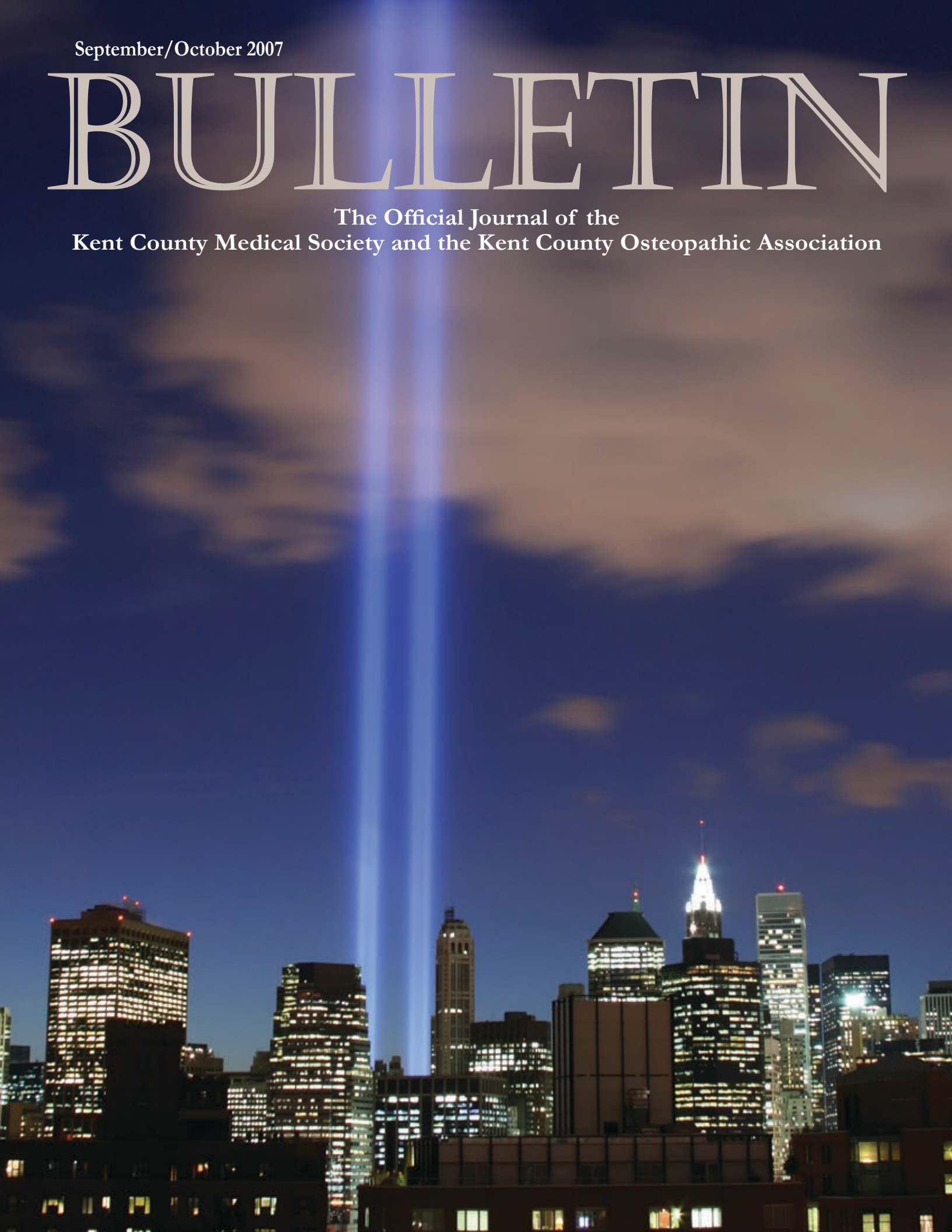
September/October 2007

BULLETIN

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



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September/October 2007 volume 92, no.4

BULLETIN

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

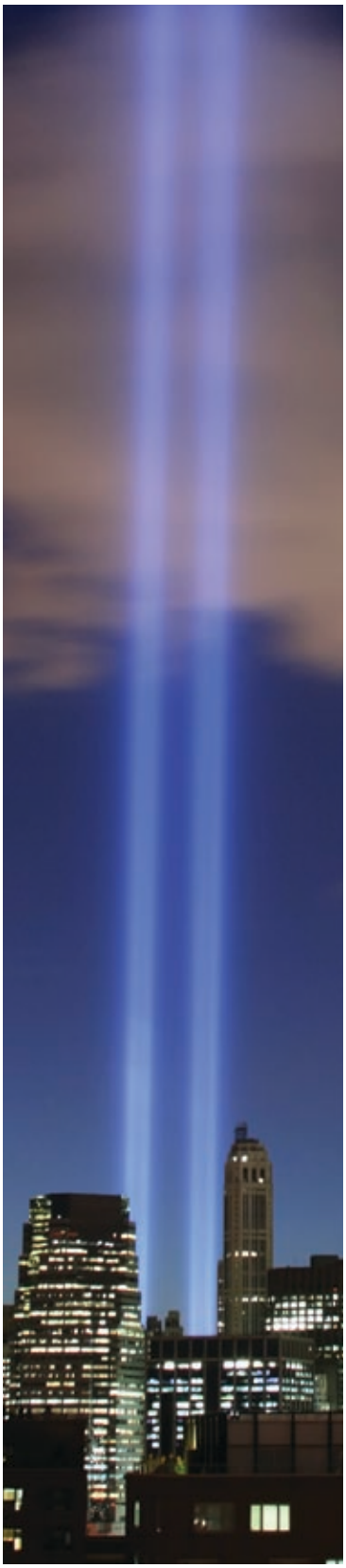
FEATURES

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 400, Grand Rapids, MI 49503
Phone 616.458.4157 Fax 616.458.3305
www.kcms.org www.kcoa.us



MEETINGS OF INTEREST

KCMS Meetings

LOCAL

SEPTEMBER 11, 2007 - KCMS Regular Meeting, Watermark Country Club
NOVEMBER 13, 2007 - KCMS/KCMSA Joint Meeting, Watermark Country Club

STATE

SEPTEMBER 19, 2007 - Capitol Check-up, Lansing, MI
OCTOBER 5, 2007 - Annual Conference on Bioethics, Grand Traverse Resort, Traverse City, MI
OCTOBER 24, 2007 - Annual Scientific Meeting, Troy, MI

NATIONAL

NOVEMBER 10-13, 2007 – AMA Interim Meeting, Honolulu, HI

KCOA Meetings

LOCAL

OCTOBER 2, 2007 - KCOA Regular 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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KCMS PRESIDENT'S MESSAGE

Live a Life to Die For

Judith A. Hiemenga, MD
KCMS President

"How's it hit you when you get that kind of news? I took a good long hard look…like tomorrow is a gift and you got eternity to think about what you'd do with it." Tim McGraw

Recently much importance has been placed on lists of things to do and places to go in ones life. In the face of a life threatening illness, do old goals pursuit? What gives individuals strength and comfort? After a diagnosis of a life threatening illness what remains or becomes wonderful about life? How can a serious illness change ones goals and perspectives?

Seven women were interviewed, all with a diagnosis of malignancy. The diagnosis of cancer was chosen specifically because of its emotional impact on present day society as personally more threatening compared to death from drunk driving. Pathologic diagnoses included Hodgkin's Lymphoma, endometrial cancer, breast cancer, metastatic breast cancer, renal cancer, and primary peritoneal carcinoma.

"…prayers and their faith provided both hope and strength…"

The women's ages at diagnosis range from 19 to 63. Two women were single at time of diagnosis and one at time of interview. Five women have children.

Each was asked if they had specific goals or events they wished to accomplish in life and if these had changed after diagnosis. All felt specific achievements were unimportant. Planned vacations to a specific tourist destination changed to trips to see family instead. Some changed priorities; marriage and children came before plans to complete schooling. Others planned to move forward in work as a nurse, educator, or volunteer. One felt the loss of the ability to bear children was replaced by job satisfaction in service to others.

Each individual was asked what provided comfort and support during and after treatment. Almost universally, the women felt that friends and family were essential to cope emotionally with their diagnosis and treatments. All stated prayers and their faith provided both hope and strength to make it through surgery, chemotherapy, and simply waiting. Most took comfort in feeling this was God's plan for their life.

Each was asked how their diagnosis of cancer had changed their perspective on life. Universally, importance was placed on "Living each day, taking it slower, living as if this is my only day." Just half of the women specifically stated that they were more honest with them selves and less pressured to accomplish tasks they previously felt were essential. Again, family, friends, faith, and relationships were high in importance. There was an aversion to delaying important tasks, and a goal to strive for a job well done.

I asked each person what they found wonderful about life as a result of their experience with cancer. Responses included: "I know I am fortunate, blessed", "I am grateful for each day to be alive, to be able to work and do things in the service of others." One noted "Long life is not a promise; each day is wonderful on its own." Another finds "The sweetness in each day…the peace." One felt "Life is the simple things, the little things."

All of these women expressed hope and optimism. I was surprised the two youngest felt that cancer taught them to look at life differently and they were grateful for the experience. The youngest said that the experience of having cancer and surviving was the best thing to happen in her life. I felt inspired by these women and their stories. I will strive to live a life to die for!

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ONE TO PONDER

Chip McClimans
KCMS/KCOA Executive Director

Collaboration, Again

Below is a photo of KCMS president Judith A. Hiemenga, MD (left) and KCOA president Ann M. Auburn, DO (right), and me to help announce another collaborative event between the two local medical associations. This issue marks the beginning of the Bulletin becoming a joint publication of the Kent County Medical Society (KCMS) and the Kent County Osteopathic Association (KCOA).

Over the past several years, KCMS and KCOA have grown closer to each other, yet still maintaining their separate identities. Privileges on the medical staffs at all the acute care hospitals have allowed a fair mixture of MDs and DOs. Kent County has also seen a blending of DOs and MDs in private medical practices. So over the years, it has made sense to combine KCMS and KCOA in ways that mutually benefit the members of the organizations and the patients they serve.

You've heard this before, and it bears repeating as a reminder to the seasoned members, as well as for the new members. KCOA and KCMS have collaborated with a joint membership directory, joint committee meetings, joint membership meetings, joint administration, and as Doctor Auburn mentioned in her article, formed Project Access, and provided a pharmacy discount card.

Managing KCMS and KCOA can get a bit crazy at times. It is not uncommon to have the two board meetings back to back in the same week. And sometimes we need to take a moment to remember which group has a general membership meeting coming up and are the planning details all set. This is really a small price to pay if it keeps the physicians of KCOA and KCMS moving collectively in the same direction.

In the KCMS/KCOA office, we are often asked what the difference is between MDs and DOs. In her article, Doctor Auburn gave an excellent explanation of the two main differences between osteopathic and allopathic medicine. Beyond that, not much separates the two professions.

As far as I've been able to determine, Kent County is the only county in the United States that has both allopathic and osteopathic associations managed in one office, AND that has the high degree of participation and collaboration between the organizations. There are many county associations that have both DOs and MDs as members in one organization, but not being managed as separate medical societies. That is an awesome statement and a testament to the physicians in this community.

> **"…not much separates the two professions…"**

KENT COUNTY HEALTH DEPARTMENT

Mark Hall, MD, MPH
KCHD Medical Director

Hepatitis C: To Treat or Not to Treat, That is the Question

As part of a Continuous Quality Improvement (CQI) initiative, the Kent County Health Department (KCHD) is focusing on increasing access to hepatitis C education and resources for local health care providers. According to a recent survey conducted as part of this initiative, the overwhelming need identified by the sample of local physicians responding to the survey was training on hepatitis C treatment decisions. This article highlights recommendations from the National Institutes of Health (NIH) Consensus Development Conference on Management of Hepatitis C: 2002, which has defined treatment guidelines for many years. The complete NIH Consensus Statement can be found online at http://consensus.nih.gov/2002/2002HepatitisC2002116html.htm

Combination therapy with pegylated interferon and ribavirin is recommended for patients with an increased risk of developing cirrhosis, as characterized by having all of the following:

- detectable HCV RNA levels higher than 50 IU/mL
- liver biopsy with portal or bridging fibrosis
- at least moderate inflammation and necrosis

Special consideration should be given to the following patients:

- Patients over 60 years old: Patients should be managed on an individual basis because adverse effects of treatment appear to be worse and the benefit of treatment has not been well documented in older patients.
- HIV-coinfected patients: Since hepatitis C tends to be more aggressive in those co-infected with HIV, therapy should be recommended even in patients with early and mild disease. Clinicians must consider the patient's concurrent medications and medical conditions to ensure there are no contraindications to treatment.

Therapy is not advised for patients who have:

- Clinically decompensated cirrhosis because of hepatitis C
- A kidney, liver, heart or other solid-organ transplant
- Specific contraindications* to either monotherapy or combination therapy.

*Contraindications to pegylated interferon therapy include severe depression or other neuropsychiatric syndromes, active substance or alcohol abuse, autoimmune disease that is not well controlled, bone marrow compromise, or inability to practice birth control. Ribavirin contraindications include marked anemia, renal dysfunction, inability to practice birth control, and coronary artery or cerebrovascular disease.

Length of treatment and potential outcome is dependent upon the genotype of the hepatitis C virus with which an individual is infected:

Genotype 1: The course of treatment for this genotype, the most common genotype in the United States, is 48 weeks. Approximately 50% of individuals completing this course have a sustained viral response (absence of detectable virus in the blood six months after conclusion of therapy).

Genotype 2 and Genotype 3: The course of treatment for this genotype is 24 weeks and approximately 80% of individuals completing this treatment have a sustained viral response.

Every patient, regardless of their treatment status, should be informed that disease progression can be minimized through:

- Abstinence from alcohol and other drugs
- Vaccination with hepatitis A and/or hepatitis B vaccines

> **"...the overwhelming need...was training on the hepatitis C treatment decisions."**

The Michigan Department of Community Health (MDCH) and the Michigan Chapter of the American Liver Foundation are hosting a Hepatitis C conference "From Silence to Solutions" on December 4, 2007 in Plymouth, MI. The conference will include two workshop tracks that focus on treatment for hepatitis C.

More information can be found at http://www.liverfoundation.org/downloads/alf_download_62.pdf. To be added to the conference mailing list, contact the MDCH Viral Hepatitis Coordinator at 517-335-9435.

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

July, 2007

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2007	Through Jul 2002-2006
AIDS[a] (Cumulative Total - 764)	4	21	24
AMEBIASIS	0	2	1
CAMPYLOBACTER	3	24	28
CHICKEN POX[b]	5	224	142
CHLAMYDIA	242	1920	1560
CRYPTOSPORIDIOSIS	0	5	5
E. COLI O157:H7	1	3	N/A
GIARDIASIS	4	47	46
GONORRHEA	78	691	583
H. INFLUENZAE DISEASE, INV	1	2	N/A
HEPATITIS A	0	6	3
HEPATITIS B (Acute)	0	1	4
HEPATITIS C (Acute)	0	0*	0
HEPATITIS C (Chronic/Unknown)[c]	26	179	220
INFLUENZA-LIKE ILLNESS[d]	23	25352	16100
LEGIONELLOSIS	0	9	N/A
LYME DISEASE	0	0*	N/A
MENINGITIS, ASEPTIC	3	18	15
MENINGITIS, BACTERIAL, OTHER[e]	1	4	11
MENINGOCOCCAL DISEASE, INV	0	3	N/A
MUMPS	0	0	1
PERTUSSIS	0	3	4
SALMONELLOSIS	5	33	23
SHIGELLOSIS	4	6	3
STREP, GRP A, INV	0	11	N/A
STREP PNEUMO, INV	1	28	N/A
SYPHILIS (Primary & Secondary)	0	3	3
TUBERCULOSIS	1	13	10
WEST NILE VIRUS	0	0	N/A

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2007	DISEASE	NUMBER REPORTED Cumulative 2007
Cryptococcosis	2	Psittacosis	0*
Guillain-Barre Syndrome	2	Yersinia enteritis	3
Histoplasmosis	11		
Kawasaki Disease	3		

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 cases were reclassified as non-confirmed at later date.

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

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KCOA PRESIDENT'S MESSAGE

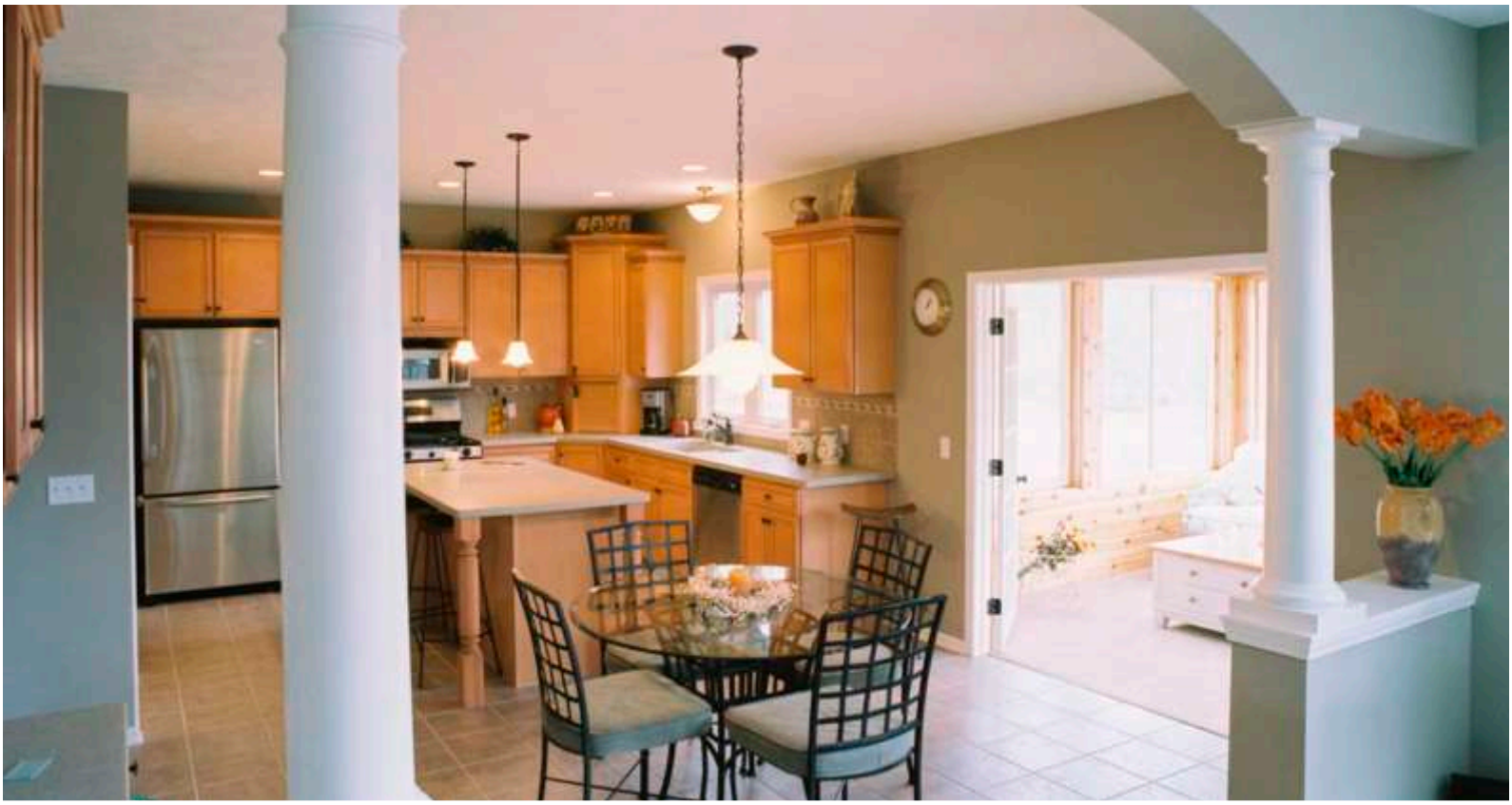
Pride and Honor

Ann M. Auburn, DO
KCOA President

Recently, someone asked me, "What really is the difference between a DO and an MD?" On the heels of the American Osteopathic Association House of Delegates meeting, I have returned to my Grand Rapids home filled with a renewed sense of uniqueness in the professional letters that follow my name and a better sense of my answer to that question. In the late 1800's, Andrew Taylor Still, MD, DO, developed a unique training model that allows us to be fully licensed physicians, but also have a holistic viewpoint emphasizing our osteopathic manipulative skills. All doctors of osteopathy have a complete medical education, including the basic sciences and encompassing all of the systems of the human body, but it is the holistic view combined with our training in osteopathic manipulative medicine that makes our profession unique. Osteopathic manipulative treatment for the musculoskeletal system and its related lymphatic, neurological and vascular components, emphasizes this holistic view. Although not all DOs use their osteopathic manipulation skills on a regular basis, the training they received in this area reinforces the holistic view and the importance of letting our patients know we care. The fact that these viewpoints are still alive and thriving today reinforces my pride. This pride in osteopathy is especially elevated when our own Grand Rapids resident and Director of Medical Education at Metro Health Hospital, Susan Sevensma, DO, resides as the President of the Michigan Osteopathic Association and our newly inducted American Osteopathic Association President, Peter B. Ajluni, DO is also from Michigan.

Yes, I am proud and honored to be a DO, and proud to recognize those amongst us who are using their leadership skills to build greatness in the osteopathic profession. I am also proud and honored to be able to help build meaningful and lasting relationships with our MD colleagues so we can accomplish more for our patients, our community and our respective professions. The pride goes beyond osteopathy and into the area of health care and community where a combined effort of DOs and MDs makes more of a difference than either profession alone. The Project Access program is an excellent example. The group volunteer efforts of DOs and MDs working together has allowed the PA program to supply over $2,500,000 in gifted care to the Kent County community of uninsurable patients and is a grand accomplishment, filling a large need for the 50,000 uninsurable patients in Kent County. Other joint efforts, such as legislative committees and joint meetings of our societies strengthen our common goals. So it only made sense for the Kent County Osteopathic Association to join forces with the Kent County Medical Society in the *Bulletin* publication. The Executive Director of KCOA and KCMS, Chip McClimans, has been instrumental in bringing DOs and MDs together in our community. The fast pace of change in the medical environment is having a dramatic impact on both osteopathic and allopathic physicians and their patients. Fostering relationships that help us deal with the changing face of medical practice, politics and the economic challenges ahead, may be an important part of giving our patients the best possible medical care while maintaining respect for our unique professional viewpoints and training. I look forward to being a part of the *Bulletin* and raising the pride of our osteopathic roots while celebrating the common goals we share with our allopathic colleagues.

"The fast pace of change in the medical environment is having a dramatic impact on both osteopathic and allopathic physicians and their patients."



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ALLIANCE HEARTBEAT

Alliance General Membership Meeting - Luncheon and Tour

Wednesday, September 19

Get the insider's tour of the Lacks Cancer Center at St. Mary's Mercy Medical Center. It will be your opportunity to see firsthand the behind-the-scenes, inside look at the Lacks Cancer Center. After the tour, lunch will be served on the beautiful fifth floor atrium overlooking the city. Following lunch, we will hear from some of the medical experts who practice at Lacks about the services offered as well as the unique model of care that is practiced in Lacks. There will also be a labyrinth facilitator who will explain the significance of the labyrinth and how to walk it. Finally, we will all have a chance to visit The Shoppe, a great little gift shop on the first floor.

Schedule

11:30 am	Guests arrive at Lacks Cancer Center Tour begins
12:10 pm	Tour is completed on the 5th Floor of the Center
12:15 pm	Lunch is served in the Atrium
12:45 pm	Speakers begin with information about The Cancer Center and the Labyrinth
1:30 pm	Program ends. You may walk the Labyrinth and visit the gift shop.

Cost is $20.00.
Your check is your reservation.
Sign up by September 12.

Checks payable to KCMSA
Mail to: Cindy Papp
4478 Canterwood Dr. NE
Ada MI, 49301

New Store in East Grand Rapids!!!

New store opening in East Grand Rapids in Gaslight ***HOT MAMA*** by one of our own KCMSA members Lisa Jabara. Come by at 2249 Wealthy Street, Monday 10am-6pm, Tuesday-Friday 10am-7pm, Saturday 10am-6pm, Sunday 12pm-5pm - and see our new addition to East Grand Rapids. Check out the website - www.shopmama.com.

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Phone: 534-6942 Email: mfigurski@sbcglobal.net

ALLIANCE HEARTBEAT

~ Save the Date ~

CHICAGO Shopping Trip

November 2, 2007

ALLIANCE CALENDAR

Event: KCMSA Book Club

Please note that book club has been changed to Tuesday.

Date: September 18, 2007 (Tuesday)

Place: Schuler's Cafe on 28th Street

Time: 12:00 PM in Schuler's Cafe for lunch (optional) and socializing.

Book discussion begins at 12:30 PM.
This event is open to friends and family

***A Thousand Splendid Suns* by Khaled Hosseini**
This is the new novel by the author of The Kite Runner.

No rsvp necessary; all are welcome. Discussion, lunch and or fellowship. The book is 20% off at Schuler's on the Book Club table under KCMSA

If you would like to make suggestions for next year's selections, please drop an email to Beth Junewick at ejunewick@comcast.net

Scrapbook Club — Pages in Time on Plainfield.
contact Francesca Wiseman, wiseman@earthlink.net

Gourmet Club — contact Mary Crawford, marycraw@comcast.net

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 FIRST MONTHLY MUSINGS

Date: Wednesday, September 12th
Time: 11:30AM
Place: Naya, *a new restaurant in East Paris Crossings*
at 1144 East Paris Ave SE.
The menu features dishes from around the world.

Please RSVP by September 10 to Irene Betz breneb@aol.com.

ALLIANCE HEARTBEAT

President's Message

To embrace the change, you must be the change to paraphrase Mahatma Gandhi, one of my heroes. The change I envision for our chapter is the enthusiastic participation of each member who makes a day, a seasonal, or a yearlong commitment to the Alliance.

Grand Rapids is rapidly becoming a medical metropolis with outstanding hospitals and research centers which will attract and hold the best physicians and medical research schools in the world. How do we as members of the Alliance help to shape the future of the medical community? Of course, we do not make the big decision or develop the grand plan, but we can nurture the ones who do; we can encourage outstanding, talented people to come and remain in the area; we can help this community to become a wonderful place to live, work and play. We can be the human factor, which fuels the healing power of our medical community.

I am asking each member to join one or more committees, one or more interest groups and suggest activities which will enrich our every day lives or make a contribution to the community. Would you review the list of committees and special interest groups below and respond to me. Just call (954-8084) or e-mail me at JonesOraB@aol.com and tell me the Committee(s) or Special Interest Group which fits your life and interest.

STANDING COMMITTEES

MEMBERSHIP	HEALTH PROMOTIONS	BY-LAWS REVISION
LEGISLATIVE	CHARITY BALL	CHARITABLE FUND GRANTING

SPECIAL INTEREST GROUPS

BOOK CLUB	BRIDGE CLUB	GOURMET CLUB
RUNNING GROUP	STITCHERY	SCRAPBOOKING
MOMS & KIDS	INVESTMENT CLUB	GAVEL CLUB (Past Presidents)

MONTHLY MUSINGS (Lunch And Conversation)

Remember, you and I must be the CHANGE we wish to see. Please call or e-mail me today. Together we can help shape the future of our medical community in Kent County.

Respectfully submitted,
Ora B. Jones

HEALTH PROFESSIONAL RECOVERY PROGRAM

Supporting Michigan Health Care Professionals since 1944

Program Helps Impaired Health Care Professionals

Health care professionals are not immune to substance abuse or mental health disorders. Many otherwise highly qualified professionals may develop these problems due to stress, long hours, a genetic predisposition, or a tendency to self-medicate.

To assist health care professionals impaired by these disorders, consider the care monitoring services of the Health Professional Recovery Program (HPRP).

The Michigan HPRP was established by legislation in 1993 to assist impaired professionals before their actions harm a patient or damage their careers through disciplinary action. Any licensed or registered health care professional in the State of Michigan is eligible to participate in the program.

To maintain participant confidentiality, the HPRP is operated by a private-sector contractor under the authority of the Health Professional Recovery Committee (HPRC), a committee comprised of a representative from each of the health professional licensing boards. The Michigan Department of Community Health, Bureau of Health Professions provides administrative services to the HPRC.

Participation in the HPRP is confidential. If a licensee/registrant is referred to the program, has a qualifying diagnosis and complies with the HPRP requirements, his/her name will not be disclosed to state regulatory authorities or the public. Provided there is no readmission, records of HPRP participants are destroyed five years after successful completion.

Referrals to the HPRP may come in the form of a self-referral from a licensee/registrant or from colleagues, partners, employers, patients, family members or the State. Any of the 20 health professional licensing boards may also refer licensees/registrants to the HPRP for monitoring as a condition to regain or retain their license to practice. The names of individuals reporting a licensee/registrant suspected of impairment are also kept confidential.

For more information on the HPRP, call 1-800-453-3784 or visit www.HPRP.org. Informational presentations on the HPRP are available to employers and health professional groups at no charge. Call the toll-free number to arrange a presentation at your facility.

HEALTH PROFESSIONAL RECOVERY PROGRAM

Fact Sheet for Managers, Supervisors (Part 1 of 2)

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

1. Impaired Professional Defined

From the Michigan Public Health Code (333.16106a):

"'Impaired' or 'Impairment' means the inability or immediately impending inability of a health professional to practice his or her profession in a manner that conforms to the minimal standards of acceptable and prevailing practice for the health professional due to the health professional's substance abuse, chemical dependency, or mental illness or the health professional's use of drugs or alcohol that does not constitute substance abuse or dependency."

2. Work Restriction

With few exceptions, HPRP participants are required to limit professional practice for a time or to withdraw from professional practice altogether. More than a public safety measure, this step benefits participants, especially in the early stages of recovery.

ental 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.

3. HPRP Componen

- Referral – by self, EAP, HR, colleagues, partners, hospital administrators, family members or the State.
- Evaluation – After the initial intake with the HPRP, the licensee is referred to a qualified evaluator who is experienced in evaluating health professionals for substance abuse or mental health problems. If the assessment indicates there is no problem, the licensee's name will not be disclosed and there is nothing further to do.
- Treatment – If the evaluation indicates a substance use or mental health disorder that represents the possibility of impairment, the HPRP refers the licensee to treatment services with an appropriate treatment provider.
- Monitoring – The HPRP works with the licensee to develop a written monitoring agreement that defines the requirements of participation. Most agreements last three years. The agreement may include elements such as treatment, limitations on practice, random drug screens, group or individual therapy, medical oversight and monthly or quarterly reports.
- Completion – A licensee is released from the HPRP upon successful completion of the recovery monitoring agreement. Records are destroyed 5 years after successful completion of the HPRP. Failing to comply could lead to disciplinary action up to and including loss of licensure.

4. Mandatory Reporting

Under Section 333.20175 of the Michigan Public Health Code, a health facility must report a licensee or registrant to the Michigan DCH, Bureau of Health Professions if:

- Disciplinary action results in change of employment status.
- Disciplinary action is based on conduct that adversely affects clinical privileges of 15 days or more.
- Restriction or acceptance of the surrender of clinical privileges if:
  - the licensee or registrant is under investigation, or
  - there is an agreement in which the facility or agency agrees not to conduct an investigation into alleged professional incompetence or improper professional conduct.
- The health professional resigns or terminates a contract or whose contract is not renewed instead of the health facility taking disciplinary action against the health professional. (NOTE: Under Section 333.16223 of the Michigan Public Health Code, licensed/registered health professionals are required to make good faith reports of suspected violations of the Code to the Department of Community Health, Bureau of Health Professions. However, for purposes of substance abuse or mental illness, a report to the HPRP meets the legal reporting requirement. Also, under Section 333.20175(6), employers must disclose information described in 333.20175 to prospective employers during background checks.)

5. Worksite Monitors

Licensees/registrants in the HPRP are required to have a Worksite Monitor. Worksite Monitors report on the HPRP participant's progress toward recovery based upon objective, work-related behaviors.

- Worksite Monitors are chosen by the HPRP professional staff based upon input from the licensee/registrant in the HPRP. Prospective Worksite Monitors must complete a form, indicating, among other things, the amount of time s/he spends with the HPRP participant during the workday. The form typically takes 10-15 minutes to complete.
- The Worksite Monitor is selected by the HPRP Professional Staff, not by the licensee/registrant. HPRP participants may only recommend Worksite Monitors.
- Worksite Monitors also must complete and mail to the HPRP a quarterly report on the participant's objective, work-related behaviors. The form typically takes three to five minutes to complete.

Continued Nest Issue

PROJECTACCESS
Creating a Community of Care for the Uninsured

UPDATE

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

Project Access Begins Third Year of Serving Uninsured Patients

The Project Access Board of Directors has celebrated the completion of its first two years of seeing uninsured patients. While the program has been a terrific addition to the Kent County safety-net, you should know that this physician-led organization is also in the forefront in helping other non-profits consider ways to help patients become accountable, responsible and real partners in their health care.

In addition, along with the Project Access staff, the Board is working diligently to ascertain sustainability for our program, funding and staffing. Project Access has proven to be a valuable program for our community – and best of all for physicians - it is administered with you and your staff in mind. In fact, physician offices are the primary audience for Project Access – it is in working efficiently with you that Project Access can refer patients, secure lab work, and enables you to see more of your other patients (whether insured or uninsured).

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. We are currently looking for a few good men and women - while we prepare for 2008, we need volunteer physicians 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.

In partnership with Physicians and Hospitals, the following funding agencies are significant partners as investors in the work that you are providing:

- Blodgett Foundation
- Blue Cross Blue Shield and Blue Care Network Foundation
- The Doornink Foundation
- The Grand Rapids Community Foundation
- Healthier Communities Access Programs (HCAP)
- Slemons Foundation
- Spectrum Health Healthier Communities
- Steelcase Foundation

Brief Statistics – Over $2.6 million dollars has been provided in coordinated and donated health care for uninsured patients in our community. Over $1.3 million of this was provided in 2006. In addition to primary care, specialty care and necessary diagnostic tests, the hospitals have partnered to provide necessary hospitalization for Project Access patients. Most of the Project Access patients are able to receive affordable medications through the national drug manufacturers, discount medication programs, or the Physician's Rx Care card through the KCMS and KCOA.

We are interested in your concerns; feel free to contact either one of us or Patricia Dalton, the Executive Director at 616-235-0000.

PROJECT ACCESS FACTS & FIGURES - 2006 Year End Statistical Report

Primary Care Referrals: (Patients Enrolled and Referred to Primary Care Physicians)	521 (up from 517 last month)
Specialty Care Referrals for Project Access Primary Care Patients:	355
Clinic Referrals to Specialists:	528
Total of Individuals helped:	1049 (since April 2005)
Medication Assistance Enrollments: (Patients Enrolled in KHP-Medication Assistance program)	176, average of 2 per person
(Patients Enrolled in Prescription Assistance Programs with drug manufacturers)	56, average of 2 per person

TOTAL GIFTED CARE (as reported to Project Access)

Value given by physicians and hospitals since inception	$2,643,251.98
Donated care through July 2007	$943,636.98
Hospital Charity Care Programs	$648,770.46
Physician Care	$294,866.52
Total Donated Care for 2006:	$1,335,826
Hospital Charity Care Programs	$907,607
Physician Care	$428,219
Total donated care for 2005 (8 months):	$363,789

What: Invitation to come and meet our alpacas

Who: Tim & Jane Talbott

When: National Alpaca Farm Days
September 29th and 30th, 2007
10 AM to 4 PM

Where: Grand Alpaca Farm
4344 Four Mile Rd NW, Grand Rapids, MI
616.784.7765

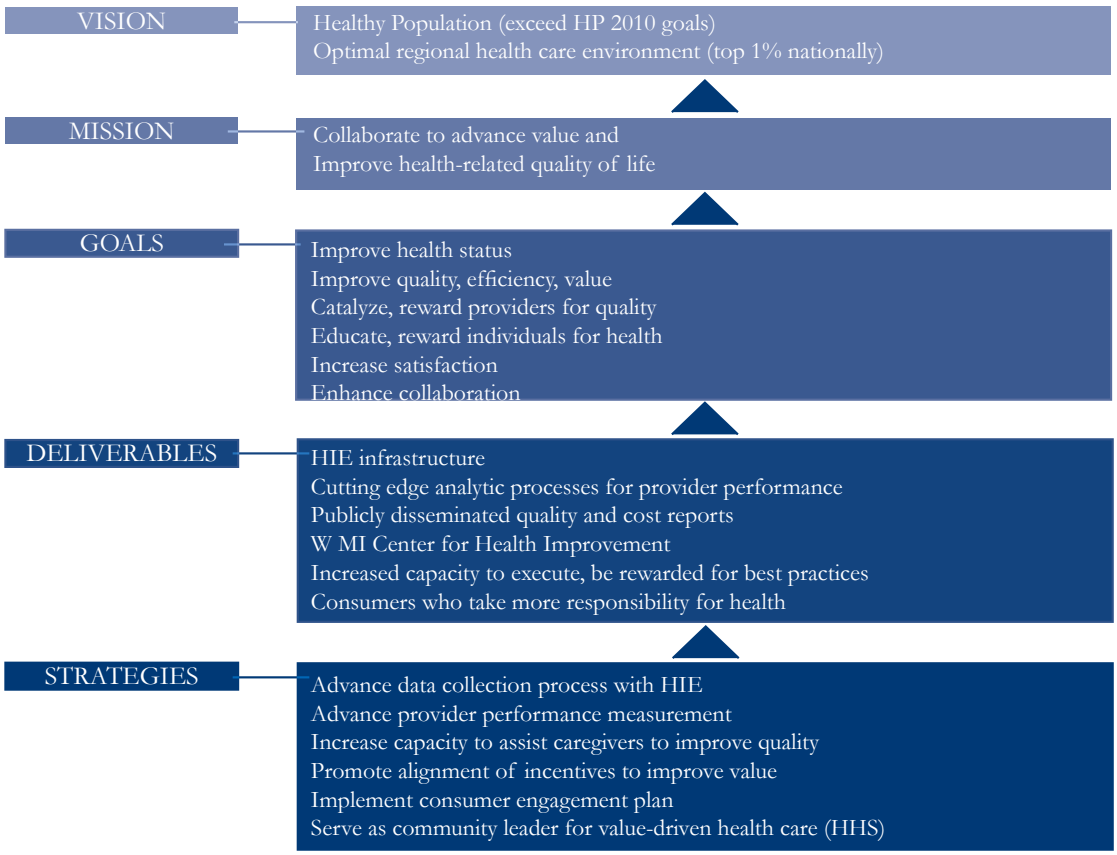
HEALTH CARE VISION 2020 INITIATIVE

It was about a year ago when the Physician Advisory Board of the Alliance for Health was strategizing around regional collaborative initiatives to support quality improvements and care management in physician practice settings when two significant opportunities emerged. Not only was there a newly released Robert Wood Johnson Foundation request for proposal for quality improvement innovations but also the State of Michigan was soon to release a request for proposal to design regional health information exchange models. Under the leadership of Dr. Tom Peterson, Chair of the Physician Advisory Board, Dr. Paul Ponstein and Dr. Greg Forzley, both applications were submitted. Dr. Forzley had served on the state Health Information Network (MiHIN) leadership team as co-chair for the clinical information technology work group and was instrumental in preparing the application submissions. "The right opportunities surfaced at the right time. We were ready to take on this challenge for quality improvement as well as design a health information exchange infrastructure to support care management at the point of care." stated Dr. Forzley.

At this time, we are pleased to let you know that West Michigan, one of ten communities in the country, is the proud recipient of the Robert Wood Johnson Foundation grant award Aligning Forces for Quality as well as the State of Michigan grant award to facilitate the planning work to build our regional health information exchange. Collectively this effort has been titled Health Care Vision 2020. Drs. Forzley, Ponstein and Peterson along with other physicians and community leaders will serve on the Board of Directors overseeing this initiative. You will find a summary overview of this initiative below.

With these two grant awards and our rich history of community collaboration and strong healthcare leaders in our region, West Michigan has also been recognized by the U.S. Department of Health and Human Services (HHS) as a Community Leader for Value Driven Health Care. All of this, the grant awards and the HHS recognition, was the result of our physician leadership, and many individuals and organizations like the Kent County Osteopathic Association and the Kent County Medical Society extending letters of support.

"We have our work cut out for us", stated Bridget White, Vice President and Health Care Vision 2020 Project Manager at the Alliance for Health. "The vision, mission and goals we have set for ourselves as a region are bold. But, we have many assets in West Michigan that will ensure our collective success in improving the health and quality of life of West Michigan residents, through substantial improvements in the quality and value of health care in West Michigan." Health Care Vision 2020 will be working with all regional physicians in collaboration with physician and physician hospital organizations.



Please visit the web site at afh.org and go to HCV 2020 for further information as to how this work will be conducted. This is an inclusive process and since we are just beginning, you are invited to participate by joining one of the eight (8) work groups or by just providing your insight or suggestions. Please don't hesitate to contact Drs. Forzley, Ponstein or Peterson, or Bridget White at 616-248-3820 with questions, suggestions or comments.

KCMS NEW MEMBERS

Eric D. Batts, MD (Active)
Internal Medicine (Board Certified)
Hematology
Oncology

B.S.: Calvin College, Grand Rapids, Michigan, 1996
Medical School: University of Michigan, Ann Arbor, Michigan, 2001
Internship: University of Michigan Health System, Ann Arbor, Michigan, 2001 – 2002
Residency: University of Michigan Health System, Internal Medicine, 2002 – 2004
Fellowship: University Hospitals of Cleveland/Case Western Reserve University, Hematology/Oncology, 2004 -2007
Address: 710 Kenmoor SE, Ste. 200, Grand Rapids, Michigan 49546, 954-9800
Sponsor: Timothy J. O'Rourke, MD

CLASSIFIED ADS

Attention: Physician RETIREES!

Penney Retirement Community near Jacksonville in North Florida is seeking another physician who wishes to reside here and remain useful employing skill and experience in light part-time on-call volunteer work without liability overhead. **CONTACT KCMS member Jack Hill (904) 284-2699 or e-mail jajohill@bellsouth.net.**

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Call Tom Van Kampen 459-6401

Peter Coggan, MD (Active)
Family Medicine

B.S.: University of London, MRCS, 1969
Medical School: Westminster Medical School, London, England, 1969
Internship/Residency: Royal Cornwall Hospital, Truro, England, 1969 - 1972
Previous Practice: Family Physician, Ontario, Canada, 1972 – 1976
Academic and Administrative Positions: Assistant Professor, Dept. of Family Medicine, Southern Illinois University, Springfield, IL, 1976 – 1979; Assistant Professor, Dept. of Family Medicine, University of Washington, Seattle, WA, 1979 – 1986; Assistant Dean for Student & Curriculum Affairs/Medical Education, & Assistant Adjunct Professor, Dept. of Family Medicine, University of California, College of Medicine, Irvine, CA, 1986 – 1991; Associate Dean for Medical Education and Associate Professor of Family Medicine, University of Nevada School of Medicine, Reno, NV, 1991 – 1994; Associate Vice President for Medical Education Planning, FHP Inc., Fountain Valley, CA, 1994 – 1995; Residency Director, Family Practice Residency Program; Riverside County Regional Medical Center, Riverside, CA, and Directory of Clinical Instruction and Associate Clinical Professor of Biomedical Sciences, University of California-Riverside,1995-1998; Director of Medical Education, Henry Ford Health System, Detroit, MI, Assistant Dean and Professor of Family Medicine, Wayne State University School of Medicine, 1998 – 2007; President and CEO, Grand Rapids Center for Medical Eudcation and Research, Associate Dean for GME, Michigan State University College of Human Medicine, 2007 to present.
Address: 1000 Monroe Avenue NW, Grand Rapids, MI 49503, 732-6206
Sponsor: Lowell Bursch, MD

KCMS NEW MEMBERS

J. Stewart Collins, MD (Active)
Cardiovascular Diseases (Board Certified)

B.S.: Kalamazoo College, Kalamazoo, Michigan, 1995
Medical School: University of Rochester, Rochester, New York, 2000
Internship/Residency: University of Michigan, Ann Arbor, Michigan, Internal Medicine, 2000 – 2003
Fellowships: University of Michigan, Cardiology, 2003 – 2006; Interventional Cardiology, 2006 – 2007
Address: 1000 E. Paris Ave., SE #200, Grand Rapids, Michigan 49546, 949-8554
Sponsor: Richard Foster, MD

Daniel C. Dapprich, MD (Active)
Dermatology (Board Certified)

B.S.: University of Michgan, Ann Arbor, Michigan, Business Administration, 1994; Grand Valley State University, Grand Rapids, Michigan, 1997
Medical School: Rush Medical College, 1998 – 2000; Michigan State University College of Human Medicine, East Lansing, Michigan, 2002
Internship: Grand Rapids Medical Education and Research Center, 2002 -2003
Residency: Mayo School of Graduate Medical Education, Rochester, Minnesota, Dermatolgogy, 2003 -2006
Fellowship: Mayo School of Graduate Medical Education, Dermatopathology, 2006-2007
Address: 655 Kenmoor Ave SE, Grand Rapids, Michigan 49546, 949-5600
Sponsor: John E. Miner, MD

Zoneddy R. Dayao, MD (Active)
Internal Medicine (Board Certified)
Oncology (Board Certified)
Hematology (Board Certified)

B.S./Medical School: University of the Philippines College of Medicine, 1988 – 1995
Internship: University of the Philippines, Manila, 1994 – 1995; Prepared & took Philippine Boards, interviewed for IM Residency and prepared immigration documents for training and a vacation, 1995 - 1997
Residency: Cook County Hospital, Chicago, Illinois, Internal Medicine, 1997 – 2000
Fellowship: University of Miami, Jackson Memorial Hospital, Hematology/Oncology, 2000 – 2003
Previous Practice: Southeastern New Mexico Hematology Oncology, Roswell, New Mexico, 2003 – 2007
Address: 710 Kenmoor St. SE, #200, Grand Rapids, Michigan, 49546, 954-9800
Sponsor: Enrico Sobong, MD

Jeffrey S. DeMercurio, MD (Active)
Plastic Surgery
Hand Surgery

B.S.: Miami University, B.A., 1992
Medical School: Wayne State University, 1998
Internship/Residency: Detroit Medical Center, Detroit, Michigan, General Surgery, 1999 – 2004
Fellowships: Baylor College of Medicine, Houston, Texas, Hand Surgery, 2004 – 2005; Detroit Medical Center, Detroit, Michigan, Plastic Surgery, 2005 – 2007
Address: 4070 Lake Drive SE #202, Grand Rapids, Michigan, 49646, 464-4420
Sponsor: Dennis Hammond, MD

KCMS NEW MEMBERS

Scott Jahnke, DO (Active)
Physical Medicine & Rehabilitation (Board Certified)
Pain Medicine (Board Certified)
Family Practice (Board Certified)

B.A.: Concordia College, Moorhead, Minnesota, 1983
Medical School: University of Osteopathic Medicine & Health Science, College of Osteopathic Medicine & Surgery, Des Moines, Iowa, 1988
Internship: Michigan Capitol Medical Center (formerly Lansing General Hospital), Lansing, Michigan, 1988 – 1989; E.W. Sparrow Hospital, Lansing, Michigan 1989 – 1990
Residency: Sparrow Hospital, Family Practice, 1990 – 1992; Frazier Rehabilitation Center, Louisville, Kentucky, Physical Medicine & Rehabilitation, 1992 – 1994; University of Kentucky, Physical Medicine & Rehabilitation, 1994 – 1996; Emory University/Georgia Pain Physicians, Marietta, Georgia, 2003 – 2004
Previous Practices: Physician Emergency Services, Carrollton, Kentucky, 1992 – 1995; Coastal Physician Services, Carrollton, Kentucky, 1995 -1996; Kansas Othopaedic Center, Wichita, Kansas, 1998 – 2003; Flat head Valley Orthopedic Center, Kalispell, Montana, 2005 to present
Address: 4100 Lake Drive SE #305, Grand Rapids, Michigan 49546, 285-1377
Sponsor: Fred Davis, MD

Charles G. Lawrence, MD (Active)
Pediatrics (Board Certified)

B.S./Medical School: Wayne State University, Detroit, Michigan, 1976 – 1980
Internship/Residency: Butterworth Hospital, Grand Rapids, Michigan, 1980 – 1983
Previous Practice: Brookville Pediatric and Internal Medicine, 1983 to present
Address: 1200 56th Street, SW, Wyoming, Michigan, 49509, 243-5707
Sponsor: Janet Johns, MD

Angela R. Oostema, MD (Active)
Family Practice

B.S.: Wayne State University, Detroit, Michigan, 1999
Medical School: Wayne State University, 2004
Internship/Residency: University of Wisconsin, Madison, Wisconsin, 2004 -2007
Address: 950 36th Street SW, Wyoming, Michigan 49509, 534-1640
Sponsor: Elizabeth Brouwer, MD

Chris A. Sloffer, MD (Active)
Neurological Surgery

B.S.: Rose-Hulman Institute of Technology, Terre Haute, Indiana, 1989
Medical School: Indiana University School of Medicine, Indianapolis, Indiana, 2001
Internship: University of Illinois College of Medicine, Peoria, Illinois, General Surgery, 2001 – 2002
Residency: University of Illinois College of Medicine, Neurosurgery, 2002 -2007
Fellowship: University of Illinois College of Medicine, Spine, 2004 -2005
Address: 414 Plymouth NE, Grand Rapids, Michigan 49505, 459-3465
Sponsor: Lynn Hedeman, MD

IN MEMORIUM

R. Donald Eward, MD 1936-2007

R. Donald Eward, MD, a retired member of the Kent County Medical Society passed away July 8, 2007. Doctor Eward received his medical degree from the University of Miami in 1963. He practiced in Gynecology/Infertility in Grand Rapids until he retired in 2002. The Medical Society extends sympathy to his family.

MED MAL TIP #9

Know their approach to protecting physicians.

There is a big difference in operating philosophy among medical malpractice carriers. With some, defense against claims may be half-hearted at best. Many good physicians have been hurt by frivolous lawsuits when their good work went undefended in favor of quick-fix settlements. Clearly, this does not serve you or the profession well.

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GRMERC UPDATE

Peter Coggan, MD, MSEd
GRMERC President

New Residents

This is a time of transition for the Grand Rapids Medical Education & Research Center for Health Professions (GRMERC) and our hospital partners. Each year about 30% of our residents and fellows graduate from their programs and move to the next phase of their careers.

While we look with pride on their achievements, graduation always has a bittersweet quality. Many of these talented young physicians become colleagues and friends during their training. We celebrate the completion of their training, yet recognize that we not only lose them but something of ourselves when they leave. Fortunately, some stay for further training or begin medical practice in this community. As we expand our graduate medical education programs in Grand Rapids, we hope that more will join us as the exciting future of health care unfolds.

As one residency class graduates, a new class arrives. Such is the nature of renewal. Fresh out of medical school, full of enthusiasm and some apprehension, they are eager to move on with their professional development. They infuse the hospital campus with an infectious energy for the next phase of their medical careers.
For those unfamiliar with the resident selection process, it begins with an application through the Electronic Residency Application System (ERAS) which permits applicants to make their academic records available on the Internet to our program directors. Data such as medical school records, the Dean's letter, letters of recommendation, personal statements and required exam scores are reviewed. Interviews are scheduled for candidates who meet program criteria. In 2007-2008, GRMERC's 15 residency programs received 4775 applications and offered interviews to 891 candidates; 576 candidates completed the interview process and GRMERC successfully filled all 88 residency positions through the National Residency Matching System (NRMP) computer matching system.

Between "Match Day" in mid March and two weeks of onsite orientation in June, much activity occurs. Background investigations and drug screens are conducted; contracts and employment documents are forwarded; state medical licensure applications are submitted, and required certification coursework and orientation materials are shipped. This labor-intensive process resulted in a new class starting their programs July 1st.

A new cycle has begun: a new class, new faces, new personalities and many natural uncertainties. Our "welcome" to the newcomers, while warm and heartfelt, is qualified by unspoken questions. Will they be as good as those who have just graduated? Will they be as good as we were? We need not worry. They always are as good – and usually better, in fact. We need not worry, but we do because we care. It is the nature of teachers to do so, one of the unsettling characteristics of our calling as clinician educators.

GRMERC and the medical community participate actively in the cycle of residency renewal by welcoming the incoming class to Grand Rapids and to their new journey. Residents are our future and the future of our profession. They deserve support and ongoing mentorship.

"They always are as good — and usually better, in fact."

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