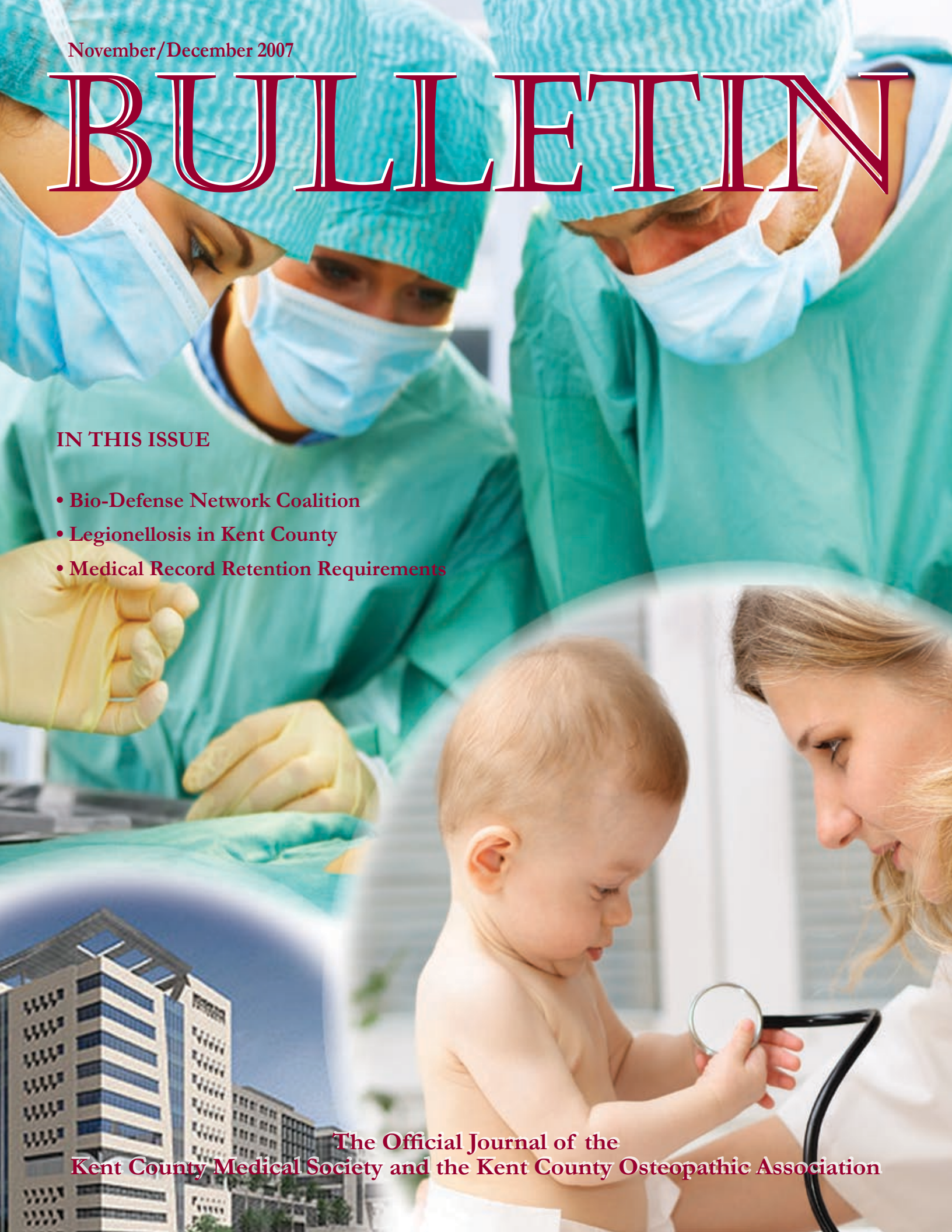
November/December 2007

BULLETIN



IN THIS ISSUE

- Bio-Defense Network Coalition
- Legionellosis in Kent County
- Medical Record Retention Requirements

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

The Grill at 1913

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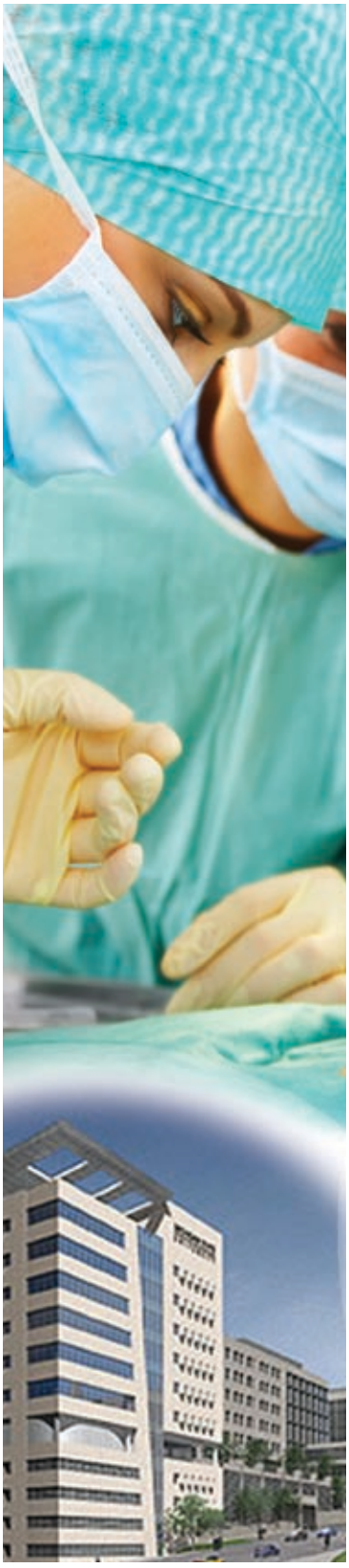
November/December 2007 volume 92, no.5

BULLETIN

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

FEATURES

DEPARTMENTS



WE'VE MOVED!

THE KCMS AND KCOA HAVE A NEW OFFICE

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

MEETINGS OF INTEREST

KCMS Meetings

LOCAL

NOVEMBER 13, 2007 - KCMS/KCMSA Joint Meeting, Watermark Country Club
JANUARY 8, 2008 - KCMS Annual Meeting, Watermark Country Club

STATE

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

NATIONAL

NOVEMBER 10-13, 2007 – AMA Interim Meeting, Honolulu, HI
APRIL 1-2, 2008 - AMA National Advocacy Conference, Washington DC

KCOA Meetings

LOCAL

DECEMBER 13, 2007 - Holiday Party, Metro Health Hospital
JANUARY 15, 2008 - KCOA Annual Meeting, Watermark Country Club

STATE

NOVEMBER 10, 2007 - MOA Outstate CME Meeting, Crowne Plaza, Grand Rapids, MI
NOVEMBER 10, 2007 - MOMPM Billing Symposium, Crowne Plaza, Grand Rapids, MI
NOVEMBER 16, 2007 - Third Party Payer Day, Lansing Center, Lansing, MI

About the Bulletin

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

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

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Spouses are Invited to a Joint Meeting of the

Kent County Medical Society
Kent County Medical Society Alliance

TUESDAY, NOVEMBER 13, 2007

- Speaker -

Peter G. Coggan, MD, MSEd
President and CEO
Grand Rapids Medical Education & Research Center

- Topic -

"Graduate Medical Education"

Watermark Country Club
5500 Cascade Road SE

Social 6:15 PM **Dinner 7:00 PM**

KCOA Members are Invited t

The KCOA HOLIDAY *Party*

For the Metro Health House Staff

THURSDAY, DECEMBER 13, 2007

6:00 PM

Conference Rooms A & B
Metro Health Hospital
5900 Byron Center Road SW
Wyoming, MI

KCMS PRESIDENT'S MESSAGE

More Project Access

Judith A. Hiemenga, MD
KCMS President

Physicians need to toot their own horn. We not only run medical practices, but donate time and money to many great causes. We go the extra mile for quality patient care. Reimbursement can be a pitiful 10 cents on the dollar if we cared to notice. Politicians bemoan the fact that health care is costing a greater percentage of the federal budget, implying increased medicare payments when truly those payments each year are scheduled to decline. Over the next year we will hear endlessly about the uninsured and each politician's solution for this problem. No one will notice substantial efforts to provide care already in place. Now is the time to show communities, politicians and people in general that doctors care. In fact, they are already doing their part to provide free care for the community. You probably know about Project Access; but do you really KNOW about it? In fact, Project Access has a regular update in your BULLETIN.

Project Access started in April of 2005. Now in its third year, it has provided over 2.9 million dollars in donated care. Two thirds of this total was donated by Metro Health, Spectrum Blodgett and Butterworth, and St. Mary's Hospitals in the form of a 501(3)(c) write off as part of their required charitable care plan. Slightly less than 1 million dollars of care has been donated by doctors. Physicians as small business owners do not get a tax write off or benefit for this charitable donation. They simply do it because it is the right thing to do.

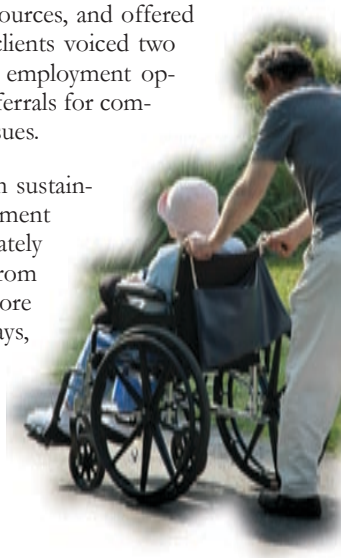
One third of Kent County's twelve hundred MDs and DOs participate in Project Access, representing twenty-seven specialties. One half of the participating doctors are primary care; clinics also manage primary care patients and referral to specialists. Project Access provides free medical care to adults 18 through 64, living at 150 percent of the federal poverty level and have medical needs not covered by other programs. They have fallen between the income level that would provide them with Medicaid and an income or job that would allow them to purchase private insurance. Approximately 55,000 Kent County residents fall into this income level. Not all have immediate medical needs. Some have chosen not to participate in work provided insurance because they have not seen this as a necessity. At its start up Project Access enrolled 315 patients. It has assisted 1,200 individuals in accessing needed health care. It has a future capacity for 3,000 individuals.

There are 25 established Project Access programs throughout the country and there is one other program in Michigan. North Carolina has the longest established program, having been in operation for about 10 years. A study there after five years did document a decreased utilization of the Emergency Rooms and a subsequent decrease in overall health cost community-wide. Muskegon County and Kalamazoo County have studied plans necessary to set up programs, but have not yet made a concrete start. Kent County's Project Access had its start up with grants and a loan from your Medical Society. They have paid off that loan and are functioning on gifts and grants from multiple community organizations and local philanthropists.

Project Access has one salaried staff member, Patricia Dalton, its Executive Director. There are three additional staff positions provided by grant funds. There is coordination and cooperation with Cherry Street Health Services via an Americorp staffer. Intake of patients involves financial screening, evaluation of medical needs, avoidance of service duplication and referral to community resources available. Individuals are reevaluated every six months. They are well coached regarding their responsibilities with their own care. Patients sign a pledge regarding their plan to keep their appointments, take their medication, be honest, adhere to prescribed regimens, including tobacco and alcohol avoidance and to participate in a healthy lifestyle and diet. As physicians we know this is a tall order, but I have found Project Access patients to be pleasant, friendly, reliable, grateful and extremely considerate of my time. Staff counsels Project Access clients on how to make the most of their doctor visit with a simple check list of "how to" provide their medical history, list medications, present their problem and ask appropriate questions. Project Access provides donated physician visits, both primary care and specialty care. It provides for hospitalization, out-patient and in-patient surgery. It provides donated laboratory and radiology services. It assists in arranging low cost and no cost medications through coordination with Pharmacare through Kent Health Plan, Physician's Rx Care, application to Maufacturer's Prescription Assistance Programs and referral to Walmart, Sam's Club, Target and Meijer for free or low cost medications. Project Access staff goes beyond the basics in providing for its clients. They supply a "refrigerator sheet" for clients to remind them of appointments, picking up meds and ordering new meds. Staff provide assistance in applying for Medicaid when needed. They provide referrals to mental health and diabetes services, vision and hearing services. Clients are advised of WIC availability, transportation sources, and offered Stop Smoking programs. When surveyed, clients voiced two criticisms; the lack of dental resources and employment opportunites. They now include appropriate referrals for community resources and counseling for these issues.

"Physicians as small business owners do not get a tax write off or benefit for this charitable donation."

Project Access staff is now working hard on sustainability and building an endowment for investment to cover their yearly budget of approximately $250,000. This would allow some time off from writing grants and fund raising and provide more time for program expansion. Ms. Dalton says, of course, she would welcome monetary donations from physicians but values even more our donations of care, time and talent.



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REGION 6 BIO-DEFENSE NETWORK COALITION:

Jerry Evans, MD, FACEP

Preparing Hospitals and EMS for Mass Casualty Incidents

September 11, 2001 was a wake up call to our nation to be prepared and vigilant. Many articles have been written about how we as a nation are still not well prepared for a disaster, whether man made or natural. It is our hope that this article will show you that much has been accomplished in the state and specifically in Region 6 to prepare for a mass casualty event. The question I hear from my kids during a long trip can apply here. "Are we there yet?" The answer is that we can never be fully prepared for every possible scenario, but much has been accomplished and much more is planned. This article is a summary of a talk given to the Kent County Medical Society on September 11, 2007, an appropriate date for discussing this topic.

History

Shortly after 9-11, the federal government decided the medical community needed to be better prepared for a terrorist or mass casualty event. In fiscal years 2002 – 2007 money was granted to each state by the Health Resource Services Administration (HRSA), a part of the Health and Human Services Department (HHS). In Michigan, the money went to the Michigan Department of Community Health Office of Public Health Preparedness (MDCH-OPHP). In fiscal year 2008 (begins Oct. 1, 2007) the money and guidance will originate from the Office of the Assistant Secretary for Preparedness Response (ASPR). MDCH-OPHP will still get the funds and pass them down to the regions.

MDCH decided to divide the state into 8 Bio-Defense Regions based on the state police emergency management regions already in existence. Region 6 is composed of 13 counties in west and central Michigan (see table 1). We have 21 acute care hospitals with emergency departments, 12 medical control authorities and 14 Emergency Medical Services (EMS) agencies. The population of the region is approximately 1.4 million people and the region covers approximately 8,000 square miles.

The Region 6 allocation for the 2007 fiscal year ending Sept. 30, 2007 was $1.6 million. The 2008 fiscal year allocation is $1.2 million. We are also applying for additional special project funding.

Region 6 has a full time Bioterrorism Coordinator, Tim Bulson, a full time Project and Education Specialist, Connie Maxim and a part time Medical Director, Jerry Evans. The offices are at Kent County EMS, Inc. Contact information is below.

continued on page 22

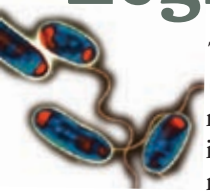
Table 1: Region 6 Hospitals and MCAs

County	Hospital	Medical Control Authority
Clare	Mid-Michigan Medical Center-Clare	Clare County MCA
Ionia	Ionia County Memorial	Ionia County MCA
Isabella	Central Michigan Community Hospital	Isabella County Medical Control
Kent	Metro Health St. Marys Spectrum Blodgett Spectrum Butterworth	Kent County EMS, Inc.
Lake		Lakola Medical Control
Mason	Memorial Hospital of West Michigan	Mason County Medical Control
Mecosta	Mecosta County Medical Center	Mecosta County Medical Control
Montcalm	Carson City Hospital Kelsey Memorial Health Center Sheridan Community Hospital Spectrum Health United Memorial	Montcalm County MCA
Muskegon	Hackley Hospital Mercy General Hospital	Muskegon County MCA
Newaygo	Gerber Hospital	Newaygo County MCA
Oceana	Lakeshore Hospital	Oceana County MCA
Osceola	Spectrum Health Reed City	Lakola Medical Control
Ottawa	Holland Community Hospital North Ottawa Community Hospital Zeeland Community Hospital	Ottawa County Medical Control Board Authority

KENT COUNTY HEALTH DEPARTMENT

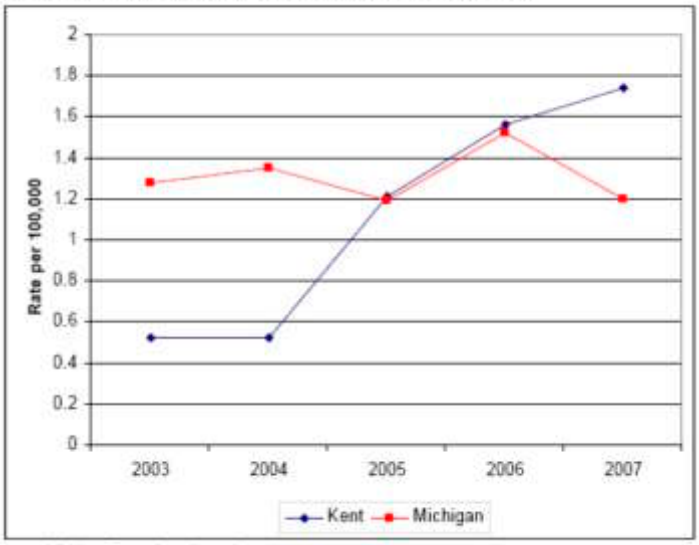
Mark Hall, MD, MPH
KCHD Medical Director

Legionellosis in Kent County



The Centers for Disease Control and Prevention (CDC) estimate that 8,000 to 18,000 cases of legionellosis occur each year in the United States. Many infections are not diagnosed and only a fraction are reported to local health departments as required by CDC's nationally notifiable disease surveillance system. In 2006, 2,350 legionellosis cases were reported to the CDC via this surveillance system. Based on the number of reported cases to the Kent County Health Department (KCHD), legionellosis infection rates in Kent County have been on the rise since 2004, whereas the rate in the state has remained fairly consistent over this time frame (Figure 1). It is difficult, however, to determine whether this illustrates a true increase in disease incidence or is due to increased testing and/or awareness by local health care providers. Insufficient historical data may also prevent us from seeing temporal trends over a longer period of time. Since it is difficult to diagnose legionellosis on clinical criteria alone, this article provides additional details for including legionellosis in the differential diagnosis of community-acquired and hospital-acquired pneumonia.

Figure 1: Rate of legionellosis in Kent County, 2003-2007



Source: Michigan Disease Surveillance System

Clinical Features

Legionellosis is an acute illness, caused by the bacteria Legionella pneumophila, with two clinical manifestations: Legionnaire Disease and Pontiac Fever. Both are characterized initially by anorexia, malaise, myalgia and headache. A rapidly rising fever (39°C to 40.5°C) associated with chills usually develops within a day. Legionnaire Disease is associated with pneumonia and a case-fatality rate as high as 39% in hospitalized cases, whereas Pontiac Fever is more mild, is not associated with pneumonia, and usually does not require hospitalization.

Incubation Period

Legionnaire Disease – 2 to 10 days, most often 5-6 days
Pontiac Fever – 5 to 66 hours, most often 24-48 hours

Susceptibility

The majority of individuals exposed to L. pneumophila are not at risk of developing illness. Legionellosis, however, should be considered in the differential diagnosis in the following high-risk groups:

- Smokers or those with chronic lung disease
- Individuals with diabetes, renal disease or malignancy
- Immunocompromised patients, particularly those receiving corticosteroids or who had an organ transplant
- Individuals who have recently been hospitalized
- Males are approximately 2.5 times more likely to get the disease than females

Laboratory Diagnosis

Culture: Isolation of any Legionella organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid.
Urine: Detection of L. pneumophila serogroup 1 antigen in urine using validated reagents
Seroconversion: Fourfold or greater rise in specific serum antibody titer to L. pneumophila serogroup 1 using validated reagents

Treatment

Patients with Pontiac Fever usually recover spontaneously in 2-5 days without treatment. For Legionnaire disease:

- Erythromycin appears to be the agent of choice
- Clarithromycin and azithromycin may also be effective
- Rifampicin should not be used alone, but may be a valuable adjunct
- Penicillin, cephalosporins and aminoglycosides are ineffective

Although exposure to L. pneumophila is benign for the majority of individuals, it can be very serious and life-threatening to those in the high-risk groups described above. Communicable Disease and Epidemiology (CD/Epi) staff at KCHD interview each patient with legionellosis reported to our surveillance system in an attempt to identify potential sources of infection and limit the risk of exposure to others. We depend on you to identify, diagnose, and report these infections and hope this article provides you with valuable information toward this effort. If you have questions regarding legionellosis or need to report a case, please contact the KCHD CD/Epi Unit by phone at (616) 632-7228 or by fax at (616) 632-7085.

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, 2007

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2007	Through Sep 2002-2006
AIDS[a] (Cumulative Total - 769)	2	26	29
AMEBIASIS	1	4	1
CAMPYLOBACTER	10	42	39
CHICKEN POX[b]	7	231	158
CHLAMYDIA	240	2465	1947
CRYPTOSPORIDIOSIS	0	11	5
E. COLI O157:H7	0	5	6
GIARDIASIS	7	64	77
GONORRHEA	69	860	815
H. INFLUENZAE DISEASE, INV	0	2	2
HEPATITIS A	0	6	4
HEPATITIS B (Acute)	0	1	4
HEPATITIS C (Acute)	0	0*	0
HEPATITIS C (Chronic/Unknown)[c]	21	234	279
INFLUENZA-LIKE ILLNESS[d]	2803	33780	16815
LEGIONELLOSIS	2	12	1
LYME DISEASE	0	2	4
MENINGITIS, ASEPTIC	3	23	19
MENINGITIS, BACTERIAL, OTHER[e]	2	7	10
MENINGOCOCCAL DISEASE, INV	1	4	2
MUMPS	0	0	1
PERTUSSIS	1	4	6
SALMONELLOSIS	8	56	35
SHIGELLOSIS	0	7	6
STREP, GRP A, INV	2	13	14
STREP PNEUMO, INV	0	30	31
SYPHILIS (Primary & Secondary)	0	3	4
TUBERCULOSIS	3	17	14
WEST NILE VIRUS	0	0	8

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2007	DISEASE	NUMBER REPORTED Cumulative 2007
Coccidioidomycosis	0*	Kawasaki Disease	3
Cryptococcosis	3	Psittacosis	0*
Guillain-Barre Syndrome	2	Yersinia enteritis	4
Histoplasmosis	16		

a. Due to a national effort to de-duplicate the HIV/AIDS Reporting System, there was a decrease in case counts reported as of 8/1/06.
b. Individual chickenpox case reporting became mandatory on 9/1/05, resulting in an increase in case counts primarily from schools.
c. Chronic Hepatitis C surveillance case definition changed on 1/1/07, resulting in a decrease in case counts.
d. Influenza-like illness case counts increased in 2005 due to a change in school reporting of communicable diseases.
e. "Meningitis, Bacterial, Other" includes cases caused by bacteria OTHER THAN *H. influenzae, N. meningitidis, or S. pneumoniae*.
N/A Data not available.
* Previously reported case was reclassified as non-confirmed at later date.

This report includes confirmed cases residing in Kent County as defined by National Surveillance Case Definitions (www.cdc.gov/epo/dphsi/casedef/case_definitions.htm)

LEGAL UPDATE

Medical Record Retention Requirements in Michigan

Mark B. Periard

One of the difficult questions to answer in Michigan is how long physicians should keep patient medical records. Prior to the new law, medical records were retained according to federal statutory or regulatory requirements or kept at least long enough to let the statute of limitations of any possible malpractice action expire.

At the end of 2006, however, Michigan passed a law that dictates:

- How long medical records must be kept
- When and how medical records can be destroyed
- Steps to take with medical records when closing or selling a medical practice
- Requirements that physicians certify medical records are treated appropriately when their licenses are renewed

This new law was passed to ensure that health care records are maintained properly and the information in the records is protected. Failure to comply with this law can result in a fine of up to $10,000 if such failure is due to gross negligence or willful misconduct.

The timing of the new law may be beneficial to many practices and other health care facilities. Many health care providers may be at their peak number of paper patient medical charts after long periods of accumulation, not to mention the storage cost for these charts. In addition, more and more facilities are converting to electronic medical records and need to determine which medical records will be converted to electronic charts and which ones will not. For those not converted, a decision must be made regarding what to do with the "old" medical charts.

The best option for patients is for a physician to send their medical records to them instead of having them destroyed. This is often not practical, however, due to difficulty in locating patients who have long since moved with no forwarding address. In addition, the staff time and expenses associated with such an effort can be burdensome for a practice.

Retention and Destruction Requirements

Under the new law, a physician now has a duty to maintain records for patients for a minimum of seven years from the last date of service, or longer if required by other federal or state laws or generally accepted standards of medical practice.

If a practice wants to destroy a medical record that is less than seven years old, the law now allows it when certain requirements are met. The law provides that a medical record can be destroyed if less than seven years old when:

- The provider sends a written notice to the patient's last known address informing the patient that the record is going to be destroyed
- The patient is offered the opportunity to request a copy of the record before it is destroyed
- The provider receives written authorization from the patient agreeing to the destruction

The statute also provides that if records are to be destroyed, they must be shredded, incinerated, electronically deleted or otherwise disposed of in a manner that ensures continued confidentiality. If these procedures are not adhered to, the Michigan Department of Community Health can intervene and assess the costs for the proper destruction of the medical records to the health care facility.

Closing or Selling a Practice

Even if a physician sells or closes a practice, he or she cannot abandon the medical records. The physician must send to the Department of Community Health a written notice that specifies who will have custody of the records and how a patient may request access or copies of them.

The physician can then either transfer the records to another entity that will protect, maintain, and provide access to the records, or can destroy the records provided written notice is sent to a patient giving the patient at least 30 days to designate where the patient wants to have records transferred.

The intent is to help patients find their medical records after the closing or sale of a practice so that important information such as mammograms and x-rays can be located. It also helps patients avoid having to repeat a painful, expensive test.

License Renewals

The new law also requires that physicians provide an affidavit to the Department of Community Health concerning the maintenance of patient medical records when physicians are renewing medical licenses. Currently, the Department of Community Health's web site does not include any requirement of submitting an affidavit about the maintenance of medical records in order to be re-licensed. In fact, the site does not have any references to affidavits to be submitted or even provide a sample affidavit. Physician licenses expire on Jan. 31, so perhaps the affidavit requirement will be added to the re-licensing requirements prior to that time.

Facilities should work with their legal advisors to develop a best practice medical records retention plan that takes this law into consideration, as well as the other state and federal laws that can impose requirements on the retention of medical records.

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

KCOA PRESIDENT'S MESSAGE

Protecting Your License, Your Reputation and Your Future

Ann M. Auburn, DO
KCOA President

When I sat down to write this article I thought of all the possible titles. "Dumb Things Doctors Do", "Practice Pitfalls", "Doing the Right Thing" and others. I settled on the above title because that is the bottom line. We spend years refining our ability to help patients and building a good life for our families, but with a few poor judgements and actions we can destroy or damage a great deal of what we have worked so hard to create.

After spending four years on the Michigan Board of Osteopathic Medicine and Surgery (MBOMS), and the last year as the Chairperson of the Board, I saw many of the mistakes made by both well-intentioned and not-so-well-intentioned docs. During my board experience, there appeared to be four basic categories of mistakes that doctors make. These include criminal acts, poor judgements while mentally and emotionally stressed, substance abuse and/or addiction, and just plain stupid mistakes. These all potentially put the public at risk in regard to physician negligence and incompetence. Therefore, the purpose of the board is to protect the public.

The criminal acts would include selling or acting as an accomplice in the selling of prescription medication for street use. This would also include any intentional misuse of their professional training involving criminal activity. The mentally and emotionally stressed doctor is actually fairly infrequent in my experience, but when it occurs, it often leads to poor judgment in patient care and social interactions. In one case, a physician who had lost a spouse in an unfortunate accident didn't open her mail for many weeks, causing a lapse of licensure while she continued to practice. This often overlaps with substance abuse and addiction as the doctor will often attempt to self-medicate with the use of prescription medications, alcohol or street drugs.

"Dumb Things Doctors Do", "Practice Pitfalls", "Doing the Right Thing"…

These doctors are offered help through the Health Professionals Recovery Program (HPRP). The HPRP can be accessed by the physician voluntarily, but if they fail to comply with the voluntary program, a disciplinary order will ensue. The last and most frequent offenses encountered by board members is the stupid mistakes category. This includes not reporting a change of address, not completing required CME and Driving Under the Influence (DUI). Often, these offenses overlap two or more categories. For instance, the doctor who has sexual relations with patients, or tries to help a patient by falsifying records or writing scripts for a patient so they can give it to a family member or friend without prescription coverage, or even worse, fraudulent billing for personal gain or while trying to "help" a patient to get insurance reimbursement. Another needless mistake by licensees is the failure of the licensee to report offenses occurring and dealt with by boards in other states.

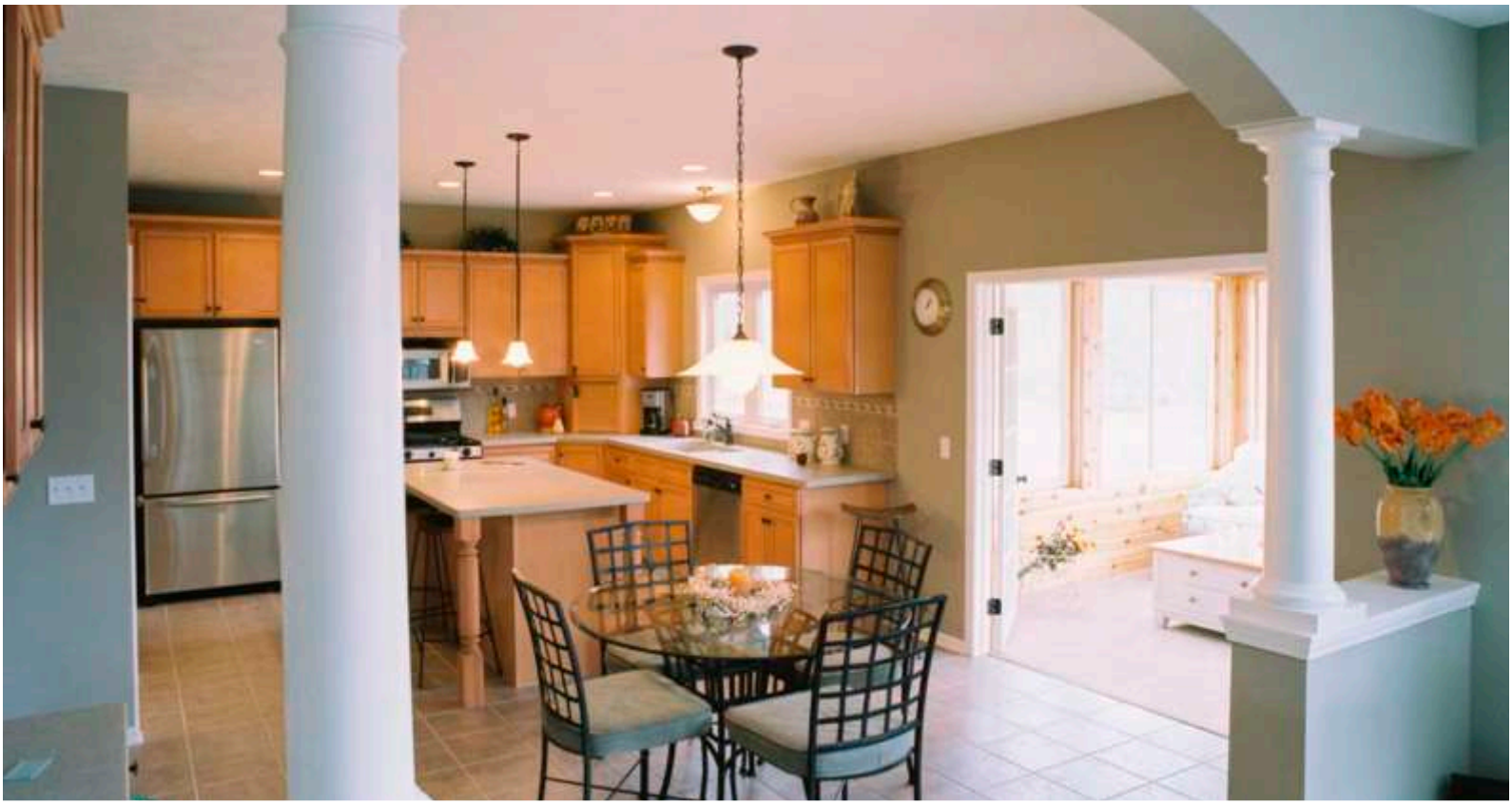
Depending on the severity of the offense, the sanctions may range from a simple reprimand to a revocation of licensure. Sanctions may also include fines from hundreds to thousands of dollars, probation and/or education at the licensee's expense. The MBOMS is required to report all actions to the National Practitioner's Data Bank and the Federation of State Medical Boards data bank. All of this can lead to emotional stress, possibly lost time and lost production, not to mention the patients who suffer from the loss of a good or what once was a good doctor.

Dr. Susan Rose, after serving on the MBOMS for over a decade, wrote in a Michigan Osteopathic Association "Triad" article the top ten ways to get yourself in trouble with the MBOMS. I'd like to share these with you in this article:

1. Don't notify the Board of your change of address.
2. Don't complete your continuing education requirements.
3. Don't follow through with consultants' recommendations.
4. Don't follow up on lab test results.
5. Don't keep complete records.
6. Don't communicate with patients.
7. In pain management—don't document treatment efforts, referrals and consultants' reports.
8. Self prescribe controlled substances (pain meds, testosterone, stimulants, etc.).
9. Participate in sexual relations with patients.
10. Alter or change medical records.

In closing, I hope this information is helpful to you in your practice. If you ever get a chance to serve on the MBOMS, you can contribute back to your profession and you will learn and grow as an individual. It was an honor to serve my peers and uphold the standards of our osteopathic profession while maintaining the foremost purpose of the board which is to protect the public. This is an important point to remember, the board is there to protect the public. It is up to each individual physician with the guidance and support of their local, state and national organizations, to protect their profession, their reputation and their license.

For more information on the MBOMS or for information regarding licensing, go to the Michigan Department of Community Health website: http://www.michigan.gov/mdch/0,1607,7-132-27417_27529---,00.html.



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ALLIANCE HEARTBEAT

Hope Community Day Care Center Party

DATE: December 5, 2007 (Wednesday)
EVENT: Hope Community Day Care Center Party
TIME: 1-3 pm
SHOPPING: Tuesday, November 27th (Tuesday)
Call Beth for more information. Contact if interested: Beth Junewick 447-1679, email: ejunewick@comcast.net

The Hope Community Day Care Holiday Party is scheduled for Wednesday, December 5, from 1-3pm. Hope Community provides on-site day care to help its residents access the various vocational, counseling and healthcare programs at the center, thus empowering homeless mothers to regain self-sufficiency.

The Holiday Party is always a highlight for the children, their mothers, and the staff of Hope Community. During the party the children work on a craft, decorate homemade sugar cookies, and then open the gifts donated by our KCMSA members. These gifts remain at the day care center for all of the children to share. When the children go home they each receive a bag (or stocking) of gifts selected especially for them by our "shoppers". Each family and staff member also receives a plate of cookies- the cookies that our members bring to the Holiday Tea.

Hopefully, this explanation of the Holiday Party at Hope Community helps clarify why we ask all of our members to bring a wrapped gift and a plate of cookies to the Holiday Tea. If you would like more information, or if you would be willing to help shop on Tuesday, November 27, or help with the party on December 5, please call Beth Junewick at 447-1679, or email ejunewick@comcast.net.

2007– 08 WISH LIST

*Two-sided paint easel
*CD/Cassette player with head phones for listening center
*Child/Infant Safety Gate
*Art supplies (construction paper, glue sticks, playdough, washable paint, & markers)
*Wall mountable chalk board (small 16x22)
*Books for Infants, Toddlers, Preschoolers
*Bounce balls (sit & hop on)
*Bean bag chairs (2)
*Throw Pillows (large red &/or yellow)

Please no stuffed animals. Could you let me know if you purchase one of the "larger" items so that I can let the membership know? I also like to make sure that all wish-list items are granted as the day care depends on these items for their licensing and accreditation.

Holiday Sharing Card & The Annual Campaign for the Kent Medical Foundation

Make just ONE TAX-DEDUCTIBLE DONATION
(which will benefit local medical-field students).

Your name will be listed as a contributor on our Holiday cards. They will be sent for you to 1000+ members of the Kent County Medical Society and the Alliance! Contributions will be accepted until December 1st for inclusion on our contributors list.

MAKE CHECKS PAYABLE TO: KENT MEDICAL FOUNDATION
suggested minimum donation is $100.

***Credit is given toward Kent Medical Foundation Century Club Membership**

SEND DIRECTLY TO:
Kent Medical Foundation, 234 Division Avenue N, Suite 300, Grand Rapids, MI 49503

ALLIANCE HEARTBEAT

~ Save the Date ~

Holiday Open House

Date: Tuesday, December 4, 2007
Time: 11:00 a.m. to 2:00 p.m.
Place: Beth Junewick
3849 Foxglove Court N.E.
Grand Rapids, MI 49525
Phone: 447-1679
Questions: Call Ora Jones, 954-8084 or
e-mail jonesorab@aol.com

Charitable Fund Committee:

Submit applications for the charities to be considered for the funds from Charity Ball 2009 by January 1, 2008.
Contact Carol Beernink for questions and/or applications
Phone 233-9600 or Email wannarow@aol.com
Meeting for the Charitable Funds Committee – will be announced at a latter date.

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.

ALLIANCE CALENDAR

EVENT: Bridge Group

DATE: November 26, 2007
TIME: 1 – 3 pm
PLACE: To Be Determined

Calling all ladies interested in playing bridge. We will be meeting the 4th Monday on the month from 1-3 pm. We are looking for a home to hold our game. Please call Marianne Delavan 949-6674 if you are interested in playing or hosting.

ALLIANCE CALENDAR

Event: KCMSA BOOK CLUB

Date: November 13, Tuesday
Time: We meet at 12:00 in Schuler's Cafe for lunch (optional) and socializing. Book discussion begins at 12:30.
Place: Schuler's Café on 28th Street
Book: "The Reluctant Fundamentalist" by Mohsin Hamid (moved up 1 week for Thanksgiving break)

Date: December 18, Tuesday
Book: "The Road" by Cormac McCarthy
All are welcome. Discussion, lunch and or fellowship. The book is 20% off at Schuler's on the Book Club table under KCMSA

****

EVENT: Charity Ball Meeting

(We hope to address invitations)
Date: November 28, 2007 (Wednesday)
Time: 9:30 Breakfast
Place: 541 Cambridge SE, East Grand Rapids, MI 49506
Questions: Call Dee Federico 456-6706 email: Deefederico@aol.com
We are looking for volunteers to help address the Charity Ball Invitation. Please RSVP to Dee if you are able to make it.

Date: January 9, (Wednesday) 2008
Event: Charity Ball Meeting
Time: 9:30 a.m.
Place: Holly Hirai Jones 1240 Breton Road SE East Grand Rapids, MI Phone: 575-9058

Date: January 29, (Tuesday) 2008
Event: Charity Ball Meeting
Time: 9:30 a.m.
Place: Suzy MacKeigan, 215 Morningside SE, Grand Rapids, MI
Phone: 942-7806

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Event: Charity Ball for Children

Date: February 2, 2008 (Saturday)
Place: Egypt Valley Country Club 7333 Knapp St., NE Ada, MI

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Event: Surf and Turf Sale

Date: March 14, 2008 (Friday)
Order Deadline: March 5th (Wednesday)
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 orde

Event: Surf and Turf Dinner

Date: March 14, 2007 (Friday)
Place: Marc Stewart's Guest House, 636 Stocking Ave. NW Grand Rapids
TIME: 7pm Social Hour, 8pm Dinner
Questions: Contact Holly Hirai Jones 575-9058 hollyhiraijones@comcast.net or Mary Crawford 940-0998 marycraw@comast.net

ALLIANCE HEARTBEAT

President's Message

As members of the Kent County medical community we can make a real difference. One of our many challenges is to support the SCREEN OUT campaign, which is a national effort to eliminate smoking in movies marketed for children. Smoke Free Movies is an effort started by Stanton A. Glantz, Ph.D, professor of medicine at the University of California, in 2002, to stop smoking in movies seen by young people.

In 2006 the AMA Alliance joined the Smoke Free Movies movement. We agreed to gather 750,000 parent petition signatures and 1,500 endorsements from members, friends and community organizations. To accomplish these goals in three years, all Alliance members are needed to make a contribution. Our SCREEN OUT Coordinator, Melissa Chillag, will help us promote this effort to prevent young persons from becoming smokers. Petition to Remove Tobacco from Youth-oriented Movies are available for each member who is willing to collect 30 signatures. Call or e-mail me if you would like to help.

Another challenge is our participating in the 2007 Doctors and Their Families Make a Difference project. Women and children, often victims of domestic violence, forced to live in crisis shelters are comforted by the personal gifts bags filled by our members. According to Mary Crawford, our health promotions chairperson, items most requested are diapers, household cleaning projects, baby food and formula, deodorant, tooth paste, feminine products, socks and underwear for children and adults. Bags will be available at all of the board and general membership meetings this year or just call Mary.

By participating in these national programs, we join hands with the entire medical community across the country to make a real difference. Please attend our membership meetings and special interest gatherings and become the CHANGE you expect for the Alliance. May I join hands with you to make a real difference in developing a healthy, caring, compassionate medical community?

Ora Jones

NEW INTEREST GROUP!!!!!

Monthly Musings

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

THE NEXT MONTHLY MUSINGS

Date: Wednesday, November 14
Time: 11:30AM

Place: The Greenwell
924 Cherry St. SE

Located in the middle of a thriving shopping area with many boutique type stores. Potential for retail therapy!

Please RSVP by November 12 to Irene Betz breneb@aol.com.

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HEALTH PROFESSIONAL RECOVERY PROGRAM

Fact Sheet for Managers, Supervisors (Part 2 of 2)

Informational items on the Michigan Public Health Code and the Health Professional Recovery Program

6. Potential Signs of Diversion

Diversion – selling, prescribing, giving away or administering prescription drugs for other than lawful diagnostic or therapeutic purposes – is a violation of the Michigan Public Health Code (Section 333.16221(c)iv). Any licensed or registered health care professional found to have diverted drugs should immediately be reported to the Department of Community Health, Bureau of Health Professions (BHP). However, signs of diversion may be hard to detect, especially when combined with the enabling behaviors of colleagues and the manipulative behaviors associated with addiction.

The following list presents circumstances that may point to diversion on your unit. No item on this list, by itself, is an indication of a diversion problem. However, a pattern of such incidents and behaviors over time should encourage a manager to investigate further.

- Consistently volunteering to be the "medication nurse."
- Often signing out more controlled drugs than co-workers.
- Coming to work early or staying late.
- Using fictional client names.
- Frequently reporting medication spills or waste.
- Increased amounts of medications ordered and needed.
- Failing to obtain co-signatures (where applicable).
- Excessive use of PRN medications.
- Discrepancies in end-of-shift medication counts.
- Evidence of tampering with vials or other drug containers.
- Waiting until alone to open the narcotics box/cabinet.
- Leaving the unit after opening the narcotics box/cabinet.
- Unexplained discrepancies between recorded medication administration and expected client responses; an increase in patient complaints of unrelieved pain.
- Consistently coming to work early or staying late.
- Volunteering to work with patients who receive regular or large amounts of pain medication.
- Defensiveness when questioned about medication errors.

Consider also the health care professional who self-reports diversion. While this may not happen often, it should be reported to the BHP, regardless of the outcome of any follow-up investigation.

7. Pre-Employment

Candidates who test non-negative for illicit substances on a pre-employment drug screen must be referred to the HPRP under "immediately impending inability…to practice" (Michigan Public Health Code, Section 333.16106a).

- o Suggest including language in the pre-employment application that states information regarding someone who fails to pass the pre-employment drug screen will be forwarded to the State of Michigan's DCH, Bureau of Health Professions.
- o To refer these individuals, forward a completed allegation form to the Bureau of Health Professions. The form is available electronically at located on the State of Michigan Department of Community Health web site at http://www.michigan.gov/mdch. Click on "Health Systems and Health Profession Licensing" in the upper-left corner, then click on "Complaints," also in the upper left.

8. Responding to Signs of Impairment

From research into families with an addicted family member, it takes an average seven years from the first signs of addiction before the troubled family member enters treatment. In the workplace, research suggests it may take two to three times that long.

When patient care and quality are at stake, this is unacceptable. Why would a health care professional or manager delay taking action to ensure that a potentially impaired worker gets help? Why would co-workers cover-up or make excuses for an impaired co-worker?

The answer lies in two terms – 'denial' and 'enabling.'

Denial is a hallmark of addictive behavior. It's a defense mechanism addicts use to continue their destructive relationship with drugs. Denying that they're using or under the influence, denying work-related problems that might stem from drinking or drugging behavior – all denial serves the singular purpose of allowing the addict to continue using alcohol or other drugs.

In the workplace, denial may appear as defensiveness when approached about an error on the floor. It may appear as excuses for poor performance, such as not getting enough sleep, having too much to do or having problems at home. All such excuses may be reasonable or based in reality, but for the individual with an addiction, the excuses are more frequent and may become more and more elaborate.

Enabling is the term given behaviors colleagues use to keep an addicted co-worker from experiencing the consequences of his/her addiction. Doing more work, covering up mistakes, filling in for the impaired professional – all are signs of enabling behavior. Enabling co-workers may even defend their impaired colleague, rallying to his/her rescue when management tries to investigate or intervene.

continued on p. 21

Prime DEVELOPMENT

For more information, please contact Prime Development:
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Fax: **(616) 957-4629**
Email: **prime@prime-development.com**
Website: **www.prime-development.com**

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Contact Mark or Denise

HEALTH PROFESSIONAL RECOVERY PROGRAM

Fact Sheet for Managers, Supervisors (Part 2 of 2)

Informational items on the Michigan Public Health Code and the Health Professional Recovery Program

Managers also may serve as enablers. Health care professionals are helpers by nature. As such, a health care manager may become sympathetic to an employee's plight and may attempt to coach or counsel him/her with sympathy and concern. In its most extreme, manager enabling may be evidenced by a disregard for employer policies and procedures – allowing the impaired professional to show up late, removing tasks or reassigning work, or allowing the professional in question to expend more sick or personal leave time than policy allows.

Managers may also fail to report their concerns to the appropriate department, such as Human Resources, out of a concern that they'll be seen as weak or inexperienced managers. In another proposed model, managers with an impaired professional on their team may follow the five stages of grief – first denying that a problem exists; becoming angry when the problem reaches a flash point; bargaining with the troubled employee in an effort to improve performance; then becoming depressed when performance doesn't improve; and, finally, accepting the new, lower level of productivity from the impaired employee.

9. Promoting the HPRP

Reaching the health care professional before his/her substance abuse or mental health issue leads to patient harm or action against a license is a best-case scenario. As such, consider promoting self-referrals to the HPRP in the following ways:

- Link the HPRP Web site – www.HPRP.org – to the organization's HR intranet, if available.
- Feature informational items on the HPRP – its role and availability – in your employee newsletter. Articles are available from the HPRP by calling 1-800-453-3784.
- Ensure information on the HPRP is shared with new-hires during orientation.
- The American Medical Association recommends that hospital Women's Auxiliaries be made aware of the services available to substance abusing physicians and surgeons. Also, a number of employers offer health and wellness services to employee spouses and other family members. Further, many texts cite involvement of spouses during orientations as a best practice. If your health care system regularly communicates with employee spouses/family members, be certain the HPRP is part of your organization's message.
- During staff trainings or CME/CEU-accredited inservices that address employee wellness, substance abuse or mental health issues, take steps to ensure that the presenter mentions the role of HPRP in monitoring the care of impaired professionals.
- Invite HPRP to staff a booth or table during employee Open Enrollment or Health and Wellness Fairs. HPRP has a colorful, table-top display and a number of education and outreach materials that describe the program and prevention of alcohol and other drug abuse in general.
- Supervisors and managers are in an ideal position to identify employees who may be impaired on the job. Supervisor orientations/trainings should cover objective criteria to identify these employees based upon objective behavior and job performance criteria.
- Request a copy of the 28-minute, professionally produced DVD on the HPRP, "Above all, do no harm…". The DVD features testimonies from actual HPRP participants while explaining the signs of substance abuse and mental illness in the workplace. The DVD also describes the HPRP in detail, including how to access services and a participant's responsibilities to the program. Show the video during orientations, download it to the HR intranet or show it as part of a substance abuse prevention inservice.
- Communicate expectations for employee performance. Most organizations have in place policies that address the ramifications of diverting prescription medications or presenting to work under the influence. Such policies should reference situations that require the organization to report the licensed or registered health professional to the State Bureau of Health Professions.

Unfortunately, most employees only learn of these policies and expectations during new-hire orientation.

Make awareness of your organization's position on diversion or drug use during work hours an on-going effort. Informational campaigns to prevent diversion ("Stealing Meds Is Stealing") or which communicate the organization's zero tolerance approach ("[ORGANIZATION'S NAME] Is A Drug-Free Workplace") can go far toward keeping employee expectations top-of-mind.

- Employee assistance programs (EAPs) have been at the forefront of assisting employees with substance abuse and mental health problems since their inception in the 1950s. Make certain your EAP, whether it's a staff or vendor model, is aware of the HPRP, what it's for and how to access it. (NOTE: Under the Michigan Public Health Code section 333.16223[2], health care professionals who gain knowledge of a licensee/registrant's impairment as a result of a bona fide health professional-patient relationship are exempt from the requirement to report that professional to the HPRP.)

For further education, outreach or consultation, contact:
Brent Chartier, MSA, HPRP Program Coordinator
brent.chartier@hprp.org (800) 453-3784 Cell: (586) 907-2435

REGION 6 BIO-DEFENSE NETWORK COALITION:

Preparing Hospitals and EMS for Mass Casualty Incidents cont'd

continued from page 9

Make up of the Coalition

The state directed that each hospital and Medical Control Authority (set up to oversee pre-hospital care in one or more counties of the state) be represented in the coalition. Region 6 felt from the beginning that we needed active participation from many agencies involved in health care throughout the region. Currently the coalition meets monthly with 50-60 people attending from throughout the region. Representatives from each hospital and MCA are joined by representatives from EMS agencies, emergency management agencies, Metropolitan Medical Response System (MMRS), Red Cross, Health Departments, Indian tribes, RACES (Short wave radio group) and medical reserve corps. The coalition works closely with emergency management, MMRS and public health (each of which has separate funding sources) to maximize the effectiveness of preparedness dollars spent.

Hazard Assessment

The first step was to determine what the hazards were for Region 6. Based on multiple assessment tools and discussion with emergency management we determined that the likelihood of international terrorism striking Region 6 is low, but not negligible. The risk of domestic terrorism is much higher. Weather related emergencies are a significant risk (ice, tornadoes, heat and related power outages). The risk of chemical accidents is quite high based on the number of chemicals used in industry and agriculture. Biological risks are high, especially with pandemic influenza.

Readiness Assessment

The next step was to assess our current state of readiness. In 2002 we found that, as a region, we had very little ability to decontaminate patients. Certain hospitals or agencies had done some training in this, but there was no consistency or minimal standards for decontamination training. Equipment for proper decontamination was severely lacking. Most hospitals only had facilities for decontaminating two or three patients. EMS agencies had very little training and no protective equipment for dealing with contaminated patients. The ability to communicate between agencies was poor and there was limited redundancy in communications. As a region we were not ready for more than a multi-casualty trauma. Understand that there were isolated exceptions to this, but no coordinated planning or structure for response existed.

What Has Been Accomplished

Region 6 was able to provide decontamination tents, suits, respirators, and standardized training to all EMS agencies and hospitals in Region 6, 800 MHz radios for redundant communication to each hospital and EMS agency, disaster response trailers each stocked exactly the same, throughout the region hospital pharmaceutical caches for use in the early stages of a disaster. Training in decontamination procedures as well as drills to test disaster response have been carried out over the last several years. The federal government and State of Michigan have developed systems to rapidly get additional medical supplies and medications to affected sites. Incident command training has been provided to all agencies.

Region 6 is working closely with hospitals and Health Departments to increase surge capacity in every county. If the medical system becomes overwhelmed, we will need extra bed capacity to care for a large number of patients. Plans are in place to open additional facilities and equipment is being purchased to run these facilities.

Region 6 has provided grants to each EMS agency, MCA and hospital to provide education in disaster management for their staff. The MCAs have utilized their funds to provide training for first responder personnel. A pediatrics conference for all disciplines focusing on preparing to take care of children in a disaster has been presented each of the last two years with very positive response from attendees. Basic Disaster Life Support courses have been offered to train all levels of medical providers in disaster response. Additional courses are scheduled over the next few months. One Advanced Disaster Life Support Course was offered last year to provide advanced training for supervisory personnel. Another will be offered this coming year.

Interoperable communications has been addressed by providing 800 MHz radios and through the use of web based communications tools. This is a critical area that we continue to work on. Communication for planning and system development purposes occurs monthly through our meetings with the entire coalition, statewide medical director and BT coordinator meetings, and a close working relationship with emergency management, health departments and MMRS. Region 6 is developing a cost effective patient tracking system designed to track patients from the scene of an incident to the final disposition. This system allows patients to be followed throughout the emergency care system. It allows us to track family members who may be separated during a disaster, determine how many patients went to each facility and allows hospitals to see how many patients may be coming to their facility.

Major Priorities for This Fiscal Year

The federal government has determined 5 high level priorities they want us to focus on in the coming year. Interoperable communications, a hospital bed availability reporting system, volunteer registry, hospital evacuation, and fatality management. As a region we are doing well in most of these areas. We want to emphasize the volunteer registry, because we will need a large number of health care personnel to assist with the management of any sustained disaster response. Currently there are Medical Reserve Corps in Kent, Montcalm, Muskegon and Ottawa counties. The State of Michigan has set up the ESAR-VHP program to register volunteers. The website is www.mivolunteerregistry.org. Region 6 encourages all medical personnel, whether retired, active or currently unemployed to sign up with the state registry and your local MRC. By doing this each person will be pre-screened, receive training needed to operate in the system during a disaster, and pre-credentialed.

Summary

Region 6 is charged with preparing the medical community in a 13 county region for disaster response. Major advances have been made in the areas of decontamination, communication, exercises, surge capacity, interagency cooperation, and education. Much work remains, but the State of Michigan and Region 6 have been working diligently to ensure a coordinated, effective response to any disaster situation. We encourage your questions and participation as we continue to refine our response plans. Contact Region 6 through Kent County EMS, Inc. at (616)451-8438. You may also e-mail the author at medicaldir@mcmca.org .

KCMS NEW MEMBERS

Josebelo D. Chong, MD (Active)
Internal Medicine

B.S.: De La Salle University, Philippines, 1997
Medical School: De La Salle University, Philippines, 2001
Internship: University of the Philippines, Internal Medicine, 2001 -2002
Residency: Rotated around working in Emergency Departments at Molino Doctors Hospital, Taal Polymedic Hospital, and Las Pinas City Medical Center in the Philippines as well as providing documentation regarding Scientific Meeting and Medical Symposiums at MedCom International in the Philippines, 2002 – 2004; Spectrum Health Internal Medicine, Grand Rapids, Michigan, 2004 -2007
Address: 100 Michigan St NE, Ste A721, Grand Rapids, Michigan 49503, 974-4493
Sponsor: John MacKeigan, MD

Javinder Goraya, MD (Active)
Internal Medicine

B.S.: University of California, 1997
Medical Degree: Creighton University, Omaha, Nebraska, 2004
Internship/Residency: Spectrum Health, Internal Medicine, Grand Rapids, Michgian 2004 – 2007
Address: 100 Michigan Street NE, Ste. A721, Grand Rapids, Michigan 49503,, 974-4493
Sponsor: John MacKeigan, MD

Anne M. McCarthy, MD (Active)
Internal Medicine
Pediatrics

B.S.: Grand Valley State University, Allendale, Michigan, 1999
Medical Degree: Wayne State University, Detroit, Michigan, 2005
Internship/Residency: University of Cincinnati, Cincinnati, Ohio, 2003 -2007
Address: 1300 Michigan St NE, Ste. 202, Grand Rapids, Michigan 49503, 464-2888
Sponsor: John MacKeigan, MD

IN MEMORIUM

William D. Simpson, MD **1928-2007**

William D. Simpson, MD, a retired member of the Kent County Medical Society passed away September 7, 2007. Doctor Simpson received his medical degree from the University of Michigan in 1961. He practiced in Grand Rapids until he retired in 2002.

The Medical Society extends sympathy to his family.

CLASSIFIED ADS

DOCTORS IN THE NEWS

Robert Reneker, Jr., MD with Byron Family Medicine PC, has been installed at president of the Michigan Academy of Family Physicians.

DEAN'S MESSAGE

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

MSU CHM Expansion

Over the past several weeks, Michigan State University College of Human Medicine (MSU CHM) has accomplished several milestones toward the expansion of our college. Almost overnight, we have moved from a vision of what could be, to working through a timeline of activity that is rapidly leading toward what will be a signature medical education building at 15 Michigan Street.

Construction is on schedule to begin spring 2008 for the Secchia Center, our 180,000 square foot medical education building. A recent milestone in the MSU CHM expansion was the completion of the construction schematic design phase and a shift to the design and engineering development phase of the project. Each step of the process results in further refinements to both design and cost estimates. It was through this iterative progression that we came to understand that initial estimates were insufficient to support our vision for a signature medical education building and to accomplish the mandates set by our vested partners.

matriculating class size from 106 to 156 students. These students will all train their first year in East Lansing, with 50 students moving to Grand Rapids next fall for their second, third and fourth years of training. This process will repeat in 2008 and 2009, with 2010 marked as the first year of providing both first and second year training for 100 students per class in Grand Rapids.

Along with second year MSU CHM students coming to Grand Rapids next fall, comes opportunities for teaching medical education. The second year focuses on three groups of courses, including ethics, health policy, epidemiology and humanities courses; organ systems courses, called Problem-Based Learning or PBL courses; and clinical skills. We will need instructors for all of these courses. If you would like to learn more about our various contractual agreements for teaching these second year courses, please contact Aron Sousa, MD, at 517.353.4998 or sousaa@msu.edu

"...this location was the indisputable choice to best serve the needs of our students and collaborative initiatives with our health partners."

It is no secret that a significant factor contributing to the added cost of our expansion in Grand Rapids was real estate. Not only did we add to the scope of the project by acquiring additional land for the future, but our address at the base of Michigan Street hill at Division Avenue came with a premium price. However, this location was the indisputable choice to best serve the needs of our students and collaborative initiatives with our health partners. One can look no farther than up the street to our partners Van Andel Research Institute, Spectrum Health and Grand Valley State University, and south to Saint Mary's Health Care, to see how the Secchia Center will be a cornerstone for life sciences in West Michigan.

The first phase of the educational expansion of MSU CHM is also well underway. One significant educational milestone this fall was the increase in number of our 2007

As we move forward on the expansion of MSU CHM, we are committed to making the Secchia Center a signature building for Grand Rapids and the West Michigan community. From the outside, the design fits the plans and visions of the region. But it will also be signature in terms of what is inside too, with state-of-the-art instructional technologies and a community, health and education partnership that is truly unique to medical education. We look forward to unveiling the final architectural renderings of the Secchia Center. Thank you for sharing your excitement and support, and for your help in shaping this vision.

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PROJECTACCESS
Creating a Community of Care for the Uninsured

UPDATE

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

Project Access Physicians — Thanks a Million

Welcome to fall. As this article is published you and your family will be busy preparing for Thanksgiving, year end and the holidays. How fast the year seems to fly, particularly when you feel busy. Project Access and its staff and Board have felt the activity of 2007. As we reflect we look back at successes, we know it is only possible with your gifts of care, time, and talents. Because of your donations, Project Access has been successful – experiencing success such as $3 million dollars in gifted, donated, coordinated health care, success like 1200 patients served since the program was established, helping people return to work, getting patients assistance in disease management and rationale for setting health goals. An example is Melissa whose story was shared in a recent Steelcase Foundation report:

Melissa had near constant knee pain and was not improving. Working double shifts as a waitress paid her bills, but she couldn't afford health insurance. She learned about Project Access through her ER physician. Project Access was able to connect her with an orthopedic surgeon who performed several surgeries on both knees.

"Without Project Access, I don't know where I'd be right now. I'd probably be sitting on welfare," she says. "This program means the world to people like me who want to work but can't afford healthcare."

After recovery Melissa gave up waitressing and found a new career as a veterinary tech and is about to get health insurance on her own. "I'm about to leave the program, and I'm so proud," she says. "To be given the opportunity to better myself and better my life – that's huge. I'm so grateful to them."

For Melissa and many others who have benefited from your generosity, THANK YOU.

Gifts by physicians are complemented by hospitals, physical therapists, home health agencies and many others who help to provide care to deserving patients. The Project Access staff work diligently on behalf of the physician volunteers to verify that patients are eligible for the generosity of Project Access. The staff works to validate income, other coverage, and appropriate fit with Project Access (in attitude and gratitude). Contributions by philanthropists and Foundations have made this service possible so physicians can know that only eligible patients will receive care. Physician offices enjoy the ability to arrange for specialty care, have access to information on community resources and access to low-cost medications.

Thank you for another year of caring for these patients. If you have any questions, please feel free to contact Patricia Dalton, the Executive Director at 616-235-0000.

Wishing you Happy, Peaceful and Safe Holidays,

Project Access Board of Directors

LOOKING FOR A FEW GOOD MEN AND WOMEN

There are many things that contribute to a well-run organization…professional staff, adequate funding, reflecting on audience need, and most important, an effective Board. While we prepare for 2008, we are looking for physicians (particularly specialty care) who are willing to serve as Board Members. If you are in private practice and volunteering with Project Access patients and willing to provide practice perspective and leadership, we encourage you to consider a position on the PA Board. The Board meets 4-5 times a year at 7-8AM.

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GRMERC UPDATE

Peter Coggan, MD, MSEd
GRMERC President and CEO

Why do residents and medical students choose Grand Rapids?

In the last issue I wrote about transitions, in particular the arrival of new residents and students to our community. All have settled in well thanks to the efforts of many KCMS members and their families who have helped them to feel at home in Grand Rapids.

Why do residents and medical students choose Grand Rapids? Many of their reasons are familiar to us. We have exceptional teaching hospitals and a booming health care economy. Our city is undergoing a renaissance. Downtown is thriving. Concerts, shows and other events enhance the city's culture and offer attractive opportunities for young people that were not available a decade ago. Visitors can sense a renewed vibrancy.

These are all important considerations in the decisions of our medical students and residents to come to Grand Rapids. However, they are not the primary motivation. They come because they know our education programs will prepare them well for their careers in medicine.
Grand Rapids physicians have a remarkable record of dedication to teaching. The relationship with the Michigan State University College of Human Medicine began over thirty years ago and resident education in this community has an even longer history. We are on the brink of becoming the home for a four-year medical school. What could be a better indication of the quality of our medical community and its ability to inspire through teaching and mentoring?

By the time you read this column, GRMERC will have held our first "Excellence in Clinical Teaching" awards dinner at the Egypt Valley Country Club. We expect one hundred fifty attendees to honor outstanding clinical teachers nominated by medical students, residents and residency program directors. Although some of our teachers are paid a small stipend for their teaching, it is never enough to compensate them for lost clinical income or time with family and friends. Most are volunteers who continue to teach year after year because they find it energizing and profoundly satisfying.

"Grand Rapids physicians have remarkable record of dedication to teaching."

Our clinicians and educators deserve our recognition for the gift they give our medical students, residents and the community of Grand Rapids. When you encounter them, please thank them for what they do. I have listed their names below:

Neil Colegrove, M.D.
Jeff Wilt, M.D.
John Anderson, M.D.
Karen Dahl, M.D.
David Dickens, M.D.
Timothy Fritz, M.D.
Joseph Junewick, M.D.
Kevin Kane, M.D.
Nasir Khan, M.D.
Mike Metz, M.D.
Jayne Rauwerda, M.D.
Karl Roberts, M.D.
Chad Williams, M.D.

PLEASE SAVE THE DATE

Last year the Surf and Turf Dinner was a great success. All who came had an excellent meal and great time to catch up with one another. This event is open to your friends and family the order forms are inserted in this heartbeat. We want you all to mark your calendars and join us for a wonderful evening.

KENT COUNTY MEDICAL SOCIETY ALLIANCE

Invites you to our

SURF & TURF DINNER

TO BENEFIT
KCMSA FOUNDATION
a non-profit corporation providing funding for charitable projects in our community

Sponsored by the Gourmet Club

Friday, March 14, 2008 7:00pm Social Hour, 8:00pm Dinner

Marc Stewart's Guest House
636 Stocking NW, Grand Rapids, MI 49504

Questions: Contact Holly Jones 575-9058 or Mary Crawford 940-0998

If you would like to have your own Surf and Turf Dinner you can purchase steaks and lobsters. Please see the order form for items for sale.

SURF & TURF DINNER PARTY!

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 hollyhiraijones@comcast.net or
Mary Crawford 940-0998
marycraw@comcast.net.

Date: Friday, March 14, 2008 *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 5, 2008.

Dinner Order Form

- cut here -

Name:_____ Number attending:_____

Phone:_____ Cell: _____

Dinner choices:

- λ Fresh Lobster dinner $45.00 ea
- λ Steak Dinner $45.00 ea
- λ Lobster & Steak $65.00 ea.

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

***Return to**: KCMSA Foundation, 1995 Forest Shores, Grand Rapids, MI 49546*
Make checks payable to: **KCMSAF**

NAME OF INDIVIDUAL	FRESH LOBSTER	STEAK	SURF AND TURF

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

SURF & TURF SALE 2008

TO BENEFIT
Kent County Medical Society Alliance Foundation
A non-profit corporation providing funding for
Charitable projects in our community and
Hope Community Day Care

PICK-UP: Friday, March 14, 2008 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: Wednesday, March 5, 2008

- cut here -

Order Now! Use this 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		$

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Please enclose check or money order payable to KCMSAF
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MICHIGAN MEDICAL GROUP MANAGERS MET SEPTEMBER 28TH IN KALAMAZOO

By: Bob Wolford, CMPE
Executive Director – Grand Rapids Ophthalmology
Past President, Michigan Medical Group Management Association

During the end of September, members of the Michigan Medical Group Management Association (MMGMA) met in Kalamazoo to hear speakers on various areas of importance to the future of medicine including:

Medical Liability Protection
Protecting your Practice from Fraud and Embezzlement
Federal E-Health Regulations
Technology including the Electronic Health Record
Employee Retention
Michigan and Federal Legislation Impacting Health Care
Using Baldridge to attain Organizational Excellence

Attendance by Practice Managers of Kent County Medical Society (KCMS) member practices was quite conspicuous. These meetings are generally much less expensive than many national and/or privately sponsored meetings and along with other attendees, I can attest that they are an excellent experience with many opportunities for learning and networking.

The Kent County Medical Society (KCMS) has been successful in establishing a great working relationship with the Michigan Medical Group Management Association (MMGMA) regarding areas of common interest including this type of professional development and educating state legislators regarding health issues.

If your administrator is not a member of MMGMA, please consider the value. Membership dues are less than $100.00 a year. Information on membership can be obtained by contacting:

Sherry Barnhart – Executive Secretary
e-mail: sbarnhart@msms.org
phone: (517) 336-5786

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Make just ONE TAX-DEDUCTIBLE DONATION
(which will benefit local medical-field students).

Your name will be listed as a contributor on our Holiday cards. They will be sent for you to 1000+ members of the Kent County Medical Society and the Alliance!
Contributions will be accepted until December 1st for inclusion on our contributors list.

MAKE CHECKS PAYABLE TO: KENT MEDICAL FOUNDATION
suggested minimum donation is $100.

***Credit is given toward Kent Medical Foundation Century Club Membership**

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