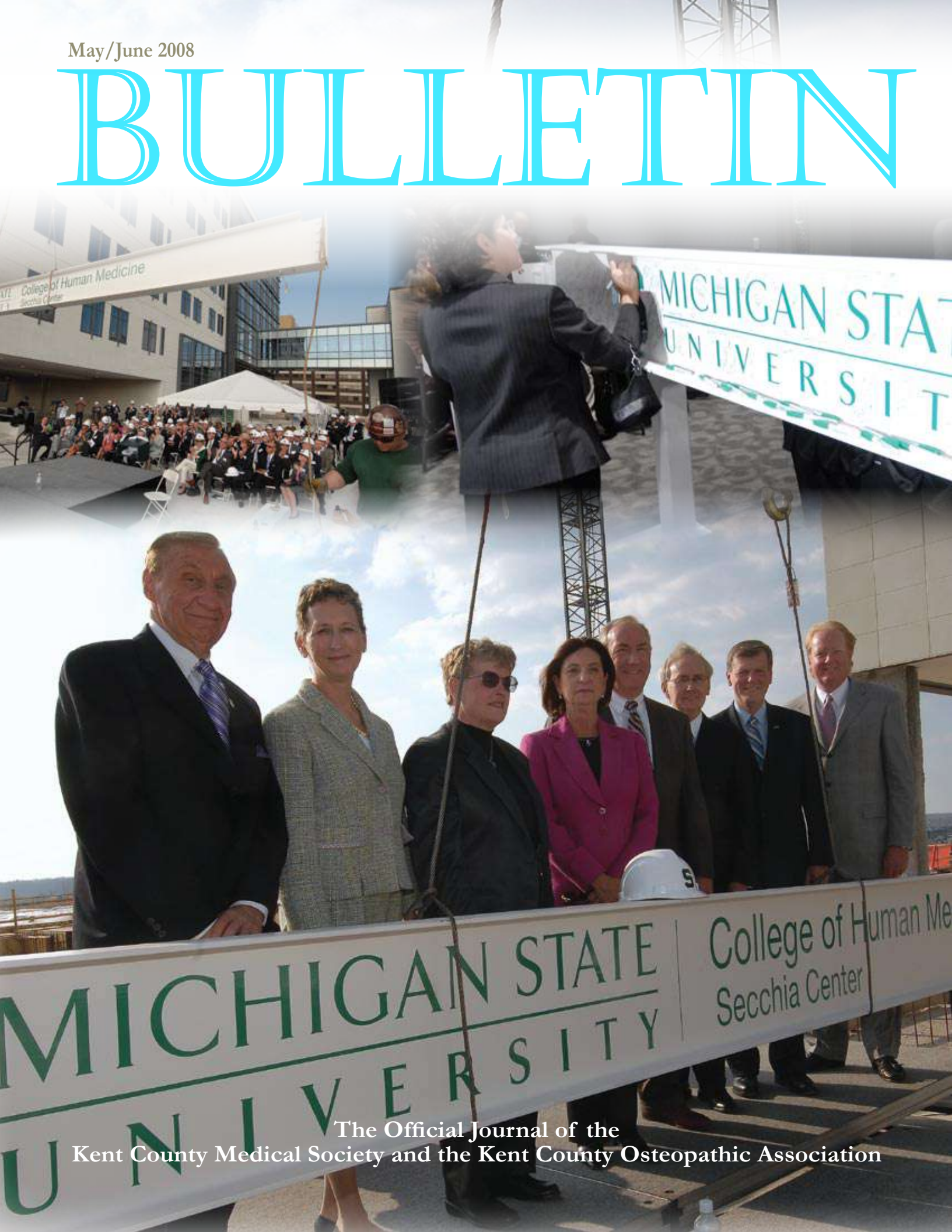
May/June 2008

BULLETIN



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

Your Smart Choice—Recognized

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

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

WARD'S 50 SAFETY • CONSISTENCY • PERFORMANCE 2007 SM

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

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

Crosby&Henry
Insurance Since 1858

616/542-5480

ProAssurance

ProNational
INSURANCE COMPANY
EVER VIGILANT

Professional Liability Insurance & Risk Management Services • Rated A- "Excellent" by A.M. Best • ProAssurance.com

May/June 2008 volume 93, no.3

BULLETIN

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

FEATURES

DEPARTMENTS

WE'VE MOVED!

THE KCMS AND KCOA HAVE A NEW OFFICE

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

MEETINGS OF INTEREST

KCMS Meetings

LOCAL

SEPTEMBER 9, 2008 - KCMS/KCOA Meeting, Watermark Country Club

STATE

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

NATIONAL

JUNE 14-18, 2008 - AMA House of Delegates, Chicago, IL
NOVEMBER 8-10, 2008 - AMA Interim Meeting, Orlando, FL

KCOA Meetings

LOCAL

JUNE 3, 2008 - KCOA Meeting, Watermark Country Club
SEPTEMBER 9, 2008 - KCMS/KCOA Meeting, Watermark Country Club

STATE

MAY 14, 2008 - MOA House of Delegates, Dearborn, MI
MAY 14-17, 2008 - MOA Annual Convention, Dearborn, MI

NATIONAL

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

About the Bulletin

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

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

Published by:

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

KCMS Officers, Directors & MSMS Delegation

PRESIDENT	Thomas H. Peterson, MD
PRESIDENT-ELECT	Anita R. Avery, MD
PAST PRESIDENT	Judith A. Hiemenga, MD
SECRETARY-TREASURER	David E. Hammond, MD
DIRECTOR (To January 2009**)**	Denise D. Gribbin, MD
DIRECTOR (To January 2010**)**	Lee P. Begrow, DO
DIRECTOR (To January 2011**)**	David W. Whalen, MD
EXECUTIVE DIRECTOR	William G. (Chip) McClimans, Jr.

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 DELEGATES
to January 2010
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 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

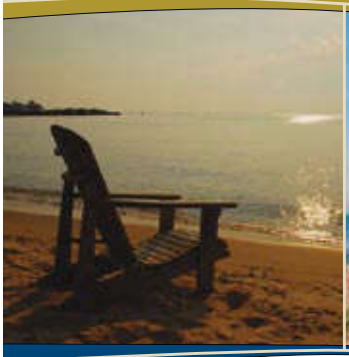
MSMS ALTERNATE DELEGATES
to January 2010
Lee P. Begrow, DO
Peter G. Coggan, MD
Emilie Collins, MD
Donald P. Condit, MD
Elizabeth Henry, MD
Courtney P. Jones, MD
John A. Rupke, MD
Laura M. VanderMolen, DO
Susan H. Wakefield, MD
Phillip G. Wise, MD

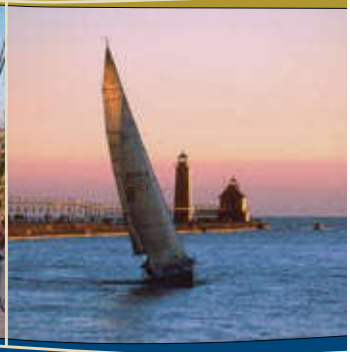
KCOA Officers, Directors & MOA Delegation

PRESIDENT	Dorothy (Robin) Pedtke, DO
PRESIDENT-ELECT	Karlin E. Sevensma, DO
IMMEDIATE PAST PRESIDENT	Ann M. Auburn, DO
SECRETARY-TREASURER	Kristi Kern, DO
DIRECTOR (To January 2009**)**	J'Aimee Lippert, DO
DIRECTOR (To January 2010**)**	Laura E. Griffin, DO
EXECUTIVE DIRECTOR	William G. (Chip) McClimans, Jr.

MOA DELEGATES
to January 2009
Craig Bethune, DO
Bradley Clegg, DO
James H. Coretti, DO
William C. Cunningham, DO
John Edleman, DO
Erica Elsing-Stevens, DO
Laura Griffin, DO
Joanne Grzeszak, DO
Norman Keller, DO
Daniel Kennedy, DO
Kristi Kern, DO
Edward K. Lee, DO
J'Aimee Lippert, DO
Henry Olen, DO
Dorothy Pedtke, DO
Karlin Sevensma, DO
Susan Sevensma, DO
Jeffrey Stevens, DO
Janice Wabeke, DO
Michael R. Wiltrakis, DO

ZEPHYR





Luxurious Waterfront Living

One Legendary Address
All New Construction

A limited collection of private residences
available from $425,000 - $695,000

A Signature Venture of Zephyr Development & Westwind Construction

ZEPHYR CONDOMINIUMS

22 S. Harbor Drive, Grand Haven, Michigan 49417

EXCLUSIVE SALES AND MARKETING

Maksor Realty - The Intelligent Decision
940 Monroe Avenue, Suite 138, Grand Rapids, Michigan 49503
616.776.9055

www.ZEPHYRCONDOS.com

KCMS PRESIDENT'S MESSAGE

Thomas H. Peterson, MD
KCMS President

The Perfect Pill

OK, so if you as a physician could prescribe a single prescription for your patients that could increase bone mineral density, improved lipid profile, increase cardiovascular endurance, improve glucose metabolism and lower diabetes risks, increase muscle strength, decrease risk if metabolic syndrome, lower risk of dementia, lower blood pressure, decrease risks for colon and breast cancer, and decrease overall mortality would you do it? Let's add the fact that in adolescents and children the same prescription could lower tobacco and marijuana use, cause less television watching, cause higher fruit and vegetable consumption, lessen depression, improve closer relationships with parents, and decreased social marginalization, now would you do it?! It sounds simplistic. We may think it sounds too obvious. Or we might think, "I went through all these years of education and training to be told telling my patient to be active is the best medicine I can prescribe?!" Well, the answer is yes.

The new American Medical Association "Exercise is Medicine" campaign of 2008 is not only timely, but well overdue. 65% of our patients would be more interested in exercising to stay healthy if advised by their doctor, while we as physicians provide guidance and resources for them in this area **only 41%** of the time. In fact, the number one place the public looks to for help in this area is to their doctor, even before fitness and health websites. What an opportunity!

There exists no single recommendation we can give our patients, regardless of their age and gender, that could have the profound, multi-systemic, preventive health effects as moderate daily activity or exercise. These benefits effect virtually every part of the human body. Vascular, neurological, cardio, musculoskeletal, endocrine, psychological, and so on. As is being recognized today more than ever, the human body was made to move, being required to do so to sustain survival for thousands of years, until the past 3 decades. Now for first time in history, our sedentary society is drastically trying to reverse this. Our patients, families, children and community all pay the price.

Whether you are a pediatrician or a urologist, a vascular surgeon, or an obstetrician, a colorectal surgeon or a family practitioner, or virtually any other specialty, as long as your patient is mobile, they need to exercise and be active, and consistently to achieve the maximum benefits.

Simple advice, referral to appropriate resources, supportive direction, and simple education are efforts we can provide to all of our patients. Setting a routine is a key step in sustaining these behavioral changes long term. www.exerciseismedicine.org is a great website for us as physicians to use just for this reason, supported by the AMA and the American College of Sports Medicine. We as doctors hold a unique ability in influencing our patients, regardless of what specialty we are. Let's use it to help them all become more active, before it is too late. It is a simple prescription, takes very little time and can have incredibly beneficial results for all.

"…as long as your patient is mobile, they need to exercise…"

KENT COUNTY HEALTH DEPARTMENT

American Top 40

Mark Hall, MD, MPH
KCHD Medical Director

I had a weird dream the other night in which I was driving in my car listening to Casey Kasem count down the week's American Top 40. In my dream, the latest music hits were replaced by the top communicable diseases affecting the nation. In classic Kasem style and accompanied by the requisite drum roll, Casey stated, "Driven by its rising popularity among U.S. teens, the number one disease in the nation remains… Chlamydia." Kasem continued, "It doesn't look like this one will be slowing down any time soon, folks, and its grip on the top spot may be underestimated due to the fact that this disease is under-reported. Which brings us to this week's 'long list of explanations' as to why Chlamydia remains unchecked."

- Chlamydia infection is often asymptomatic
- Young people don't always go to the doctor for regular check-ups
- If they do get a check-up, teens are afraid to discuss sex with a family practitioner
- Parents don't know/won't acknowledge that their children are sexually active.
- The focus for teens tends to be not getting pregnant, as opposed to reducing risks for infection.

I guess this is what I get for reading the recently released information from CDC's study on sexually transmitted infections (STIs) right before bed. The study indicated that one in four young women between the ages of 14 and 19 is infected with at least one of the most common sexually transmitted diseases, and chlamydia infection was identified in 4% of the females in this age group. The study went on to indicate that in 2006, 1,030,911 cases of chlamydia were reported to CDC, representing the highest annual number of any notifiable disease ever reported in the U.S.

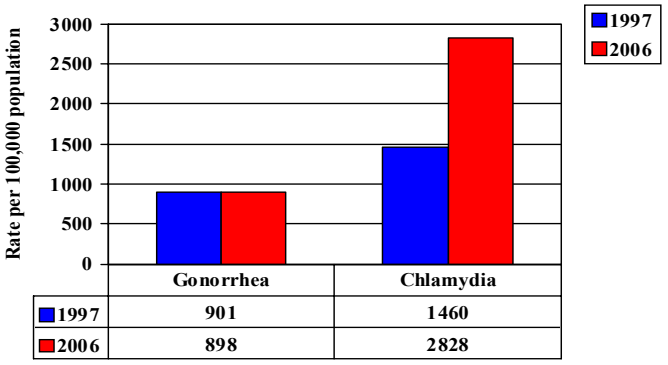
Was this a dream or a real-life nightmare? The next day, I asked one of the epidemiologists at the Kent County Health Department (KCHD) to run a report on chlamydia to see how this infection is impacting citizens of Kent County. I was presented with the following information.

Data from the communicable disease surveillance system indicate that the number of reported cases of chlamydia in all age groups increased from 1,554 in 1997 to 3,429 in 2006. In comparison, reported cases of gonorrhea increased from 1,187 in 1997 to 1,304 in 2006. Among the 15-19 year old age group, the chlamydia infection rate rose from 1,460 per 100,000 in 1997 to 2,828 per 100,000 in 2006, while the gonorrhea infection rate remained relatively stable. Data from 2007 reveal that the highest number of chlamydia cases were reported among teens 15 to 19. Of the 1,352 cases of chlamydia reported in this age group in 2007, 1,047 (77.4%) were reported in females and 300 (22.2%) were reported in males.

The reality of these numbers highlights the need for increased outreach and education about STIs, especially among our teen population. While CDC continues to recommend annual screening, estimates suggest that less than 50% of eligible women seeking healthcare are screened for chlamydia. Efforts to increase chlamydia screening must target those women already utilizing healthcare who are not screened, as well as encouraging women who are not accessing care to seek screening. Given this latest report, we hope that Kent County physicians will take the opportunity to be ambassadors of good health by encouraging anyone they know at risk for an STI to get tested.

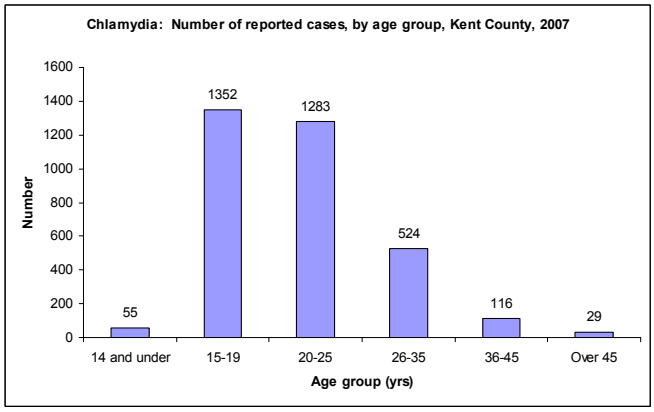
Anyone 13 or older may come to the Health Department for private, confidential, free testing, treatment if necessary, and counseling for gonorrhea, chlamydia, HIV, and syphilis. Testing for chlamydia and gonorrhea only requires a urine specimen, and the analysis is done locally at the Kent County Regional Laboratory. Minors don't need parental or guardian consent. Anyone seeking these services can visit our Personal Health Services Clinic at 700 Fuller NE. Services are by appointment. Those interested can call 632-7171 for more information.

Gonorrhea and Chlamydia, Incidence, Ages 15-19, Kent County - 1997 and 2006



	Gonorrhea	Chlamydia
1997	901	1460
2006	898	2828

chlamydia cases reported in 2007, 52% were reported in African-Americans compared to 35% in Caucasians and 10% in Latinos.



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, 2008

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2008	Through Mar 2003-2007
AIDS (Cumulative Total - 782)	1	3	5
AMEBIASIS	0	1	0
CAMPYLOBACTER	6	16	9
CHICKEN POX[a]	27	56	86
CHLAMYDIA	278	809	701
CRYPTOSPORIDIOSIS	1	3	1
E. COLI O157:H7	0	0	2
GIARDIASIS	3	12	17
GONORRHEA	73	200	300
H. INFLUENZAE DISEASE, INV	0	0	0
HEPATITIS A	1	3	2
HEPATITIS B (Acute)	0	2	1
HEPATITIS C (Acute)	0	0	0
HEPATITIS C (Chronic/Unknown)[b]	32	81	62
INFLUENZA-LIKE ILLNESS[c]	7965	23667	12359
LEGIONELLOSIS	0	1	1
LYME DISEASE	0	0	0
MENINGITIS, ASEPTIC	1	7	5
MENINGITIS, BACTERIAL, OTHER[d]	0	1	3
MENINGOCOCCAL DISEASE, INV	1	2	1
MUMPS	0	0	0
PERTUSSIS	2	4	1
SALMONELLOSIS	3	9	7
SHIGELLOSIS	3	5	1
STREP, GRP A, INV	2	7	6
STREP PNEUMO, INV	6	23	N/A
SYPHILIS (Primary & Secondary)	1	1	1
TUBERCULOSIS	0	2	3
WEST NILE VIRUS	0	1	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2008	DISEASE	NUMBER REPORTED Cumulative 2008
Coccidioidomycosis	2		
Guillain-Barre Syndrome	1		
Histoplasmosis	3		

a. Individual chickenpox case reporting was mandated on 9/1/05, resulting in increased case counts primarily from schools. Confirmed and probable cases are included.
b. Chronic Hepatitis C surveillance case definition changed on 1/1/07, resulting in decreased case counts.
c. Includes lab-confirmed influenza and "Influenza-Like Illness (ILI)." ILI cases have flu-like symtpoms and are reported primarily by schools.
d. "Meningitis, Bacterial, Other" includes cases caused by bacteria OTHER THAN *H. influenzae, N. meningitidis, or S. pneumoniae*.
N/A Data not available.

Except for Chickenpox and Influenza-Like Illness (see footnotes), this report includes confirmed cases as defined by National Surveillance Case Definitions (www.cdc.gov/epo/dphsi/casedef/case_definitions.htm). Only Kent County residents are included.

Liability Rates are dropping

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

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

Joe Benoit
insurance agent

Wayne Vaupel
insurance agent

Eric Palmer
insurance agent

Marlaine Gauthier
insurance agent

For Insurance

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

Why Doctors Choose American Physicians:

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

And . . .

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

MICHIGAN STATE MEDICAL SOCIETY
Physicians Insurance Agency

American Physicians
ASSURANCE CORPORATION

DEAN'S MESSAGE

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

New era of medical education begins with groundbreaking for Secchia Center

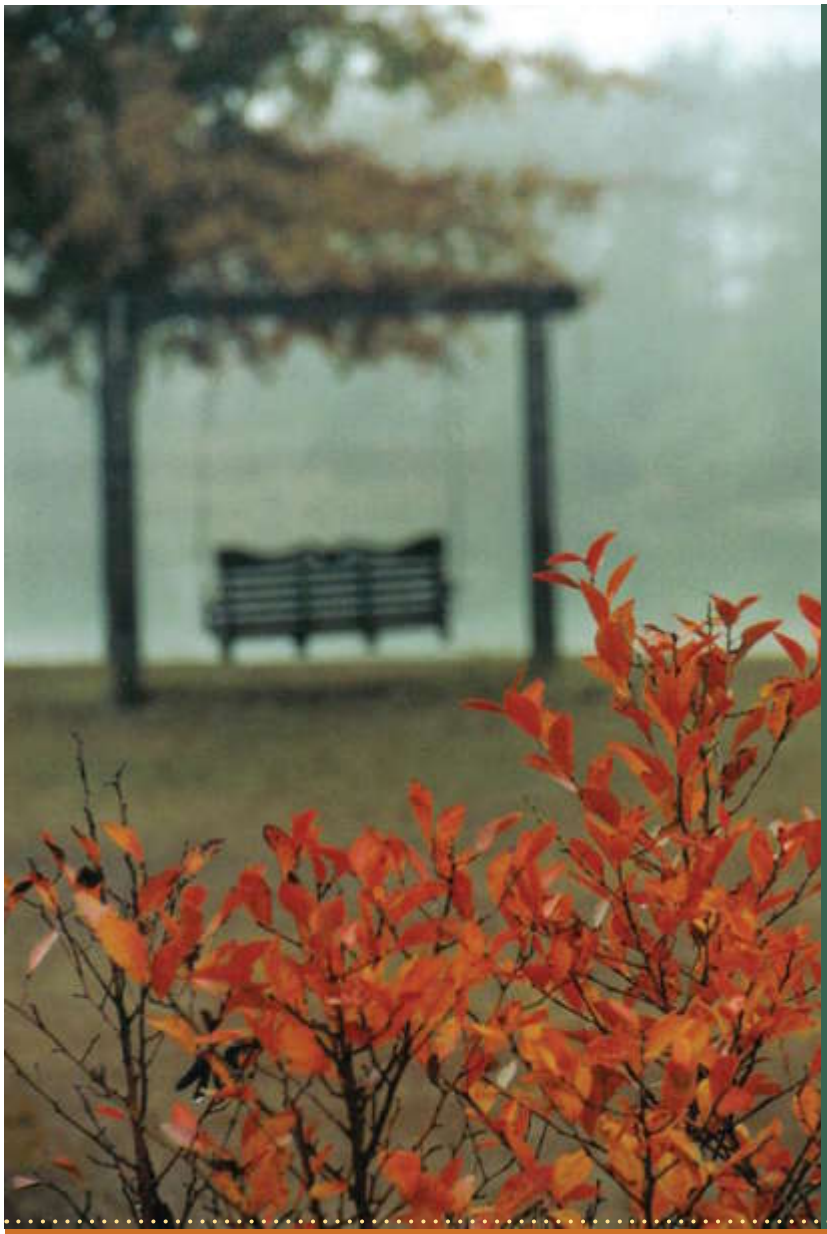
A new era of medical education began on April 21 as construction of the Secchia Center medical education building got underway in downtown Grand Rapids.

As you know, the facility is named in honor of Ambassador Peter F. Secchia, an MSU alumnus, long-time supporter of the university and former U.S. ambassador to Italy (1989 to 1993), who provided the lead gift of $10 million for the medical education building.

The $90 million, seven-story, 180,000-square-foot facility will include teaching laboratories, classrooms, offices and student areas. It is located in downtown Grand Rapids, at the base of Michigan Street hill at Division Avenue, across from the Van Andel Institute and Spectrum Health.

We describe this facility as a "signature" building for Grand Rapids and the West Michigan community. From the outside, the design fits the plans and visions of the region. But it will also be signature in terms of what is inside too, with state-of-the-art instructional technologies and a community, health and education partnership that is truly unique to medical education.

I am pleased with how this building embodies the way in which we value community. It captures the traditions and values of the past, as well as the excitement and opportunity of the future.



Carefree Lifestyle

LARGE PRIVATE LOTS

NATURAL FOREST AND WETLANDS BACKDROP

GENEROUS RESIDENTIAL SIZE LOTS FOR STAND ALONE HOMES, WALK-OUT FLOOR PLANS AND THREE STALL GARAGES

COMPLETE EXTERIOR MAINTENANCE, LAWNCARE, WINDOW CLEANING AND SNOW REMOVAL

SELECT YOUR OWN BUILDER!

CONVENIENTLY LOCATED IN GRAND RAPIDS TOWNSHIP, AWARD WINNING FOREST HILLS SCHOOLS, JUST EAST OF I-96 OFF FULTON, MINUTES FROM DOWNTOWN, DINING, SHOPPING AND AIRPORT

THE HAMPTONS

8 LOTS REMAINING

At the Hamptons, we offer a lifestyle of carefree living. Winter, spring, summer, fall – its all taken care of for you.

From the security of a gated community, to the convenience of our maintenance services, you'll have peace of mind and more time to enjoy the things you love without sacrificing your privacy and style.

616.308.8048 | HAMPTONS
616.242.5182 | DEVELOPMENT LLC

KCOA PRESIDENT'S MESSAGE

To Be An Osteopathic Physician

Dorothy (Robin) Pedke, DO
KCOA President

Recently and over the years I have received numerous questions regarding what it means to be an "osteopathic physician," what the DO community believes in and most commonly, how we differ from allopathic physicians.

I love this question. It is simultaneously easy and difficult to answer. While a resident on rotations at St. Mary's, DeVos Children's Hospital, or Blodgett, clearly I was cramming the same material, sharing the same call, covering the same patients and speaking the same language as my MD colleagues-in-training. In fact, it's my understanding that when I was in medical school at MSU-COM, ours was the only school in the country where DO and MD students attended core curriculum classes together. Thus, in my experience, the curricula of allopathic and osteopathic medical schools are functionally identical, except for the additional material on osteopathic medical philosophy and manipulation.

The additional material is everything.

In 1874, an MD named Andrew Taylor Still became frustrated with medical treatments of his time. He found them to be not only ineffective, but frequently harmful. Doctor Still developed a treatment philosophy and modality that is summarized by the following four tenets:

1) The body functions as a unit;
2) The body has its own protective and regulating mechanisms;
3) Structure and function are reciprocally interrelated;
4) Treatment considers the first three principles.

In practice, I believe items 1 & 2 are a constant underlying theme in the care the majority of DOs provide. They translate into an approach to the patient that is unique. Tenet #3, adjusting structure to affect function, by the use of osteopathic manipulation is practiced by a minority of DOs. Nevertheless, every DO has been trained to both diagnose and treat most illnesses manually.

This concept of touch is a key component of our practice. It establishes a doctor-patient connection that is vital to a successful patient interview and treatment outcome.

In summary, an osteopathic physician uses medical/surgical skills, an in-depth knowledge of the neuromusculoskeletal system, and a whole body approach to provide a uniquely patient-centered health care experience.

The similarities between my MD colleagues and myself are obvious, and our differences are to be celebrated. It has been a pleasure to train and practice in Michigan – where MDs and DOs work well together, each utilizing their unique skills to collaboratively improve our patient's lives. I have so many options regarding hospitals, specialists, diagnostic facilities and treatment philosophies from which to choose – my patients cannot help but heal! For this I thank all of my mentors and colleagues, and look forward to many more years of continued collaboration.

"This concept of touch is a key component of our practice."

ALLIANCE HEARTBEAT

Looking Forward, Sharing a Common Vision

As we approach the spring of the year, we look forward to new growth and new beginnings. Last year was filled with excitement, challenges and many accomplishments. As envisioned our members became as kites in the air, using the wind and weather conditions to fly and soar. Among the projects and activities completed were the following:

EDUCATION ACTIVITIES
- Toured the Lacks Cancer Center at St. Mary's Hospital
- Visited the St. John's Home for Teens Club
- Explored the Grand Rapids African American Health Institute
- Participated in a Vision Quest Workshop
- Remained informed of pertinent Legislative Issues

CHARITABLE ACTIONS
- Promoted a Christmas Party for Children at the Hope Community Day Care Center
- Sponsored the Charity Ball for Children (Recipients were Gilda's Club Noogieland and the Comprehensive Therapy Center)
- Organized a March Medical Drive for International Aid
- Gave a Surf and Turf Dinner/Sale to raise funds for the Foundation
- Contributed household items for Judge Gardner's Closet for newly emancipated teens

COMMUNITY BOARD PARTICIPATION
- Kent Medical Foundation
- Cherry Street Health Services
- Citizens Advisory Council
- St. John's Home for Teens
- West Michigan National Medical Association
- Promoted "Doctors and Their Families Make a Difference Day"

PERSONAL GROWTH AND FUN ACTIVITIES
- Meeting at Hot Mama's Boutique, Book Club, Bridge, Gourmet Club, Monthly Musings Luncheons, Holiday Tea, Scrap Booking, Shopping Trip to Chicago and other social gatherings

Our shared vision to support the medical community and improve the health of all, especially children, is a work in progress. We seek ways to revitalize our membership, attract new members and make Kent County a healthier place to live, work and play. We have made strong steps in this direction and are looking forward to the future. Because of the support, enthusiasm and hard work of so many members, I shall remember the year of my presidency as not a job but a real JOY!

Ora B. Jones
Alliance President

2008-2009 KCMSA Board

PRESIDENT .....Irene Betz
PRESIDENT-ELECT.....Holly Jones
TREASURER.....Francesca Wiseman
TREASURER-ELECT.....Kathy Forzley
RECORDING SECRETARY.....Carol Beernink
CORRESPONDING SECRETARY.....Gina Figurski
PARLIAMENTARIAN.....Susan Van Tuinen

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

ALLIANCE HEARTBEAT

Physicians and Alliance Members

Physicians

The Kent County Medical Society Alliance thanks you for your generous donations to the March Med Drive of 2008. Thanks to your generosity, it was once again a successful event.

We were able to pack 37 boxes of medicines and supplies, 10 boxes of books, and miscellaneous medical and surgical equipment for International Aid to send around the world. We also sent 5 boxes to Heartside Clinic in Grand Rapids, 6 boxes of supplies to Dr. Tim Mead in Kenya, 2 boxes of supplies to Health Intervention Services and one box and a few supplies to El Salvador. International Aid also picked up several large items donated by you directly for your office.

Alliance Members

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 is on your calendar for late February, early March.

Special thanks to: Carrie Rosen, Elyce Fuller, Kelly Grifke, Nancy Struyk, Christine Pfennig, Kathy Kendall, Rita Rodriguez, Sandi Winston, Marianne Delavan, Francesca Wiseman, Irene Betz, Lucia Patzelt, Shirley Daniel, Joan Roberts and Dr. Jim Smiggen.

Thank you for helping the medical community in Grand Rapids and around the world with your generous donations.

ALLIANCE CALENDAR

Event: KCMSA Book Club

Date: May 13, 2008 (Tuesday)
Time: We meet at 12:00 in Schuler's Cafe for lunch (optional) and socializing. Book discussion begins at 12:30.
Place: Schuler's Café on 28th Street
Book: *The Faith Club, by Rany Idliby, Suzanne Oliver, and Priscilla Warner*
All are welcome. Discussion, lunch and or fellowship. The book is 20% off at Schuler's on the Book Club table under KCMSA

****

Event: KCMSA Book Club

Date: June 10, 2008 (Tuesday)
Time: We meet at 12:00 in Schuler's Cafe for lunch (optional) and socializing. Book discussion begins at 12:30.
Place: Schuler's Café on 28th Street
Book: *Moloka'i, by Allen Brennert*
All are welcome. Discussion, lunch and or fellowship. The book is 20% off at Schuler's on the Book Club table under KCMSA

****

EVENT: Bridge Group

DATE: May 26, 2008 (Monday)
TIME: 1 – 3 pm
PLACE: Marianne Delavans, 1995 Forest Shores SE
Calling all ladies interested in playing bridge. We will be meeting the 4th Monday on the month from 1-3 pm. We are looking for a home to hold our game. Please call Marianne Delavan 949-6674 if you are interested in playing or hosting.

NEW INTEREST GROUP!!!!!

Monthly Musings

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

THE NEXT MONTHLY MUSINGS

Date: Wednesday, May 14, 2008
Time: 11:30AM
Place: Olives Restaurant
2162 Wealthy St. SE
East Grand Rapids, MI
451-8611

For information on June's meeting, e-mail Irene Betz.
Please RSVP by May 5 to Irene Betz
breneb@aol.com or call 682-9299.

You are cordially invited to help shape the future of the
KENT COUNTY MEDICAL SOCIETY ALLIANCE

Date: May 6th, (Tuesday) 2008 **Event:** Vision Quest Workshop
Moderated by Steve Faber of The Delta Strategy
Specializing in clarifying goals and helping organizations move forward

Time: 9:00 am – 1:00 pm **Place:** Women's City Club
(Parking available in adjacent lot and at WCC lot on Lafayette just south of Fulton)

Morning refreshments and lunch included
Please send your reservation with $15 check payable to KCMSA by May 1st to:
Cindy Papp 4478 Canterwood Drive NE, Ada MI 49301

CLASSIFIEDS

HOME ON LAKE MICHIGAN FOR SALE
Immaculate, 4 bedroom year round, 1.3 acre lot in small secluded association, private stairs to beach, one hour north of Grand Rapids, see www.lakeridgehouse.com for details or email John@sailing-grace.com.

MEDICAL OFFICE SUBLEASE; Space open 2-3 days/week. 3 exam rooms and procedure room, in office x-ray; adjacent physical therapy, lab, pharmacy and surgical center. Support staff available. 1000 East Paris Medical Building, near Cascade and I-96 interchange. Please contact Doreen at 616-954-1442.

ENHANCE YOUR PRACTICE'S BOTTOM LINE WITH A COSMETIC LASER
Enter this exciting field cost-effectively with a gently used, state-of-the-art laser.
Laserscope Gemini Laser
- 1064 & 532 nm Wavelengths
- Safe and effective hair removal of all skin types, including darker skin tones.
- Immediate elimination of spider veins on face or legs.
- Skin rejuvenation utilizing both lasers.
- Easy return on investment.

Contact: 616-293-0571.

IN MEMORIAM

C. Robert Good, MD **1924-2008**
C. Robert Good, MD, a retired member of the Kent County Medical Society passed away April 4, 2008. Doctor Good received his medical degree from the University of Cincinatti College of Medicine in 1948. He was a Family Practice physician in Grand Rapids from 1955 until retiring in 1987. The Medical Society extends sympathy to his family.

We've Lowered Rates . . . Again

Now Michigan's best doctors get even <u>better</u> value

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

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

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

American Physicians®
ASSURANCE CORPORATION

Practices That Set The Standard

800-748-0465
www.apassurance.com

Exclusively endorsed by the Michigan State Medical Society and a preferred partner of the Michigan Osteopathic Association
Highly Rated by A.M. Best • Headquartered in Michigan

MMGMA UPDATE

So little time, so much to do

By: Diane Bristol
Legislative Chair MMGMA
Practice Administrator
Midland OB-GYN Associates, PC

I'm sure that you, like me, sometimes feel like you're swimming under water and are running out of air. For those of us who have been in this business for a long time, we recognize that our jobs look nothing like they did when we started. I actually remember when my OB-GYN physicians were paying $9,000.00 per year for $1 million in liability coverage. (Now I'm showing my age!)

So many state and federal regulations have overtaken our field that it's frightening to think we might miss one and end up with a fine or in jail. Is there an easy answer?? I think not. It takes diligence and tenacity on all our parts to keep up with the times. We are constantly being asked to do more with less. Rising costs and plummeting reimbursements don't make a happy scenario for physician offices.

Hopefully by now, you have all ordered your "tamper resistant" prescription pads for your Medicaid patients – another added expense for which you will never be able to recover your cost. That deadline was April 1, 2008. And if you haven't already applied for your NPI number(s), in May you'll be wondering where your Medicare checks are. You should have already advised your insurance carriers of your NPI number(s), so if you don't have it/them, you best get with the program.

As we all know, this is an election year……. from the top down. We have elections for President, Vice President, one of our U.S. Senators, all our Congressmen/women, State Representatives (some will be term-limited), County officials, etc. this fall. Among the most important up for grabs will be the job of one Supreme Court Justice – Cliff Taylor. The national media has recognized Michigan as having one of the best Supreme Courts in the country. They follow the constitution and interpret the law as it was written - they don't legislate from the bench. At the last MMGMA conference, Colin Ford, MSMS Director of Government Affairs, told us that unless Cliff Taylor, a conservative justice, is reelected, we can kiss our hard-fought tort reform goodbye. We are only now seeing our malpractice premiums drop. We don't need our lauded tort reform picked apart by the plaintiffs' trial lawyers which will only cause our malpractice premiums to rise again.

Whether you're a political junkie like me or not, you will need to get involved in the legislative process if you expect to see any needed reforms to help us to continue to provide quality medical care. We all need to take ownership of this process if we expect to maintain access to quality medical care for ourselves as we get older and for our children and grandchildren. As we send out legislative updates through our website e-mail blast, many of the messages sent bounce back due to incorrect e-mail address. Please visit the MMGMA website at www.michmgma.org to make sure we have the correct information for you. You can update your information yourself with your MMGMA member number. If you don't have it or can't remember it, just contact Sherry Barnhart at sbarnhart@michmgma.org or sbarnhart@msms.org.

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

While you manage their health...

Think of your Fifth Third Private Client Advisor as your primary financial care provider. We understand the unique business issues you face each day and provide professional assistance with everything from insurance strategies[1] and equipment financing to employee benefits and cash management solutions. We can even help you when the time comes to sell your practice. Your Private Client Advisor will work closely with you to help strengthen your financial health and well-being throughout the life of your practice.

MEMBER OF THE KCMS VENDOR PROGRAM

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

Fifth Third Bank
Private Client Group

WEALTH PLANNING | INVESTMENT SERVICES[1]
TRUST SERVICES | PRIVATE BANKING[2] | RISK MANAGEMENT

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

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

Investments, including stocks, bonds and mutual funds are:

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

Insurance made available through Fifth Third Insurance Agency, Inc.

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

PROJECT ACCESS
Creating a Community of Care for the Uninsured

UPDATE

Jeffrey M. Stevens, DO, Chairperson
Anita R. Avery, MD, Vice Chairperson

How does being a Project Access physician help my office?

Since April 2005, local physicians and hospital charity care programs have donated $3.5 million in coordinated health care to uninsured patients.

The Project Access staff work on your behalf to:

- Review and confirm the patient's income and lack of ability to pay for care
- Confirm the patient is not eligible for insurance via their employer
- Provide access to donated lab and radiology work
- Assist in translation services for Spanish speaking patients
- Mentor the patient on how to work with volunteer care
- Educate the patient on their responsibilities in their health care
- Coach patients in healthy choices, lifestyles, disease management (via nurse case manager)
- Work with your staff to refer your patient to donated physical therapy, home health care and/or durable medical equipment (limited)
- Enroll your patient into the national drug manufacturer's charity care programs to access the medications you or other physicians prescribe
- Assist them in navigating other community health programs
- Inform the physician office if/when the patient becomes eligible for Medicaid or other programs

Who runs Project Access in Kent County?
Physician Board Members representing KCMS and KCOA serve as the Project Access Board working directly with its Executive Director, Patricia Dalton, MPA, MA and staff members.

What are patient qualification guidelines for a patient to be enrolled?

- 18-65 years of age
- A Kent County resident
- Has no medical insurance and is not a part of an existing medical program
- Is not eligible for state or federal medical benefits such as Medicaid, Medicare, Kent Health Plan, etc.
- Has a family income that does not exceed 150% of the Federal Poverty Level

Why is Project Access different?
Project Access is a Physician Program. As volunteers, physicians agree to see a number of patients (even those established in their practices) who fit the Project Access criteria. In addition to physician care, the program includes the collaborative support of hospitals, clinics, diagnostic testing facilities, pharmacies.

Who are some of the Project Access partners or investors?
Local hospitals have agreed to collaborate with primary care and specialty care physicians to offer donated health care for those qualified for Project Access. Other organizations serving as Charter Supporters are:

Bank of Holland
Blodgett Foundation
Cherry Street Health Services
Peter and Pat Cook Charitable Foundation
DeVos Children's Hospital
Fehsenfeld Foundation
Grand Rapids Area Chamber of Commerce
Grand Rapids Community Foundation
Grand Rapids Medical Education and Research Center
Health Intervention Services
Healthy Kent 2010
Heart of West Michigan United Way
Interpreter Network
Kent County Health Department
Kent Health Plan
Mary Free Bed Hospital
Metro Health Hospital
Pine Rest Christian Hospital
PPOM Midwest
Quest Diagnostics
Saint Mary's Health Care
Slemons Foundation
Spectrum Health
Spectrum Health Healthier Communities
The Doornink Foundation
The Right Place, Inc.
Voices for Health, Inc.

These organizations have offered either financial or other resources to support endeavors of Project Access.

PROJECT ACCESS
Creating a Community of Care for the Uninsured

Physician Volunteer Commitment Form 2008

Physician: _____

Practice: _____

Specialty: _____

Address: _____

_____

Phone: _____

Fax: _____

Office Contact: _____

Preferred contact method for updates, changes, etc.

☐ Phone ☐ Mail ☐ Fax ☐ Email_____

Will you allow periodic Email Updates to this Email box? ☐ YES ☐ NO

☐ Yes! I will do my part to make Project Access a success. My 2008-2009 commitment is below:

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 change or discontinue 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***

Mail or Fax to:

PROJECT ACCESS
233 East Fulton, Suite 226 *(Please note new Suite #)*
Grand Rapids, MI 49503

Phone: 459-1111 Fax: 459-1133

Specialty_____

First:_____

Last:_____

GRMERC UPDATE

Medicaid Cuts

Peter Coggan, MD, MSEd
GRMERC President and CEO

I had intended to address the importance of research in graduate medical education this month. However, more urgent issues have surfaced. Research, important though it is, will have to wait.

New regulations from Medicaid will reduce federal payments for public hospitals, teaching hospitals and services for the disabled according to the New York Times (NYT, Feb 24th 2008). So drastic are the proposed cuts that Gov. Arnold Schwarzenegger of California (yes, the Gubernator himself) is on record as saying that the changes "would effectively end the federal government's participation in many crucial components of the Medicaid program" (NYT).

Teaching hospitals have been the beneficiary of funding to support residency training programs since Medicaid was enacted in 1965. The principle is simple.

Residents provide a great deal of low cost medical care to Medicaid and uninsured patients. They are paid from the Medicaid budget for the patient care they provide, not the education they receive; for what we pay them they give outstanding value.

The Medicaid administration at CMS has taken a different position. They argue that Medicaid funds are currently being used inappropriately to subsidize the education of residents. While it is difficult to separate patient care from education when the two are occurring concurrently, in the process of learning residents do provide patient care – a contribution that CMS' position does not acknowledge. Dennis G. Smith, Director of the federal Center for Medicaid and State Operations, says that "there is no explicit authorization in the Medicaid statute to subsidize the training of physicians." I have no reason to doubt this assertion. On the other hand, if the purpose of the Medicaid program is to provide medical care for the poor and disadvantaged and residents no longer provide the care, more expensive providers must do so. The rule simply does not stand up to logic.

Congress placed a moratorium on the new rule effective through May 20th this year. There are indications that the moratorium will be continued until next year when the new administration is in place. However, either this year or next legislation will be needed to assure the continuation of funding to support the patient care provided by residents. A call to your senator or congressman would be timely.

On a much more cheerful note, this is the time of year when we learn which applicants have been matched with our residency programs through the National Residency Matching Program (NRMP). I am happy to report an excellent outcome this year. We expanded the number of positions in internal medicine, family medicine and pediatrics this year and filled these and all of our other positions during "Match" week.

GRMERC Research Day was Tuesday, April 15th. We have a record number of submissions. In my next report I will address the importance of research in our educational programs.

"…it is difficult to separate patient care from education when the two are occurring concurrently…"

The strength, defense and century-long solutions of Medical Protective.

The security and resources of Berkshire Hathaway.

…On June 20, 2005 we bought Medical Protective, a 107 year-old medical malpractice insurer based in Fort Wayne. Malpractice insurance is tough to underwrite and has proved to be a graveyard for many insurers. As part of Berkshire, Medical Protective has financial strength far exceeding that of its competitors, a quality assuring healthcare providers that long-to-settle claims will not end up back on their doorstep because their insurer failed….

– from Warren Buffett's Letter to Shareholders, February 28, 2006

…We want Medical Protective to continue to be the company that thinks like a doctor and behaves with the same integrity and individual care as a doctor....

– from Warren Buffett, April 26, 2006

…We're proud to have Medical Protective as part of the Berkshire family….

– from Warren Buffett, May 30, 2006

Now is the time for you to consider joining the tens of thousands who enjoy the unmatched protection that only Medical Protective can provide.

- Best financial **strength**
- Most winning **defense**
- Smartest **solutions**
- Committed **since 1899**

MEDICAL PROTECTIVE
Strength. Defense. Solutions. Since 1899.
a Berkshire Hathaway Company

Call Justin Craw at 800-4MEDPRO ext. 6804 for your FREE expert guide to Michigan medmal insurance.

Defend your reputation and assets. ▪ Visit medpro.com ▪ Call 800-4MEDPRO ▪ Contact your independent agent

LEGAL UPDATE

Asset Protection for Physicians — Part II

Mark B. Periard

This article is the second in a series about asset protection. The previous article provided a general overview including that asset protection is not necessarily about "hiding" assets from creditors but rather limiting the creditor's rights to those assets. The previous article also discussed the need to do planning before a creditor has a possible claim. This article provides information about prudent steps to take to protect assets including examining what types of property are exempt from creditor claims, reviewing how assets are titled, insurance policies as asset protection, and transfers of assets that can be made. Physicians often neglect to take the basic steps when constructing an asset protection plan.

Exempt / Protected Property. Under Federal and Michigan law, some categories of property are exempt from the claims and immune from a forced sale or seizure. Interests in retirement plans, individual retirement accounts, benefits paid to a beneficiary of a life insurance policy (although not necessarily the cash value of the insurance during the policy owner's life), and annuities are all generally exempt from creditor claims. Michigan law also provides that if real property is titled in the name of husband and wife as tenancy by the entirety property, a creditor of only one spouse cannot force the sale of property harming the other spouse's interest in the property. Tenancy by the entirety means property that is jointly owned by a husband and a wife with rights of survivorship. If the creditor is a creditor of both a husband and wife, however, then the creditor can force a sale of the property.

Titling of Assets. How are the assets are titled? When I meet with estate planning clients, this is one of the first things I review. Creditors can reach assets titled in the name of the debtor. This includes assets jointly titled with others which surprises many. Thus, I often warn clients about the perils of titling assets jointly with their children because those assets are available to both the parent's creditors and the child's creditors.

A spouse is not responsible for the liabilities of the other spouse just because of the marriage. A spouse's assets are available, however, to a creditor when the property is jointly owned (except real property titled by tenancy by the entirety as discussed above) or the spouse has agreed to be responsible for the liability - a residential mortgage for example. A jointly titled bank account is available to the creditors of either. A general rule is that spouses should not title property jointly, other than tenancy by the entirety property.

Adequate Insurance Coverage. The best way to protect assets from claims is to make sure adequate insurance coverage is secured. Whether the possible claims are from a patient alleging malpractice or a car accident victim, insurance can protect from having to satisfy a claim with personal assets. Insurance coverage should be reviewed periodically to make sure that the liability limits are appropriate and the companies issuing the insurance are financially stable. For malpractice insurance, a physician should make sure the insurance policy limits are sufficiently high to cover claims of the type the physician would expect to face for his or her specialty. For homeowner's insurance, the policy should be reviewed to make sure that if there is damage to a residence, there is adequate insurance proceeds to cover the rebuilding the home as it currently exists and to cover all the contents.

Physicians should also obtain excess liability coverage, sometimes referred to as umbrella or VIP insurance. This excess liability coverage increases the limits on underlying homeowners and auto insurance policies to increase the liability limits to $1,000,000 to up to $5,000,000 without significant expense. If in automobile accident, the additional insurance up to $5,000,000 would be available before a creditor would pursue the physician's personal assets. The additional insurance coverage can provide some peace of mind after an accident.

Gifted Assets. If assets are gifted to someone else, then those assets would not be available to the creditor. If assets are gifted to a spouse or a child, with no promise to give them back of course, then those assets are not available to the creditor of the donor as long as such gift is not a fraudulent conveyance. Gifting assets to a non-working spouse for example is a good way to build up the estate of that spouse and to diversify so not all assets are held in the name of the physician spouse.

Trusts. Titling assets in the name of an estate planning revocable trust does not protect those assets from creditors because those assets remain in the transferee's control. If a person transfers assets to a trust but retains control over and the benefit of those assets, then a creditor will generally have the ability to reach those assets as well. Some states such as Delaware have enacted laws that give "self-settled" trusts more creditor protection and can be an additional planning technique to make it more difficult for a creditors to reach the assets. Assets transferred to an irrevocable trust such as Insurance Trust and Gift Trust that are properly created will generally not be available for creditors if control is not retained over those assets and no power to revoke such transfer is retained.

Conclusion. This is an overview of basic asset protection planning. No one asset protection solution fits all – the right planning requires careful consideration of potential creditors, the types of assets held and the individual's estate plan.

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

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