OH, 1998  
**Medical School:** University of Michigan, Ann Arbor, MI, 2003  
**Internship/Residency:** Christiana Care Health Services, Newark, DE, Emergency Medicine, 2003 – 2006  
**Address:** Grand River Emergency Medical Group, P.O. Box 3578, Grand Rapids MI, 49501-3578, 752-6781  
**Sponsor:** Anita Avery, MD

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# ALLIANCE THANK YOU

The Kent County Medical Society Alliance thanks the physicians for their generous donations to the March Med Drive of 2007. Thanks to your generosity, it was once again a successful event.

We were able to pack 39 boxes of medicines and supplies and send them to International Aid. We also sent nine boxes to Heart-side Clinic in Grand Rapids, six boxes of supplies to Dr. Tim Mead in Kijabe, Kenya, and five boxes to El Salvador.

International Aid also picked up numerous items donated by you directly from your offices. We also gave assorted medical and surgical equipment, which International Aid will use, either in the U.S., or to provide health-focused assistance to clinics and hospitals in developing countries.

Thank you for helping the medical communities around the world with your generous donations. We appreciate you being a part of this humanitarian effort.

Sincerely,  
Sue Condit and Connie Mead



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

### SE Grand Rapids

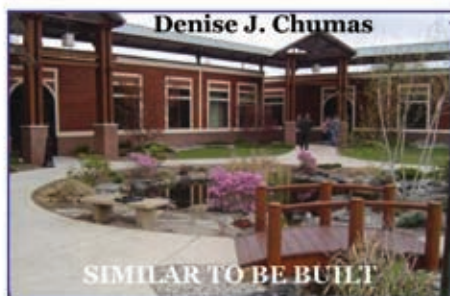
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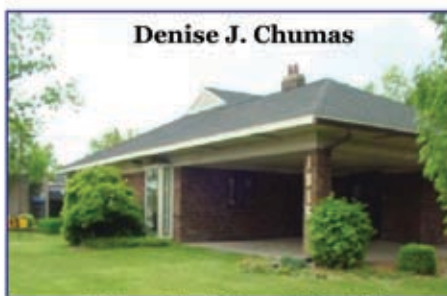


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**Denise J. Chumas**

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