

November/December 2008


BULLETIN

In This Issue:

- Will Primary Care Survive?
- When were you last a patient?
- Medical Education and the Research Imperative



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Kent County Medical Society and the Kent County Osteopathic Association**



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BULLETIN

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

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On the cover:

Rendering of the New Helen DeVos Children's Hospital

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MEETINGS OF INTEREST

KCMS Meetings

LOCAL

NOVEMBER 11, 2008 - KCMS/KCMSA Meeting, Watermark Country Club

JANUARY 13, 2009 - KCMS Annual Meeting, Watermark Country Club

STATE

APRIL 24 – 26, 2009 - MSMS House of Delegates, Grand Rapids, MI

NATIONAL

NOVEMBER 8-10, 2008 - AMA Interim Meeting, Orlando, FL

MARCH 10 & 11, 2009 – AMA National Advocacy Conference, Washington, DC

JUNE 13 – 17, 2009 – AMA House of Delegates, Chicago, IL

KCOA Meetings

LOCAL

JANUARY 20, 2009 – KCOA Annual Meeting, Watermark Country Club

STATE

NOVEMBER 1, 2008 - MOA Fourth Annual Fall CME Seminar, Grand Rapids, MI

MAY 13, 2009 – MOA House of Delegates, Dearborn, MI

MAY 13 – 16, 2009 – MOA Annual Convention, Dearborn, MI

About the Bulletin

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

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

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

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

Published by:

Kent County Medical Society/Kent County Osteopathic Association
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Spouses are Invited to
A Joint Meeting of the

Kent County Medical Society Kent County Medical Society Alliance

TUESDAY, NOVEMBER 11, 2008

- Speaker -
Robert H. Connor, MD
President, Helen DeVos Children's Hospital

- Topic -

“An Overview and Update on the New
Helen DeVos Children's Hospital ”

Watermark Country Club
5500 Cascade Road SE

Social 6:15 PM

Dinner 7:00 PM





Will Primary Care Survive?

“Half of what we are taught as medical students today will in ten years have been shown to be wrong. The trouble is, none of the teachers know which half.”

- Dr Sydney Burrell, Dean of Harvard Medical School (2000)

In 1913, significant progress was recognized when a patient received the appropriate care decision 50% of the time. In other words, there was a 50/50 chance of the doctor making the right decision. Since then, standards of healthcare in the United States have advanced significantly. We have over 6,000 articles daily in peer review medical journals to decipher and comprehend. That means the average internist would have to spend 20 hours per day, reading 17 articles per day, every day, just to keep up with the latest evidence. So it should be of no surprise that almost 100 years later, it has been reported that the average patient in the US still receives the expected standards of care only 54% of the time. In other words, while standards of care have improved greatly in the past century, the chance of the patient receiving them is no different than it was one hundred years ago.

Alphabet Soup

Many institutions such as the Institute for Healthcare Improvement (IHI), the Institute of Medicine (IOM), the NQF (National Quality Forum), the Joint Commission (JCAHO) and Centers for Medicaid and Medicare Services (CMS) have made valiant efforts in recent years to improve quality and safety of care delivered in US healthcare institutions. You can add other quality focused institutions such as NCQA, HEDIS, AHRQ, HQA, NACHRI, and NICHQ and it becomes alphabet soup! But mediocre quality health care delivery still proliferates throughout our country.

The Primary Care Story

Primary care has been the backbone of modern medicine, the specialty most measured if and when it delivers the appropriate care needed, and the foundation for most of our evidence-based quality measures. Primary care provides the

true medical home for our patient population. However, the massive number of aging baby boomers, the overwhelming prevalence of chronic diseases in so many patients, and the serious influence personal behaviors has on one's actual health outcomes are phenomena never witnessed before in our history. And we are now scrambling in 2008 to understand how to best handle it. The primary care physician might be the “hub” of care, the coordinator of the continuum, the 24/7 responder, and of course the health educator. But today's patient can be very difficult to manage at the levels of quality our system demands, and should expect. Skills providing culturally sensitive, behavioral based, motivationally appropriate, and evidence based care all require levels of expertise in today's provider that are rare rather than a common characteristic. These are areas of expertise essential to providing better than 54% of the standards of care today, but ones few of us have extensive training in nor the resources to sufficiently deliver.

Are We to Blame?

In today's reimbursement system, a doctor is paid more for a diagnostic, surgical or imaging procedure than they are to provide management, counseling, or coordination of care of a patient. As Dean Ornish M.D., of the Preventive Medicine Research Institute, recently stated in an editorial, “a doctor can be paid 3-4 times as much for a 30 minute procedure than he/she is for 30 minutes of thinking and managing, something that many might argue takes at least the same level of skill and expertise”. The monetary value we as a system have placed on one modality of care vs. the other has helped contribute significantly to today's primary care crisis. There is still not a blink to pay \$30,000 to remove a lung of a 40 year smoker, but considerable resistance to pay \$100 to help them quit decades before that procedure is ever needed, and which very possibly could have completely prevented it from ever happening. Or the tens of thousands of dollars paid to amputate a foot of a poorly controlled diabetic, something that could have been entirely prevented if the required upfront skills and resources had been available, and at much cheaper a price tag to provide.

KCMS PRESIDENT'S MESSAGE

A study recently published in the Journal of American Medical Association found a strong, direct correlation between the starting salary of physicians in a specialty and the percentage of medical school graduates choosing those specialties. Noted also in the same edition was the troubling statistic that 60% less of our interns and residents in the past decade were choosing a career in primary care this year, while 40% more were choosing a sub-specialty. And this is at a time when a shortage in internal medicine, family practice and pediatrics already exists and those providers are needed more than ever. In fact, salary disparities were a significant reason for the choices of a specialty being made. And to top it off, income levels in primary care dropped 10.2% from 1995-2003 for the first time ever. Medical students know these facts. The demands for higher quality care, electronic records, pay for performance, case management, and patient centered team care are not bad things, but are a drain on our PCP's due to their limit of financial resources, data managing expertise, productivity based environment and time restrictions. Primary care is also developing less and less satisfied providers, with fewer recommending the career to their own children and some studies showing as many as 25-40% seriously considering leaving the profession. We not only have fewer coming in, but are witnessing more leaving early. At this pace, many experts predict that primary care is on the verge of collapse.

What Can Be Done?

Obviously, the reimbursement disparity in health care is one that will most likely only be corrected at a federal level. Health insurance first began in order to help people pay for hospital-based surgical procedures which were much more expensive than going to the family doctor at that time, and has remained that way ever since. But things are very different today, and a "primary care medical student" has the same quarter million dollar loans to pay back as a "specialty care medical student", which can be a strong decision driver in itself.

But in the meantime, placing more value on a provider's time helping the patient quit smoking, loose weight, begin exercising, manage stress, eat healthier, control blood sugars and blood pressures, and comply with depression therapy will not only have a positive effect on the morale of the downtrodden PCP, but also save money in the long run with healthier and better managed patients at a lower cost. A recent study we submitted for publication for our medical home project showed that our state incurred as much as \$300-400 million dollars more per year in hospital charges due simply to publicly insured children being hospitalized at twice the rate of commercially insured children. This

money could be redirected upfront for better preventive care for the PCP, more resources for them to help manage these patients and coordinate care, improving access to care, train them in skills needed today and saved on the back end with less hospitalized Medicaid children. The same could be true for reimbursing for preventive care in adults.

It all comes down to the value we place on the service needed by the PCP to do their job right. This is a big part of a primary care physician's job satisfaction and how they enjoy their career. Not many employees in any career would enjoy their job for long if they were successful in what was expected of them only half of the time. An orthopedic is paid well to replace a hip, and hence they do it well. A 50% failure rate would doom their practice. But a primary care provider is not paid well to manage a diabetic, but are expected to do it just as well. Personal satisfaction takes a hit, but could be greatly improved.

Until there is an overhaul to save primary care overall, we could at least make the art of practicing it more rewarding – both financially and mentally. We could change not just the number of physicians entering primary care, but at the same time help them provide the appropriate care more than 54% of the time.



KENT COUNTY HEALTH DEPARTMENT

Just a Bit Outside

Mark Hall, MD, MPH
KCHD Medical Director

In March, my son bought the Sports Illustrated Major League Baseball preview issue. I was curious to see who the so-called experts tagged as the hot team of 2008 and who they predicted to be the World Series champion. One baseball writer predicted that the Detroit Tigers would take home the championship this year because of three key components: a new star player in Miguel Cabrera, their manager Jim Leyland, and their owner Mike Ilitch. When all was said and done, the Tigers finished in last place in the American League Central. So what went wrong? Cabrera held up his end of the bargain and led the American League in home runs and was in the top three for runs batted in. Leyland, however, made some questionable decisions with his players and Ilitch allowed one of the team's stalwarts (Pudge Rodriguez) to be traded to the Yankees for a relief pitcher who proceeded to give up four home runs in his first two innings of play. The components of the annual influenza vaccine met a similar fate during the 2007-2008 influenza season.

Predicting the components of the influenza vaccine is a bit more structured than predicting who will come out on top after 162 ball games. Each year, the influenza vaccine contains three inactivated viral components: one H1N1 influenza A virus, one H3N2 influenza A virus, and one influenza B virus. The components of the vaccine are chosen each year based upon information gathered over the previous year about the virus strains that are infecting humans and how they are changing. This information is gathered by 122 national influenza centers in 94 countries and analyzed by the four World Health Organization (WHO) Collaborating Centers for Reference and Research on Influenza. Based on this information, experts forecast which viruses are likely to circulate the following season and WHO recommends specific virus strains that can be used to make vaccines to protect against them. For vaccines being made for the Northern Hemisphere, the recommendation is made by WHO in February each year.

Unfortunately, the influenza virus is constantly changing and this method is not foolproof. Viral surveillance and antigenic characterization conducted by the Centers for Disease Control during the 2007-2008 influenza season indicated that only one of the vaccine components proved to be reasonably similar to the vaccine component. Of the viruses characterized, 66% of the H1N1 viruses matched the vaccine strain, while only 23% of the H3N2 viruses and 2% of the type B viruses were similar to the vaccine strains. Despite the mismatch in strains, results from a study from the Marshfield Clinic in Wisconsin found an overall vaccine effectiveness of 44%, with 58% effectiveness against the predominant influenza A (H3N2) viruses, but no effectiveness against influenza B.

When all components of a baseball team aren't clicking, the result is usually a poor season and an unhappy fan base. Results from the 2007-2008 influenza season show that even when the vaccine components don't perfectly match the circulating strains, it can still offer protection against illness. Although it is easy for many of us to lose faith in our favorite baseball team, health care providers should not lose faith in annual influenza vaccination. The optimal time to provide patients with influenza vaccine is October/November, but

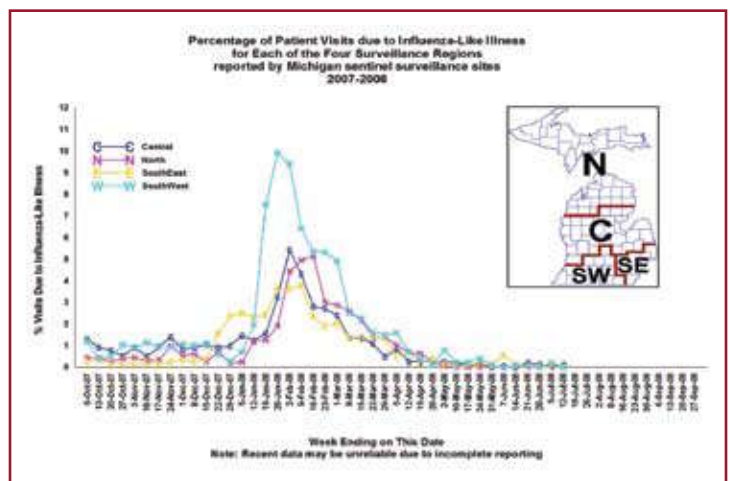
vaccination in December and January is beneficial in most years.

Figure 1 presents influenza like illness (ILI) data from the CDC's Sentinel Provider Network for the four reporting regions in Michigan during the 2007-2008 influenza season. The figure shows that influenza activity in this region peaked in early-February. Information from the Sentinel Provider Network is extremely valuable to local health departments for tracking the progress and severity of the influenza season. Participation in the Sentinel Provider Network is voluntary and participants are asked to perform simple data collection on a weekly basis and submit the data to the Michigan Department of Community Health (MDCH). The data include the following and usually require less than 30 minutes per week:

- Weekly number of ILI visits by age group and number of visits for any reason (this data can be submitted by internet, phone, or fax).
- Ten nasal swabs per year for respiratory virus culture by MDCH

Kent County is in need of additional health care providers to participate and contribute this very important data to the Sentinel Provider Network. If you have the time to participate, please contact Julie Payne by phone at 616-632-7154 or by e-mail at Julie.Payne@kent-countymi.gov.

As we approach the 2008-2009 influenza season, I am calling on all Kent County health care providers to contribute by continuing to vaccinate patients and consider participating in the Sentinel Provider Network. It's easier than hitting a 95 MPH fastball and your contributions this season will be adored by hundreds of thousands of fans throughout our county.



References:

<http://www.cdc.gov/flu/professionals/vaccination/virusqa.htm>
Interim Within-Season Estimate of the Effectiveness of Trivalent Inactivated Influenza Vaccine --- Marshfield, Wisconsin, 2007--08 Influenza Season. MMWR 2008; 57(15): 393-398



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

September, 2008

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2008	Through Sep 2003-2007
AIDS (Cumulative Total - 793)	0	14	29
AMEBIASIS	0	2	1
CAMPYLOBACTER	6	68	42
CHICKEN POX ^a	10	171	175
CHLAMYDIA	227	2438	2318
CRYPTOSPORIDIOSIS	8	17	10
E. COLI O157:H7	2	2	5
GIARDIASIS	6	46	77
GONORRHEA	108	739	860
H. INFLUENZAE DISEASE, INV	0	1	2
HEPATITIS A	1	7	6
HEPATITIS B (Acute)	0	2	3
HEPATITIS C (Acute)	0	1	0
HEPATITIS C (Chronic/Unknown) ^b	19	243	234
INFLUENZA-LIKE ILLNESS ^c	1873	36337	16934
LEGIONELLOSIS	0	6	5
LYME DISEASE	1	5	4
MENINGITIS, ASEPTIC	4	23	23
MENINGITIS, BACTERIAL, OTHER ^d	0	8	7
MENINGOCOCCAL DISEASE, INV	0	2	2
MUMPS	0	0	0
PERTUSSIS	0	8	6
SALMONELLOSIS	5	31	35
SHIGELLOSIS	3	21	6
STREP, GRP A, INV	0	14	13
STREP PNEUMO, INV	3	49	N/A
SYPHILIS (Primary & Secondary)	0	7	4
TUBERCULOSIS	2	13	14
WEST NILE VIRUS	2	2	2

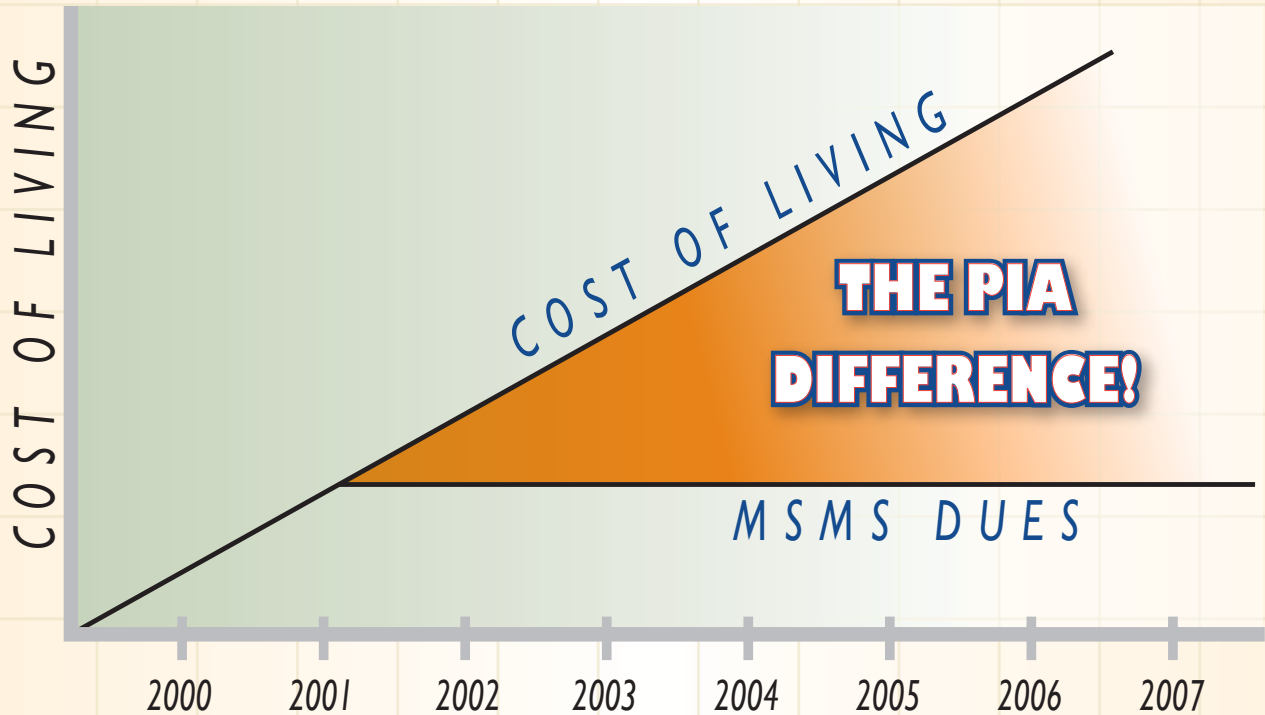
NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2008	DISEASE	NUMBER REPORTED Cumulative 2008
Coccidioidomycosis	5	Listeriosis	1
Guillain-Barre Syndrome	3	Shiga toxin, E. Coli	5
Histoplasmosis	3	Yersinia enteritis	1
Kawasaki Disease	1		

- 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 symptoms and are reported primarily by schools.
- d. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN *H. influenzae*, *N. meningitidis*, or *S. pneumoniae*.
- N/A Data not available.

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.

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DEAN'S MESSAGE

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

UPDATE

This fall has been an exciting season of “firsts” for the College of Human Medicine.



We announced our first Early Assurance Program for admission with Grand Valley State University, providing a link between pre-med students at Grand Valley and our medical school.

local colleges, research initiatives that involve our partners and medical instructional technology.

This program will help both disadvantaged students and underserved areas of medicine – the core of our college’s mission. Preference for admission will be given to students who express interest in caring for underserved populations, are the first generation to attend college, students who graduated from a low-income high school, and those eligible for Pell grants.

Finally, this month we are celebrating our “topping off” of the Secchia Center. This construction milestone marks the installation of the final steel beam of the building’s structure. For photos of the construction and a link to our Secchia Center Webcam, visit <http://www.chm.msu.edu/secchiacenter/index.asp>

The Early Assurance Program with Grand Valley is a continuation of the partnership between our institutions with a long-term vision for enhancing health care in our community, as many of these students will likely return to West Michigan to practice.

Other “firsts” for the College of Human Medicine this fall included our inaugural Gala. Nearly 800 guests attended our Gala where we honored Peter C. Cook and Ralph Hauenstein with the presentation of the first David Van Andel Life Sciences Achievement Award. The event raised \$330,000 for our college that will fund student scholarships from



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The Empire Strikes Back, Part 2: or The Pen is Mightier Than 30 Pieces of Silver

Chip McClimans
KCMS Executive Director



If you are old enough to remember the presidential debates between Ronald Reagan and President Jimmy Carter, you will no doubt remember the now famous Reagan line after President Carter gave a piece of misleading information, “Well, there you go again.” That quote can be paraphrased with the latest situation, “Well, here we go again.”

The situation I’m referring to is Spectrum Health’s renewal to purchase physician practices and form a Mayo-like practice scenario for its system. If you’ll recall, this was attempted a while ago and it didn’t get any traction. They said it wasn’t going to look like the Mayo system, but it sounds like it is, so if it looks like a duck.... And it’s obvious why Spectrum wants to do this...to control the doctors within their system. Why else?

I think I’ve written about this before, but it bears repeating. As the physician practice is bought by the hospital, the physicians will most likely have a contract for a determined length of time. In the contract, physicians will get a guaranteed a salary for giving their services: for instance, time to see a given number of patients in a day. The salary and any possible bonus will look attractive at first during the initial contract period.

But what happens when the contract comes up for renewal? As I see it, there are four possible outcomes (and this is based on the historical trend of physician reimbursement declining annually). The first is the contract will be renewed with the same provisions as the original. In my view, fat chance of that happening. The second outcome is your salary will remain the same, but you will have to see more patients. The third is your salary is reduced (you didn’t think it would go up with reimbursement going down, did you) and you get to see the same number of patients. Or fourth, your contract will not be renewed. If you chose to go this route, you should beware of any non-compete clauses, and for goodness sake, have an attorney read your contract and go over it with you. I’m sure there are variations to these outcomes, but these are the basic ones.

A hospital could easily corner the market and have exclusives on specific specialties and leave rival hospitals out in the cold and unable to provide that particular patient care. Is that good medical care for the community?

That’s what the empire is doing. Now you have heard the saying “The pen is mightier than the sword.” This is especially true for physicians. And you have heard me state this in the past, too...physicians are in control of the practice of medicine. Medical care only begins when a physician writes an order (the pen). Whether that’s accomplished by pen, computer or verbally, and employed or not, physicians start the patient and medical care ball rolling.

The choice will be yours whether to contract your services out or not (and hopefully for more than 30 pieces of silver). If you do, be sure you have a provision that your employer covers ALL of your professional dues. Employed or not, the practice of medicine still needs neutral associations to be organized working for patient advocacy and the protection of medicine. And don’t sell yourself short...be sure patient care does not decline or suffer.

ATTENTION

Are you interested in representing KCMS and serving on the KCMS delegation to the MSMS House of Delegates?

If so, or if you have questions, please call the KCMS at 458-4157.

When were you last a patient?

I am writing this in a serious daze on medication, currently a patient more than a doctor. Palin and Biden are debating tonight and the House will be voting on the bailout bill tomorrow. I could write about the implications of each, but dear God, I don't think I would ever recover...

How often have you been a patient? I rarely get sick. But, over the years, I have been on the "other side" of the system and I find I am a maniac as an admit. My reflection today is on being a patient.

As a medical student, I had severe chest pain one day. My best friend said I looked horrible and sent me to the ER. First time as a patient in an ER at the age of 32. I was scared to death. Felt vulnerable in the stupid gown and was freezing to death. Why is it that where people are sick and naked, the temperatures are so low? (Keeps the technology cool?) The attending came to me quickly. I know this – but it felt like an eternity. Logarithmic increase in anxiety per minute I waited. He sat down, close to me, and spoke gently, looking at me directly, explaining everything I knew, of course, but all my training was a jumble in my head and useless. His

I rarely get sick. But, over the years, I have been on the "other side" of the system and I find I am a maniac as an admit.

compassion, confidence and deprecating humor put me at ease and I could breath again. I have NEVER forgotten this. I later did my internship and residency working closely with him on ER rotations and on call. My loyalty to him is unwavering. I will suffer no criticism of him. Now, as an attending, I know my patients will receive compassionate, competent care on his shift. Do

your patients feel this way about you? It takes work to treat every single patient as a human being, all day long. Are you doing this?



I had my tonsils out at age 23. I clearly remember struggling for breath, intubated and unable to move or speak and hearing the physicians talking. This is unusual, I know. What do you talk about when your patient is under general or other anesthesia? Positive, compassionate, unoffensive, respectful, appropriate conversation with your nursing staff?

Pregnancy number two – hypotension. First time in an ambulance (from work, of course. Annoying) to ER with blood pressure 70/40. Had a sense of doom – thought I was dying. The ambulance staff were gentle, spoke confidently, said I would be taken care of and no way would die on their shift. Made me believe them. Admitted for two days. Actually got tested for pheochromocytoma and carcinoid! Collected urine for 24 hours. There is a special relationship between patient and nurse who must assist with EVERY single drop of your urine. I would walk over broken glass for nurse Monica. She can do no wrong in my book. Unbelievable compassion. Do your patients feel this way about you?

C-section number one. Had the largest meal of my life at IHOP – never had been there before – then my water broke and the child was transverse. Anesthesiologist on call was not fond of OB cases and no doubt became deeply resentful of the full breakfast special I ate at 10pm. I vomited almost immediately after my epidural. Had sudden drop in BP same time. Sense of doom and panic attack. Apologizing while crying and shaking uncontrollably. My anesthesiologist, a man of few warm, fuzzy words, spoke softly in my ear at the head of my table in a constant drawl of medical explanation and reassurance. He patted my forehead

KCOA PRESIDENT'S MESSAGE

with soothing touch and I could again breathe. I feel tears of gratitude still, five years later when I see him. Do you overcome the cases you hate and your own personality to COMPASSIONATELY treat the human being whose life is in your hands? Every time? At 04:00?

C-section number three. I am black and blue up and down my upper extremities – hands, forearms. They can't get an IV in. I told them right from the start...use the median cubital vein. I know it's not usual protocol, but I have been through this before. Please just start there. They tried every possible other option. Delayed the C-S by 45 minutes. Ended up in the median cubital vein as predicted. Do you LISTEN to your patient? Or, do you arrogantly think you know better than their experience with their own body?

July 2005 – diffuse abdominal pain. Ignored it. Worked 2 days as it worsened and clearly moved to right lower quadrant. Eventually developed an increased WBC and temperature. I continued seeing patients.

Husband is a surgeon (irony). My colleagues actually called him over to my office to do an exam and convince me to get to the ER and get a CT. Don't misunderstand. I knew by then my appendix had betrayed me and I would need to go in. I just couldn't bear the thought of abandoning my full afternoon of patients. Geez. What an idiot. Let's not dwell on that one. The point is, are you a bad patient?

At the last KCOA gathering, I had the privilege of announcing the names of recently deceased colleagues, and calling for a moment of silence. My point is this: How will YOU be remembered, as a physician, when you die? Compassionate, ethical, rational, adaptable, a listener, who goes the extra mile, and considers the human side of the equation? Or hurried, harried, clinical, cold, efficient, painfully correct and blunt? This is my message. I will write the next one NOT under the influence of drugs and see how it goes.

Until then, respectfully, Dorothy Pedtke D.O.

ATTENTION

Are you interested in representing KCOA and serving on the KCOA delegation to the MOA House of Delegates?

If so, or if you have questions, please call the KCOA at 458-4157.



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NEW KCMS MEMBERS

Correction: Ryan E. Figg, MD's Specialty Information should have read:

Ryan E. Figg, MD (Active)
General Surgeon (Board Certified)
Colon and Rectal Surgeon (Board Certified)

(Bryan E. Figueroa, MD (Active)
Neurosurgery

B.S.: University of Michigan, Ann Arbor, Michigan, 1994
Medical School: University of Michigan, 1998
Internship: University of Michigan, General Surgery, 1998-1999
Residency: Medical University of South Carolina, Charleston, South Carolina, Neurosurgery, 1999-2001; Harvard Medical School, Brigham & Women's Hospital and Boston Children's Hospital, Neurosurgery, 2002-2007
Fellowship: Indianapolis Neurosurgical Group, Indianapolis, Indiana, Cerebrovascular/Skull Base Fellow, 2007-2008
Address: 414 Plymouth NE, Grand Rapids, Michigan 49505, 454-9465
Sponsor: Lynn S. Hedeman, MD

Kortni S. Flynn, MD (Active)
Internal Medicine (Board Certified)
Anesthesiology

B.S.: Michigan State University, East Lansing, Michigan, 1997
Medical School: Michigan State University College of Human Medicine, 2002
Internship: Michigan State University College of Human Medicine, Grand Rapids, 2002-2003
Residency: Mayo Clinic, Rochester, Minnesota, Internal Medicine, 2003 -2004; University of South Florida, Tampa, Florida, Internal Medicine, 2004 -2006
Fellowship: University of South Florida, Tampa, Florida, Interventional Pain Fellowship, Dept. of Anesthesia, 2006 -2007
Address: 4100 Lake Dr SE #205, Grand Rapids, Michigan 49546, 285-1377
Sponsor: Fred Davis, MD

Ellen Jansyn, MD (Active)
Internal Medicine (Board Certified)
Cardiology (Board Certified)

B.A.: Northwestern University, Chicago, Illinois, 1978
Medical School: Loyola University, Stritch School of Medicine, Maywood, Illinois, 1981
Internship/Residency: Northwestern University, Chicago, Illinois, Internal Medicine, 1981 - 1982
Fellowships: Northwestern University, Chicago, Illinois, Research Fellow in Clinical Pharmacology, 1984 - 1985; Tufts University, New England Medical Center, Boston, Massachusetts, Clinical Fellow in Cardiology, 1985- 1987; Massachusetts General Hospital, Boston, Cardiac Pacing and Cardiac Catheterization, 1987-1988
Previous Practice: Grant Hospital, Chicago, Illinois, Staff Cardiologist, 1988 - 1989; Cardiologist, Cardiovascular Renal Consultants, Blue Island, Illinois, 1989 - 1991; Northwest Cardiology, PC, Barrington, Illinois, Cardiologist, 1991 - 2002; Midwest Heart Specialists, Winfield, Illinois, 2002 - 2008
Address: 4100 Lake Drive SE #200, Grand Rapids, Michigan 49546, 974-4561
Sponsor: Duane Berkompas, MD

Daniel S. Knee, MD (Active)
Pediatrics (Board Certified)
Neonatal/Perinatal Medicine (Board Certified)

B.S.: Bethel College, St. Paul, Minnesota, 1991
Medical School: University of Louisville School of Medicine, Louisville, Kentucky, 1998
Internship/Residency: Creighton University, Omaha, Nebraska, Pediatrics, 1998 - 2001
Fellowship: Tripler Army Medical Center, Honolulu, Hawaii, Neonatology, 2001 -2004
Previous Practices: Keesler AFB, Mississippi, Neonatologist and St. Francis Medical Center, Cape Girardeau, Missouri, 2004 -2005; Creighton University, Omaha, Nebraska, Neonatologist, 2006; Naval Medical Center, Portsmouth, Virginia, Neonatologist, and McLeod Regional Medical Center, Florence, South Carolina, Pediatric Medical Group 2005 - 2008
Address: 100 Michigan St. NE, Grand Rapids, Michigan 49503, 391-1523
Sponsor: Ed Beaumont, MD

Medical Students

Justin Davies Katrina Sink
Amber Loyson Benjamin Wilks
Catherine Pokropek

NEW KCMS MEMBERS

Derek A. Lado, Jr., DO (Active)
Physical Medicine and Rehabilitation (Board Certified)

B.A.: Michigan State University, East Lansing, Michigan, 1994; Donnelly College, Kansas City, Kansas, Accelerated Science Program, 1995

Medical Degree: Michigan State University, East Lansing, Michigan, 2000

Internship: St. John Oakland Hospital, Madison Heights, Michigan, 2000 – 2001

Residency: University of Michigan, Ann Arbor, Michigan Physical Medicine and Rehabilitation, 2001 - 2004

Previous Practice: Center for Physical Medicine and Rehabilitation, St. John Macomb Hospital and Oakland Hospital Physical Medicine and Rehabilitation Consult Service In Warren, Michigan; Mercy Fraser Villa Living Center, Fraser, Michigan; Father Murphy Nursing Center, Centerline, Michigan, 2004 – 2006. Eastside Family Medical Satellite Clinic, Stanwood, Michigan, Mecosta Medical Center Inpatient Rehabilitation Unit-Medical Director, Big Rapids, Michigan; West Michigan Pain, Big Rapids and Grand Rapids, Michigan locations, 2006 – 2008

Address: 4100 Lake Drive SE #305, Grand Rapids, Michigan, 49546, 285-1377

Sponsor: Fred Davis, MD

Eric L. Larson, MD (Active)
Anesthesiology (Board Certified)

B.S.: University of Michigan, Ann Arbor, Michigan 1996

Medical School: University of Iowa, Iowa City, Iowa, 2000

Internship/Residency: University of Iowa, Iowa City, Iowa, Anesthesiology, 2000 – 2004

Previous Practices: Spectrum Health, Staff Anesthesiology, and Anesthesiology Medical Consultants, PC, Grand Rapids, Michigan, 2004 – present

Address: 3333 Evergreen Dr NE, Grand Rapids, Michigan 49525, 364-4200

Sponsor: David Krhovsky, MD

John D. Maskill, MD (Active)
Orthopaedics

B.S.: Cedarville University, Cedarville, Ohio, 1997

Medical School: Wayne State University School of Medicine, Detroit, Michigan, 2001

Internship/Residency: Grand Rapids Medical Education and Research Center, Grand Rapids, Michigan, 2001 – 2006

Fellowship: Portland Foot and Ankle Center, South Portland, Maine, 2006-2007

Address: 1111 Leffingwell NE #100, Grand Rapids, Michigan 49525, 459-2396

Sponsor: John G. Anderson, MD

Kenneth D. Minks, MD (Active)
General Surgery (Board Certified)

B.S.: Illinois State University, Normal, Illinois, 1995

Medical School: Loyola University Chicago Stritch School of Medicine, Maywood, Illinois, 1999

Internship/Residency: Loyola University Medical Center, Department of Surgery, Maywood, Illinois, 1999 – 2004

Previous Practices: Scott Air Force Base Clinic, Illinois, 2004 – 2008; St. Louis University Hospital, St. Louis, Missouri, 2004 – 2008; St. Elizabeth Hospital, Belleville, Illinois, 2006 -2008; St. Joseph's Hospital, Breese, Illinois, 2006 -2008

Address: 2093 Health Drive SW, #300, Wyoming, Michigan 49519 532-8100

Sponsor: William C. Cunningham, MD

Brandon J. Wong, MD (Active)
Anesthesiology

B.A.: Hope College, Holland, Michigan, 1998

Medical School: University of Michigan, Ann Arbor, Michigan, 2003

Internship/Residency: Grand Rapids Medical Education and Research Center, 2003 – 2005; University of Minnesota Medical Center, Minneapolis, Anesthesiology, 2005 – 2008

Address: 3333 Evergreen Dr. NE, Grand Rapids, Michigan 49525, 364-4200

Sponsor: John R. VanTimmeren, MD



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Jeffrey M. Stevens, DO, Chairperson
Laura M. VanderMolen, DO, Vice Chairperson

As we reflect on a very busy 2008, we look back at many successes YOU have created for uninsured people in our community. Project Access has helped over 1500 people in our community, recruiting donated care of over \$3.8 million since our inception in 2004. Thanks to your generosity of time and talents, people are returning to work, learning new skills, and managing their health in a much better way. We hope that your office has benefited from the services offered through Project Access. We appreciate all you have done to help so many.

The Board and Staff of Project Access wish they could share every story with you to how you how valuable this program is in Kent County. People eligible for Project Access are not eligible for other programs – they would resort to care only through the Emergency Department, and, usually, well after they needed attention.

Victoria became a Project Access patient in February 2007. At the time she had worked for a child care program for 15+ years. She came to Project Access as she had to leave her job in order to take care of her husband who was dying of leukemia. She had to sacrifice her health insurance. After her husband died, she tried to return to work but the child care program had been purchased. She couldn't get consistent hours and she worked whenever an opportunity presented itself. She was introduced to PA and met with a Nurse Case Manager.

In the fall of 2007, she called into the Project Access office proudly reporting her 4-month anniversary - she had quit smoking on Labor Day 2007 thanks to a book Project Access had given her.

Beginning May 2008, Victoria worked with Project Access' Nurse Case Manager to set more health goals. She also learned about options in looking for a job, improving her resume and using local resources. She has moved in with her adult daughter to make ends meet.

During Victoria's time with PA, she has received care by a family physician, a pulmonologist and physical therapist. Her coordinated, donated medical and hospital care to date is valued at **\$11,047.43**. The four medications that Project Access has coordinated for Victoria with national drug programs have a retail value of **\$7,706.43**.

Karen came to Project Access in 2005. She and her husband, in their late 50s, had recently taken on full custody of two small grandchildren. Karen had suffered from severe back pain for years. Project Access was able to find her surgeons that worked together to repair her back.

Her inspirational story is shared often. She writes thanking Project Access and her volunteer surgeons for giving her grand children the chance to experience a "young" mother – one who can play with them on the floor, or sit through a video and not be in pain.

Recently Karen's husband died. She's now a single mother of two young children bravely facing her future on a limited disability income.

While her health and comfort are much improved, she still maintains a complicated medication regimen, but remains faithful and grateful to her Project Access physicians.

One card reads:

"I have to thank all of you at "Project Angels" 😊 Every week when I fill my "weekly pill boxes" I think of the cost, then I just shake my head. I can't believe the weight you take off my shoulders. I truly am blessed and recognize the source of them all, again thank you. –Karen"

Karen has received over **\$109,021.49** in coordinated hospital and physician care since her enrollment in our program. She has received a family physician, neurosurgeon, orthopedic surgeon, and pain management assistance. Her eight medications – coordinated with Project Access and national drug manufacturers have a total retail value of **\$20,165.68**.

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...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....

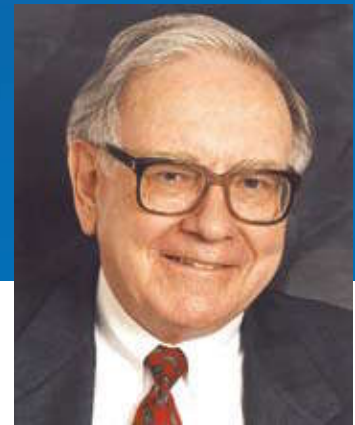
—from Warren Buffett's Letter to Shareholders, February 28, 2006

...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

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—from Warren Buffett, May 30, 2006



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Peter Coggan, MD, MEd
GRMERC President and CEO

Medical Education and the Research Imperative

“There is a single light of science, and to brighten it anywhere is to brighten it everywhere.” -Isaac Asimov



It is possible to enjoy the Mozart concerto without being able to play the clarinet. In fact, you can learn to be an expert connoisseur of music without being able to play a note on any instrument. Of course, music would come to a halt if nobody ever learned to play it. But if everybody grew up thinking that music was synonymous with playing it, think how relatively impoverished many lives would be. Couldn't we learn to think of science in the same way?

-Richard Dawkins, *Unweaving the Rainbow; Science, Delusion and the Appetite for Wonder*, Houghton Mifflin Co., November, 1998

These two quotations remind me of the importance of research to our medical students and residents, and indeed to all physicians and patients. Dawkins affirms that you don't have to be a scientist to appreciate the methods of science. I am in this category. I am in awe of scientific advances in medicine, particularly in recent years, but would not call myself a scientist.

In his treatise *“Scholarship Reconsidered: Priorities of the Professoriate”* published in 1990, the late Ernest L. Boyer, a distinguished American educator and President of the Carnegie Foundation for the Advancement of Teaching, redefined the meaning of scholarship in our nation's colleges and universities. The traditional view of scholarship focuses on original research and has been the time honored currency for faculty promotion and tenure. Boyer expanded the definition to include: the scholarship of discovery (original research), the scholarship of integration (synthesis of facts from disparate sources), the scholarship of application (translational research in the medical field) and the scholarship of teaching (teaching current facts and theories).

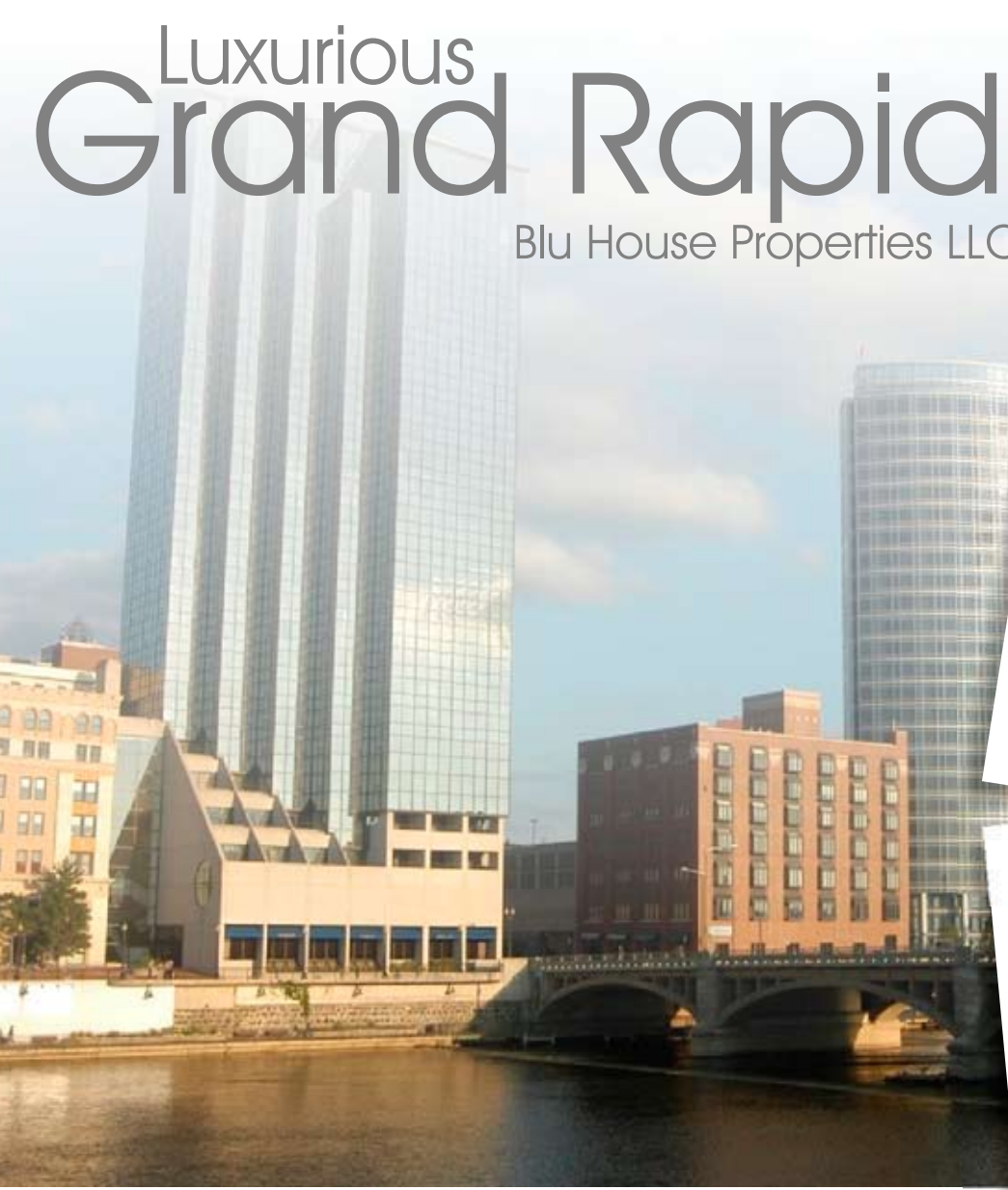
The Accreditation Council for Graduate Medical Education (ACGME), which accredits all of the residency and fellowship programs sponsored by GRMERC, is setting a higher standard for research among residents and faculty. Why would the ACGME raise the bar? Do residents need to be researchers? While it is not necessary for all of them to be scientists, they must at least understand the methods of science and be able to assess the value of a research paper or presentation and its relevance to the care of their patients. In the paradigms of

Boyer and the ACGME, scholars must at a minimum understand - and participate in - some form of research as a necessary step in their development as physicians.

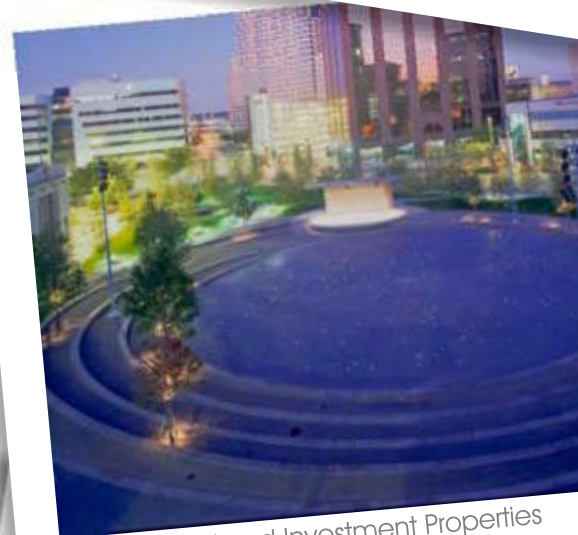
GRMERC's aim is to expand the resources and support systems that facilitate scholarly development in residents and our community faculty. Under the leadership of Alan T. Davis, PhD, the Research Department provides assistance in refining research questions, designing project methodology, collecting and analyzing data, and preparing publications and presentations. Scholarly output by our residency programs is steadily increasing and is sure to enhance recruiting as well as this medical community's reputation outside Grand Rapids. Most importantly, this will enhance our ability to apply new knowledge to patient care and to more effectively teach current facts and theories to the next generation of physicians.

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MMGMA UPDATE

By: Bob Wolford, CMPE
Executive Director – Grand Rapids Ophthalmology
President Elect – Midwest Section of MGMA



The Financial Side of Healthcare

The past several months have been more than interesting as we have watched our financial infrastructure appear more and more vulnerable. Medical Groups right here in West Michigan have begun to feel the tightening of credit as lines of credit have not been renewed or as bond market rates have moved in unprecedented ways. In addition, all of us who have planned aggressively for retirement have watched the growth of our accounts be washed away (at the writing of this article, the DOW had lost approximately 35% of its highest value).

Many of us have had to reassess retirement plans and medical practices have had to re-focus on the financial side of

healthcare. This means that all of us should be looking at budgets as we approach the end of 2008. At Grand Rapids Ophthalmology, a recent focus on overhead revealed several areas where long standing service agreements were reviewed and occasionally changed to enhance service and save on expenses.

Many practice managers and most physician practice owners have come to their current positions from a clinical background. As a result, they may not always be comfortable with these processes and even if comfortable, they may lack the information necessary to be especially effective.

All practice leaders, (even the knowledgeable ones) should look to outside resources for suggestions and advice concerning appropriate economic stewardship. CPAs, attorneys, consultants, the Kent County and Michigan State Medical Societies, the Michigan Medical Group Management Association (MMGMA) and the national MGMA are all excellent sources of practice financial information. The organizations all regularly provide educational opportunities as well as an opportunity to establish networking contacts.

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ALLIANCE HEARTBEAT

Looking Forward,

Sharing a Common Vision of Philanthropy and Fellowship

We have had a great start to the year! The KCMS Alliance membership toured the new Metropolitan Hospital in September and Camp Blodgett in October. Camp Blodgett provides outdoor summer camp opportunities for underprivileged children in West Michigan, and will be one of the recipients of funds from the upcoming 2009 KCMS Alliance Charity Ball for Children in February. KCMSA members have been active in our Book Club, Bridge Club, Gourmet Club and Monthly Musings Luncheons. Our Gourmet Club has partnered with the Comprehensive Therapy Center (a 2008 KCMSA Charity Ball fund recipient) to promote this year's WineFest on November 7, an evening of wine tasting and delicious Italian cuisine prepared by Noto's Restaurant. Part of the proceeds from this event will help fund KCMS Alliance

Foundation mini-grants to local organizations.

As we approach the Holidays, we have more activities planned for the KCMS Alliance. On November 13 we will tour the Children's Assessment Center, another recipient of the 2009 KCMSA Charity Ball for Children. Our annual Chicago Bus Trip on November 14 is a fun day of holiday shopping, museum hopping, and dining, and is a great way for new members to get to know our organization. The bus leaves Grand Rapids at 7:30 AM and returns about 11:30 PM. We have planned several holiday events to benefit the Hope Community Day Care Center. Our Open House Holiday Tea will be on December 2 at the home of Sandy Winston, when KCMSA members can bring cookies and gifts to donate to the Hope

Community Day Care Center. The following day we will be at the Center to help with their holiday party. Activities are planned, we bake more cookies, and have a magical party for the children who might not otherwise have any special treats for the holidays. The joy and surprise on each child's face shows us the true meaning of this season.

Join us in our support of the West Michigan community and have fun doing it with the KCMS Alliance! If you would like any information about the KCMS Alliance or any of the above activities, please contact me at breneb@aol.com. With best wishes for the Holidays and throughout the coming year.



Irene Betz
KCMS Alliance President



KCMSA Chicago Bus Trip "Shop til You Drop!"

Date: Friday, November 14, 2008

Time: Depart 7:30 am –Bus will leave promptly, Return approximately 11:00-11:30 pm

Place for Departure: We will be leaving from Schuler Book Store back parking lot on 29th Street

Cost: \$50.00 (this includes the tip for driver) and is Nonrefundable

Coffee and water provided on bus – otherwise BYO

Please make check out to: KCMSA — Mail to: Francesca Wiseman 615 Cambridge S.E., East Grand Rapids, MI 49506

Questions or late reservations: call Dee Federico 456-6706

This event is open to friends and family. It's a great time to get some of your early holiday shopping done.



Wine Tasting, Gourmet Cuisine, Silent Auction and Raffle



Date: Friday November 7, 2008
Time: 6:00 p.m. to 10:00 p.m.
Place: Noto's Old World Italian Dining, 6600 28th St SE, Grand Rapids, MI

Cost: Tickets in Advance: VIP Wine Taster \$100.00/person
Day of the event \$110.00/person
Please make out your check to: KCMSAF

Send checks to: Mary Crawford 340 Gracewood SE, East Grand Rapids, MI 49506
Questions: Call: Mary Crawford 940-0998 or e-mail: marycraw@comcast.net

Benefits: Comprehensive Therapy Center, Kentwood Rotary Club, Kent County Medical Society Alliance Foundation and Ronald McDonald House of Western Michigan

This premier wine and food event features tempting appetizers, exquisite Italian food and sumptuous desserts prepared by Noto's award-winning chefs. Gourmet food is accompanied by over 300 fine wines from Italy, Michigan and around the world. Live entertainment will be provided by the Rick Reuther Trio. Vintners include Rocca della Macie, Bertani, Sella & Mosca, Cusumano, Conterno, Cavalotto, Volpaia, IL Poggione, Pio Cesare, Gaja, Masi, Antinori, Vietti, Frescobaldi, Ceretto and Marchesi di Gresy.

VIP Ticket Perks include early admittance, access to private room to taste exclusive rare wines, individual wine education, and first chance to purchase "Buy It Now" auction items. Charitable contribution receipt.

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.

If you would like to attend, please e-mail Eileen Brader ekbrader@sbcglobal.net by November 10th Monday.



THE NEXT MONTHLY MUSINGS

Date: Wednesday, November 12, 2008
Time: 11:30AM
Place: Bistro Bella Vita
44 Grandville, SW
Grand Rapids, MI
616-222-4600

Date: Wednesday, December 10, 2008
Time: 11:30 AM
Place: Mangiamo
1033 Lake Drive SE
Grand Rapids, MI
616-742-0600

The Kent County Medical Society Alliance is a philanthropic, educational, and social organization open to physician spouses and physicians. We organize and participate in great events to raise funds to provide grants to serve the health related needs of both individuals and organizations in Kent County. Our members are also involved in the legislative and educational aspects of issues relating to health care and delivery. Luncheons and tours, outings like our upcoming Bus Trip to Chicago and Special Interest Groups, including Book Club, Bridge Club, Gourmet Club, Biking and more, are wonderful social opportunities fostering friendships and fun.

Membership is just \$20 a year so please join us, or give your spouse the a gift of membership, by filling out the membership form in this issue and feel free to join us at any of the upcoming events you see posted in the Bulletin. If you have questions, please contact Dolores Dobbie ddinred@comcast.net or Holly Hirai Jones HollyHiraiJones@comcast.net.

JUNE 1, 2008 - MAY 31, 2009 ANNUAL ALLIANCE DUES NOTICE

MICHIGAN STATE MEDICAL SOCIETY ALLIANCE

Building Healthy Communities
 120 W. Saginaw • East Lansing, Michigan 48823
<http://msmsa.org> • ggibson@msms.org • 517-336-5709



ID# 17832

Suzanne S. Condit
 2555 Frederick SE
 Grand Rapids, MI 49506

PAYMENT DUE DATE: **July 15, 2008**

MEMBERSHIP YEAR: **2008-2009**

MSMS ALLIANCE MEMBER SINCE:

COUNTY ALLIANCE MEMBER SINCE:

MEMBER TYPE:

**MAKE CHECKS PAYABLE TO
 Michigan State Medical Society Alliance**

QUESTIONS? Please contact Gina Gibson at 517-336-5709 or email ggibson@msms.org.

Please complete/correct information below.

COUNTY **KENT**

SPOUSE'S FULL NAME **Donald P. Condit, MD**

WORK PHONE **(616) 942-5105**

FEMALE MALE

HOME PHONE

FAX

EMAIL

DESCRIPTION	AMOUNT BILLED	PAYMENTS/ CREDITS	AMOUNT DUE
American Medical Association Alliance	\$40.00		\$40.00
Michigan State Medical Society Alliance (See Note)	\$32.00		\$32.00
KENT County Alliance	\$20.00		\$20.00
TOTAL ALLIANCE DUES			\$92.00

NOTE: If you are the spouse of a retired or deceased physician, you may reduce your \$32 state dues by \$7 and pay \$25 for the state portion of your dues.

THANK YOU! YOUR MEMBERSHIP IS VALUED.

ID # 17832

Suzanne S. Condit
 2555 Frederick SE
 Grand Rapids, MI 49506

Indicate payment method:

Paid by Check
 Paid by VISA MasterCard Discover

Card # _____

Exp. Date _____

Cardholder Name (PRINTED) _____

Authorized Signature _____

PAYMENT COUPON:
 CHECK BOXES TO INDICATE ITEMS PAID (FROM WORKSHEET ABOVE)

	AMOUNT BILLED	AMOUNT DUE
American Medical Association Alliance	\$40.00	\$40.00
Michigan State Medical Society Alliance (See Note)	\$32.00	\$32.00
KENT County Alliance	\$20.00	\$20.00
INDICATE YOUR TOTAL	\$92.00	\$92.00

ALLIANCE HEARTBEAT

ALLIANCE CALENDAR

EVENT: Membership Meeting (tour of Children's Assessment Center)

Date: Thursday, November 13, 2008
Time: 12:00 am
Place: Children's Assessment Center,
901 Michigan NE, Grand Rapids, MI
Lunch Price: \$5.00
Please make checks payable to: KCMSA
Mail to: Francesca Wiseman,
615 Cambridge Blvd, Grand Rapids, MI 49506

EVENT: KCMSA BOOK CLUB

Time: We meet at 12:00 in Schuler's Cafe for lunch.
Book discussion begins at 12:30.

All are welcome. The books are 20% off at Schuler's on the Book Club table under KCMSA.

Place: Schuler's Café on 28th Street
Date: Tuesday, November 18
Book: *The Russian Concubine*, Kate Furnivall,
Leader: Sue Van Tuinen

Date: December 16
Book: *Animal, Vegetable, Miracle*, Barbara Kingsolver,
Leader: Sandi Winston

Date: January 20
Book: *The Count of Monte Cristo*, Alexandre Dumas,
Leader: Kim Cassidy (Kim will tell us which edition)

EVENT: Shopping for Hope Day Care Center

Date: Wednesday, November 19
Time: 8:00 am
Place: Dollar Tree on 28th Street (near The Hobby Lobby)

This year we have about 22 children to shop for and I could really use your help. The children's ages range from 5 months to 7 years, with the majority being 2-3 year-olds- so I could really use the insight of mothers of young children and grandmothers!

If you are interested in helping, or if you have any questions about Hope Community Daycare, please call Beth Junewick at 447-1679 or email at ejunewick@comcast.net. If you are unable to help, but think you might know someone who would be interested, please feel free to forward my email. Thank-you.

ALLIANCE CALENDAR

EVENT: Hope Community Day Care Center Party

Date: Wednesday, December 3, 2008
Time: 1:00 pm – 3:00 pm
Questions: If you are interested in helping, or if you have any questions about Hope Community Daycare, please call Beth Junewick at 447-1679 or email at ejunewick@comcast.net. Thank you.

EVENT: General Membership Meeting

Date: Tuesday, January 13, 2009
Place: Grand Rapid's Women's Health
*More information to come.

EVENT: Charity Ball for Children

Date: Saturday, February 7, 2009
Place: Cascade Country Club, Grand Rapids MI
Tickets: \$150.00 Black Tie Optional
Time: 6:00 PM
Questions: call Dee Federico 456-6706

This year's two recipients are Children's Assessment Center and Camp Blodgett.

EVENT: Surf and Turf Sale

Order Deadline: Friday, March 13, 2009
Pick-Up Date: Friday, March 20, 2009
Pick-Up Location: 340 Gracewood S.E., Grand Rapids
(Mary Crawford's)
Time: 11:30am - 2:30pm
Questions: Call Marianne Delavan 949-6674 or
Mary Crawford 940-0998

Keep room in your freezer we will keep you posted on when you can order

EVENT: Surf and Turf Dinner

Time: 7pm Social Hour, 8pm Dinner
Date: Friday, March 20, 2009
Place: Marc Stewart's Guest House
636 Stocking Ave. NW Grand Rapids

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

ALLIANCE HEARTBEAT



Charity Ball Silent Auction

Ladies we are in need of items for our Silent Auction.

To give you an idea of things we have had for past auction: Opera, Ballet, Griffins tickets, signed sports memorabilia, vacation homes for a week or weekend, dinners from a favorite restaurant or put a basket together of your favorite things. We need your participation to make this even successful.

Please contact Christine Pfennig c.pfennig@comcast.net if you have items for the auction. Thank you for your support.

It's a Small World

We are parents with young children, birth to 5 years, enjoying this role together. Families meet and greet, chit chat, attend GR venues together, dine together, moms and kids play dates, dads and kids play dates, family outings, just making friendships.

Contact: Gina Figurski mfigurski@sbcglobal.net or 534-6942

BRIDGE CLUB

Will be starting up this Fall they will be meeting the 4th Monday of the month if you are interested in playing or hosting you can contact Marianne Delavan 949-6674. All levels of players are welcomed.

KCMSA COOKBOOK PROJECT

The KCMSA has many wonderful cooks and we thought a great way to share our recipes with one another as well as the community is to put together a cookbook. If you are interested in getting involved with this new project we are looking for ladies who like to shake it up in the kitchen. Please contact Sandi Winston 485-8705

email: winston4@mac.com. Start collecting your favorite recipes for our cookbook.

Holiday Open House

Tuesday, December 2nd, 2008 12:00 pm – 3:00 pm
7383 Buccaneer S.E. Grand Rapids, MI 49546

We will be collecting for Hope Day Care Holiday Party the day of the Open House. As of September, the Daycare is serving 22 children. The Wish List is attached below and continues to reflect their licensing and accreditation requirements. Please bring a wrapped gift and a plate of cookies to the Holiday Tea. The gifts will be used at the daycare center and the cookies are plated and sent home to the children's families; this is a treat they might not otherwise know. Questions: Call Sandi Winston 485-8705 email: winston4@mac.com

Wish List 2008

- Games for School Age: Uno, Bingo, Connect Four, Checkers, Sorry, Jr. Scrabble, or Jr. Monopoly
- Audio Books on CD or Cassette
- *Front Loading Infant Swing (If you purchase this item please e-mail me so I can take it off the list.)
- Art Supplies: Construction paper, glue sticks, playdough, washable paint, tissue paper, washable markers, finger paint,
- Wall border trim
- Batteries: AA, AAA, & D
- Matchbox cars
- Large Motor toys: Balls, jump ropes, Hula Hoops
- Air pump for Balls
- Bean Bag Seats
- Throw Pillows (large red &/or yellow)
- Area rugs (small, red &/or yellow)
- Male dolls
- Male dress-up clothes
- Multicultural wooden puzzles
- Plastic kitchen food
- Underwear (boys and girls, sizes 2T & 3T)
- Diapers and pull-ups (any size)
- Plastic mats/runners
- Listening Lotto set
- Unifix cubes
- Parachute
- Sippee cups

SURF AND TURF DINNER PARTY - 2009

A KCMSA fund raiser to benefit KCMSAF

This is a fun evening – open to family and friends so get a table together for great food and a relaxing, entertaining night. Enjoy fresh lobster and/or steak prepared on site. The Gourmet Club will provide appetizers and desserts. There will be a cash bar.

Questions? Contact Holly Jones 575-9058 (hollyhirajones@comcast.net) or Mary Crawford 940-0998 (marycraw@comcast.net).

Date: Friday, March 20, 2007 **Time:** 7pm Social Hour, 8pm Dinner

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

We need your orders by Wednesday, March 13, 2009.

DINNER ORDER FORM

Name: _____ Number attending: _____ Phone: _____ Cell: _____

Dinner choices: - Fresh Lobster dinner \$45.00 ea - Steak Dinner \$45.00 ea - Lobster & Steak \$65.00 ea.

Payment must accompany reservation – payment can be included with Surf and Turf Sale order.

NAME OF INDIVIDUAL	FRESH LOBSTER	STEAK	SURF AND TURF

*If you have a table of eight we will re-serve a table for you please call or e-mail your reservation!

Return to: KCMSA Foundation, 1995 Forest Shores, Grand Rapids, MI 49546

Make checks payable to: KCMSAF

SURF AND TURF SALE - 2009

KCMSAF A non-profit corporation providing funding for Charitable projects in our community and Hope Community Day Care

PICK-UP: Friday, March 20, 2009 at 340 Gracewood S.E., Grand Rapids (Mary Crawford's)

Time: 11:30am – 2:30pm

Questions: Call Marianne Delevan 949-6674 or Mary Crawford 940-0998

DEADLINE FOR ORDERS: Friday, March 13, 2009 Order Now! Use this form

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

DINNER ORDER FORM

ITEM	QUANTITY	PRICE
Fresh Live Lobster - \$17.00 ea. 1 ¼ lbs. average		
Frozen Lobster Tails - \$16.00 ea.		
Cooked Cocktail Shrimp - \$9.00 ea. 1 lb. bag 41-50 count		
Filet Mignon – 8oz. individual steaks @ \$20.00 ea or 5 lbs. box @ \$165.00 (approx. 10/box)	Boxes (#) Individual Steak (#)	
New York Strip Steaks - 12 oz. individual steaks @ \$12.00 ea or 5 lbs. box @ \$80.00 (approx 7/box)	Boxes (#) Individual Steak (#)	
	TOTAL PRICE \$	

Please enclose check or money order payable to KCMSAF

Mail order form to: KCMSA SURF AND TURF SALE, 1995 Forest Shores S.E., Grand Rapids, MI 49546



Our local bank proudly services
and supports the dedicated
Kent County healthcare community.



Member FDIC 

LOCATIONS

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

616-956-9030
www.foundersbt.com

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

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