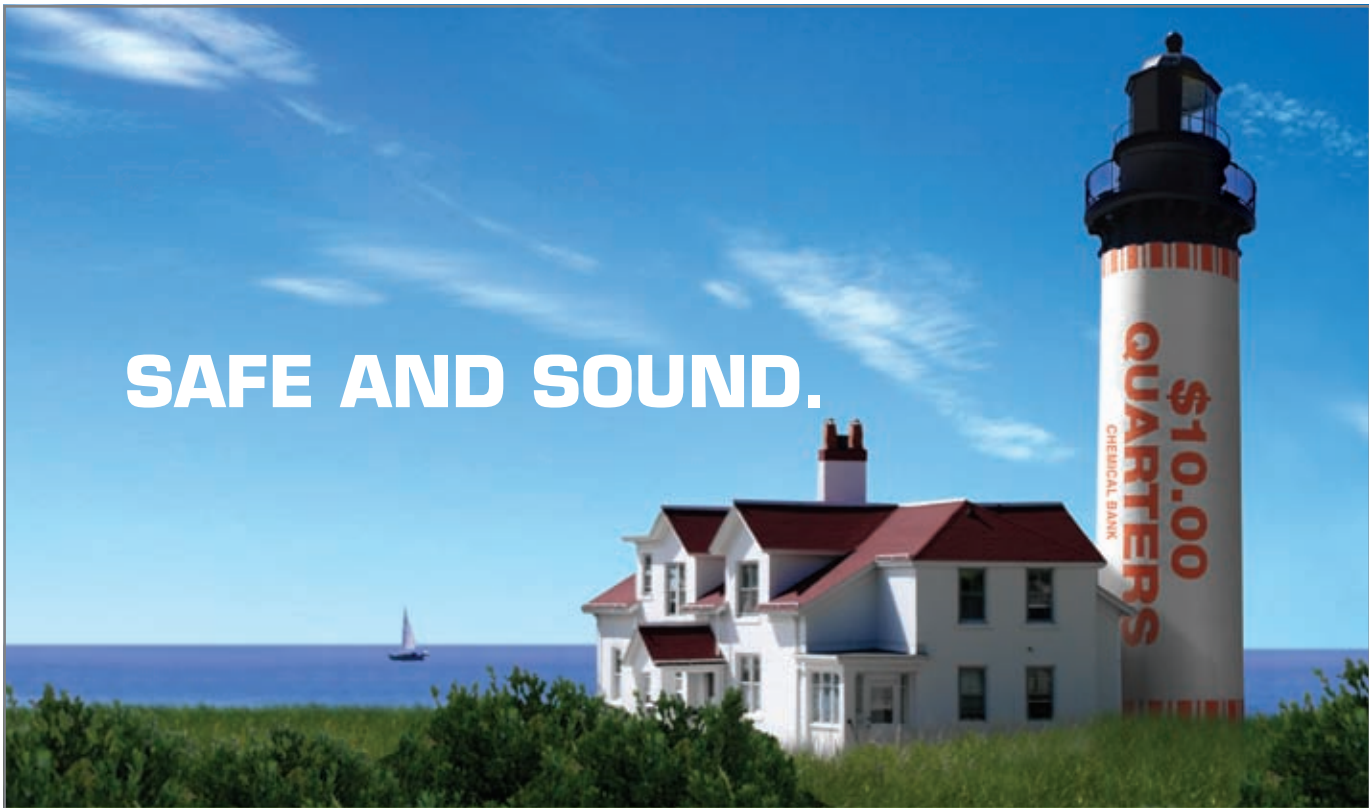


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- Chemical Bank's capital position is strong. Our Leverage and Tier One capital position continues to far exceed regulatory guidelines for being considered well-capitalized, the highest category of capitalization as defined by Federal bank regulators;
- We are profitable and expect that to continue. Although our earnings have been impacted by the ongoing effects of Michigan's recessionary economy, both Chemical Bank and Chemical Financial Corporation have continued to be profitable. For the 12 months ended December 31, 2008 we reported net income of \$19.8 million;
- Chemical Financial Corporation voluntarily declined participation in the U.S. Department of the Treasury's Capital Purchase Program (CPP), which is part of the \$700 billion Troubled Asset Relief Program (TARP);
- At a time when other institutions are cutting or eliminating their dividends, Chemical Financial Corporation's continued dividend is evidence of our Board's confidence in our capital strength and financial condition. For the third quarter of 2009, our Board declared a dividend of \$0.295 per share, unchanged from the second quarter 2009 dividend;
- We are a "Main Street" bank and have no exposure to sub-prime loans, nor do we have equity exposure to Fannie Mae or Freddie Mac. We have the capital necessary to lend money to customers that meet our lending standards so that we can help our communities continue to grow;
- Our deposits are backed, to the maximum extent permitted by law, by the full faith and credit of the Federal Deposit Insurance Corporation (FDIC).

Chemical Bank is the sole bank subsidiary of Chemical Financial Corporation, the third largest bank holding company headquartered in the state of Michigan with assets of \$4.0 billion as of June 30, 2009. Headquartered in Midland, Chemical Bank has 129 branches in 31 counties located primarily in the central and western portions of Michigan's Lower Peninsula.

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



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BULLETIN

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



KCMS

- 5.....Meetings of Interest
- 6.....New Members
- 8.....Regular Meeting
- 9.....President's Message
- 11.....Dr. Petersen wins Douglas A. Mack Award

FEATURES/DEPARTMENTS

- 12.....Kent County Health Department Report
- 13.....Kent County Communicable Disease Report
- 14.....MMGMA Update
- 15.....MSU-CHM Dean's Message
- 16.....Health Care Reform Attacks the Art of Medicine
- 18.....Project Access
- 21.....GRMERC Update
- 23.....The Business of Medicine
- 24.....Alliance Heartbeat

SPECIAL INTEREST

- 29.....White Coat Rally

KCOA

- 33.....Meetings of Interest
- 34.....President's Message



ABOUT THE BULLETIN

Editor - David M. Krhovsky, MD

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Project Access
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MEETINGS OF INTEREST

KCMS Meetings

LOCAL

NOVEMBER 10, 2009 - KCMS/KCMSA Meeting, Watermark Country Club, 6:15 pm

JANUARY 12, 2010 - KCMS Annual Meeting, Watermark Country Club, 6:15 pm

FEBRUARY 20, 2010 - MARK YOUR CALENDAR, Educational Opportunity, Prince Conference Center, Calvin College

STATE

APRIL 30 – MAY 2, 2010 - MSMS House of Delegates, Dearborn, MI

NATIONAL

NOVEMBER 7 – 10, 2009 – AMA Interim Meeting, Houston, TX

MARCH 1 – 3, 2010 – AMA National Advocacy Conference, Washington, DC

JUNE 12 – 16, 2010 – AMA House of Delegates, Chicago, IL

Check out our website: KCMS.org

IN MEMORIAM

Frank L. Groat, MD
1921 - 2009

Frank L. Groat, MD, a retired member of the Kent County Medical Society passed away August 27, 2009. Doctor Groat received his medical degree from the Wayne State University in 1945. Doctor Groat had a successful career in Grand Haven as a Family Practice physician specializing in obstetrics until his retirement in 1986.

The Medical Society extends sympathy to his family.

Ralph W. Ortwig, MD
1934 - 2009

Ralph W. Ortwig, MD, a retired member of the Kent County Medical Society passed away September 16, 2009. Doctor Ortwig received his medical degree from the University of Michigan in 1960. Doctor Ortwig was a proponent of emergency rooms in the Grand Rapids area before specializing as an ear, nose and throat doctor until his retirement in 1996.

The Medical Society extends sympathy to his family.

KCMS NEW MEMBERS – SPRING 2009

NEW MEMBERS		RESIDENTS
Marguerite E. Aitken, MD	Plastic Surgery Associates, PC	Alistair J. Chapman, MD
James K. Baguley, MD	Central Anesthesia Services, PC	General Surgery – 2014
Terrance Barnes, MD	MMPC - Pulmonology	Andrew P. Jameson, MD
Patrick J. Beaumier, MD	Anesthesia Medical Consultants, PC	Internal Medicine – 2010
Jason B. Bennett, MD	Grand Rapids Women's Health	Jodilyn Jelsema, MD
Heather L. Borders, MD	Advanced Radiology Services, PC	Obstetrics & Gynecology – 2013
Paula J. Bunde, MD	Urology Associates of Grand Rapids, PC	Angela C. May, MD
Scott A. Carlson, DO	Family Care Center PC	Pediatrics – 2012
Jan A. Ciejka, MD	Michigan Medical Arthritis Specialists, PC	Stuart Vollmer, III, MD
Terry R. DeGroot, MD	ENT Consultants	Transitional – 2010
Michael G. Doherty, MD	Advanced Radiology Services, PC	
Martin K. Gelbke, MD	Orthopedic Associates of Michigan, PC	
Richard S. Hagelberg, MD	Spectrum Health Medical Group	
Bruce F. Hermann, MD	Center for Breast & Body Contouring, PC	MEDICAL STUDENTS - graduating 2012
Marc A. Hoeksema, MD	Mark A. Hoeksema, MD, PC	Angela Andrews
Rebeca Huizen	Forest Hills Pediatric Associates, PC	Christina Cusumano
Olga Ignatov, MD	Central Anesthesia Services, PC	Nathan C. Davis
Brad A. Irving, DO	Grand Rapids Women's Health	Garrett Kerndt
Paul M. Jaklitsch, MD	Anesthesia Medical Consultants, PC	Newsha Lajevardi
Emese Kalnoki-Kis, MD	Center for Breast & Body Contouring, PC	Shivanshu Madan
Ewa Komorowska-Timek, MD	Center for Breast & Body Contouring, PC	Sarah J. Rodriguez
Manish M. Kumar, MD	Advanced Radiology Services, PC	Elizabeth Schut
Jessica J. Lalley, MD	Michigan Medical, PC	Erin Schwab
Robert F. Langen, MD	Neonatal Associates, PC	Jon VanderSlik
David L. Louwsma, DO	Anesthesia Medical Consultants, PC	
Kelly Ludema, MD	Advanced Radiology Services, PC	
John A. Merchun, MD	Advanced Radiology Services, PC	
Paul R. Montiague, MD	Anesthesia Medical Consultants, PC	
J. Craig Mulligan, DO	Metro Heart & Vascular	
Michael L. Paciorek, MD	Kent Radiology, PC	
Daniel J. Robertson, MD	Pediatric Surgeons of West Michigan PC.	
Andrew J. Shin, MD	Advanced Radiology Services, PC	
Thomas A. Stevenson, DO	Compuware/Covisint	
Honorio Valdes-Murua, MD	Anesthesia Medical Consultants, PC	
Jeremy B. Vandenberg, MD	Anesthesia Medical Consultants, PC	
Nancy P. Vandebrook, MD	Central Anesthesia Services, PC	
Manish Varma, MD	Advanced Radiology Services, PC	

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Spouses are Invited to a Joint Meeting of the



Kent County Medical Society Kent County Medical Society Alliance

Speaker:

Professor Scott Vander Linde, PhD

Chief, Department of Economics, Calvin College

Topic:

“The Economics of Health Care”

Why the Health Care Reform Urgency?
Where the Economics of Health Care and Health Policy has
taken the U.S. Health Care System.

“This activity has been planned and implemented in accordance with the Essential Areas and policies of the Michigan State Medical Society Committee on CME Accreditation through the joint sponsorship of the Grand Rapids Medical Education and Research Center and the Kent County Medical Society. The Grand Rapids Medical Education and Research Center is accredited by the Michigan State Medical Society Committee on CME Accreditation to provide continuing medical education for physicians. The Grand Rapids Medical Education and Research Center designates this educational activity for 1.0 AMA PRA Category 1 Credits(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.”

Watermark Country Club
5500 Cascade Road SE

Social 6:15 PM Dinner 7:00 PM Program 8:00 – 9:00 PM

RSVP FOR: KCMS/KCMS Alliance Tuesday, November 10, 2009

FAX (458-3305), CALL (458-4157), E-MAIL (mgw@kcms.org) or MAIL your RSVP to:

KCMS Office: 234 Division Avenue North, Ste 300; Grand Rapids, MI 49503

RSVPs appreciated by Friday, November 6, 2009.

KCMS PRESIDENT'S MESSAGE

Anita R. Avery, MD
KCMS President

A Time to Give



As we approach the season of Thanksgiving, there are so many reasons to be thankful. In the midst of all the apprehension related to the recession, the specifics of health care reform, and the threat of a physician tax, Thanksgiving provides an occasion to reflect on our context as medical professionals.

The fact remains that we are blessed to practice medicine in a safe setting; with the assumed availability of sterile equipment, a wide array of medications, and reliable blood products; in a manner consistent with one's personal moral conscience; and with the luxury of high-tech modalities at our fingertips.

As we compare our practice setting with those around the world, we realize that there are many features of our system we take for granted. We do not have to look far, however, to find people right here in our community who are unable to participate in this wealth of resources.

At this time of the year, as we reflect on our gifts, we are asked by many organizations to give financial support. In this edition of the Bulletin, you will find information on two worthy causes to consider.

The first is **Project Access**. It has been providing primary and specialty medical care to uninsured Kent County patients for 5 years now. This organization could not exist without your donations of volunteer clinical time, as well as financial support from many Foundations and individual donors. If you do not already participate in Project Access, please consider supporting this lifeline of medical care to a segment of our population who would otherwise fall between the cracks.

Our **Kent Medical Foundation** also appreciates your donations. The Foundation aims to assist medical students with loans and grants. It is exploring new ways to be relevant for our students, including funding for community projects

and for travel to student research presentations. You have recently received information about the annual holiday card drive. If you missed the mailer, please visit www.kcms.org for information and the opportunity to participate.

While we're giving thanks, I would like to sincerely thank the countless advocates who penned letters, wrote emails, and called on our state legislators and media outlets to fight the proposed 3% physician tax. On October 20, MSMS hosted a White Coat Rally in Lansing consisting of close to 1000 people. The Kent County contingent of 80 was comprised of physicians, alliance members, physician assistants, residents, medical students, and supporters. Thank you for rescheduling patients, forgoing potential revenue, and sacrificing time out of your busy schedule to participate! Even if you did not take these tangible measures, your membership in the state and county medical societies helps send a cohesive message. Thank you for renewing your membership.

At the time we go to print, a balanced state budget has not been achieved and the outcome of the proposed physician tax is not known. Whatever its fate, our physician community was successful in presenting a message en masse to preserve patient access to care in Michigan. After all, at the most basic level we entered this profession to help people.

It is frustrating to see the discriminatory, band-aid approach by which our state legislators are attempting to fund the budget. However, as I reflect on the changing climate of health care, I am still thankful for the opportunity to serve patients--both in the local, clinical sense, as well as in the organized, collective sense.

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Dr. Peterson wins the Douglas A. Mack Award for Community Collaboration

Tom Peterson, MD, Medical Director, Spectrum Health Healthier Communities, and Medical Director, Quality Improvement, Helen DeVos Children's Hospital was recognized on September 28, 2009 at the Healthy Kent 2010 Decade of Celebration event. Dr. Peterson was nominated by the Kent County Medical Society Board of Directors for the award, which was named after former Kent County Public Health Director, Douglas A. Mack, MD, MPH.

The award recognized individuals working to make a difference in the health of the community by addressing one of the 10 leading health indicators identified by Healthy Kent 2010: Access to Care, Physical Activity, Overweight and Obesity, Tobacco Use, Substance Abuse, Responsible Sexual Behavior, Mental Health, Injury and Violence, Environmental Quality and Immunizations.

Tom Peterson, MD has nearly 20 years of experience in pediatric medicine. Dr. Peterson currently serves as Medical Director, Quality, Helen DeVos Children's Hospital. In his role, Dr. Peterson leads hospital, state and nationwide initiatives in quality improvement, patient safety, childhood obesity, health promotion, and tobacco control. Peterson also advises the Spectrum Health Healthy Lifestyles program, as well as a local multi-business wellness program, both involving more than 8,000 employees. Dr. Peterson also currently serves as Medical Director for Healthier Communities at Spectrum Health. Spectrum Health Healthier Communities is focused on measurably improving the health status of people living in Kent County.

He is chair and founder of Tobacco Free Partners, former chairman of Healthy Kent 2010, and was 2008 President of the Kent County Medical Society and the recipient of the National Community Activist Award from the American Legacy Foundation in 2008. He currently serves as the 2009 Kent Medical Foundation Board President.

Dr. Peterson readily speaks on community health issues, illness prevention and healthy lifestyles. Dr. Peterson is a Clinical Associate Professor at Michigan State University College of Human Medicine. Peterson is a member of numerous professional organizations including the American Academy of Pediatrics, the American Medical Association, the Michigan State Medical Society, the Kent County Medical Society, the Kent Medical Foundation, and the American College of Physician Executives.



KENT COUNTY HEALTH DEPARTMENT

Mark Hall, MD, MPH
KCHD Medical Director

Tuberculosis: The Forgotten Pandemic



As health care providers, hospitals, and local health departments throughout the country prepare to respond to influenza A (H1N1) this upcoming winter, it is easy to forget the toll other communicable diseases take throughout the world. Each year, there are 8.8 million new infections and nearly 2 million deaths due to tuberculosis. Although these numbers pale in comparison to the 500 million infections and 50 million deaths from the 1918 influenza pandemic, tuberculosis is not a once in a century disease. The global impact of tuberculosis is astounding, but in 2008 the United States experienced its lowest incidence of tuberculosis since 1953. It is essential that health care providers not become complacent about tuberculosis in the face of declining incidence and a shift of resources to other illnesses, like H1N1, that may seem more pressing in the current health care environment. This article examines the epidemiology of tuberculosis in Kent County from 2004 to 2008.

Over the past five years, the number of active cases of tuberculosis in Kent County have fluctuated from a high of 32 in 2004 to a low of 11 in 2005 (figure 1). In 2008, Kent County accounted for 7% of active tuberculosis cases throughout the state, with the majority of cases (58%) occurring in the metropolitan Detroit area. Through September of this year, the Kent County Health Department has investigated 15 active cases of tuberculosis infection.

The epidemiology of tuberculosis by race in Kent County has changed substantially since 2004. In 2004, 38% of cases were in African American individuals and 19% were in Asians. By 2008, this percentage had flipped and only 8% of cases were in African Americans while 38% of cases were in Asians (figure 2). Some of this may be explained by the increase in the Asian population in Kent County (1.8% in 2004 and 2.1% in 2008) whereas the African American population remained relatively stable (8.7%). (American Community Survey, US Census Bureau) Over the five year period, approximately 70% of cases were in non-Hispanic individuals and 30% were in individuals of Hispanic descent. With approximately 10% of the Kent County population being Hispanic, it is evident that minority populations in Kent County are disproportionately affected by tuberculosis compared to their Caucasian counterparts.

In the United States, the percentage of tuberculosis cases in foreign born persons has increased from just over 20% in 1988 to 59% in 2008. The percentage of foreign born cases of tuberculosis is even greater in Kent County (77% in 2008 compared to 41% in the state of Michigan). Since 2004, 36% of tuberculosis cases in Kent County were born in Vietnam, Mexico, or Guatemala. Health care providers should be cognizant of potential tuberculosis infection in patients with pulmonary disease from these countries.

The emergence of multi-drug resistant (MDR) and extensively drug resistant (XDR) tuberculosis has created great challenges in the treatment of tuberculosis throughout the world. Although there were no cases of MDR or XDR TB in Kent County between 2004 and 2008, there were isolates from patients with active pulmonary disease that tested positive for drug resistance (4 isolates resistant to isoniazid, 1 resistant to pyrazinamide, and 5 isolates resistant to streptomycin).

Suspected and active cases of tuberculosis are reportable to the health department. Kent County physicians should work closely with the Kent County Health Department Personal Health Services (PHS) Unit for all follow up on active cases of tuberculosis in Kent County. PHS staff assure that patients adhere to their treatment regimen by utilizing Directly Observed Therapy (DOT), so as to avoid the emergence of drug-resistant strains in our community. PHS staff also initiate epidemiological contact testing, and reactors are referred to the TB clinic for assessment, x-ray and follow-up at no out of pocket cost. If you have questions about tuberculosis or are in need of assistance, PHS staff can be reached by calling 616-632-7190.

Figure 1: Active cases of tuberculosis, Kent County 2004-2008

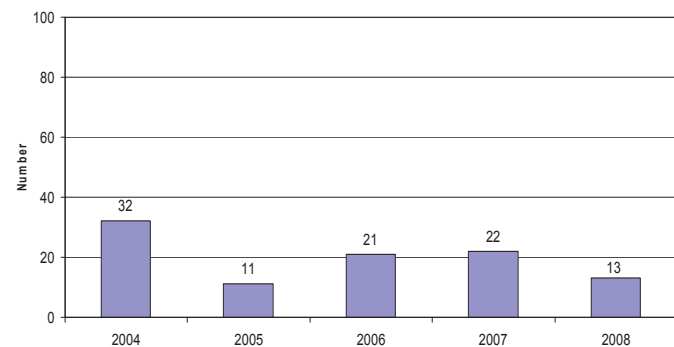
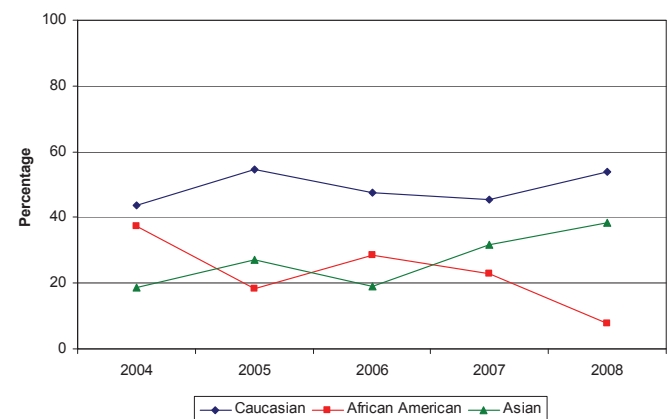



Figure 2: Active cases of tuberculosis by race, Kent County 2004-2008



 HEALTH DEPARTMENT <i>Caring today for a healthy tomorrow</i>		<h1 style="margin: 0;">Notifiable Disease Report</h1>	
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	<h2 style="margin: 0;">September, 2009</h2>
		Notifiable diseases reported for Kent County residents through end of month listed above.	
DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2009	Through September 2004-2008
AIDS (Cumulative Total - 826)	4	22	28
AMEBIASIS	0	1	2
CAMPYLOBACTER	5	49	46
CHICKEN POX ^a	1	62	175
CHLAMYDIA	319	2265	2438
CRYPTOSPORIDIOSIS	3	13	11
E. COLI O157:H7	1	2	5
GIARDIASIS	16	55	64
GONORRHEA	105	587	860
H. INFLUENZAE DISEASE, INV	0	2	2
HEPATITIS A	0	4	6
HEPATITIS B (Acute)	0	0	2
HEPATITIS C (Acute)	0	1	0
HEPATITIS C (Chronic/Unknown)	23	247	234
INFLUENZA-LIKE ILLNESS ^b	2128	45266	33780
LEGIONELLOSIS	0	2	6
LYME DISEASE	0	7	5
MENINGITIS, ASEPTIC	2	24	23
MENINGITIS, BACTERIAL, OTHER ^c	4	11	8
MENINGOCOCCAL DISEASE, INV	0	1	2
MUMPS	0	1	0
PERTUSSIS	0	4	7
SALMONELLOSIS	5	44	35
SHIGELLOSIS	2	29	6
STREP, GRP A, INV	0	2	13
STREP PNEUMO, INV	2	48	N/A
SYPHILIS (Primary & Secondary)	0	11	5
TUBERCULOSIS	1	15	14
WEST NILE VIRUS	0	0	2
NOTIFIABLE DISEASES OF LOW FREQUENCY			
DISEASE	NUMBER REPORTED Cumulative 2009	DISEASE	NUMBER REPORTED Cumulative 2009
Brucellosis	3	Novel Influenza A (H1N1)	57 ^d
Cryptococcosis	1		
Histoplasmosis (Acute)	3		
Malaria (imported)	2		
a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included. b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza EXCLUDING lab-confirmed Novel Influenza A (H1N1) . ILI cases have flu-like symptoms and are reported primarily by schools. c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN <i>H. influenzae</i> , <i>N. meningitidis</i> , or <i>S. pneumoniae</i> . d. Beginning on May 7, 2009, laboratory confirmation of Novel Influenza A (H1N1) was restricted to severely ill patients, resulting in an underestimate of the true number of persons in Kent County infected with the virus. 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.			

By: Robert Wolford, MS, CMPE
Executive Director; Grand Rapids Ophthalmology
Past President; Michigan Medical Group Management Assn.



Michigan Physicians Need to Be Particularly Vigilant

Many Physicians, like members of most other professions, have little day to day interest in becoming involved in influencing legislative action affecting health care. This outlook is very understandable. Involvement takes time, it costs money, it often requires travel (to Lansing or Washington, DC, for example) and it is often frustrating to know that despite well reasoned points of view and passion, unfriendly decisions are often made.

Several movements are underway this fall, however, which require the attention of physicians who will be practicing in the years ahead and of managers who will be managing physician practices. Most notably, it appears likely that there will be federal health care reform. The impact of federal legislation will not only affect physicians as providers of patient care, but it will impact them as employers who provide health insurance to employees. To be sure, most physicians will appreciate having fewer patients who are uninsured, but at what ancillary cost?

Additionally, it appears that by the time that this article is published, we will know the results of an effort by Michigan's Governor and many of its legislators to institute a physician tax or QAAF. Virtually every physician organization including the

Michigan State Medical Society and the Kent County Medical Society have encouraged their physician members to call or write their members of the Michigan legislature. Though there are some physicians who support this tax and the related promise of increased Medicaid reimbursement, most of us in practice management feel that it is impossible to even analyze its ultimate impact on medical organizations and upon their ability to recruit new physicians to a state that has high unemployment and the decline of its largest industry.

So, as a physician in Michigan, pay particular attention to fax and e-mail blasts from your various societies including the Kent County and Michigan State Medical Societies. Act on issues as requested and instruct your Manager or Administrator to do the same as a member of the Michigan and National Medical Group Management Association.

DEAN'S MESSAGE

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

Note from the Dean

It has been a busy fall for our college as we continue our preparation for the opening of the Secchia Center next summer.

On October 13, the College of Human Medicine honored Richard and Helen DeVos as Pillars of Medicine in Grand Rapids at our second annual Gala. Through their philanthropy, the DeVoses have made a tremendous impact on the life sciences in our community. The Helen DeVos Children's Hospital is a testament to their devotion to improving lives through the finest of health care. Rich and Helen are true Pillars of Medicine and their family has been very supportive of our medical school's expansion to Grand Rapids.

We are pleased to announce that Grand Rapids will soon be home to the highly coveted Morris K. Udall Center of Excellence for Parkinson's Disease Research, with a grant award of \$6.2 million that will transfer to MSU College of Human Medicine over the next year.

Our two new College of Human Medicine researchers, Jack W. Lipton, Ph.D. and Caryl E. Sortwell, Ph.D., will share nearly half of the \$6.2 million award with investigators at

the University of Cincinnati. Next summer, the process of transferring the control of the Udall Center to MSU College of Human Medicine will begin when Center Director Timothy J. Collier, Ph.D., and Kathy A.

Steece-Collier, Ph.D., join Lipton, Sortwell and others from their research group at MSU in Grand Rapids.

The MSU scientists will conduct their Parkinson's disease research in the new Van Andel Institute Phase II expansion. This was made possible by our partnership with the Van Andel Institute and adds to the outstanding portfolios of research in neuroscience at MSU and the Van Andel Institute.

Construction on the Secchia Center continues to be on time and on budget. We are looking forward to moving in next summer and will continue to share our progress. As always, thank you for your continuing support of our college's expansion to Grand Rapids.



MARK YOUR CALENDAR

Saturday Morning
 February 20, 2010

Educational Opportunity



GUEST COLUMNIST

Greg Forzley, MD, FAAFP
Board Chair
Michigan State Medical Society



Health Care Reform Attacks the Art of Medicine

What comes to mind when you hear the words “health care reform”? Even if you have been on another planet for the past 2 years, you would have heard the constant buzz in Washington, starting with the various election platforms in the Presidential race all the way to the current congressional rhetoric. There is no doubt that you have formed an opinion about what health care reform means, and what it would mean to you. Regrettably, with our national and local leaders engaged in a big push to “get it done”, it has once again become primarily a political process that focuses strongly on payment and insurance reforms. Both sides readily discuss the pros and cons of a variety of elements, from what to change and what to leave, and whether there should be a public option, among others. While the impetus for reform has now ripened into a central theme in this country, the overriding fervor appears driven primarily by the escalating costs of health care in the face of quality and safety challenges. But, something is missing.

Interestingly, in our own state there has been a significant focus on important principles supporting health care transformation for a number of years. Unlike the national scene, this all-important attention is not among the current Michigan legislators, who are focused more on budget balancing, and new revenue sources like the physician tax. Instead, the attention comes from you.

Earlier this decade, the Michigan State Medical Society studied the issues facing health care in a series of interviews with leaders across Michigan. What emerged were nine common themes from all those interviewed - Quality of Care, Electronic Medical Record, Universal Coverage, Personal Responsibility, Prevention and Wellness, Teamwork & Shared Decision-Making, Partnering with Patients, Physician Leadership, and Stakeholders Working Together. As you review this list, it is apparent that these are only partially addressed in the health care reform discussions and legislation under consideration.

Many, such as partnering with patients, use of electronic records, and teamwork are elements of another important aspect of transforming health care, commonly referred to as the patient centered medical home.

These themes were captured in the 4 major principles of quality, wellness, universal coverage, and value in the “Future of Medicine” report. But where are these principles, and the themes they represent, in the discussions in Washington? The Obama administration supports reform that hints at some of these common themes: (www.whitehouse.gov)

- Reduce long-term growth of health care costs for businesses and government
- Protect families from bankruptcy or debt because of health care costs
- Guarantee choice of doctors and health plans
- Invest in prevention and wellness
- Improve patient safety and quality of care
- Assure affordable, quality health coverage for all Americans
- Maintain coverage when you change or lose your job
- End barriers to coverage for people with pre-existing medical conditions

The key then, is in how these are translated into action. If you look at the major bill under discussion (House Bill 3200 introduced by our own Michigan Congressman John Dingell), the focus is on six major topics: coverage and choice, affordability, shared responsibility, prevention and wellness, workforce investments, and controlling costs (House Committee on Energy and Commerce update September 21, 2009). While these have a familiar ring, when you look at them more closely they are quite different from what they

GUEST COLUMNIST

seem. For instance, prevention and wellness legislation doesn't directly focus on personal lifestyle choices and health promotion. Instead it focuses primarily on development of community-based programs and expansion of Community Health Centers. The section on shared responsibility is all about individual, employer, and governmental responsibility for obtaining and supporting affordable health coverage, rather than personal responsibility for maintaining health, seeking appropriate care, and practicing preventive behaviors.

So, we now have a glimpse at what is missing in the current heated health care reform proposals. They have forgotten the all important doctor-patient relationship, which should instead be at the forefront. You might say that is implied when our political leaders talk about offering a 'choice of doctors', but it is more than that. It is the art. Dr. Bernadine Healy wrote about the four principles that sum up the art of medicine: Mastery, Individuality, Humanity, Morality. (*US News & World Report, July 12, 2007*) What she suggests is that the doctor-patient relationship that develops uses the expertise and wisdom of the physician that is focused on the individual as a whole person, and rests on a moral foundation of physician integrity at the very center of the "art". This "art" is ingrained in the core of every physician from the moment they take the Hippocratic Oath, and is something that must be sustained as an intrinsic value in the profession.

So, what does that have to do with health care reform? Everything. If we are not speaking out to congressional leaders, patients, business leaders and anyone who will listen about the importance of the "art" and how that differentiates healthcare from virtually any other "business", we are doing a great injustice to ourselves, our patients, and our country. We must remind everyone of that special relationship built on trust that develops when a patient "bares all". At that moment, it is not about money, or insurance coverage, or long term costs...it is all about the patient's vulnerability and the trust they have placed in their physician. If the health system values that essential to our profession become fractured as a result of reforms currently under discussion, then the art of medicine will suffer. That is the message we need to bring forward so that our decision-makers will understand that health care reform is more than insurance reform, public options, and essential benefits. It is all about transforming our health care system to provide the best care through mutual responsibility and trust.

So, the challenge to you is to speak out at every opportunity. Speak loudly and thoughtfully about medicine as an art. That way, when a colleague asks "How have you responded to the challenges facing us, who have you talked to about this, and what was their response?", you will be proud of your response.

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UPDATE

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



Grateful Patients

As we approach the end of the year, the Project Access Board would like to express a heart felt Thank you!! It seems with the hustle and bustle of a busy fall, we are reminded of how challenging this year has been – in our practices, the practice of medicine, and the challenges experienced by the people we care for and care about. We all know someone touched by unemployment, health issues, and foreclosures. As physicians, it seems people come to us for answers and comfort – but we are involved in our own battles with state and federal issues, reimbursements and trying to run our small businesses.

Thank you to the more than 400 Kent County physicians volunteering for Project Access. Many of you tell our staff that you can see how grateful Project Access patients are when finally learning they receive medical care and, in many cases, live improved lives and even be able to find better jobs. Your care and interest in volunteering demonstrates that physicians are the leaders in improving the health status of our community.

Numbers can speak volumes; here are some statistics:

- \$4,655,195 in gifted health care coordination since 2004
- 804 patients receiving a primary care home
- Over 1200 clinic patients received specialty care
- 614 patients receiving both primary care and specialty care coordination
- 100 patients active in the medication assistance program
- Over \$271,000 worth of medication assistance

Patients and physician offices speak volumes too -

Intake staff received a call from former patient who now has cancer. He asked his son to call because he felt we had helped so much in the past that we could probably help with this new situation. The patient no longer qualified, and knew that, but saw Project Access as a resource that should be consulted on other community programs to complement his oncology care. Hospitals, websites, surgeons and potential costs were discussed. The son made a list and of the things that were suggested, thanked us, and said he would call again for the next steps after completing these.

Received a call from a hospital discharge planner who had contacted a patient's former doctor. The nurse in the office told her to contact Project Access as a possible avenue for this patient upon discharge. The planner was asked if the patient had recently lost his job and was COBRA eligible. When the planner said she thought it was in the last few months, the COBRA subsidy was suggested. The discharge planner had never heard of the subsidy and said none of the other planners had ever mentioned it either. The subsidy has been available since February 17, 2009. The Project Access website was given as a resource for COBRA, unemployment and other community resources. The planner was appreciative and said "The nurse that sent me to you was right; you are a wealth of information!"

Thank you for helping Project Access work with uninsured patients in our community. If you wish to learn more or would like to become more involved through your gift of time and talent, contact Project Access at 459-1111 x222. Of course, charitable gifts of resources assist Project Access in providing these services. Contact information is available on the website, www.projectaccessmi.org.

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If there is one thing to learn from the recent financial turmoil, knowing who to trust is paramount.

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GRMERC UPDATE

Peter Coggan, MD, MEd
GRMERC President and CEO

Team Based Medicine is coming

It seems likely that the health care reform debate will continue to dominate Congressional business and media comment for some time and proposals pertaining to primary care appear fundamental to any potential change. Several studies have demonstrated that medical costs are lower and the quality of health care is better in communities with a strong primary care base. Yet it is also clear that primary care specialties are not a popular choice with graduating US medical students, in part related to high levels of educational debt but also because of lower reimbursement levels, lower prestige and the “hassle factor” created by the demands of patient volume, billing and collections.

Assuming that primary care receives greater emphasis as the new health system evolves, how do we meet the need for primary care practitioners? In recent years increasing numbers of graduates of internal medicine residents have turned away from primary care in favor of subspecialty fellowship training or hospitalist positions. Since internal medicine is by far the largest specialty, the remaining specialties of family medicine, pediatrics, and obstetrics and gynecology will be hard pressed to meet the primary care needs of the population.

Expanding residency programs in these specialties would certainly help but any expansion will be limited by available funding and our capacity to provide sound educational experiences. We also need to re-evaluate whether the content



of these residency programs prepares graduates for a very different kind of primary care practice. However, while residency program expansion and curricula change are possible given additional resources and a willingness to take a fresh look at resident preparation for practice, we will not be able to meet primary care needs with physicians alone.

So what is to be done? The Patient Centered Medical Home embraces practice teams, in some cases led by a physician, but always involving other health professions such as physician assistants, nurse practitioners and nutritionists. This model, or some modification of it, may be the only viable model to handle our nation’s projected primary care patient volume. If this is a reasonable conclusion - and I think it is- residency programs and other health professions training programs must be adapted to reflect this team-based model. We currently don’t teach the team approach to patient care well. Health professions’ training continues to be done in silos with very little contact between students in different health professions during their training. While the underlying traditions and values of each profession are well taught, team skills are not. Curricula should be modified, new teaching settings embracing the team approach should be developed, and faculty prepared for teaching in the inter-professional environment. Performance evaluation must include an assessment of team skills for individual program advancement and for certifying examinations and licensure. Improving skills to engage the patient as part of the team should also receive training emphasis.

As an educator I find the prospect of these changes energizing. Support for the Patient Centered Medical Home concept is strong and can lead to primary care redesign that can create a more intellectually satisfying and financially rewarding practice environment for physicians and a better experience for patients. And through initiatives like the Inter-professional Education project, conducted in partnership between GRMERC, GVSU and MSU College of Human Medicine, we are taking steps to create team-based change.

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SPECIAL FEATURE

Shawn P. Eyestone, JD
Timothy J. Waalkes, JD

The Business of Medicine: FTC Red Flags Ruler

Did any of you endure years of study and sacrifice seeking to become a heavily-regulated debt-collector vilified as the number one cause of bankruptcies in this country? Most of us reserved that special place in our hearts for late-night infomercial peddlers and other charlatans. However, the business of health care in this country has almost always been subject to greater scrutiny than others, beginning with medical licensure and continuing through the present day, when you become guardians against identity theft.

Despite the constant drone of news reports about larger issues on the healthcare horizon, for most of you, the Red Flags Rule under the FACT Act will be the next in the growing list of Federal laws, regulations, and acronyms affecting your practices. With lawyers outnumbering physicians in Congress 15 to 1, there will likely be more in the future, but, as regulations go, the Red Flags Rule is not too onerous. Compliance is scalable to the size of your practice and may only include the costs of paper, toner, and training time.

The Red Flags Rule basically states that, unless you never send a patient a bill following your services, you are a “creditor” subject to additional Federal regulation. If you think you are not covered, it is probably cheaper and easier just to comply anyway. The costs of non-compliance are \$2,500 per violation and new exposure to lawsuits.

The Red Flags Rule has been delayed several times, but it appears that it will finally take effect on November 1, 2009, All Saint’s Day. The main requirement is that you must adopt written policies and procedures called an Identity Theft Prevention Program. Most of it should already be covered by your office’s HIPAA Privacy and Security Policies, but the interplay between the regulations weigh in favor of adopting a separate Identity Theft Prevention Program anyway. Importantly, if you combine it with your HIPAA Policies and Procedures, HIPAA would require you to give all new or existing patients copies of the revised policies and procedures on their next visit. The Red Flags Rule does not require such an undertaking or the associated deforestation.

Some good news is that American Medical Association’s lawyers created a customizable program for anyone to use, even those who don’t pay dues. The following link will take you there: <http://tinyurl.com/redflag-ama>. The policies and procedures in the program prepared by the AMA are pretty straightforward. If you choose to use these, read through them and insert the appropriate names and related information where indicated. If you have any questions about the policies or the Red Flags Rule, you should run them by your attorney.

Once completed, the Identity Theft Prevention Program must be presented to your board of directors or managers and formally approved in your minutes. The final step in the process is training your staff to follow your new policies and procedures. These include confirming and recording the identity and address of your patients every six months, detecting potential identify theft, alerting patients and others of potential identity theft, and encouraging victims of identity theft to complete an affidavit

The Red Flags Rule basically states that, unless you never send a patient a bill following your services, you are a “creditor” subject to additional Federal regulation.

to file with law enforcement and credit reporting agencies. The Federal Trade Commission has even prepared an affidavit to use: <http://tinyurl.com/affidavit-ftc>.

The Red Flags Rule is an issue we have been addressing for some of our clients recently, and we hope that the information we provided was useful to your health care business. We invite you, the readers of this column, to submit other legal or business questions that you would like us to address in future columns.

Shawn Eyestone and Timothy Waalkes are attorneys with Verspoor, Waalkes, Lalley, Slotsema & Talen, P.C. and can be reached via email at spe@vwlst.com or tjw@vwlst.com, respectively. Shawn is a business and real estate attorney who has advised physician practices and other health care businesses throughout the state of Michigan and is the co-author of a HIPAA compliance software package used by health care providers nationwide. Tim is an estate and business planning attorney specializing in wills, trusts, tax and succession planning, and probate litigation.

ALLIANCE HEARTBEAT

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



Holly Hirai Jones
KCMS Alliance President



Fall is here, as everyone that came to the September meeting at the Grand Idea's Garden already knows. I appreciate all of the members that participated in the tour and lunch and hope that if you were unable to come you will visit the garden in the spring.

We need a few people to help shop for the Hope Community Day Care Center Party on November 24th. We also need volunteers to help with the actual Day Care Party, on December 2nd. The looks on the children's faces will warm your heart! If you are able to help on either of these dates, please contact Beth Junewick.

Mary Ann Anderson will host the Holiday Tea on December 1st. At this event we will be collecting personal care items for the YWCA Crisis Center as part of our Doctors and Their Families Make a Difference program. We also ask you to bring cookies and/or gifts for the Day Care Party. The Holiday Tea is a wonderful way to meet members while also helping those in need.

On December 3rd we will be having a mini fund raiser/social event at Hot Mama's in East Grand Rapids. Lisa Jabara, owner and

Alliance member, has invited us to shop and enjoy refreshments. We request you make a \$10 donation to the KCMSA Foundation. In return you will receive a 15% discount on everything in the store. Bring your family and friends and get some holiday shopping done.

Looking ahead to 2010, Alliance members are invited to ring in the New Year at a cocktail party at Olive's Restaurant in EGR on January 20th. The 20th Anniversary Charity Ball for Children will be held on February 6, 2010 at Cascade Hills Country Club. **Through the years, this event has raised over \$800,000 for charities in the Kent County area.** This year's recipients are Gilda's Club of Grand Rapids and Kids Food Basket. We need your support. Please consider making a donation even if you are unable to come.

In March we will be touring the Grand Rapids Art Museum (GRAM). It is the first, Gold LEED-certified art museum in the world. Afterward we will have lunch in the GRAM Café.

For more details about any of these events, please visit our website at www.KCMSAlliance.org. If you have any questions about the Alliance, please contact us at info@kcmsalliance.org.

KCMSA Foundation - Grant Applications are being accepted

The KCMS Alliance, through its Charitable Fund Committee, selects one or more charities a year to be the major recipient(s) of the funds raised through the Charity Ball. Applicants must be 501(c)3 organizations and provide services within Kent County. The Alliance Charitable Fund Committee gathers information and reviews data from organizations that have submitted grant applications. Applicants must demonstrate how the grant will benefit children and strengthen the Alliance's presence in Kent County. The Charitable Fund Committee then recommends applicants to the KCMS Alliance Board and membership for final approval.

Visit www.KCMSAlliance.org; click on KCMSA Foundation and print Charity Ball for Children Grant Applications or e-mail grants@kcmsalliance.org for more information. The deadline for grant applications for the 2011 Charity Ball for Children is January 1, 2010.

Charity Ball Silent Auction - Saturday, February 6, 2010

We are in need of items for our Silent Auction. Consider Opera, Ballet, Griffins tickets, signed sports memorabilia, vacation homes for a week or weekend, dinners at a favorite restaurant or a basket of your favorite things. We need your participation to help make our Charity Ball a successful event. This year's proceeds will benefit Gilda's Club Grand Rapids and the Kids' Food Basket. Please Contact Erin Bradley at erinbradley0106@yahoo.com if you have items for the auction. Thank you for your support.



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ALLIANCE HEARTBEAT

ALLIANCE CALENDAR

Below is a partial list of upcoming events. For a complete rundown, check the website www.kcmsalliance.org for details and changes to dates, location or cancellations.

General Membership Meetings

DATE: November 10, 2009 (Tuesday)
 TIME: 6:15pm
 PLACE: Watermark Country Club, 5500 Cascade Road SE
 Joint KCMS/KCMSA Meeting
 RSVP: mgw@kcms.org

KCMSA Book Club

DATE: November 17, 2009 (Tuesday)
 TIME: 12:00 Book Discussion
 PLACE: Schuler's Café on 28th Street (unless otherwise noted)
The Brief and Wondrous Life of Oscar Wao by Junot Diaz.
 Leader: Francesca Wiseman

DATE: December 8, 2009 (Tuesday)
The Help by Kathryn Stockett
 Leader: Kathy Kendall

If you are interested you can contact Beth Junewick.
 Email: info@kcmsalliance.org

Shopping for Hope Day Care Center

DATE: November 24, 2009 (Tuesday)
 TIME: 8:00 am
 PLACE: Dollar Tree on 28th Street (near The Hobby Lobby)

If you are interested in helping, or have any questions about Hope Community Daycare, please contact Beth Junewick.
 E-mail: info@kcmsalliance.org Thank-you.

Holiday Open House

DATE: December 1, 2009 (Tuesday)
 TIME: 11:00 am – 2:00 pm
 PLACE: 10235 Cascade Road SE, Lowell, MI 49331
 Questions: Contact MaryAnn Anderson
 E-mail: info@kcmsalliance.org

Hope Community Day Care Center Party

DATE: December 2, 2009 (Wednesday)
 TIME: 3-5pm
 Contact if interested: Beth Junewick
 Email: info@kcmsalliance.org

Hope Community Day Care Center Wish List

- Games (board or card) for School agers & Pre-schoolers
- Audio books on CD
- High Chair
- Art supplies - construction paper & contact paper, glue sticks, washable / non-toxic paint, stickers, washable markers, finger paint
- Batteries AA, AAA, & D
- Hand vacuum
- Large Motor toys: Balls, Jump ropes, Hula Hoops
- Socks
- Bean bag seats &/or Lg. throw pillows
- DVD player
- Area rugs (small, red & or yellow)
- Male dolls / Figurines
- Dress up clothes & shoes
- Wooden puzzles
- Wipes
- Underwear (boys & girls, sizes 2T & 3T)
- Diapers & Pull-ups (any size)
- Plastic floor mats / runners
- Toothbrushes & Toothbrush covers
- Bibs
- Magnetic letters
- Baby lotion & Baby bodywash
- Spray bottles
- Mittens & Hats
- Diaper table changing pad (24 x 38)

ALLIANCE HEARTBEAT

ALLIANCE CALENDAR

Below is a partial list of upcoming events. For a complete rundown, check the website www.kcmsalliance.org for details and changes to dates, location or cancellations.

Shopping Experience

DATE: December 3, 2009 (Thursday)
 TIME: 7:00PM - 9:00PM
 PLACE: Hot Mama's Boutique 2249 Wealthy Street, East Grand Rapids Phone: 616- 233-9390
 COST: \$10.00 donation to the Kent County Medical Society Alliance Foundation

Please RSVP to Holly Jones by December 1 (Tuesday).
 Email: info@kcmsalliance.org

Please make your checks payable to KCMSAF

Celebrate New Year with Friends

DATE: January 20, 2010 (Wednesday)
 TIME: 6:30 - 9:00PM
 LOCATION: Olives Restaurant
 2162 Wealthy St., SE
 COST: \$25.00

Your \$25 reservation includes light hearted conversation and heavy hors d'oeuvres and you may order your favorite cocktail at the cash bar.

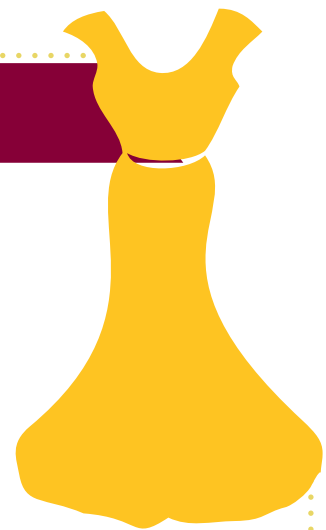
Please send \$25 check payable to KCMSA by Monday, January 11th to: Treasurer, 1435 Glen Ellyn Dr. SE, Grand Rapids MI 49546
 Questions: e-mail Holly info@kcmsalliance.org

CHARITY BALL FOR CHILDREN

DATE: February 6, 2010 (Saturday)
 PLACE: Cascade Hills Country Club
 TIME: 6 pm Social Hour & Silent Auction
 7 pm Dinner & Dancing
 Black Tie Optional

For the past 20 years, KCMSA has held the Charity Ball for Children as the major fundraising effort to support the charitable efforts of the KCMSA Foundation. Recipients of the 2010 Charity Ball for Children are Gilda's Club Grand Rapids and Kids Food Basket. Funds from the KCMSA Charity Ball will be used to assist Gilda's Club Grand Rapids with their expanded support program for children (ages 3-18) who are grieving the death of a friend or family member. Here, children can find support among their peers - with specific groups for teens, "tweens" and younger children. The funds will also be used by Kids Food Basket to provide sack suppers for one to two additional schools from their current waiting list of 16 schools. The additional funding will insure 100 to 200 more children will receive a nutritious sack supper every school night.

For Corporate Tables and Program Advertising, contact Sue Van Tuinen or email info@kcmsalliance.org.



ALLIANCE HEARTBEAT

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 join us, please e-mail Eileen Brader ekbrader@sbcglobal.net by November 9.



Date: Wednesday, November 11, 2009
Time: 11:30AM
Place: The Winchester, 648 Wealthy St. SE
Phone: 616.451.4969

Date: Wednesday, December 9, 2009
Time: 11:30AM
Place: Wild Fire Grille, 1144 E. Paris Ave.
Phone: 616.977.9900

The Action Center

The "Action Center" of the Michigan State Medical Society (MSMS) has been available to members for quite sometime now. It is a convenient and effective way to communicate with our lawmakers on issues that are relevant and pertinent to medicine. There are pre-formulated letters with "talking points" that address specifically the issue(s) at hand. You also have the option to create your own letter by the 'cut and paste' method meaning you take the points of concern from the MSMS letter and add your own comments. You have the ability to create your own letter as well. Your name and address are required for most lawmakers to recognize your comments and respond to you. Your zip code will identify who your lawmaker is so that your letter is automatically forwarded to that person. Upon completion of the 'fill in the blanks', you click submit and your e-mail is sent. Within minutes your e-mail inbox will receive a response that indicates your e-mail was received by the lawmaker. Lawmakers respond to these emails by a personal response or a generic response. The "Action Center" is user friendly and self explanatory. This site also contains a directory of the members of the House of Representatives and Senate as well as the various committees and its members. In addition, the site contains links to articles regarding the issues at hand. I strongly encourage everyone to log into the MSMS website and send your representatives e-mails on a frequent basis. Our lawmakers will take notice if we send emails, letters and make phone contacts. Your voice can not be heard if you don't make it audible.

THE WHITE COAT RALLY

You heard about the White Coat Rally to educate lawmakers about why there should not be a 3% tax on physicians. Here is the proof that doctors working together DO make a difference!

Below are pictures and the names of some of those who took part from both the Kent County Medical Society and the Kent County Osteopathic Association. Doctors, nurses, practice managers and supporters came to Lansing to get their point across. Joining with the state organizations, the Michigan State Medical Society and the Michigan Osteopathic Association, they attended the hearing and talked with their Senators.

And, GOOD NEWS!!!!!! The bill was voted down on Wednesday, October 28!!!!

Give yourself a pat on the back. Job well done. Thank you all for your efforts.



Physicians of the White Coat Rally march to the Capitol



Gregory J. Forzley, MD, Board Chair, Michigan State Medical Society leads the Rally program



Mithilesh J. Mishra, MD; Alliance members Barbi Sink and Francesca Wiseman



Anthony Ognjan, DO, Vice Speaker, Michigan Osteopathic Association House of Delegates



Senator Tom George, MD reiterates why Physician Tax is bad idea



Thomas N. Balaskas, MD; Karen C. Cummiskey, MD and KCMS President Anita R. Avery, MD demonstrate





Anita R. Avery, MD speaks with Richard Smith, MD, MSMS president



Patrick J. Droste, MD documents the Senate Appropriations Community Health sub-committee hearing

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Every effort has been made to accurately provide the names of those who attended. If your name was inadvertently omitted, please accept our apology. We appreciate all of the physicians and family members who elected to give their Tuesday to the White Coat Rally and Senate hearings.



The Kent Medical Foundation was founded in 1961 by the Kent County Medical Society and provides loans to medical students who have resided in Kent County and adjoining counties. Over 300 loans totaling more than \$760,000 have been made to 156 medical students.

In early 2009, the Kent Medical Foundation embarked on new initiatives in three major areas: Community Service projects, Educational Loans for medical school attendance and Research Projects. Come see us on the KCMS website, www.kcms.org.

Each year a Holiday Card project highlights donors who made a contribution. Their names are inscribed on a holiday card and sent to KCMS members. If you want to be part of it this year and have your name included, please send your check by November 16 payable to:

Kent Medical Foundation
234 Division Avenue N, Ste 300
Grand Rapids MI 49503

Questions:
Call the Kent Medical Foundation Office 458-4157



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MEETINGS OF INTEREST

KCOA/MOA Meetings

LOCAL

Instead of October and December meetings, the Kent County Osteopathic Association elected to allocate resources to represent our organization in the state-wide White Coat Rally. A bus from Grand Rapids travelled to Lansing to support the Kent County Osteopathic Association and the Michigan Osteopathic Association.

STATE

NOVEMBER 7, 2009 – Hilton Grand Rapids Airport - Grand Rapids, MI

Michigan Osteopathic Association, 5th Annual Fall CME Seminar
9 hours of category 1-A credit anticipated. Contact Sara Carson
800-657-1556 or scarson@mi-osteopathic.org.

NOVEMBER 12-14, 2009 – Lodge at Cedar Creek, Sheboygan, WI

WAOPS Fall Family Practice CME Conference with optional OMT
Workshops. 20 hours of category 1-A credit anticipated, Contact
Susan Jensen at WAOPS (262) 619-9901.
e-mail: waops1@yahoo.com or online at www.waops.org

DECEMBER 3, 2009 – Westin Lombard Yorktown Center, Lombard, IL

IOMS Winter Scientific Seminar
30 hours of category 1-A credit anticipated. For more information
Call (800) 621-1773 ext 8174 or e-mail IOMS@IOMS.org.

DECEMBER 4-6, 2009 – Crowne Plaza Hotel, Union Square, Indianapolis, IN

Indiana Osteopathic Association 28th Annual Winter Update
21.5 hours Category 1-A CME credit anticipated.
For more information contact IOA at (800) 942-0501 or
(317) 926-3009.

Check out our website: KCOA.us

IN MEMORIAM

**Lawrence V. Tremper, DO
1920 - 2009**

Lawrence V. Tremper, DO, a retired member of the Kent County Osteopathic Association passed away October 9, 2009. Doctor Tremper received his medical degree from the medical school in Missouri in the late 1940's before establishing his practice in family medicine in 1950. He was deeply involved with the evolution of Metropolitan Hospital, ultimately serving as Chief of Staff. He was a proud member of Metropolitan's Legacy of Leaders.

The Osteopathic Association extends sympathy to his family.

KCOA PRESIDENT'S MESSAGE

Karlin Sevensma, DO
KCOA President

SOAPBOX

I am on my soapbox. It is not a comfortable place for me. I would much rather be tucked away in an OR somewhere taking out a gallbladder. My comfort zone is a controlled space where I have a say about what happens next. I have led an eventful life, but I like predictability. That probably has to do with being on call for the last 12 years, carrying around a pager and not knowing who will call next, which makes me yearn for some predictability in other areas of my life. I like my home and my family. I like my OR.

But I am on my soapbox for a very good reason. As I write this, the Michigan senate is getting ready to vote on a 3% physician tax, something that most physicians find unconsonable. They say that the dollars collected will go toward funding medicaid, but it doesn't take a doctoral degree to figure out that what is paid out will not be returned. Even if they only had to expand the beaurocracy by one person to administer the new funds, some of the money will be lost in the beaurocratic shuffle. If they were serious about saving money, they would just cut the already abysmal reimbursments paid through medicaid. It doesn't sound great, but it would be more streamlined and it would not have the baggage of a possible bait and switch, where the money may be diverted to other programs (yes, it's possible.)

The issue is up for a vote next week, and of course I urge you all to call your senators post haste. KCOA and KCMS are also planning a rally in Lansing at the capitol building on Tuesday October 20th from 1pm to 3pm. We will be renting several busses and the plan is to fill the lawn at the capitol building with doctors and their supporters. If you can't go, maybe you can spare a staff person. Or perhaps your spouse would be willing to join us. I will be going with my husband and my daughter. She is only five, but a physician tax will affect her, too, and I don't mean that it will decrease the number of trips she will take to Disney World in her childhood. I mean that a physician tax will drive doctors out of the state and will keep new ones from arriving. A physician tax will decrease her chances at having the best and brightest doctors taking care of her. This

is an accessibility issue that everyone should care about.

I will be bringing my soapbox with me to Lansing, and even though I have not ever spoken at a rally, I feel very strongly that I have something to say at this one. I am hoping for five minutes at the bullhorn. For those of you who will not be there, and for those of you who go, here is what I have to say:



I AM HERE BECAUSE I AM GRATEFUL. I AM GRATEFUL FOR ALL OF THE PATIENTS THAT I HAVE HAD THE PRIVILEGE OF HELPING. I AM GRATEFUL FOR THE OPPORTUNITIES THAT I HAVE HAD IN MEDICINE. I AM GRATEFUL FOR THE CARING THAT IS REFLECTED BACK AT ME WHENEVER I CARE FOR A PATIENT.

I AM HERE TO SAY THAT THE GOVERNMENT HAS A RESPONSIBILITY TO CARE ABOUT THE DOCTORS WHO CARE FOR ITS CITIZENS. THEY HAVE NOT SHOWN THAT THEY CARE, NOT WITH THE NEW LEGISLATOIN BEFORE THEM.

I AM HERE TO SAY THAT THE GOVERNMENT HAS A RESPONSIBILITY TO CARE ABOUT THE DOCTORS WHO CARE FOR ITS CITIZENS.

LET ME TELL YOU A STORY. WHEN I WAS AN INTERN IN DETROIT, I HAD A PATIENT WHO NEEDED TO GET HOME QUICKLY ON THE DAY OF DISCHARGE. I TOOK HIS CHART TO THE WARD SECRETARY AND ASKED HER TO PROCESS IT RIGHT AWAY BECAUSE HE HAD TO GET HOME. HER RESPONSE TO ME WAS, "I DON'T CARE." I HAD BEEN UP ALL NIGHT ON CALL. I WAS TREMENDOUSLY AFFECTED BY WHAT SHE SAID. I SAT DOWN RIGHT IN FRONT OF HER AND I SAID, "I CAN'T DO THIS. I WORK VERY HARD." SHE INTERRUPTED ME AND SAID, "I

KCOA PRESIDENT'S MESSAGE

KNOW, YOU'RE TIRED." I REPLIED, "NO. I CARE. I CARE A LOT. AND I CAN'T DO MY JOB IF I THINK THAT YOU DON'T CARE.."

SO HERE IS MY QUESTION TO THE LEGISLATURE: DO YOU CARE? WILL YOU SUPPORT THESE DOCTORS WHO CARE FOR YOUR CITIZENS? WE WANT GREAT HEALTH CARE IN MICHIGAN. MEDICAID MAY BE BROKEN, BUT A PHYSICIAN TAX IS NOT THE WAY TO FIX IT. A PHYSICIAN TAX WILL KEEP NEW

SO HERE IS MY QUESTION TO THE LEGISLATURE: DO YOU CARE?

DOCTORS OUT OF MICHIGAN. A NEW TAX WILL DRIVE OUT DOCTORS WHO ALREADY DO A LOT OF WORK FOR PATIENTS WHO HAVE NO INSURANCE

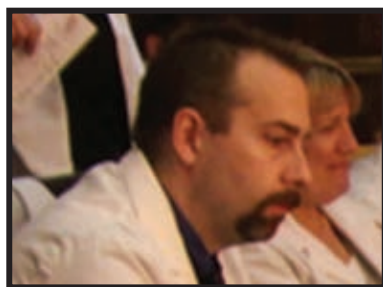
AND NO JOBS. DOCTORS DO THIS EVERY DAY IN MICHIGAN, AND WHAT'S MORE IS THAT WE ARE HAPPY TO DO IT. WE LOVE OUR PATIENTS AND WE LOVE OUR PROFESSION. PLEASE DON'T MAKE IT DIFFICULT FOR US TO PRACTICE IN MICHIGAN. PLEASE SHOW US THAT YOU CARE.

Here's to hoping that I speak for all of you. Now, off the record or at least not out loud on the steps of the capitol, I would like to share something. If this bill passes, I plan to stop participating in the Medicaid program. I would urge all of you to do the same. Until there is an outcry from all levels of society, I am not sure that we will be heard. This bill is nonsense, and the faster that becomes apparent, the better. More on that next time if necessary.

THE WHITE COAT RALLY cont.



Susan C. Sevensma, DO;
Karlín E. Sevensma, DO;
and Autumn Tyson



Jaret A. Beane, DO listens at the Senate Appropriations Community Health sub-committee hearing

KENT COUNTY OSTEOPATHIC ASSOCIATION

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Kent County Medical Society
Kent County Osteopathic Association
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