



Bulletin

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION

SUMMER 2012



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We Need Your Help!



2012/2013
Educational Opportunities



Save the Dates Saturday, October 27, 2012
Saturday, January 12, 2013
Saturday, February 2, 2013

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BULLETIN

EDITOR

Gregory J. Forzley, MD

PUBLISHED BY

Kent County Medical Society &
Kent County Osteopathic Association
233 East Fulton, Suite 222
Grand Rapids, MI 49503
Phone 616.458.4157
Fax 616.458.3305
www.kcms.org • www.kcoa.us

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Kent County Medical Society Alliance
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Project Access

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ON THE COVER

TOP: KCMS Delegates at MSMS
House of Delegates: (l to r) KCMS
President, David W. Whalen, MD;
R. Paul Clodfelder, MD; and
John Beernink, MD

BOTTOM LEFT:
R. Paul Clodfelder, MD and
Don Condit, MD, MBA

BOTTOM RIGHT:
Jayne Courts, MD and
John Kopchick, MD



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GET INVOLVED:

*Learn more about the Kent County Medical Society at www.kcms.org.
Learn more about the Kent County Osteopathic Association at www.kcoa.us.*

Welcome

NEW MEMBERS

Sarah J. Brown, DO

Helen DeVos Children's Hospital

Mark D. Clark, MD

Javery Pain Institute

David S. Dickens, MD

Helen DeVos Children's Hospital

Beth A. Kurt, MD

Helen DeVos Children's Hospital

Brian R. Lane, MD, PhD

Spectrum Health Medical Group Urology

Jay T. Morrow, MD, PhD

Advanced Radiology Services, PC

Leigh M. Seamon, DO, MPH

Spectrum Health Medical Group

Gynecologic Oncology

Christopher C. Sherry, DO

Michigan Street Orthopedic Specialists, PC

NEW RESIDENT

Gerald P. Wright, MD

In Memoriam

GEORGE H. LEWIS, MD

Dr. Lewis graduated from Adrian College and was accepted to the University of Michigan's Medical School. His education was delayed by WWII, where he served three years with the Marines as a Navy Pharmacist mate, stationed in the Orient.

GREGORY A. PETERS, MD

Dr. Peters graduated from Marquette University High School and obtained a Bachelor of Science degree at Marquette University. Upon graduation from the Medical College of Wisconsin in 1967, Greg served in the U.S. Air Force and spent one year in Vietnam. He finished his service in 1970 and was awarded the Vietnamese Honor Medal 1st Degree. Greg practiced orthopedic surgery in Grand Rapids and really enjoyed working with people of all ages at the Sports Clinic.

ROBERT H. PUITE, MD

Dr. Puite attended Harvard University and Medical School. He served on the staff of Blodgett Memorial Hospital for forty years, specializing in cardiology. He established a full-time clinic devoted to the diagnosis and treatment of genetic muscle diseases, and at various times served as chairman of the Department of Medicine, chief of staff, chairman of the Division of Cardiology and director of the Neuromuscular Disease Clinic.

DARREL J. ROSEN, MD

Dr. Rosen worked as a radiologist in Grand Rapids for 32 years at Saint Mary's Hospital. He attended University of Minnesota Medical School and graduated in 1974. He completed his residency at the University of Minnesota-MPLS VA Hospital 1974-1978. Dr. Rosen joined the Michigan State Medical Society and the Kent County Medical Society in 1978.

Contact Information Update

Name: _____

Address: _____

Practice Name: _____

Phone(s): _____ Fax: _____

Spouse's Name: _____

Email: _____

Email Preference: Publish in Directory Do NOT Publish/Office Use Only

Preference on meeting alerts: Via Email Hard Copy

Preference on Bulletin delivery: Via Email Hard Copy

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Help conserve Society resources. Send us your email address today. KCMS and KCOA are committed to supporting members' preference on information delivery. If you would prefer to receive this newsletter in an electronic PDF format, instead of a paper version, please contact the KCMS/KCOA office at kcmsoffice@kcms.org. We'll be happy to make that change.

Please print clearly. Fax (458-3305) or mail completed form to the KCMS/KCOA office: 233 East Fulton, Suite 222, Grand Rapids, MI 49503

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Domenic R. Federico, MD

John H. Kopchick, MD

John B. O'Donnell, MD

Rose M. Ramirez, MD

David M. Reifler, MD

John E. vanSchagen, MD

David W. Whalen, MD

Phillip G. Wise, MD

MSMS DELEGATES TO JANUARY 2014

Anita R. Avery, MD

Lee P. Begrow, DO

R. Paul Clodfelder, MD

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Michelle M. Condon, MD

Patrick J. Droste, MS, MD

Sal F. Dyke, MD

Elizabeth Henry, MD

Khan Nedd, MD

Michael D. Olgren, MD

Brian A. Roelof, MD

MSMS ALTERNATE DELEGATES TO JANUARY 2013

Karen C. Cumiskey, MD

Eric L. Larson, MD

Marcy S. Larson, MD

Judith L. Meyer, MD

Gilbert D. A. Padula, MD

Michael Rush, MD

Herman C. Sullivan, MD

Yvan Tran, MD

Michael S. Werkema, MD

MSMS ALTERNATE DELEGATES TO JANUARY 2014

Marko Habekovic, MD

David E. Hammond, MD

Clifford B. Jones, MD

Laura A. VanderMolen, DO

James E. Young, MD

Join Us

MEETINGS OF INTEREST

OCTOBER 27

EDUCATIONAL OPPORTUNITY

CALVIN COLLEGE, PRINCE AUDITORIUM

Morning Session

PREVENTING THEFT AND EMBEZZLEMENT

CALVIN COLLEGE, PRINCE AUDITORIUM

Luncheon (Immediately following the Educational Event)

JANUARY 12, 2013

EDUCATIONAL OPPORTUNITY

CALVIN COLLEGE, PRINCE AUDITORIUM

Morning Session

FEBRUARY 2, 2013

EDUCATIONAL OPPORTUNITY

CALVIN COLLEGE, PRINCE AUDITORIUM

Morning Session

**SAVE
THE
DATE**

JANUARY 12, 2013

KENT COUNTY MEDICAL SOCIETY 110TH ANNUAL MEETING

CALVIN COLLEGE, PRINCE AUDITORIUM

Luncheon (Immediately following the Educational Event)

OUR MISSION:

The Kent County Medical Society is a professional association, uniting the physicians in Kent County into a mutual, neutral organization; preserving and promoting the health of the citizens of Kent County, the physician/patient relationship, the medical profession, and the interests of physicians.

Visit us

For event details, check out our website kcms.org



Doctors in the News

JOHN E. VANSCHAGEN, MD, was recognized by MSU-CHM receiving the “Outstanding Community Faculty” Award for 2012.

DR. JESSICA LALLEY with the Spectrum Health Medical Group and member of the Kent County Medical Society was a featured guest on the WOOD TV8’s eightWest segment titled “Pregnancy at 35+.”

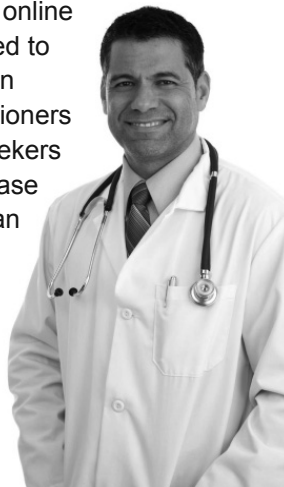
Kent County Medical Society member, **DR. DIANA BITNER** was highlighted on the WOOD TV8’s eightWest for being the keynote speaker at a women’s health event with the Spectrum Health Medical Group titled “Doctor Dialogue: Healthy Aging in an Unhealthy World.”

The month of March is set aside to bring awareness to colorectal cancer and the screenings that can save lives. **DR. DONALD KIM** with the Spectrum Health Medical Group and a member of the Kent County Medical Society was a featured guest on the WOOD TV8’s eightWest segment titled “The third most common cancer may surprise you: Know your risk for colorectal cancer.”

Medical Opportunities in Michigan (MOM)

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PHILLIP G. WISE, MD, KCMS President-Elect (pictured right), was on hand with Lt. Governor, Brian Calley, to sign Autism Insurance Legislation. The bill requires insurance companies to pay for autism spectrum disorder (ASD) diagnosis and treatment for children up to age 18. The legislation will also cover occupational therapy (OT) for sensory-based interventions and speech therapy. For more information on this bill, visit www.michigan.gov/autism.



David W. Whalen, MD
KCMS President

PRESIDENT'S MESSAGE

A Welcomed Member Benefit!

Recently, I was sailing on Lake Michigan with one of the other members of the Kent County Medical Society. As we relaxed under the sun, we were able to talk about the challenges that each of us face. Reflecting on this, I realized that this is the point of the Kent County Medical Society. It provides an opportunity for physicians to get together to discuss our common problems as well as hopes and dreams.

Physicians increasingly relate to their own specialties and hospital affiliations, but at the core, we are all doctors. We need a forum to meet with the physician colleagues in our community to learn about their challenges. This is a role that only the county medical society can provide. Without county medical societies, there would be no mechanism to bring all of the physicians of Kent County together. As an emergency physician, I know how important it is to have a collegial relationship with the other physicians of the community when I need their help at two in the morning. All physicians need colleagues who share our

desire to improve the lives of patients. This desire is not limited to a particular specialty or hospital affiliation.

As a society, we are improving our opportunities to get together with increased CME events and an improved web site. We have made changes to simplify the business operations of the organization. These improvements have resulted in increased membership among actively practicing physicians for the first time since I started serving on the board 4.5 years ago. This has only further encouraged me to spread the word about the Kent County Medical Society.

We want to know about any new partners or colleagues in the community so that we can show them what we have to offer. If you know of any physicians who are new to the area, please let us know and we will try to reach out to them. Even better, if every member of KCMS could personally reach out to a fellow physician, we will continue to grow and improve our association.

Personally, I love sailing, especially on Lake Michigan during the summer. Hopefully, we will gain a few more members with sailboats, so I can spend more time talking about our organization.

MSMS HOUSE OF DELEGATES

Resolutions

KCMS Delegates sent 12 resolutions to the MSMS House of Delegates. The following resolutions were introduced by Domenic R. Federico, MD for the Kent County Delegation.

SUMMARY OF SUBMITTED RESOLUTIONS

- 12 submitted
- 6 Adopted
- 3 Adopted as amended
- 2 No action
- 1 Disapproved

RESOLUTION 25-12

By: Sal F. Dyke, MD
Title: Electronic Medical Record Communication.
Adopted as Amended.

RESOLVED: That MSMS ask the AMA to convene a meeting of EMR vendors to propose a method of communications between their EMR systems.

RATIONALE: The Committee deleted the phrase "the top five" and replaced "EMR systems" with "EMR vendors." Testimony on this resolution was very favorable. The Committee felt that the phrase "the top five" was too vague and did not want to limit the number of potential EMR vendor participants.

RESOLUTION 27-12

By: The Kent County Delegation and the Medical Student Section
Title: Availability of Electronic Resources in Medical School.
Adopted.

RESOLVED: That MSMS solicit Michigan medical schools to make any resources distributed to students in paper format available electronically, and be it further

RESOLVED: That MSMS strongly encourage Michigan medical schools to make access to printed materials an "opt-in" system, in which electronic resources are made the primary mode of material distribution.

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RESOLVED: That MSMS strongly encourage Michigan medical schools to make access to printed materials an "opt-in" system, in which electronic resources are made the primary mode of material distribution.

RESOLUTION 28-12

By: Erin L. Schwab, MD
Title: Restricting Access to Candy Cigarettes to Children.
Adopted as Amended.

RESOLVED: That MSMS support legislation to ban the sale of candy cigarettes to minors.

RATIONALE: The Committee was extremely supportive of the resolution but felt that it did not go far enough. The complete ban of candy cigarettes is suggested by the Committee and feels that it is germane with the intent of the resolution to restrict access to them. The Committee feels that by restricting to minors, it aligns with the intent of the resolution but urges for a complete ban of candy cigarettes for all ages.

RESOLUTION 29-12

By: Phillip G. Wise, MD
Title: Michigan Health Savings Account.
Referred to the Board for Study.

RESOLVED: That MSMS work with Blue Cross Blue Shield of Michigan and other interested insurance carriers to develop a competitive Health Savings Account product to be made available for the general public; and be it further

RESOLVED: That MSMS educate the influential members of the Michigan Legislature and Administration to offer a competitive Health Savings Account product to all government employees who qualify.

RATIONALE: The Committee discussed that the Health Savings Accounts sponsored by BCBSM and other insurers are already penetrating the market in Michigan. Additionally, legislation passed by the state of Michigan, Public Act 152 of 2011, recognizes that public employers may be offering health savings accounts to their employees.

The Committee also believed there are other issues such as the amount of deductible, availability of actuarial data, and impact on the population as a whole required more study. Therefore, the Committee believed the MSMS Board should examine the resolution further.

RESOLUTION 31-12

By: Jayne E. Courts, MD
Title: Appropriate Use of Antipsychotic Medications in Nursing Home Patients Without Penalty.
Adopted as Amended.

The Committee amended the resolved portions to read:

RESOLVED: That MSMS ask the AMA to meet with Centers for Medicare and Medicaid Services (CMS) for a determination that acknowledges that antipsychotics are an appropriate treatment for dementia-related psychosis if non pharmacologic approaches have failed; and be it further

RESOLVED: That the AMA ask the CMS to cease and desist in issuing citations or financial penalties for appropriate use of antipsychotics for the treatment of dementia-related psychosis.

The Committee included the phrase "appropriate use of" for clarification in the second resolved.

RESOLUTION 58-11

By: Yvan Tran, MD
Title: HIPAA Relief for Physicians Caring for Patients with Loss of Consciousness and Seizure Disorders.
Adopted.

RECOMMENDATION: That the 2012 House of Delegates adopt Resolution 58-11, "HIPAA Relief for Physicians Caring for Patients with Loss of Consciousness and Seizure Disorders," as amended to read:

RESOLVED: That MSMS work with the appropriate legislative and department officials at the state level to grant immunity to physicians both for reporting and not reporting a patient's relevant medical condition(s) that may affect driving competence when such action is taken in good faith and when such actions are documented by the physician in good faith; and be it further

RESOLVED: That the MSMS Committee on State Legislation and Regulations review state legislation pertaining to physician immunity and optional reporting of a patient's relevant medical condition(s) that may affect driving competence to determine whether it is appropriate to include provisions addressing the notification to patients of such reporting.

RATIONALE: MSMS does not have policy specific to this issue. However, MSMS does have policies related to safety and driver capabilities and driver license suspension. The AMA has policy (see pages 3-4) on impaired drivers and their physicians that focuses "the physician's responsibility to recognize impairments in patients' driving ability that pose a strong threat to public safety and which ultimately may need to be reported to the Department of Motor Vehicles."

According to MSMS Legal Counsel, an exception already exists under HIPAA for the type of situation addressed in this resolution. However, state confidentiality laws do not currently allow physicians to disclose confidential and privileged medical information to the Secretary of State without the patient's consent regarding driving capability.

RESOLUTION 63-11

By: Donald P. Condit, MD, MBA
Title: Taxpayer Funding of Abortion.
Adopted.

RECOMMENDATION: That the 2012 House of Delegates approve the substitute Resolution 63-11, "Taxpayer Funding of Abortion."

RESOLVED: That MSMS supports the state of Michigan funding abortion for Medicaid patients deemed necessary by a physician.

RATIONALE: There was no testimony related to this resolution and the Committee concurred that the Affordable Care Act resolves many aspects requested in this resolution. Resolution 63-11 was referred to the MSMS Board of Directors for study. The Board assigned the resolution to the Task Force to Review HOD Resolution 63 11, "Taxpayer Funding of Abortion," for review and recommendation.

RESOLUTION 65-11

By: Michelle M. Condon, MD
Title: Move Tramadol to Schedule 2 Drug Designation.
Adopted.

RECOMMENDATION: That 2012 MSMS House of Delegates adopt Resolution 65 11, "Move Tramadol to Schedule 2 Drug Designation," as amended to read:

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support efforts to study and potentially reclassify Tramadol as a scheduled substance.

RESOLUTION 77-11

By: Patrick J. Droste, MS, MD
Title: Exemption of Release of Co-pay Obligations when Children's Special Health Care Services (CSHCS), Michigan Medicaid or Michigan Medicaid Product is the Secondary Insurance.
Not Adopted.

RECOMMENDATION: That the 2012 MSMS House of Delegates not adopt Resolution 77-11, "Exemption of Release of Co-Pay Obligations When Children's Special Health Care Services (CSHCS), Michigan Medicaid or Michigan Medicaid Product is the Secondary Insurance."

RESOLVED: That MSMS ask for legislation that would require collection of co-pay at time of services for all plans that require co-pay prior to billing primary and secondary insurances.

RESOLUTION 81-11

By: Patrick J. Droste, MS, MD and Deborah Droste, RN, BSN
Title: Establishment of Objective Criteria to Monitor and Approve 'For Profit' and 'Non-Profit' Insurance Carriers Premium Rate Increases.
Adopted.

RECOMMENDATION: That the 2012 House of Delegates not adopt Resolution 81 11, "Establishment of Objective Criteria to Monitor and Approve 'For Profit' and 'Non-Profit' Insurance Carriers Premium Rate Increases."

RESOLVED: That MSMS work for legislation, or work with Michigan's Insurance Commissioner, to do all of the following:

- 1) Initiate limits on insurance carrier rate increases based on objective criteria.
- 2) Provide that 'For Profit' and 'Non-Profit' insurance carriers identify the costs per dollar for direct health care per premium dollar.
- 3) Require that insurance carriers must allocated greater than 70% of each premium dollar toward direct health care costs.



Special thanks to the Kent County physicians, practice administrators, and Alliance members who were able to attend the July 18 Senate Meeting:



Anita Avery, MD

Patricia Dalton

Deborah Droste

Karen Knox

Karin Maupin

John O'Donnell, MD

Rose Ramirez, MD

Amy Tzintzun

Bob Wolford

Pamela Wilson

PATIENTS FIRST REFORM PACKAGE

We Need Your Help!

Supporters for tort reform knew that they would face a challenge in Lansing July 18th.

We were attending a special hearing of the Senate Insurance Committee and the discussion would be medical malpractice. Republican Joe Hune chaired. The Alliance’s legislative committee, MSMS legislative staff, county directors and other concerned citizens worked diligently to try and rally a majority population, but to no avail. We were outnumbered at least 5 to 1. Of our sixteen counties contacted by the Alliance, only nine members came. Those that attended were told that if we arrived before 7:30 a.m. we would have a chance at filling up the seats in the hearing room. Instead, we were greeted by a sea of white t-shirts that had emblazoned on them “accountability- no immunity”—the opposition had arrived in droves and had arrived early. At first we thought all these white t-shirts were students from the local law school, but as time passed we realized that the majority of these people had experienced tragedies in their lives that had left them with visible disabilities. Whether or not the injuries were a result of medical malpractice was not clear, however. One by one, twelve of them testified, usually accompanied by a trial attorney, usually with a prepared speech, honing in on two or three of the same points, and usually with tremendous emotion. It quickly became apparent that a few attorneys had organized the entire room of white t-shirts.

Physicians, residents, medical students, alliance members, county and specialty society executives, medical group managers, and MSMS staff made up the population of supporters. The Michigan State Medical Society carefully picked five excellent, highly versed speakers that addressed the merits of the “Patients First Reform Package” or tort reform bills. Former

Michigan Supreme Court Justice Cliff Taylor said “this is not an immunity bill... I don’t think it’s fair to think that Michigan courts would construe it that way.” Dr. Cheryl Gibson Fountain, obstetrics and gynecology at Beaumont Hospital “reasonable reforms would make it attractive for more physicians to stay in Michigan... at this time seventeen contiguous counties in lower Michigan lack obstetricians.” MSMS president John Bizon, M.D. with his daughter Resident Catherine A. Burtrum, D.O. “these bills seek to build on tort reforms passed in 1993 and balance patient access to the courts with protection for physicians against meritless cases.” MSMS Past President Dr. Steven E. Newman “we do NOT seek blanket immunity from any act or omission; we are asking for the same standard of negligence that applies to attorneys be applied to physicians.”

In order to pass these bills out of committee and onto the floor of the Senate for a vote, they need to hear from you!

The insurance committee met for four hours that evening with much debate but no vote. Senate bills 1110, 1115-1118, 1136 and 1137 remain in committee. More explanation is available about the tort reform legislation by visiting www.senate.michigan.gov/committee/insurance.shtm. or by going to our own MSMS website and reading the July 20th Medigram. We were told that the Senators would not address these issues again until the session resumes next month. Members of the committee are Republican Senators: Joe Hune, 22nd District, Jim Marleau, 12th District, Jack Brandenburg, 11th District, Goeff Hansen, 34th District, David Robertson, 26th District and Democratic Senators: Virgil Smith, 4th District and Steven Bieda, 9th District. The committee has been deluged by the opposition. The time has come for our voice to be heard! **Please write, email or call these Senators. In order to pass these bills out of committee and onto the floor of the Senate for a vote, they need to hear from you!**

Karin Maupin, State Legislative Chairperson



Gregory J. Forzley, MD
KMF Board Chair

KENT MEDICAL FOUNDATION

Are You a Giver?

The ability to give has always been held in high regard by society. Medical professionals, and many in the healthcare industry, are givers by the very nature that we are in the healthcare field, giving of our time and talents for the well-being and health of others. Our capacity for giving actually lends itself to more giving of ourselves in support of social and community good.

I had the good fortune of inviting Rich DeVos to speak to us at a medical society meeting during the year that my friend Dr. Paul Farr was KCMS President. His focus was on giving, and in a room filled with physicians, he challenged us to go beyond our current level of service and give in other ways, whether it was financial gifts, mentoring others, being active in our church, or becoming involved in other social and community service activities.

In addition to our role as givers, we as medical professional are also looked upon as potential leaders. Leaders are expected to give throughout their careers. Roshan Thiran, CEO of Leaderonomics, suggests in his article "Are you a Giver or Receiver?" (May 7, 2011, *The Star Online*), that there are very simple ways we can give as leaders. Rather than being a leader that wants more and more, we can give back as leaders through listening, giving feedback

(to employees) and developing others. As health professionals, the elements of listening and giving feedback to our patients and our peers are everyday occurrence. While some of us do a better job at listening and reflecting back than others (several studies demonstrate that it is not unusual to see a physician interrupt a patient telling their story in less than 30 seconds), there may be less opportunity to give back as a mentor who develops others.

One of the ways to help develop others is by supporting the Kent Medical Foundation. Within the past three years, the Foundation has expanded its purpose in order to explore medical outreach opportunities in our community. In partnership with KCMS, there have been opportunities for personal involvement in mentoring medical students. In addition, giving opportunities such as the Foundation grants that engage medical students to lead community wellness activities, including the very successful Fit Kids 360 and Healthy Cooking programs, are an increasingly important focus. The Foundation plans to increase giving to similar community outreach programs during future grant cycles. However, the dollar amounts of grants are limited by the funds that are available to the Foundation.

Please consider a one time or ongoing gift of support. And look for simple ways that you too can increase your giving quotient so that you can proudly proclaim "I am a giver." As Albert Einstein, the famous Swiss physicist once said, "The value of a man should be seen in what he gives and not in what he is able to receive."



—The value of a man should be seen in what he gives and not what he is able to receive.

—Albert Einstein

PROJECT ACCESS

Volunteering is Alive and Well in Grand Rapids



Eric Bouwens, MD
Board Chair

Volunteerism, one of the qualities that makes Grand Rapids a good place to live. Recently, Grand Rapids was ranked number 9 among mid-size cities for number of people volunteering to make life better. I'd like think that volunteerism and philanthropy go hand in hand in making Grand Rapids a great place to live.

Volunteerism also helps those involved in volunteering to help those in need. Studies show that persons involved in volunteer activities experience increase in mood and energy. Not surprisingly, then, the whole city experiences perceives itself as a desirable place to live. This is what Project Access is about and is why physicians have donated over 6 million dollars worth of donated services since the inception of this program.

As the Project Access Board rides out the confusion/anticipation of what could happen in 2014 (like all of us), the staff continues to serve uninsured patients through your tremendous generosity of care and treatment. Physicians in Kent County quietly serve our uninsured community and your gifts of care, guidance, confidence and friendship are not unnoticed.

Since the creation of Project Access, funders have helped to support the office staff's work on behalf of physicians who participate to serve the Project Access patient. Funding supports the patient education, community navigation and eligibility processes sing of patients. Countless hours are spent coaching patients on the system and how to follow through with physician advice, and the next step in the process of their care.

Thank you to our recent and repeat funders who support our work in treatment patients. The total gifts of care by our physician and hospital partners is approaching \$6 million dollars (since 2004).

Volunteering in Grand Rapids, Michigan

The *Grand Rapids Press* referenced information on local volunteerism collected within the Grand Rapids Metropolitan Statistical Area (MSA). Major cities in this MSA include Grand Rapids, MI and Wyoming, MI

Highlights on Averages using 2007-2010 data:

- 277,000 volunteers
- 37.7% of residents volunteer—ranking them **8th** within the 75 Mid-size cities
- 23.3 million hours of service
- 31.6 hours per resident—ranking them **54th** within the 75 Mid-size cities
- \$497.2 million of service contributed
- In 2010, the national volunteer rate was 26.3 percent, with 62.8 million volunteers donating approximately 8.1 billion hours of service.
- Between 2007 and 2010, Grand Rapids had an average annual volunteer rate of 37.7 percent and 31.6 service hours per resident.



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KCMS/KCOA

Membership Directory

As in years past, the KCMS and KCOA, will be producing a 2012 Membership Directory. Active Members of KCMS or KCOA receive two (2) Directories mailed to their home; Retired Members of KCMS or KCOA receive one (1) Directory mailed to their home.

Additional copies of the 2012 Directory are available for member physicians only. If you wish to order additional 2012 KCMS/KCOA Membership Directories for yourself and/or your staff, please fill out the order blank below, **enclose a check for payment**, and return it to the KCMS/KCOA office. Orders for additional directories will be processed while supplies last.



Membership Directory 2012 Order Form

Please pre-order _____ additional Directories at \$35.00* each.

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*Please make check payable to Kent County Medical Society and mail payment with order form to:

KCMS/KCOA, 233 East Fulton, Suite 222, Grand Rapids, MI 49503

Questions? Contact the KCMS office at (616)458-4157



Barbara Sink
KCMS Alliance President

ALLIANCE HEARTBEAT

The Joys of Summer

Welcome summer! We have been waiting for you all winter! You are too easily stolen from us, and therefore, to be even more savored. My mouth practically waters at the thought of your fresh produce. Not to mention the hot sunny days at Lake Michigan, more relaxed schedules, sweet blueberry picking, and let's not forget the evenings of stargazing. Oh summer, please don't leave me again.

Summer is the great opportunity for relaxation, but it is also the moment to take on new activities that we once loved or have never tried. Help your garden grow, or if you are like me, go watch someone else's garden grow. Grab your kids, and follow one of the many bike trails that crisscross across the state. While you're at it, challenge yourself to a marathon or hike. There are so many trails, just pick a weekend and go for it. For me, my kayak is my new Pilates workout, leaving the gym behind.

Some may like it slow with an easy saunter through the Farmer's Market. I'm looking forward to checking out the new facilities on Fulton Street. Also, camping is a great family activity, but if you prefer something a bit quieter and requiring a more delicate sense of patience, bird watching may be your thing. The East Grand Rapids library has bird watching kits for beginners. Others—my husband among them—may prefer something a bit faster like a Laser sailboat cutting through Reed's Lake.

In addition to these activities, summer is a time to renew those family ties with travel and picnics. Invite friends to a backyard barbecue. You might even try something unexpected on the grill. Make the family a new dish with the colors of the rainbow.

The Alliance will begin again in the fall with a full schedule of philanthropic, social, and legislative activities. Be sure to send in your membership dues of \$20 in order to receive our email announcements of upcoming events. Until we meet in the fall, be relaxed and healthy, jump into summer and enjoy.

Summer Sangria!

CLASSIC SANGRIA

- 1 bottle dry red wine (like Rioja, Merlot, or Sinfandel)
- ½ C brandy
- ½ C Cointreau
- ½ C water
- ½ C orange juice
- ¼ C sugar
- 2 L sparkling water

Combine all ingredients and refrigerate overnight. Mix with sparkling water to taste. Serve over ice. Garnish with orange and lemon slices. Makes 4–6 servings.

PEACH SANGRIA

- 1 bottle dry white wine
- ¾ C peach Schnaaps
- 6 T frozen lemonade concentrate
- ¼ C white sugar
- 1# white peaches, pitted and sliced
- ¾ C seedless red grapes, halved
- ¾ C seedless green grapes, halved
- 2 L sparkling water

Combine all ingredients overnight for best flavor blending. Before serving mix with sparkling water to taste. Serve over ice. Makes 4–6 servings.

Join Us

ALLIANCE CALENDAR

SEPTEMBER 13 • 12:00 NOON
Book Club
 Schuler Books & Music
 2660 28th Street, Grand Rapids, MI 49512

FEBRUARY 9, 2013
Children's Charity Ball
 JW Marriott

Supporting FitKids 360 and the Children's Ocular Program of Cherry Street Health Services

KENT COUNTY MEDICAL SOCIETY ALLIANCE (KCMSA) MEMBERSHIP APPLICATION

Join us as we work together for a healthier Kent County and encourage friendship among physician families in our community.

Name: _____

Address: _____

Spouse's Name: _____

Home Phone: _____ Email: _____

ANNUAL MEMBERSHIP DUES <small>MEMBERSHIP YEAR: JULY 1, 2012 - JUNE 30, 2013</small>	PHYSICIAN'S SPOUSE	MEDICAL STUDENT OR RESIDENT'S SPOUSE	AMOUNT PAID	MARK ALL YOU WISH TO JOIN
AMA (American Medical Association Alliance)	\$ 50.00	\$10.00		<input type="radio"/>
MSMSA* (Michigan State Medical Society Alliance)	\$ 32.00	\$ 2.50		<input type="radio"/>
KCMSA (Kent County Medical Society Alliance)	\$ 20.00	\$ 5.00		<input type="radio"/>
TOTAL (COUNTY, STATE AND NATIONAL)	\$102.00	\$17.50	\$	

Please make check payable to KCMSA and mail form to:
KCMSA Treasurer, 3840 Foxglove Ct. NE, Grand Rapids, MI 49525

**Please note if you are the spouse of a retired physician, you can pay a reduced dues amount of \$25.00 for MSMSA. AMAA and KCMSA dues remain the same.*

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.





Peter Coggan, MD,
MEd. GRMEP President
and CEO

GRAND RAPIDS MEDICAL EDUCATION PARTNERS

Just When You Thought You Understood Accreditation

The Accreditation Council on Graduate Medical Education (ACGME) mandates two layers of accreditation.

The first layer is accreditation of individual residency and fellowship programs, which are typically accredited for up to five years. As reported previously, our Grand Rapids Medical Education Partners (GRMEP) programs substantially exceed national averages for length of accreditation. The second layer is sponsoring institution accreditation which affirms that the infrastructure supporting individual programs meets acceptable national standards. Unlike most graduate medical education (GME) settings, GRMEP is the sponsoring institution rather than the hospitals or MSU College of Human Medicine. The ACGME informed GRMEP in January of sponsoring institution re-accreditation for the maximum period of five years - with commendation; it doesn't get any better than this.

I attended ACGME's Annual Meeting in early March to hear preliminary information about its Next Accreditation System (NAS) presented by Tom Nasca, MD, ACGME Chief Executive. He explained that the ACGME's six general competencies, introduced a decade ago as defining themes in graduate GME, were important steps forward in curriculum development. However, performance evaluation of residents by each competency and by postgraduate year did not keep pace.

Therefore, the next step is an evaluation system based on the demonstration of competence, through the achievement of educational outcomes in knowledge and skills, and specialty-specific milestones (established by each ACGME residency review committee) considered necessary for each stage of a resident's training. ACGME's strategy

is to develop national, standardized, competency-based benchmarks that allow comparison of residency programs within the same specialty as well as across disciplines. As you can imagine, this will require a great deal of data collection and analysis, and a reasonable degree of consistency in how faculty evaluate resident performance.

While the residency review committees have been busily developing specialty-specific milestones and the ACGME has been defining the NAS process, GRMEP's education team (G. Jewell and L. Youmans) have developed a framework that integrates the competencies, the milestones (as they become available), and outcome evaluation of the residents. Framework development has included faculty identification of goals and objectives to be demonstrated at each stage of training. The framework delineates progressively complex knowledge, skills, and abilities each resident must demonstrate to advance in the program. The GRMEP Integrated Framework has been implemented in our general surgery, vascular surgery, and diagnostic radiology programs, and is in the process of methodical roll-out to all GRMEP residencies and fellowships.

Because of the concerted work by GRMEP faculty and staff over the last few years, we are ahead of the target in implementing the concept of this new accreditation system. And, while I welcome the NAS changes because they make good educational sense, the devil is always in the details. Many of the changes necessary to implement the new system remain unclear. Stay posted as more is revealed over the spring and summer months.



Doreen Schoenborn, MA,
ACMPE Nominee,
Secretary, MMGA

MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION

Jazz Up Your Practice

The Michigan Medical Group Management Association (MMGMA) spring conference entitled “Jazz up your medical practice with MMGMA” was held at Soaring Eagle Casino and Resort Conference Center in Mount Pleasant, Michigan in March 2012.

The conference once again was an exceptional resource for educational and networking opportunities. The programs were designed to benefit the seasoned manager, the new manager, those of integrated systems or privately owned practices.

Educational sessions were provided by various professionals in healthcare. I truly enjoyed each session and found relevant information that I could take back to my practice. Two speakers I found exceptional were Deborah Walker Keegan, PhD, FACMPE of Medical Practice Dimensions, Inc. and Louis C. Rabaut of Warner Norcross & Judd LLP. Both of these speakers provided information for the attendees that was both timely and thought provoking.

Deborah Walker Keegan spoke to the group about revenue cycles and the future face of healthcare. She focused on the importance of benchmarking, identifying leading financial indicators and diagnosing as well as treating key work functions to avoid potholes in the road to getting paid. The key steps in the revenue cycle were reviewed and the importance of focusing on a “clean claim”- doing work right the first time.

In speaking on the future of healthcare, she laid out the policy roadmap for us all. Starting with the Medicare Modernization Act (MMA) 2003, Medicare Improvements and Extension Act / Tax Relief and Health Care Act (MIEA-TRHCA) 2006, Medicare Improvement for Patients & Providers Act (MIPPA) 2008, American Recovery & Reinvestment Act (ARRA) 2009, Patient Protection & Affordable Care Act (PPACA) 2010, Help Efficient, Accessible, Low Cost, Timely Healthcare Act (HEALTH) 2011 and Independent Payment Advisory Board (IPAB) 2014. So many years and acronyms... Intimidating to many, Confusing to some, yet with

the guidance of a pro like Deborah and the foresight of the leaders at MMGMA in knowing the importance of educating our managers, this all seems less intimidating and confusing when you have facts and people to reach out to.

Lou Rabaut spoke to the group about ethical issues and problem solving for leaders. He advised that our role as a leader is to make judgment calls and hard decisions. In doing so we need to be Discerning, Reflective and Decisive. Our core value should be to do the right thing. He helped us to identify the 7 step decision making process that we should follow that included fact finding, risk/benefit analysis and implementation skills.

Lou Rabaut's session on workplace drama was extremely entertaining, yet a great lesson on handling the multitude of dramatic issues that we deal with on a daily basis as managers. Who are the Writers, Directors, Actors, Stage Crew and Audience in the live theater that takes place in all our offices? As he said, is your workplace story a drama, a tragedy, a comedy or a morality play? A good director will be authentic, confront reality, be hopeful and lead.

The Spring MMGMA conference was exceptional. I hope your manager had the opportunity to attend this educational program and bring back skills and ideas to help Jazz up your medical practice. These conferences provide educational and networking opportunities that are so important for medical managers in today's ever changing landscape of health care. Registration info is accessible at www.MichMGMA.org.



By Mark Hall, MD, MPH,
(pictured right)
and Brian Hartl, MPH

KENT COUNTY HEALTH DEPARTMENT

Health in Kent County: Looking Beneath the Surface

According to the 2012 County Health Rankings released by the University of Wisconsin, Kent County ranks 15th best out of 82 Michigan counties with regard to health outcomes and 19th best with regard to health factors.

Health outcomes take into consideration such measures as premature death, low birth weight, and the percentage of residents reporting fair or poor health. Health factors consider health behaviors (e.g. smoking, obesity), clinical care (e.g. percentage uninsured, number of primary care physicians), social and economic factors (e.g. poverty, unemployment) and environmental factors (e.g. air pollution, access to healthy foods). These health rankings offer a means by which the health of a community is measured; however, when data are limited to the county level, the picture often seems brighter due to the fact that underlying disparities in health are masked.

Income and poverty are strong predictors of health. The amount of money one has influences their access to the resources and opportunities to keep them healthy. Individuals living in poverty are more likely to experience poor home and work environments, experience discrimination and lack access to health care, healthy foods and safe places to exercise. Data from the American Community Survey (5-year estimates 2006-2010) indicate that 14.3% of all individuals and 20% of children under the age of 18 in Kent County live below the poverty level. African Ameri-

The picture often seems brighter due to the fact that underlying disparities in health are masked.

cans and Hispanics in Kent County are disproportionately affected by poverty.

- Overall, African Americans were 4 times more likely to live in poverty than White, non-Hispanics.
- African American children were 5 times more likely than White, non-Hispanic children to live in poverty.
- Hispanics were nearly 4 times more likely than White, non-Hispanics to live in poverty.
- Two thirds of African Americans and Hispanics live in high poverty census tracts (in which 20% or more of the population is below the poverty level)

In Kent County, poverty impacts health throughout the life course. Individuals with lower Socioeconomic Status (SES) are disproportionately affected by poor birth outcomes, poor health behaviors and premature mortality. Data from the 2011 Michigan Birth Certificate Registry were analyzed to determine the distribution of poor birth outcomes by census tract. Although 27.6% of the entire Kent County population lives in high poverty census tracts, 38.6% of pre-term births (those before 37 weeks gestation) and 43.3% of babies born at low birth weight (< 2500 grams) occurred in high poverty census tracts. In addition, analysis of mortality data from 2005-2009 indicated that nearly half of all infant deaths occurred in high poverty census tracts.

Data from the Kent County Behavioral Risk Factor Survey reveal that those with low income are much more likely than those at higher incomes to exhibit poor health behaviors. Compared to individuals at the highest level of income, those with the lowest income were:

CONTINUED ON PAGE 22



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

June, 2012

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2012	Through June 2007-2011
AIDS (Cumulative Total - 899)	5	15	13
AMEBIASIS	0	3	2
CAMPYLOBACTER	2	31	23
CHICKEN POX ^a	0	9	58
CHLAMYDIA	221	1753	1678
CRYPTOSPORIDIOSIS	0	3	6
Shiga Toxin Producing E. Coli ^b	1	4	N/A
GIARDIASIS	3	31	38
GONORRHEA	25	302	384
H. INFLUENZAE DISEASE, INV	0	2	1
HEPATITIS A	0	2	2
HEPATITIS B (Acute)	0	1	1
HEPATITIS C (Acute)	0	2	1
HEPATITIS C (Chronic/Unknown)	12	143	151
INFLUENZA-LIKE ILLNESS ^c	2320	33816	34406
LEGIONELLOSIS	0	3	2
LYME DISEASE	0	1	0
MENINGITIS, ASEPTIC	1	9	13
MENINGITIS, BACTERIAL, OTHER ^d	0	9	4
MENINGOCOCCAL DISEASE, INV	0	3	1
MUMPS	0	0	0
PERTUSSIS	0	1	3
SALMONELLOSIS	3	19	17
SHIGELLOSIS	1	9	2
STREP, GRP A, INV	0	15	11
STREP PNEUMO, INV	0	19	34
SYPHILIS (Primary & Secondary)	0	3	6
TUBERCULOSIS	1	8	9
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2012	DISEASE	NUMBER REPORTED Cumulative 2012
Guillain-Barre Syndrome	3		
Malaria	1		
Q Fever Acute	1		

- a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.
- b. In November 2010, cases of *E. coli* O157:H7 were combined into the category "Shiga-toxin producing *E. coli* (STEC)"
- c. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools.
- d. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN *H. influenzae*, *N. meningitidis*, or *S. pneumoniae*.

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.

KENT COUNTY HEALTH DEPARTMENT CONTINUED FROM PAGE 20

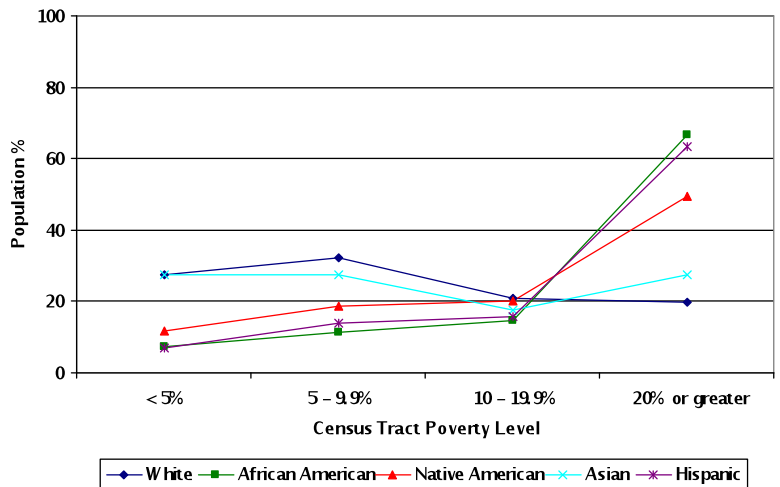
- Nearly twice as likely to be obese
- Greater than three times more likely to report no leisure time physical activity
- Three times more likely to smoke

These behaviors lead to chronic diseases that rob individuals of potential life. Calculating Years of Potential Life Lost (YPLL) is a means to quantify the impact of premature mortality on a population. YPLL sums all of the years of life not lived up to a certain age. To determine the impact of lost life in Kent County, YPLL was calculated for all deaths occurring before age 65 in Kent County between 2005 and 2009. YPLL rates were then calculated by dividing YPLL by the appropriate population obtained from the 2010 U.S. Census.

Comparing rates of YPLL between African Americans and Whites in Kent County reveals that African Americans lost 2.2 times as many years of potential life than Whites. YPLL rates were also analyzed by census tract to determine if there was a relationship between YPLL and poverty level. Figure 2 presents a plot of YPLL rate versus the percentage of poverty in a census tract. Despite the existence of a few outliers, it is evident that the rate of YPLL increases in accordance with the level of poverty in a census tract.

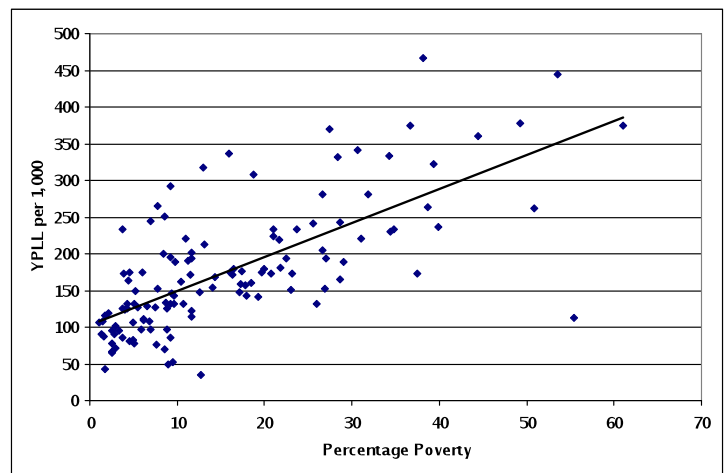
Additional information regarding the topic of Health Equity in Kent County, including resources for physicians, can be found at www.accesskent.com/healthequity.

FIGURE 1: Distribution of Population by Race/Ethnicity and Census Tract Poverty Level, Kent County



Source: Population Data - 2010 U.S. Census
Poverty Data - American Community Survey 5 Year Estimates (2006-2010)

FIGURE 2: YPLL by Census Tract Poverty Level, Kent County, 2005-2009



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Margaret Thompson,
MD, Grand Rapids
Associate Dean,
Michigan State
University College of
Human Medicine

MSU COLLEGE OF HUMAN MEDICINE

From the Associate Dean's Desk

MSU College of Human Medicine is wrapping up the first academic year of having two hundred preclinical students on the Grand Rapids Campus. The Secchia Center is full of second-year students studying for their USMLE Step 1 exams, while first-year students are learning to examine newborns.

At the other end of the spectrum, on May 12, the College of Human Medicine graduated 146 new physicians, growing our alumni body to more than 4,000 MSU MDs! Forty-nine of those new graduates are from the Grand Rapids campus. They had an extremely successful match, with students matching into a range of specialties, including Family Medicine, Internal Medicine, Radiology, Neurology, Pediatrics, and several surgical subspecialties. Nineteen of our Grand Rapids graduates will be staying in Michigan, with nine of those at GRMEP.

As our student numbers grow, we continue to look for new clinical placement sites. Working in collaboration with GRMEP and Grand Valley State University, we have met with hospitals and physicians in several outlying communities, including Greenville, Hastings, Big Rapids, Reed City and Fremont. We are delighted that so many institutions and physicians recognize the value of training medical students, and new clinical sites will help prepare our students for a range of future practice opportunities.

This spring, we welcomed our new Grand Rapids student research director, Dr. Mark Trottier. Dr. Trottier comes to us from the Biochemistry and Molecular Biology Department at Michigan State University. In his new role here, he will be working closely with Dr. Alan Davis at GRMEP, as well as the research departments at Spectrum Health and Saint Mary's Health Care to match students across our curriculum into research projects. He will be overseeing the Critical Analysis/Analytic Medicine course in Grand Rapids, as

well as managing our fourth-year student research elective. As a land grant university, Michigan State strives for collaboration and a positive impact in the communities where our students learn. Over the past academic year, both students and faculty members have been involved in service in the community. We have formed a strong relationship with Catherine's Care Center, where some of our students have not only rotated with Dr. Jack Walen, but have helped with landscaping and other non-medical projects to support this clinic which serves the working poor in the north quarter of Grand Rapids.

We have had many students volunteering on childhood asthma projects under the supervision of Dr. Tom Peterson. The College of Human Medicine Grand Rapids Block III office continues to host two interns each summer from the Grand Rapids Area Pre-College Engineering Program (GRAPCEP) at Creston High School. Two of our faculty members also serve on the advisory board of the School of Health Sciences at Central High School. We continue to pursue opportunities to partner with other area institutions and organizations to improve the quality of life in Grand Rapids.

As we look forward to welcoming about 75 new third year students to the clinical years in Grand Rapids, we remain truly grateful for our partnerships with area health care institutions and our volunteer physicians – now over 1,100 strong in this community – and wish to continue those strong relationships well into the future.

KCOA OFFICERS & DIRECTORS

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PRESIDENT-ELECT

Diane C. Bigham, DO

SECRETARY/TREASURER

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PAST-PRESIDENT

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Karlin E. Sevensma, DO

Susan C. Sevensma, DO

Jeffrey M. Stevens, DO

Laura A. Tinning, DO

Adam T. Wolfe, DO

Join Us

MEETINGS OF INTEREST

NOVEMBER 3–4

MOA EIGHTH ANNUAL AUTUMN SCIENTIFIC CONVENTION
AMWAY GRAND PLAZA, GRAND RAPIDS, MI

Welcome Reception Friday, November 2 from 5 - 7 p.m.;

CME sessions on Saturday and Sunday

Reserve your room either online or by calling (800) 253-3590.

Reserve by October 3, 2012 for \$124 special room rate.

13 AOA Category 1-A credits anticipated

For more information please email mbudd@mi-osteopathic.org

KCOA EDUCATIONAL OPPORTUNITY
SATURDAY, NOVEMBER 17, 2012
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FOR FURTHER DETAILS



Visit us

For event
details,
check out our
website
kcoa.us



OUR MISSION:

*Preserving and promoting the health of the citizens of
Kent County, the physician/patient relationship, the
medical profession & the interests of physicians.*



Ann M. Auburn, DO
KCOA Immediate
Past-President

KENT COUNTY OSTEOPATHIC ASSOCIATION

Improving wellness with gratitude and attitude

Special thanks to the following KCOA members who represented KCOA at the Michigan Osteopathic Association House of Delegates on May 16, 2012:

Ann Auburn, DO	Ed Lee, DO
Craig Bethune, DO	Gary Marsiglia, DO
Brad Clegg, DO	Sue Sevensma, DO
Bill Cunningham, DO	C. Eugene Soechtig, DO
Joanne Grzeszak, DO	Jeff Stevens, DO
Norm Keller, DO	

MOA LEGISLATIVE REVIEW FROM THE MOA, AS SUPPORTED BY ALL OF IT'S COMPONENT SOCIETIES AND MEMBERS:

- Opposed legislative attempts to weaken and eliminate life time medical and rehab benefits under Michigan's Automobile No-Fault Insurance Act
- Assisted in repealing the Michigan Business Tax
- Supported "I am sorry" legislation to allow physician to share sympathy with family members without risk of liability
- Expanded immunity for Physicians providing Charity Care under certain circumstances
- Advocated for increased funding levels for Graduate Medical Education
- Supported Education over Legislative attempts to increasing scope of practice for mid-level providers (nurses and chiropractors)
- MOA advocacy efforts:
 - Coalition to Protect Auto No-Fault (CPAN)
 - Heads First (pro-helmet law); Tax/Reform Coalition with Schools, Universities, HC Groups
 - FDA Defense; Federal Health Care Reform/Medicare
 - Michigan Cancer Coalition
 - Put Michigan People First (BCBSM market reform)
 - Healthy Kids, Healthy Michigan
 - Access to Health Care Coalition

MOA COMMITTEE REPORTS OF INTEREST:

Michigan Osteopathic Political Action Committee

Anthony Ognjan, DO, Chair
Kevin McKinney, Lobbyist

MOPAC volunteers are doing everything they can to represent Osteopathic Physicians at the state and national level.

To continue the successful actions, MOPAC needs to increase the percentage of MOA members that contribute by becoming Michigan Osteopathic Association Political Action Committee (MOPAC) members and MOA members who engage their elected officials. MOPAC Membership is anything you want to give, but the suggested minimum is \$100 ("Representative's Club"), \$250 is "Senator's Club" and \$500 is "Governor's Club". Donations for membership in MOPAC can be sent to: MOA, 2445 Woodlake Circle, Okemos, MI, 48864-9989.

Increasing MOA and county association memberships also make MOA strong as a group. The MOA actually had an increase in their membership by 134 members in 2011 for a total of 5,934 members for 2011. They also recruited 48 new members at the MOA Convention and 50% of those were never members before.

If each MOA member gave \$250 to the MOPAC, we would have over \$1 million to work with, so we were encouraged to become MOPAC members.

OTHER ISSUES: continuing to work on elimination of the eventual 40% decrease in Medicare reimburse-

CONTINUED ON PAGE 26

PRESIDENT'S MESSAGE CONTINUED FROM PAGE 25

ment as part of the SGR (Sustainable Growth Rate) concept. Martin Levine, DO, AOA President, spoke in detail about this. He stated that there were 22 meetings on Capitol Hill by the AOA lead coalition on SGR and Medicare. For the first time in MANY YEARS, a Democratic Congresswoman, Ms. Schwartz from Pennsylvania and a Republican Congressman, Joe Heck, DO, ER physician from Nevada, came together to create the "Medicare Physician Payment Act" which includes: comprehensive payment reform, elimination of the 40% Medicare cuts down the road, Preventive/Coordination care services, and a resounding message to "Repeal SGR!"

RESOLUTIONS PASSED AT THE MOA HOUSE OF DELEGATES IMPORTANT TO NOTE:

The ICD-10 was delayed from being implemented in 2013, to October 2014. There was a resolution passed in the MOA House of Delegates asking that the AOA firmly tell the creators of ICD-10 that it is not acceptable and unnecessary and will only delay payments to health care providers and make the coding system more complex, doing nothing for the advancement of patient care.

Increase in MOA Annual Dues: dues will increase \$26 per year for the calendar years of 2013, 2014, 2015 and will represent a total increase of \$78 over the 3 year period. It was noted that the current MOA Executive Director, Kris Nicholoff, has done a

THE FOLLOWING
REPRESENTED
KENT COUNTY
AT THE
AOA HOUSE
OF DELEGATES
IN JULY:

Joanne Grzeszak, DO
Jeff Stevens, DO
Adam Wolfe, DO

tremendous job stabilizing the financial stability of the organization, but in order to support the continuation of MOA services to meet the needs of its growing membership and continue to improve efficiencies.

DEAN WILLIAM D. STRAMPEL, DO FROM MSUCOM GAVE AN IMPRESSIVE REPORT stating that MSUCOM is now the largest medical school in the state of Michigan. MSUCOM is rated in the top 11% of medical schools in the country graduating primary care providers. The first classes of medical students from Detroit Medical College and Macomb campuses are going to be graduating next June 2013. Twenty-five Canadian students were

admitted into the 2012 entering class. A new masters program in Health Professions is now available virtually all done on line through MSUCOM. There will be a new medical student rotation available now in the Yukatan through MSUCOM and this has created full practice rights for DO's in Mexico. Strampel is now working on the same in China. There is also research collaboration with a hospital in South Korea.

ADDRESS FROM THE NEW MOA PRESIDENT, EDWARD J. CANFIELD, DO (114TH PRESIDENT):

Dr. Canfield made the point that "We have to lead or we will be lead." "We must be at the table." And regarding nursing scope of practice rights: "We need to stop throwing daggers in the distance and have real dialogue about this issue." He made the point that he figured out that it cost him administratively \$45 to see a Medicaid patient, yet Medicaid will only reimburse him \$28 for this visit. He stated that we are subsidizing the states Medicaid program and enough is enough, something has to be done, or there will be nobody to provide care to these patients.



PICTURED LEFT: Left: Dr. Craig H. Bethune, MOA Speaker of the House; Right: Newly elected MOA Trustee, Dr. Jeffrey M. Stevens

“As physicians, we have so many unknowns coming our way...

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Medical Fraud Exposed

Is Your Practice Next?

Preventing Theft and Embezzlement

SAVE THE DATE
Saturday, October 27, 2012
immediately following the Educational Event
Calvin College Prince Conference Center
Visit www.kcms.org for further details.