

September/October 2008

BULLETIN

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Investigating Foodborne Outbreaks

KCMS Resolutions

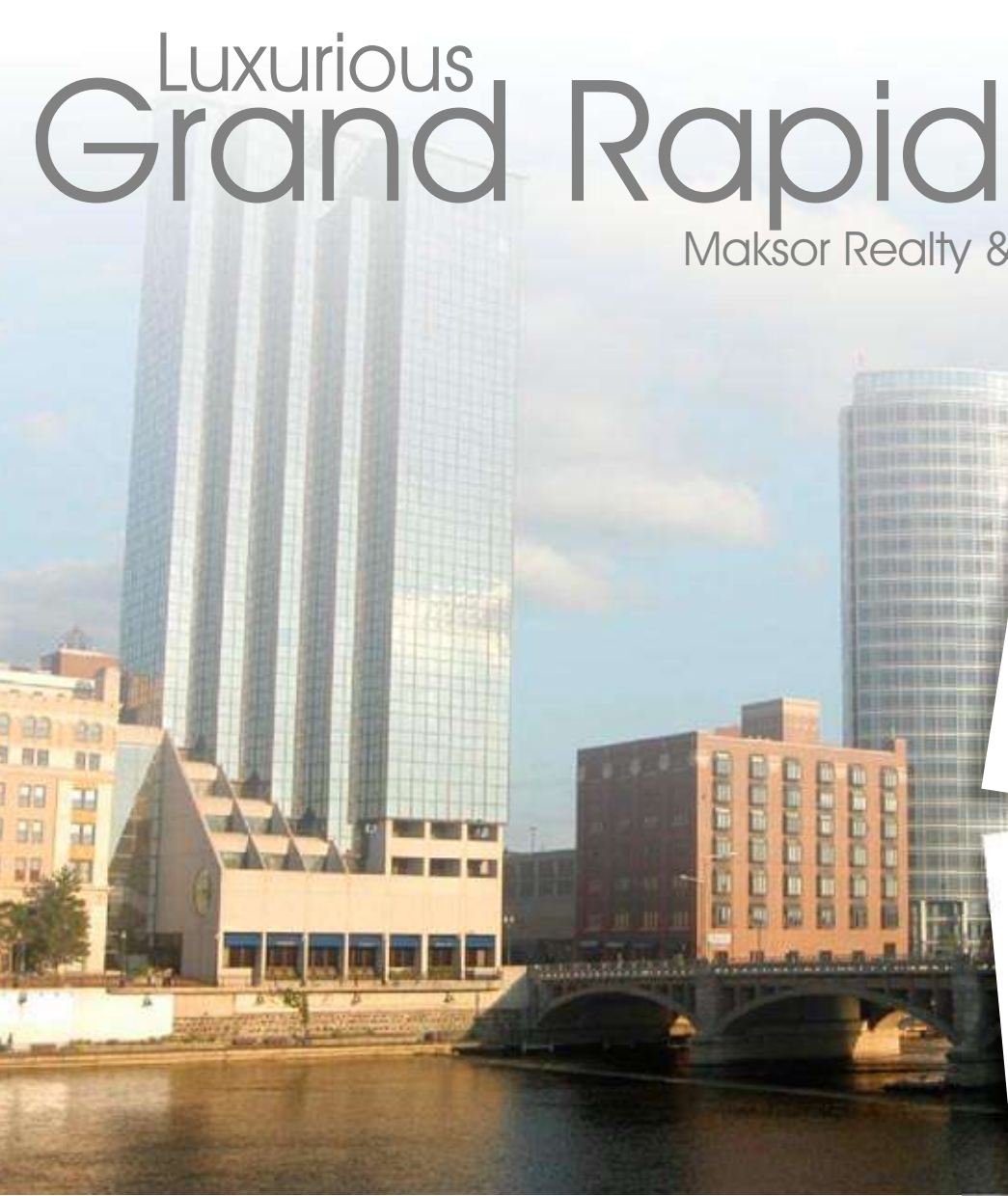
Project Access Services

MMGMA Fall Conference

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

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Downtown Developments



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BULLETIN

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

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WE'VE MOVED!

THE KCMS AND KCOA HAVE A NEW OFFICE

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

MEETINGS OF INTEREST

KCMS Meetings

LOCAL

SEPTEMBER 9, 2008 - KCMS/KCOA Meeting, Watermark Country Club

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

STATE

SEPTEMBER 25, 2008 - Capitol Check-up, Lansing, MI

OCTOBER 22-24, 2008 - Annual Scientific Meeting, Troy, MI

NATIONAL

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

KCOA Meetings

LOCAL

SEPTEMBER 9, 2008 - KCMS/KCOA Meeting, Watermark Country Club

STATE

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

About the Bulletin

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Spouses are Invited to a Joint Meeting of the

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

TUESDAY, September 9, 2008

Topic: Candidates Forum

**The 7th Biennial KCMS/KCOA Candidates Forum is inviting
candidates running for the Michigan House of Representatives**

Come meet the candidates and ask questions!

Social 6:15 pm (cash bar) Dinner 7:00 pm

Watermark Country Club
5500 Cascade Road SE, Grand Rapids



**BALLOT
BOX**

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KCMS PRESIDENT'S MESSAGE

Thomas H. Peterson, MD
KCMS President

Still Our NUMBER ONE ENEMY

History

To this day, in 2008, one disease still trumps all other forms of preventable death. One issue is the leading cause of drug abuse in all ages of Americans. One culprit directly causes a wider range of mortality and diseases than all others known. It addicts over 45 million Americans, leads to over 20 different types of death and over 50 diseases, and is the primary cause of over 400,000 deaths in the US every year. Over 1 billion people worldwide will eventually die from this perpetrator in the 21st century. Over 50,000 Americans will die this year alone simply by being exposed to it. Using the product as intended by the manufacturer will eventually kill half of the people that use it, unlike any other product sold in the world. But maybe the greatest paradigm is even with all of this knowledge, and evidence, it is still the number one seller in the world. And to top it all off, this epidemic was created and spread solely by our American society, and to this day it is still allowed to thrive.

The cost of this ailment to US citizens will reach over \$160 billion dollars this year alone, over \$7 billion alone in Michigan in direct and indirect costs. It is the number one cause of all cancers and of COPD, 2 of the leading 4 causes of death in the US. Once started it can be more difficult to stop than using heroin. It is an epidemic like we in healthcare have never witnessed before.

Opportunities

But opportunities abound for every type of healthcare provider. Everyday every specialist, primary care physician, therapist, pharmacist, nurse, health educator, and physician extender is presented with multiple opportunities to help curb this epidemic. Simply talking to an addicted patient for 2-3 minutes will double the rate of people overcoming the addiction, and could save thousands of lives a year if all providers participated. It is now known that a simple, short message, applied to the appropriate and ready patient, along with supportive services and medication, is one of the best evidence-based interventions we have available to us as physicians in healthcare today. We face thousands of inpatients every day in the hospital setting we could be helping, over one third of them who are there secondary to their addiction. One out of every 4 patients we see every day in our clinics or offices suffer from this chronic disease. That includes all of us. Yet we tend to fall short. We tend not to view this disease as chronic like such ailments as diabetes or asthma. Yet that is exactly what it is, and needs to be treated the same way. We do not take advantage of our endless



* In this weeks New England Journal of Medicine, a study from Scotland showed a 14% drop in hospital admissions for Acute Coronary Syndrome one year after the nationwide ban of indoor smoking was enacted in 2006

opportunities as often as we could. Our new cancer and heart centers do not yet boast robust cessation centers. Our hospitals do not have robust programs in place to counsel and assist all affected patients as often as we could. But that can all change.

Local and national efforts

We are lucky in 2008 that the tide has finally turned in both the public and private sectors eyes. We do not have to fight the public attitudes, big media campaigns, false worries, and lack of evidence we once did in the past decades. In fact, we have seen one of the most successful public health efforts of our times



KCMS PRESIDENT'S MESSAGE



lowering the number of Americans suffering from this addiction from over 44% in the 1960's to less than 21% in 2007. We have for the first time in our lives seen 24 states in America become totally free of indoor use in only the past 5-6 years, along with 15 countries around the world. Even Michigan is close to such a feat, with Senate Bill HB 4163 on the verge of being passed. (Please call or email your State Rep to pass this bill without any exemptions, as the House now needs to do). We now have the new 2008 US Health and Human Services Guidelines out to help guide all providers in assisting patients with more evidence-based knowledge than ever. We have more effective medications than ever before. And we have more tobacco-free hospital campuses in Michigan than virtually any state (124 out of 144 currently) in America.

What We All Need To Do

The AMA, along with MSMS and KCMS, is supporting a strong effort to educate physicians of all specialties to become more active in asking, advising and assisting every one of their patients, or parents of patients, who use this product, every time they see them. A website called www.talktoyourpatients.org created for doctors in New York is an example of an aggressive state campaign directed specifically at doctors to get more involved in exactly that.

But it is not just the sick adult patient, or the asthmatic child who is continually exposed that we need to help. We need to help parents of all children we see. We need to help pregnant women who are traditionally assessed 80+% of the time, but assisted a mere 20% to quit, and are the most likely of all patients to successfully do so. We need to help teenagers more aggressively, especially with teen prevalence rates flattening out in the past 2 years. And we need to take advantage of all opportunities we have as physicians. The urologist seeing the patient with ED, the orthopedic consulting on a hip replacement, the neurosurgeon performing a spinal fusion on an addict, the gastroenterologist treating a patient with a bleeding ulcer or IBD, the dentist managing a patient with periodontitis, the pharmacist filling the prescription for a bronchodilator for a customer who uses the product, and the pediatrician seeing the relapsed mother at her baby's 6 month visit.

Tobacco use has decreased by over 50% in the past 4 decades, but the prevalence rates are leveling off, and it is still our biggest killer.

Physicians need to lead the efforts, both in their offices and in the community. The 3 efforts that have most effectively decreased smoking rates thus far (smoke-free worksites, anti-tobacco media campaigns and increased prices) have been policy-driven. But a fourth, intervention between a doctor and patient, can be the most powerful benefit we can offer toward improving our public's health. We need to ask every patient, at every visit, assess the smoker of their interest in quitting, treat them aggressively when indicated and refer them to the appropriate resource(s). This is a short, extremely powerful weapon we all can apply to any patient, at any time. When we finally see simple tobacco assessment as common place as taking a blood pressure or a pulse, the effects on our society will be enormous.

Tobacco Treatment Resources

Tobacco Free Partners
To Register Call 616-975-0123
or on-line @ www.tobaccofreepartners.org

***Tobacco Free for Good**
Six Weeks/Seven Session Program
Free Program

***Tobacco 101**
90 minute introduction into Cessation
Free Program

***Teaming Up to Quit**
Smoking Cessation program for Moms &
Pregnant Women

(Program costs underwritten by TFP Sponsors and offered Free to Public)

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Michigan TOBACCO QuitLine - 1-800-480-7848
=====
www.quitnet.com

KENT COUNTY HEALTH DEPARTMENT

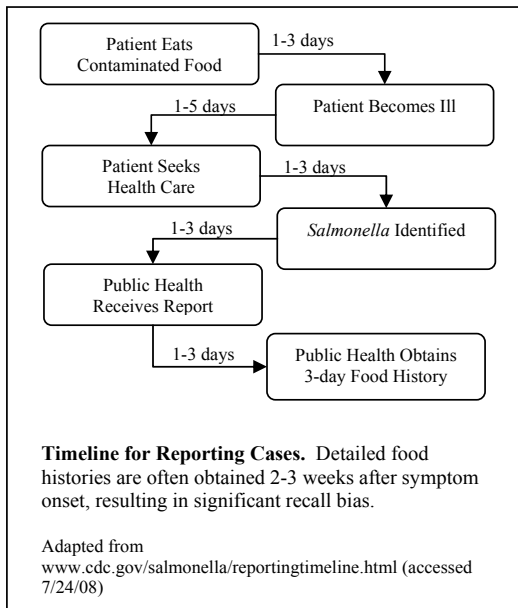
Investigating Foodborne Outbreaks: A Team Effort

Mark Hall, MD, MPH
KCHD Medical Director



Since April 2008, 1329 persons infected with Salmonella Saintpaul have been identified in 43 states, the District of Columbia, and Canada. Health officials across the country have worked continuously since late May to investigate this outbreak. As of July 31, 2008, Michigan had 26 confirmed Saintpaul cases, only 2 of which were from Kent County. Although it may seem that the Kent County Health Department had minimal involvement in the nationwide investigation, we were asked to complete CDC questionnaires on both patients in an attempt to include them in a case-control study to assist in determining the source of infection. In outbreak investigations of this type, obtaining an accurate food history is critical. Physicians performing assessment and diagnosis of patients with enteric illness play an essential role in reducing recall errors by informing patients on

the importance of documenting a three-day food history as part of their routine educational protocol.



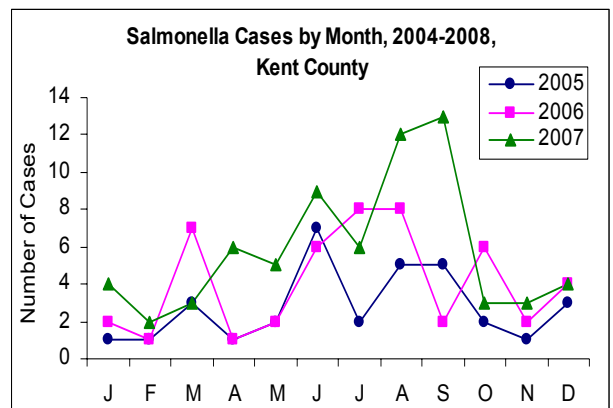
Foodborne outbreak investigations of this size are complex and difficult. By the time a specific strain of bacteria is identified, up to 2 weeks may have passed since a patient consumed a potentially contaminated food item. Understandably, people often have difficulty remembering exactly what foods they ate, and remembering specific ingredients in those foods is even more difficult. Additionally, perishable food items consumed by ill persons are often not available for testing once an infectious agent is identified. Tracing suspect produce items back to processors and growers is an integral part of the effort to identify a single source and a possible means of contamination. Therefore, obtaining an accurate and timely food history from each ill person is the key to solving the mystery.

The longer we wait to obtain a food history from the ill person, the less reliable the information. As a result, the sources of many suspected food-borne illness outbreaks remain unknown. Fortunately, health-care providers are able to get this information sooner than public health officials. Clinicians play a very important role in the investigation process by improving the quality and timeliness of their patient's food history.

To aid in outbreak investigations, health care providers are encouraged to suggest the following to patients suspected to have a foodborne illness:

- Have patients write down their three-day food history, counting back from the day of first onset of overt symptoms (abdominal cramps, vomiting, or diarrhea).
 - Patients should include the address and city of all restaurants.
 - The patient can do this at their home or in the waiting room.
 - Recommend that people check their calendars or credit/debit card receipts to help jog their memory.
 - Encourage patients to think about standing dates for dining out with friends, special meal nights at home, social club functions, church functions, volunteer activities, etc.
- Inform patients that they will be contacted by the health department if their test is positive, and that they will be asked to provide a three-day food history.

Getting patients to document food consumption earlier in the chain of events leads to better recall, and if a diagnosis of a reportable illness is obtained or a patient is part of a regional or nationwide outbreak, public health officials will have access to more accurate exposure information. A small investment by physicians and patients in documenting this information up front can go a long way toward pinpointing the source of infection during investigations of foodborne illness.





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, 2008

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2008	Through Jul 2003-2007
AIDS (Cumulative Total - 792)	0	13	21
AMEBIASIS	0	2	1
CAMPYLOBACTER	10	48	24
CHICKEN POX ^a	19	161	142
CHLAMYDIA	244	1945	1763
CRYPTOSPORIDIOSIS	1	5	5
E. COLI O157:H7	0	0	4
GIARDIASIS	7	37	47
GONORRHEA	89	530	691
H. INFLUENZAE DISEASE, INV	0	1	1
HEPATITIS A	1	6	6
HEPATITIS B (Acute)	0	2	3
HEPATITIS C (Acute)	0	1	0
HEPATITIS C (Chronic/Unknown) ^b	17	185	192
INFLUENZA-LIKE ILLNESS ^c	29	34435	16106
LEGIONELLOSIS	4	5	3
LYME DISEASE	1	2	2
MENINGITIS, ASEPTIC	4	13	17
MENINGITIS, BACTERIAL, OTHER ^d	2	24	4
MENINGOCOCCAL DISEASE, INV	0	2	1
MUMPS	0	0	0
PERTUSSIS	0	8	4
SALMONELLOSIS	3	19	23
SHIGELLOSIS	3	17	3
STREP, GRP A, INV	2	14	12
STREP PNEUMO, INV	1	46	N/A
SYPHILIS (Primary & Secondary)	1	7	3
TUBERCULOSIS	2	9	10
WEST NILE VIRUS	0	1	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2008	DISEASE	NUMBER REPORTED Cumulative 2008
Coccidioidomycosis	4	Listeriosis	1
Guillain-Barre Syndrome	2	Shiga toxin, E. Coli	2
Histoplasmosis	3	Yersinia enteritis	1
Kawasaki Disease	1		

- a. Individual chickenpox case reporting was mandated on 9/1/05, resulting in increased case counts primarily from schools. Confirmed and probable cases are included.
 - b. Chronic Hepatitis C surveillance case definition changed on 1/1/07, resulting in decreased case counts.
 - c. Includes lab-confirmed influenza and "Influenza-Like Illness (ILI)." ILI cases have flu-like symptoms and are reported primarily by schools.
 - d. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN *H. influenzae*, *N. meningitidis*, or *S. pneumoniae*.
- N/A Data not available.

Except for chickenpox & influenza-like illness, only confirmed cases (as defined by National Surveillance Case Definitions: www.cdc.gov/epo/dphsi/casedef/case_definitions.htm) in Kent Co residents are included. Reports are considered provisional and subject to updating when more specific information becomes available.

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DEAN'S MESSAGE

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

UPDATE

Our temporary medical education facility at 234 North Division has come to life, as our first class of 50 second-year students began classes in Grand Rapids, August 25.

This milestone in our expansion is very exciting for our academic staff and the 70 physician faculty from the community who have been participating in teaching and faculty development in East Lansing in preparation for the arrival of our students this fall.

We are nearly complete with the development of our Grand Rapids leadership team and note that most positions have been filled with professionals from the local community. Also, we have made significant progress with

our departmental structure and now have 21 physician faculty groups, representing more than 900 area physicians, who have are working with us to develop our medical school departments.



Our seven-story medical education building is taking shape with the installation of the steel structure. The interior work will begin later this fall. I am pleased to report that construction on the Secchia Center is advancing on schedule. For photos of the construction and a link to our Secchia Center Webcam, visit <http://www.chm.msu.edu/secchiacenter/index.asp>



Ensuring Access and
Improving Care in
Difficult Times

Wednesday - Friday
October 22-24, 2008
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Troy, MI

www.msms.org/asm

For more information or to register,
please contact Elizabeth Hammel at
517-336-7575 or ehammel@msms.org.



The Michigan State Medical Society (MSMS) is accredited by the Michigan State Medical Society Committee on CME Accreditation to provide continuing medical education for physicians. The MSMS designates this educational activity for a maximum of 21 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurses: The ACCME is approved by the Board of Nursing as an acceptable provider of continuing education for license renewal or relicensure.

Wednesday Morning, October 22

All morning courses run concurrently
from 8:30 a.m. to 12:00 p.m.

- Selected Topics in Infectious Disease
- Selected Topics in Endocrinology and Metabolism - Part I
- An Integrative Medicine Approach to the Prevention and Treatment of Major Diseases
- Urology for the Non-Urologists
- Issues in Young Women's Health
- Updates in Dermatology

Wednesday Lunch (Included)

Wednesday Afternoon, October 22

All afternoon courses run concurrently
from 1:30 to 5:00 p.m.

- Workers' Compensation/Disability Management for the Primary Care Physician
- Selected Topics in Endocrinology and Metabolism - Part II
- Cardiology Update 2008 – Current Controversies
- Weight Loss Surgery – Indications and Outcomes
- Pediatric Behavioral Issue: Updates
- Save Lives Save Dollars – Timely Clinical Updates

Thursday Morning, October 23

- “Early Bird” Plenary Session – 7:00- 8:00 am
Stem Cell Odyssey 2008

All morning courses run concurrently
from 8:30 a.m. to 12:00 p.m.

- Overcoming Challenges to Getting Your Patients Vaccinated
- Innovations in the Diagnosis and Management of Thromboembolic Disease
- Pulmonary and Critical Care: An Update
- Peripheral Arterial Disease, Screening, Diagnosis, and Management – Part I
- Case Study Investigation: Your Role in Preventing a Lawsuit
- Addiction Medicine 2008: Office Based Screening, Intervention, and Follow-up for Patients with Alcohol Use Problems

Thursday Lunch (Included)

Thursday Afternoon, October 23

All afternoon courses run concurrently
from 1:30 to 5:00 p.m.

- Radiology for Clinicians: Advances in Oncologic Imaging and Therapy
- Update in Infectious Diseases
- Integrative Medicine: When Mainstream Practice Embraces Complementary/Alternative Treatment
- Peripheral Arterial Disease, Screening, Diagnosis, and Management – Part II
- Appropriate Care for Common Colorectal Problems

Friday Morning, October 24

- “Early Bird” Plenary Session – 7:00- 8:00 am
Power of Prevention™

All morning courses run concurrently
from 8:30 a.m. to 12:00 p.m.

- BCBSM PGIP Practice Transformation with a Focus on the Patient Centered Medical Home
- Ophthalmology for Family Practice Physicians
- Current Updates in Otolaryngology
- Escaping Morbidity, Disability, and Fragility – The Role of Rheumatology
- Patient Safety and Quality Improvement in the Hospital
- Clinical Asthma Update
- Looking for Volunteers! The Free Clinic Experience

Friday Lunch / Beaumont Lecture (Included)

Friday Afternoon, October 24

All afternoon courses run concurrently
from 1:30 to 5:00 p.m.

- Patient Centered Medical Home: Planning and Implementation Strategies
- Updates in Psychiatry
- Urologic Cancer Update for the Primary Care Provider
- Asthma Perspectives

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KCOA PRESIDENT'S MESSAGE



Dorothy (Robin) Pedke, DO
KCOA President

I STILL LOVE WHAT I DO

Every year a few of us have the privilege of writing a “message” to our colleagues every couple of months in this publication. I obsess over this responsibility, each time hoping to contribute something of honesty, relevance and accuracy...

It is tempting to yet once again hash out the pains of modern medical practice-insurance, rising costs, politics versus the reality of patient care, the never-ending paperwork... And then to call for some political or financial action on all of our parts. This time, however, I am choosing to share a bit about my practice, because, though I am frustrated with the above mentioned issues, I must confess that I still love what I do. I am still happy to arrive at work, derive pleasure from the vast majority of patient encounters and believe I am good at my job. The source of my satisfaction is simple: I affect a true measurable, reproducible improvement-both clinically and in patient perceived satisfaction-in ALMOST EVERY CASE.

I am a Family Practice Integrative Health Care Specialist.

On a daily basis 50% of my practice reflects my conventional primary care training. The other 50% reflects the fact that my attendings in residency taught me to “treat the patient!”, practice evidence based medicine, and “do what you love”. As a practitioner of Complementary/Integrative/Preventive and sometimes “alternative” medicine, I merely have more tools to choose from to both diagnose and treat my patients. I attribute my job satisfaction to this additional approach to the patient, and I believe some of what I do can be part of anyone’s practice.

I have chosen therapies that have randomized, controlled, double-blinded studies behind them for the most part, though the scope of this article does not permit citation of all the studies. I have chosen to comment only on the most frustrating diagnoses which are traditionally resistant to treatment, because the goal of my article is to improve your practice satisfaction, if even in a small way.

KCOA PRESIDENT'S MESSAGE

Chronic Fatigue Immune Deficiency Syndrome/Fibromyalgia

- + Check hormone levels (Estradiol, Free and Total Testosterone, Progesterone), TSH, Free T3, Free T4, thyroid antibody levels.
- + Keep TSH in the lower normal range, and the other hormone levels, including Vit D, in the upper normal range.
- + Consider adding Cytomel (T3) to a thyroid regimen, and also consider dividing thyroid therapy BID (AM and early afternoon).
- + Consider Omega-3 Essential Fatty Acids (EFAs), magnesium, and a good (non-generic) multiple vitamin in all CFIDS/Fibromyalgia cases.

These simple changes/additions allow your working parents to be present in the lives of their children after school/work, and your metabolic syndrome patients to get on the treadmill, which is the true treatment for their diagnosis in the first place. Regarding Vitamin D, you will be shocked at the improvement in pain levels with just the addition of this one supplement. Consider using the prescription dose of Vit D once a week when levels measure out of the normal range low. If you're going to take the time to read anything extra, read on Vit D. We practice medicine in an extremely Vit D deficient state, and the research results are copious and astounding. (Nurses Health Study 40% decrease risk of MS, 30% decrease risk of breast cancer...) Meanwhile, there is an FDA approved commercially available Omega-3 supplement available for treatment of elevated Triglycerides. Truthfully, I put almost everyone on EFAs-this is another supplement with tremendous research to back it up. Finally, with magnesium, sleep, pain, depression, constipation and blood pressure all improve, as well. Take "to tolerance" which means increase dose until stools become loose, then back down. Unless the patient has an electrolyte or renal pathology, diarrhea will ensue before magnesium levels get anywhere near elevated on testing. The research on magnesium will inspire you to add some to your own supplement regimen.

Irritable Bowel Syndrome

- + Try adding acidophilus ("probiotics", the live cultures in yoghurt) in serious doses (several billion per capsule).

Start low, go slow (one capsule for a week, then increase to tolerance). IBS is fickle regarding probiotics, which can often "fix" the problem that's been there for years, have no effect, or make things worse. Great results in diarrhea studies, moderate results in constipation studies.

- + Restrict grains and dairy-aim for 100%, and counsel patient to expect to be out of their comfort zone and to experience withdrawal-like symptoms of irritability, thinking about/craving processed grain products.

I tell my patients to treat themselves like the person quitting cigarettes. Simple carbohydrates are addictive. The patient should not beat themselves up when they eat bread, just start over again and do their best.

- + Add digestive enzymes with meals.

Insomnia

- + Remember to check hormone levels and Vitamin D levels.

Medications for sleep only work to a point if the issue is decreasing hormones. Aim for higher normal levels if results are "within normal limits".

- + Consider magnesium supplement at bedtime.

Depression

- + Check hormone levels and complete thyroid panel before starting anything, unless patient is dramatically psychologically compromised.
- + Consider Omega-3 EFAs.

I have but scratched the surface of what I, and practitioners like myself, do on a daily basis, and yet I know that if you incorporate just a few of these recommendations into your regular repertoire, your experience of medical practice will dramatically be enhanced. It is the frustrating chronic diagnoses that bring us down and drain our energies.

All of the treatments recommended in this article were carefully chosen to fit into the acceptable parameters of conventional medical practice. For the most part, you will be looking a bit closer at physiology and customizing your regular treatments to each patient. There's no question it takes more thought. But where practitioners of integrated medicine are trained to do complex hormone, stool, hair, and urine analyses, and treat with compounded and other therapies, it is not necessary for you to go through months of training to achieve increased patient satisfaction and clinical outcomes.

There will, of course, be patients to whom you cannot apply these recommendations. You won't be giving estrogen to a breast cancer patient, nor supplements to a renal failure patient. But where it's appropriate, give my suggestions a try. Treat the patient, open yourself to MORE evidence, and you'll be back to doing what you love!



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ALLIANCE HEARTBEAT

Welcome To The Alliance!



It is an honor and a privilege to serve as President of the KCMS Alliance for the 2008-9 year. I want to tell you about the exciting year the Alliance has planned, but first would like to explain why I became a part of this organization in the first place and encourage you to become involved (or more involved): I joined the Alliance when our family moved here 15 years ago, and my most cherished friendships have grown through participation with other members in the philanthropic causes we support.

Our main annual fundraising event is the KCMSA Charity Ball for Children, which is going to take place on February 7th next year. This event has supported a number of charitable organizations in the past, including Comprehensive Therapy Center and Camp Blodgett. The Ball is, well, a ball! There are silent and public auctions, an excellent dinner, and danc-

ing. Proceeds from the Ball, and a more informal Surf and Turf Dinner/Raffle later in the Spring, also fund a mini-grant program we have developed to support local non-profit organizations.

Other events on our calendar include a Christmas Party for children at the Hope Community Day Care Center, a Medical Drive for International Aid (in March), and collecting to fill Judge Gardner's Closet for newly emancipated teens. We also plan informational tours for our membership of West Michigan medical facilities and organizations, which have recently included Lacks Cancer Center, St. John's Home, and the African American Health Institute. This year we will visit the new Metropolitan Hospital (on September 11th), Camp Blodgett and the Children's Assessment Center.

But we also have developed more in-

formal activities and interest groups for our personal growth. Some of these are the KCMSA Book Club, Bridge Club, Gourmet Club, Bicycle Club, Monthly Musings luncheons, Scrapbooking, and Moms and Tots. We hope to have our website upgraded soon so we can more easily coordinate all of our events.

The KCMS Alliance is committed to supporting our West Michigan community. As I hope you see, we offer something for everyone, and belonging to this organization has been rewarding and fun. If you are a new member, or someone who has not been to a meeting in a while, I encourage you to join us. Our vitality as an organization and as a community depends on a personal commitment from each one of us.

In case you were wondering--we are looking for volunteers to help with the Charity Ball right now.

Irene Betz
President

NEW INTEREST GROUP!!!!

Monthly Musings

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

THE NEXT MONTHLY MUSINGS

Date: Wednesday, September 10, 2008

Time: 11:30AM

Place: Blue Water Grill

5180 Northland Dr. NE

Grand Rapids, MI

616-363-5900

If you would like to attend, please e-mail Eileen Brader ekbrader@sbcglobal.net by September 7th. If you would like to carpool e-mail Eileen. Also some of us will be going early to do some shopping.



ALLIANCE HEARTBEAT

ALLIANCE CALENDAR

EVENT: Group Bikes and Chicks

This event is open to friends and family we will meet Wednesdays--8:30am at the Belmont lot up in Rockford. If you have any questions you can e-mail Theresa Stevenson tlstevenson713@aol.com. Come join us for a bike ride up in Rockford, get some exercise and meet some new people.

EVENT: 2009 Charity Ball Meeting

Date: Wednesday, September 3, 2008
(Please note the date change)

Time: 9:30 am

Place: Christine Pfennig's house:
6444 Tammerron Ct SE, Grand Rapids

Phone: 682-0995

EVENT: General Membership Meeting

Our first General Membership Meeting will be Thursday, September 11, 2008 at Metro Hospital (in the lobby) for a tour and lunch it will begin at 10:00am. We will have more details in our next Save the Date. Please mark your colanders and join us.

Thursday, October 23, the General Membership meeting will be at Camp Blodgett. On November 13, Children's Assessment Center.

Please send replies to Francesca Wiseman
243-0236 or e-mail wisemanf@earthlink.net

EVENT: Book Club

Date: Thursday, September 18, 2008

Time: 7:00 pm

Place: Sandi Winston's home: 7383 Buccaneer SE
(off Cascade, just east of 36th St).

Please bring a bottle of wine and an hors d'oeuvre to pass.
The Book: *The Bordeaux Betrayal: A Wine Country Mystery* by Ellen Crosby.



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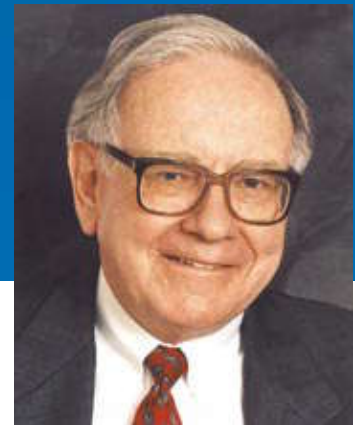
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—from Warren Buffett, April 26, 2006

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—from Warren Buffett, May 30, 2006



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NEW KCMS MEMBERS

Farid A. Aladham, MD (Active)
Radiology (Board Certified)

B.S./Medical School: University of Jordan Medical School, Amman, Jordan, 1993-2000

Internship: Al-Hussein Hospital, Amman, Jordan, 2000-2001

Fellowship: Indiana University Medical School, Indianapolis, Indiana, Interventional Radiology Research Fellowship, 2001-2002

Internship: St. Vincent Hospital, Indianapolis, Indiana, 2002-2003

Residency: University of Michigan, Ann Arbor, Michigan, Diagnostic Radiology, 2003-2007

Fellowship: University of Michigan, Interventional/Vascular Radiology, 2007-2008

Address: 3264 N. Evergreen Dr., Grand Rapids, Michigan 49525, 363-7339

Sponsor: Charles Luttenton, MD

Rebecca Caldwell, MD (Active)
Obstetrics
Gynecology

B.S.: Michigan State University, East Lansing, Michigan, 1998

Medical School: Michigan State University College of Human Medicine, 2002

Internship/Residency: Grand Rapids Medical Education and Research, Grand Rapids, Michigan, Obstetrics and Gynecology, 2002 - 2006

Previous Practice: Obstetrician and Gynecologist, Aspen Medical Group, St. Paul, Minnesota, 2006- 2007, Areawide OB/GYN, Grand Rapids, Michigan 2007- present

Address: 80 68th St , Grand Rapids, Michigan 49548, 532-1410

Sponsor: Dorsey Ligon, MD

Jamie Caughran, MD (Active)
General Surgery (Board Certified)

B.S.: Western Michigan University, Kalamazoo, Michigan, B.S., 1998

Medical School: Michigan State University, College of Human Medicine, East Lansing, 2002

Internship/Residency: Grand Rapids Medical Education General Surgery, 2002-2007

Fellowship: Beaumont Hospital, Royal Oak, Michigan, Breast Fellowship, 2007 - 2008

Office: 245 Cherry Street, SE, Grand Rapids, Michigan, 49503, 456-5311

Sponsor: Jay LaBine, MD

Mark C. DeLano, MD (Active)
Radiology (Board Certified)
Neuroradiology (Board Certified)

B.S.: Michigan State University, East Lansing, Michigan, Biology, 1985

Medical School: Michigan State University College of Human Medicine, 1989

Internship: Northwestern University School of Medicine, Evanston, Illinois, 1989-1990

Residency: Duke University Medical Center, Durham, North Carolina, Radiology, 1990-1994

Fellowship: Johns Hopkins Medical Institutions, Baltimore, Maryland, Neuroradiology, 1994-1996

Previous Practice: MSU Health Team working at MSU, Sparrow and Ingham Hospitals in Lansing, Michigan, 1997 - 2008

Address: 3264 N. Evergreen Dr., Grand Rapids, Michigan 49525, 363-7339

Sponsor: Charles Luttenton, MD

Todd D. Durham, MD (Active)
Diagnostic Radiology (Board Certified)
Vascular and Interventional Radiology

B.S.: University of Michigan, Ann Arbor, Michigan, 1998

Medical School: Wayne State University, Detroit, Michigan, 2002

Internship/Residency: Henry Ford Hospital, Detroit, Michigan, Diagnostic Radiology, 2002 - 2007

Fellowship: Brown University, Rhode Island Hospital, Providence, Rhode Island, Vascular and Interventional Radiology, 2007-2008

Address: 3264 N. Evergreen Dr., Grand Rapids, Michigan 49525, 363-7339

Sponsor: Charles Luttenton, MD

NEW KCMS MEMBERS

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

B.S.: Spring Arbor College, Spring Arbor, Michigan, Biochemistry, 1996

Medical School: Wayne State University, Detroit, Michigan, 2000

Internship/Residency: Grand Rapids Medical Education and Research Center/MSU, General Surgery, 2000 - 2005

Fellowship: Cleveland Clinic Foundation, Cleveland, Ohio, Colon and Rectal Surgery, 2005 - 2006

Address: 3230 Eagle Park Dr. NE, #210, Grand Rapids, Michigan, 49524, 456-8613; 2006 to present

Sponsor: Leon Oostendorp, MD

Jeffrey R. Flermoen, MD (Active)
Diagnostic Radiology

B.S.: University of Michigan, Ann Arbor, Michigan, 1999

Medical School: University of Michigan, 2003

Internship: St. Joseph Mercy Hospital, Ann Arbor, Michigan 2003-2004

Residency: University of Iowa Hospitals and Clinics, Iowa City, Iowa, 2004-2008

Address: 3264 N. Evergreen Dr., Grand Rapids, Michigan 49525, 363-7339

Sponsor: Charles Luttenton, MD

John L. Fox, MD (Active)
Pediatrics (Board Certified)

B.S.: University of Illinois, Chemistry and Biochemistry, 1983

Medical School: Johns Hopkins University School of Medicine, 1989

Internship/Residency: Johns Hopkins University School of Medicine, Pediatrics, 1989-1992

Fellowship: Epidemic Intelligence Service, Centers for Disease Control, 1995-1997

Previous Practices: Chief Medical Officer and Clinical Director, Rocky Boys Indian Health Service, Montana, 1992-1995; Physicians Plus Medical Group (HMO), and University of Wisconsin School of Medicine, Clinical Asst. Professor of Preventive Medicine, Madison, 1995-2000; Vice President of Medical Affairs, Medical Director, Priority Health, Grand Rapids, Michigan, 2000 to present

Address: 1231 E. Beltline NE, Grand Rapids, Michigan 49525 464-8454

Sponsor: John MacKeigan, MD

Gregory R. Neagos, MD (Active)
Internal Medicine (Board Certified)
Pulmonary Medicine (Board Certified)
Critical Care Medicine (Board Certified)

B.S.: Wayne State University, Detroit, Michigan, Biology, 1982

Medical School: Wayne State University, 1986

Internship/Residency: University of Michigan Hospitals, Ann Arbor, Michigan, 1986-1989

Fellowship: University of Michigan Hospitals, Pulmonary and Critical Care Medicine, 1989-1992

Previous Practice: Pulmonary and Critical Care Associates of Ann Arbor, PC, Ypsilanti, Michigan, 1992 - 2008

Address: 4100 Lake Drive SE #200, Grand Rapids, Michigan 49546, 949-8244

Sponsor: Glenn Van Otteren, MD

Geoffrey M. Remes, MD (Active)
Diagnostic Radiology (Board Certified)

B.S.: University of Michigan, Ann Arbor, Michigan, 1976
Medical School: Michigan State University, East Lansing, Michigan, 1987

Internship: Michigan State University, Dept. of Pediatrics and Human Development, MSU Affiliated Hospitals, 1987-1988

Residency: University Affiliated Hospitals of Flint, Dept. of Radiology, 1988-1992

Previous Practice: Regional Medical Imaging, Flint, Michigan (Diagnostic Radiology), 1992 - 2004; Lansing Radiology Associates, Lansing, Michigan (Diagnostic Radiology), 2005-2008

Address: 3264 N. Evergreen Dr., Grand Rapids, Michigan 49525, 363-7339

Sponsor: Charles Luttenton, MD

NEW KCMS MEMBERS

Jeffrey A. Bradley, MD (Resident)
Orthopaedic Surgery

B.S.: University of Illinois at Urbana-Champaign, Illinois, 2003

Medical School: University of Southern Illinois School of Medicine, Springfield, Illinois, 2007

Internship/Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2007 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

Sponsor: Peter C. Coggan, MD

Aaron C. Coats, MD (Resident)
Orthopaedic Surgery

B.S.: Indiana University, Bloomington, Indiana, 2002

Medical School: Indiana University School of Medicine, Indianapolis, Indiana, 2006

Internship/Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2006 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

Sponsor: Peter C. Coggan, MD

Nikola M. Dobrasevic, MD (Resident)
Orthopaedic Surgery

B.S.: Wayne State University, Detroit Michigan, 1999

Medical School: Wayne State University School of Medicine, 2004

Internship: Wayne State University/Detroit Medical Center, 2004 - 2006

Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2006 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

Sponsor: Peter C. Coggan, MD

Warren E. Gardner, II, MD (Resident)
Orthopaedic Surgery

B.S.: Bob Jones University, Greenville, South Carolina, 2000

Medical School: Medical University of South Carolina, Charleston, South Carolina, 2004

Internship/Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2004 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

Sponsor: Peter C. Coggan, MD

Kendall Hamilton, MD (Resident)
Orthopaedic Surgery

B.S.: Indiana University, Bloomington, Indiana, Biology, 2003

Medical School: Indiana University School of Medicine, 2007

Internship/Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2007 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

Sponsor: Peter C. Coggan, MD

Benjamin L. Harper, MD (Resident)
Orthopaedic Surgery

B.S.: Louisiana Tech University, Ruston, Louisiana, Biology, 2003

Medical School: Louisiana State University Health Science Center, Shreveport, Louisiana, 2007

Internship/Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2007 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

Sponsor: Peter C. Coggan, MD

Lisa D. Maskill, MD (Resident)
Orthopaedic Surgery

B.S.: Oral Roberts University, Tulsa, Oklahoma, 2001

Medical School: Southern Illinois University School of Medicine, Springfield, Illinois, 2005

Internship/Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2005 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

Sponsor: Peter C. Coggan, MD

John W. Stirton, MD (Resident)
Orthopedic Surgery

B.A.: University of Dallas, Irving, Texas, Political Philosophy, 2002, MBS, Healthcare Administration, 2003

Medical School: University of Dallas, Irving, Texas, 2007

Internship/Residency: Grand Rapids Medical Education and Research Center, Orthopaedics, 2007 – present

Office: 221 Michigan St. NE #200A, Grand Rapids, Michigan 49503, 391-1405

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IN MEMORIAM

KCMS

Reynaldo G. Castillo, MD 1945 - 2008

Reynaldo G. Castillo, MD, a retired member of the Kent County Medical Society passed away June 17, 2008. Doctor Castillo received his medical degree from the University of Santo Thomas in 1969. He was a Neurosurgeon in Grand Rapids for over 20 years before retiring in late 2007.

The Medical Society extends sympathy to his family.

Willis L. Dixon, MD 1922 - 2008

Willis L. Dixon, MD, a retired member of the Kent County Medical Society passed away July 1, 2008. Doctor Dixon received his medical degree from the Hahnemann Medical School in 1948. He practiced Internal Medicine and was Medical Director for 45 years at Clark Retirement Community before retiring in 1997.

The Medical Society extends sympathy to his family.

Paul L. Fatum, MD 1930 - 2008

Paul L. Fatum, MD, a retired member of the Kent County Medical Society passed away August 7, 2008. Doctor Fatum received his medical degree from Vanderbilt University School of Medicine in 1958. He was an Anesthesiologist at Butterworth Hospital for 44 years before retiring in 2005.

The Medical Society extends sympathy to his family.

KCOA

Doyle A. Hoopingarner, DO 1930 - 2008

Doyle A. Hoopingarner, DO, a retired member of the Kent County Osteopathic Association passed away July 5, 2008. Doctor Hoopingarner received his medical degree from The Chicago School of Osteopathy. He had a private practice in Ironwood, Michigan before moving to Rockford to work in the Emergency Room at Metropolitan Hospital for 16 years until retiring in 1987.

The Osteopathic Association extends sympathy to his family.

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KCMS RESOLUTIONS TO THE MSMS HOUSE OF DELEGATES

May 2-4, 2008

The MSMS House of Delegates (HOD) creates policy for MSMS to follow and if requested, to submit the policy on to the AMA for its consideration. KCMS is allowed to send 21 Delegates and 21 Alternate Delegates to represent you at the HOD. Your elected delegation submitted 24 resolutions this year. Fifteen of them were approved, four were disapproved, three had no action taken, and two were referred to the MSMS Board of Directors.

Below are the KCMS resolutions, along with their outcomes and who authored each one.

RESOLUTION 20-08A - Disapproved

Title: New Response to Continued Medicare Fee Reduction

Original Author: Courtney P. Jones, MD

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to continue negotiations to fix the flawed Medicare system and formula; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA that if negotiations fail to fix the flawed Medicare system and formula as they have in the past that the AMA consider organizing slow downs for non-emergency and non-life threatening care.

**RESOLUTION 21-08A – Adopted as Amended
Title: Single Source Credentialing and Verification of Physicians**

Original Author: Susan H. Wakefield, MD

RESOLVED: That MSMS urge the Michigan legislature to support the adoption of a uniform application form for physician credentialing for all insurance company applications.

**RESOLUTION 22-08A - Adopted
Title: Bar Code Scanning for Immunizations**

Original Author: Susan H. Wakefield, MD

RESOLVED: That MSMS urge the Michigan state legislature and governor to require that all Vaccine For Children vaccines given in the state of Michigan require the pharmaceutical companies to have all the information required by the Michigan Care Improvement Registry in a bar code form on each vial; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge legislation for a federal requirement for bar coding on each vial of Vaccine For Children vaccines.

**RESOLUTION 23-08A – Adopted as Amended
Title: Michigan High School Athletic Association and Pre-Participation Medical Exams**

Original Author: Susan H. Wakefield, MD

RESOLVED: That MSMS contact the Michigan High School Athletic Association and request that it consider allowing high school athletes to participate in sports if they have had a pre-participation medical exam within the previous 12 months.

**RESOLUTION 24-08A – Adopted as Amended
Title: Physician Access to Insurance Fee Schedules**

Original Author: Susan H. Wakefield, MD

RESOLVED: That MSMS urge the Michigan state legislature and governor to pass legislation requiring insurance companies to make their current contracted fee schedules available securely online to physicians before and after they negotiate contracts and to contact physicians 60 days in advance of any changes to the fee schedule; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation to require all insurance companies to make their current contracted fee schedules available securely online to physicians before and after they negotiate contracts and to contact physicians 60 days in advance of any changes to the fee schedule.

**RESOLUTION 25-08A - Adopted
Title: E-prescribing of Controlled Substances**

Original Author: Susan H. Wakefield, MD

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge the Drug Enforcement Agency and U.S. Congress to adopt e-prescribing for controlled substances.

**RESOLUTION 26-08A - Disapproved
Title: Direct-to-Consumer Advertising by Pharmaceutical Companies**

Original Author: Susan H. Wakefield, MD

RESOLVED: That MSMS urge the Michigan state legislature and the governor to support legislation that would ban direct-to-consumer advertising in the state of Michigan; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge the federal government to ban direct-to-consumer advertising.

**RESOLUTION 27-08A – Referred to the Board for Study
Title: Insurance Coverage for Immunizations**

Original Author: Susan H. Wakefield, MD

RESOLVED: That MSMS urge the Michigan state legislature and the governor to support legislation that will require all insurance companies who sell commercial insurance

in Michigan to cover all immunizations that are recommended by the Centers for Disease Control for persons living in the U.S.; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support federal legislation that will require all insurance companies who sell commercial insurance to cover all immunizations that are recommended by the Centers for Disease Control for persons living in the U.S.

**RESOLUTION 28-08A – Adopted as Amended
Title: Human Embryonic Stem Cell Research**

Original Authors: Donald P. Condit, MD; Patrick J. Droste, MD; Jay P. LaBine, MD

RESOLVED: That MSMS respect the diversity of opinion amongst Michigan physicians regarding human embryonic stem cell research and that MSMS adopt a neutral position regarding human embryonic stem cell research; and be it further

RESOLVED: That MSMS develop through the Bioethics Committee a series of forums over the next year including one at the 2009 House of Delegates to explore the implications of human embryonic stem cell research and provide membership with definitions, research, studies, and ethical considerations.

**RESOLUTION 29-08A – Approved on First Reading
Title: Changing Parliamentary Authority**

Original Author: David W. Whalen, MD

RESOLVED: That MSMS modify its bylaws to make The Standard Code of Parliamentary Procedure by Alice Sturgis our parliamentary authority.

**RESOLUTION 30-08A – Referred to the Board for Study
Title: Prescription Confidentiality Act**

Original Author: Brian A. Roelof, MD

RESOLVED: That MSMS work to enact legislation for a "Prescription Confidentiality Act" that will prevent the commercial use of any of the collected information regarding individual physician's or physician extenders' prescribing patterns.

continued p.30

PROJECT ACCESS – IN SERVICE TO HELP YOU SERVE LOW-INCOME PATIENTS

- **IDENTITY** Project Access is a physician volunteer program offering a unique health care service for uninsured, low-income residents of Kent County.
- **MISSION** To provide qualified clients with a temporary medical home while they work toward obtaining their own permanent health coverage.
- **VISION** To empower Project Access patients to improve their health and well being.

Project Access has recently celebrated its fourth anniversary in service to uninsured patients. This is your program, a program for physicians, run by physicians and in service to assist your offices in their efficient and organized service to uninsured patients. In addition to other partners working with your patients, Project Access is now able to refer to home health visits for patients of all types needing at home care. We add this to the list of coordinated services we currently provide:

- Review and confirm the patient's income and lack of ability to pay for care
- Confirm the patient is not eligible for affordable insurance via their employer
- Provide access to donated lab and radiology work
- Assist in translation services for Spanish speaking patients
- Mentor the patient on how to work with volunteer care
- Educate the patient on their responsibilities in their health care
- Coach patients in healthy choices, lifestyles, disease management (via nurse case manager)
- Work with your staff to refer your patient to donated physical therapy, home health care and/or durable medical equipment (limited)
- Enroll your patient into the national drug manufacturer's charity care programs to access the medications you or other physicians prescribe
- Assist them in navigating other community health programs
- Inform the physician office if/when the patient becomes eligible for Medicaid, Medicare, employer-offered insurance coverage or other programs
- Case Management in addition to, or in lieu of, Project Access membership with referrals to:
 - Medicaid/CHIP/Medicare Application
 - Pharmaceutical Application
 - Transportation coordination
 - Interpretation/Info provided in client's native language
 - County Health Department
 - Community Health Centers
 - Mental Health Centers
 - Dental/Hygienist
 - WIC
 - Optometry/hearing referrals
 - Specialty Care
 - Quarterly/monthly follow up on medications/pharmaceuticals
 - Follow up on Diabetes management
 - Diabetes counseling/monitoring
 - No show reduction in appointments
 - Migrant farm worker liaison
 - Newsletters/flyer distribution
 - Nutrition assistance referral
 - Volunteerism referrals
 - Physical therapy
 - Diagnostic tests
 - Durable medical equipment access/procurement
 - Medical supplies
 - Home health care for wound management, at home diabetes testing, post-surgical assessments

Thank you for your care and interest in serving these patients. Many physicians indicate they can recognize Project Access patients through their gratitude and obvious coaching. Physician office managers appreciate being able to refer Project Access patients back to the Project Access office for the above referrals and resources. If you are aware of other services you would like us to procure for the Project Access patients you see, please contact the Executive Director, Patricia Dalton at 616-235-0000.

— The Project Access 2008-9 Board of Directors representing KCMS and KCOA:

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2008 DIRECTORY CORRECTIONS

(Unless noted, phone numbers are OK.)

West Michigan Obstetrics & Gynecology
(under Specialty Listing)
Jane K. Cottingham, DO
Fred A. Rohn, III, MD
Michael S. Werkema, MD

Auburn, DO, Ann
4466 Heritage Ct SW #D 301-0808
Grandville 49418 Fax: 301-7887

Coates, DO, Allan
2093 Health Dr SW #201, 19

Day, MD, Susan
4069 Lake Dr SE #315, 46 464-2860
***464-2865**
Fax: 284-8918

DeNiel, MD, Melissa A
4069 Lake Dr SE #315, 46 464-2860
***464-2865**
Fax: 284-8918

Fitzgerald, MD, Kevin
Fax: 285-1006

Gillett, MD, Frederick S.
1096 Balsam Hill Ave SE, 46 (Res)

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ekhaas@sbcglobal.net

Henne, MD, Timothy D
456-8515
Fax: 456-8208

Herz, MD, David
2122 Health Dr SW #140
Wyoming 49519

Kitzsteiner, MD, Kristen
359 S Division, 03 643-3800
***643-3801**

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233 E Fulton #102, 03
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555 MidTowne St NE #302

McBride, MD, Kevin
1175 Wilson Ave NW 685-8650
Walker 49534 *685-8651
Fax: 791-2160

Morril, MD, Charles E.
1300 Hawthorne Hills Dr
Ada 49301

O'Donnell, MD, John B.
234 Division Ave N #400, 03 234-2621

Peterson, MD, Thomas H,
665 Seward Ave NW #110, 04 391-7848
Fax: 391-2109

Purgiel, DO, Kevin
9385 Cherry Valley Dr SE 891-8500
Caledonia 49316

Uddin, MD, Ghayas **252-7166**

VanderLaan, MD, Ronald L.
1900 Wealthy St SE #380, 06 717-5141
NPI# 1447299599 *717-5144
Fax: 717-5145

Wittingen, MD, Jerry A.
555 MidTowne St NE #302

Zakem, DO, Michael
5950 Metro Way SW 252-8100
Wyoming *252-8122
Fax: 252-8181

Need additional copies of the Directory? Call the KCMS office at 458-4157.

THE FOLLOWING PRACTICES HAVE MOVED

Allergy Associates of Western MI
Miller, MD, Thomas
Townley, MD, Richard R.
360 E Beltline NE #100, 06 726-6706
Fax: 726-6764
3185 Macatawa SW #B
Grandville 49418

Cancer and Hematology Center of West Michigan
145 Michigan St NE #3100, 03
Phone Numbers are the same

Alguire, MD, Kathryn
Batts, MD, Eric
Brinker, MD, Brett
Bury, MD, Martin
Campbell, MD, Alan
Campbell, MD, Mark
Gribbin, MD, Thomas
Huang, MD, Stephen
O'Rourke, MD, Timothy

Scott, MD, William
Sobong, MD, Enrico
Vander Woude, MD, Any
Yost, MD, Kathleen

Grand Valley Gynecologists
Knollcrest OB-Gyn Associates
Newton, Frank & Blickley **are now**
Grand Rapids Women's Health
555 Mid Towne St NE #400, 03 588-1200

Blickley, MD, Adam **Fax: 588-1250**
Bollin-Richard, MD, Brooke E.
Brandt, MD, Ruth A.
Edvenson, MD, Roger W.
Frank, MD, Jeffrey H.
Hiemenga, MD, Judith A.
Hubbard, MD, Robin, S.
Luce, MD, Elizabeth J.
Newton, III, MD, Charles W.
Struyk, MD, Curtis D.
Taber, MD, Rodman M.

Van De Burg, MD, Anita D.
555 Mid Towne St NE #450, 03 588-1800

Bennett, MD, Jason **Fax: 588-1850**
Bennett, MD, Michael J.
Van Drie, MD, Douglas

Michigan Reproductive and IVF Center
has changed it's name to:

The Fertility Center
3230 Eagle Park Dr NE #100, 25
Dodds, MD, William G.
Young, MD, James E

Urologic Consultants, PC
25 Michigan St NE #3100, 03
Phone Numbers are the same
Anema, MD, John G.
Curry, MD, Jon M.
Roelof, MD, Brian A.
Steinhardt, MD, George F.
Wise, MD, Phillip G.

WHAT GOES AROUND COMES AROUND

Michigan State University College of Human Medicine held its annual Student Recognition Banquet recently. The event honors donors of the more than 40 scholarships provided to students. In addition to the presentation of scholarships by donors to awardees, the event included a few remarks from the podium:

"I often wondered what influenced me to become a physician. I had convinced myself that it was my love of biology and my sense of social mission. To my surprise a conversation with my uncle (my father's brother) ten years ago when I was in my fifties, provided important insight.

My father was a pacifist before World War II but I did not know, as my uncle told me, that he had been a paramedic during the first two years of the war. My father never talked about this or any of his other wartime experiences. I learned from my uncle that my father was so affected by the stories he heard from wounded troops returning from Europe that he joined the army in 1942 and became an artillery officer. He served in the North Africa and Italian campaigns. I was conceived during a leave before D-day in 1944. Dad landed on the Normandy beaches on day 11 and was captured soon after in northern France. My mother had no news of him for several months before she learned that he was a prisoner-of-war in Hanover in north central Germany. The Red Cross sent in care packages but the German guards were short of food at this late stage in the war and little of the food sent by the Red Cross reached the prisoners. The care packages included cigarettes. My father began smoking. After nine months in prisoner of war camp and weighing only 90 pounds after he was liberated, he returned to my mother and to the son he had not yet seen. He was never able to kick the smoking habit and in 1962 when he was 42 and I was 18 he was diagnosed with lung cancer. Almost the last thing I told him before he died was that I had decided to apply to medical school. I knew he was pleased even though he was unable to speak.

My mother joined the Women's Royal Air Force during the war and spent her time soldering the circuit boards for the radios in Lancaster bombers. When the war ended there was not much demand for those skills and she returned to being a homemaker, raising me and my sister while my father built his new career as a bank clerk. After my father's death my mother began a teacher's training program and, at the same time, I entered medical school. Since my mother had no income we found ourselves in the unusual situation of both mother and son supported by higher education grants from the County Education Authority.

Three years later, during my pediatric clerkship, I received a phone call informing me that my mother had been killed in a car crash. About three weeks after her funeral, as I was considering my options and to my great relief, I received a letter from the Bank Clerks' Orphans Fund offering me financial assistance so that I could complete my medical degree. So today, as a physician and Michigan State faculty member, I can say in a very real sense that I stand before you because of the generosity of others. Given my background, the decision to create a scholarship was an easy one.

To the scholarship donors in the audience I say, 'Thank you'. Thirty five years ago I could have been the recipient of your generous gift. To the scholarship awardees I say, 'I wish you as fulfilling and rewarding a career as I have had in this wonderful profession'. But remember, what goes around comes around. I encourage you, when you are financially able to do so, to consider establishing a scholarship yourself. Congratulations to all of you and best wishes for your medical school studies."

These memories, poignant and long tucked away with their attendant emotions, had never been collected into a single story and certainly never told publicly. I hope this speech, though difficult for me to give, may serve to encourage others to contribute with their time or funds.

The average educational debt for a U.S. medical student is approaching \$200,000. If you are interested in supporting a young physician's education, please call the Kent Medical Foundation or contact the development office at MSU-CHM, MSU-COM or email me at peter_coggan@grmerc.net



MSMS PHYSICIANS INSURANCE AGENCY

THE AGENCY FOR MEMBERS

The Michigan State Medical Society (MSMS) would like to introduce you to the MSMS Physicians Insurance Agency. This agency is a wholly owned subsidiary of the Michigan State Medical Society.

MSMS Physicians Insurance Agency is considered a physician's single source for any kind of insurance, whether it is professional or personal. It offers products for your practice, such as American Physicians Assurance Corporation professional liability insurance, business owners' insurance, and workers' compensation. The Agency also offers policies for health, dental, disability and/or life insurance for you, your family and your employees. Discounts are available for professional liability and disability products with your medical society membership. In addition, the Agency offers specific products for retirees, such as auto, home, and long-term care coverage.

MSMS focuses on your interests as a physician in education, member services, reimbursement issues, and state and federal advocacy. By purchasing your insurance through our Agency, you not only get a great product with superior customer service, you also support your organization. The earnings are kept within MSMS to support the services and issues that are important to you. Our Agency offers quality products at competitive prices.

If you feel you have been paying too much for your insurance or not getting the service you feel you deserve, there is not a better opportunity to see if



another choice exists. We encourage you to contact us to explore your options and receive a preliminary quote to compare to your current coverage. With the proper information, this can be provided without paperwork in less than 10 minutes of your time.

Our agents understand the needs of physicians, and are available to visit medical practices in every corner of the state. Customer service representatives are available Monday through Friday, 9:00 a.m. to 5:00 p.m. to answer any questions by telephone. Call MSMS Physicians Insurance Agency at 877-PIA-ASK-US (742-2758) or send an email to msmsagency@msms.org. You may also request a quote from our website at www.msmsinsurance.org.



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MMGMA UPDATE

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

KENT COUNTY

What a great deal for members of the Kent County Medical Society and Osteopathic Association!

The fall meeting of the Michigan Medical Group Management Association (MMGMA) will be held in September right here in Kent County at the DeVos Place Convention Center. Though the cost of sending an office manager to an MMGMA meeting (\$195.00 for members) is always a great bargain, a meeting that is held right here in west Michigan eliminates the cost of travel and hotel room! This is a deal you can't afford to pass up and it is full of information that will be of indeterminable value to your practice.

The Michigan MGMA has done a great job of setting up several different "tracks" for all levels of experience and

interest from the new manager to the well seasoned older folks like me. One of the keynote speakers at this meeting will be Bob Vosburg from 9-G Enterprises. This is an organization of former fighter pilots who are excellent in teaching leadership and organizational skills. Check out the full brochure for this meeting on the MMGMA web site at: www.michmgma.org

The specific dates for the MMGMA fall meeting are Thursday, September 18th and Friday, September 19th, 2008.

Membership in MMGMA is very inexpensive at just \$95.00 per year, and anyone registering for this meeting can receive a pro-rated membership for 2008 at a much lower partial-year rate which is included with their meeting registration. The total for membership and the meeting is \$245.00 by

August 29th. If your manager will be a first time attendee, and you received this article after the 29th of August, mention this article when you register to receive the early bird rate. Attendance at the meetings is generally much less expensive than many national and/or privately sponsored meetings and attendees have indicated that these meetings are an excellent experience with many opportunities for learning and networking.

Information on membership in MMGMA and on registering your manager for the Meeting that is scheduled for the DeVos Place can be obtained by contacting:

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



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KCMS RESOLUTIONS TO THE MSMS HOUSE OF DELEGATES

RESOLUTION 31-08A – Adopted as Amended
Title: Give Herpes Zoster Vaccine at the Doctor's Office

Original Author: John E. vanSchagen, MD

RESOLVED: That MSMS seek a change in the Centers for Medicare & Medicaid Services policy to allow reimbursement to the primary care physician for the cost and administration of the vaccine for herpes zoster when given in the primary care physician's office.

RESOLUTION 32-08A – No Action
Title: Patient Centered Medical Home

Original Author: John E. vanschagen, MD

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to formally endorse the Patient Centered Medical Home concept put forth by the Patient Centered Primary Care Collaborative.

RESOLUTION 33-08A – Adopted as Amended
Title: Drug Insurance Payments to Change Medications

Original Author: Donald P. Condit, MD

RESOLVED: That MSMS study a requirement that the physician work responding to a request for a medication change be a reimbursable event whether a change is made or not.

RESOLUTION 34-08A - Adopted
Title: Provider Disclosure

Original Author: John E. vanSchagen, MD

RESOLVED: That MSMS encourage its members to inform a patient at the time his or her appointment is made whether the appointment is with a physician or a mid-level provider.

RESOLUTION 35-08A - Disapproved
Title: Childhood Vaccine Availability

Original Author: John E. vanSchagen, MD

RESOLVED: That MSMS ask the Centers for Disease Control and any other appropriate agency to re-evaluate their strategy concerning vaccine supply for the United States and consider penalties or sanctions for repeated supply interruptions; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to ask the Centers for Disease Control and any other appropriate agency to re-evaluate their strategy concerning vaccine sup-

ply for the United States and consider penalties or sanctions for repeated supply interruptions.

RESOLUTION 36-08A – Adopted as Amended
Title: Medications at Low Cost

Original Author: Michelle M. Condon, MD

RESOLVED: That MSMS formally recognize the kindness and generosity of the retailers that have made medications available at nominal cost or for free.

RESOLUTION 37-08A – No Action
Title: Medicare Coverage and Disability

Original Author: Michelle M. Condon, MD

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge federal legislation that would initiate Medicare coverage after six months for conditions that would undoubtedly be long term.

RESOLUTION 38-08A – Adopted as Amended
Title: Prior Authorization for Anti-Influenza Medications

Original Author: Michelle M. Condon, MD

RESOLVED: That MSMS seek to have all forms of insurances, including Medicaid and managed Medicaid, to allow all prescribed, approved and indicated anti-influenza medication to be dispensed by pharmacies without prior authorization for patients.

RESOLUTION 39-08A – No Action
Title: Primary vs. Secondary Insurance

Original Author: Phillip G. Wise, MD

RESOLVED: That MSMS urge the Michigan Insurance Commissioner to provide a method of quick and efficient determination of insurance company responsibility.

RESOLUTION 40-08A - Adopted
Title: Primary Care Strategy

Original Author: John E. vanSchagen, MD

RESOLVED: That MSMS study the Mississippi House Bill 1965 that established the Mississippi Rural Physicians Scholarship Program and Commission for the purpose of recruiting and training qualified persons to practice medicine in rural areas of the state and also provided a mechanism for providing financial assistance for these students; and be it further

RESOLVED: That MSMS investigate the possibility of introducing legislation similar to Mississippi House Bill 1965 that established the Mississippi Rural Physicians Scholarship Program and Commission for the purpose of recruiting and training qualified persons to practice medicine in rural areas of the state and also provided a mechanism for providing financial assistance for these students.

RESOLUTION 41-08A – Adopted as Amended
Title: Immunization and the Michigan Care Improvement Registry System

Original Author: John E. vanSchagen, MD

RESOLVED: That MSMS seek legislation that would require all individuals and/or organizations that administer any vaccines in the state of Michigan to enter the vaccine information into the Michigan Care Improvement Registry within five business days.

RESOLUTION 42-08A - Disapproved
Title: Annual Theme for the House of Delegates

Original Author: Richard A. Ilka, MD

RESOLVED: That MSMS adopt a unifying medical theme for each House of Delegates (e.g. infant mortality, the uninsured, bioterrorism, influenza, stem cell research) and solicit resolutions germane to a programmatic set of solutions; and be it further

RESOLVED: That each candidate for president-elect of MSMS be required to offer a unifying medical theme and a rationale for it as part of a campaign for the office; and be it further

RESOLVED: That MSMS staff support, guide, and publicize a unifying medical theme for the House of Delegates throughout the year prior to the annual meeting to achieve recognition for the program; and be it further

RESOLVED: That MSMS publish a document comprised of adopted resolutions addressing the yearly unifying medical theme after the House of Delegates meeting.

RESOLUTION 43-08A – Adopted as Amended
Title: Failure to Cover Prescribed Hormonal Medications

Original Author: Michelle M. Condon, MD

RESOLVED: That MSMS work with payers throughout Michigan to eliminate exclusion of classes of medication indicated for medical conditions such as oral contraception for polycystic ovarian disease.



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