September/October 2009

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Kent County Medical Society and the Kent County Osteopathic Association

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ABOUT THE BULLETIN

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DIRECTOR (To January 2011) David W. Whalen, MD

DIRECTOR (To January 2012) Phillip G. Wise, MD

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MSMS DELEGATES to January 2011 John H. Beernink, MD Jayne E. Courts, MD Domenic R. Federico, MD John H. Kopchick, MD Jay P. LaBine, MD John R. Maurer, MD Rose M. Ramirez, MD David M. Reifler, MD Robert C. Richard, MD Phillip G. Wise, MD

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MSMS ALTERNATE DELEGATES to January 2011 Todd Emery, MD Judith L. Meyer, MD John B. O'Donnell, MD Gilbert Padula, MD Robert E. Reneker, Jr., MD Herman C. Sullivan, MD John E. vanSchagen, MD David W. Whalen, MD

MEETINGS OF INTEREST

KCMS Meetings

LOCAL

SEPTEMBER 8, 2009 - KCMS Meeting, Watermark Country Club NOVEMBER 10, 2009 - KCMS/KCMSA Meeting, Watermark Country Club

STATE OCTOBER 21 – 23, 2009 - Annual Scientific Meeting, Troy, MI

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

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IN MEMORIAM

Haven Jones, MD 1919 - 2009

Haven Jones, MD, a retired member of the Kent County Medical Society passed away April 22, 2009. Doctor Jones received his medical degree from the University of Michigan in 1950. Doctor Jones was an Orthopedic Surgeon working at Blodgett Memorial Medical Center, St. Mary's Hospital and Mary Free Bed Hospital until his retirement in 1985.

The Medical Society extends sympathy to his family.

Robert H. Knapp, MD 1951 - 2009

Robert H. Knapp, MD, an active member of the Kent County Medical Society passed away July 13, 2009. Doctor Knapp received his medical degree from Wayne State University in 1979. He was a long time pathologist in Grand Rapids practicing at Spectrum Health and most recently with Grandville Pathology Laboratory.

The Medical Society extends sympathy to his family.

KCMS NEW MEMBERS - SPRING 2009

Chad E. Afman, MD - (Active) Otolaryngology

B.S.: Calvin College, Grand Rapids, Michigan, 1997 Medical School: Wayne State University School of Medicine, Detroit, Michigan, 2002 Internship: University of Cincinnati, Cincinnati, Ohio, General Surgery, 2002 - 2003 Residency: University of Cincinnati, Otolaryngology, 2003-2007 Fellowship: Cincinnati Children's Hospital Medical Center, Head and Neck Surgery, Division Of Pediatric Otolaryngology, 2007 - 2008 Address: 655-A Kenmoor Avenue, SE, Grand Rapids, Michigan, 49546, 575-1212

Sponsor: John Kosta, MD

Jaime L. Bedford, MD - (Active) Surgical Critical Care

B.S.: Cedarville University, Cedarville, Ohio, 1998 Medical School: Wright State University, Boonshoft School of Medicine, Dayton, Ohio, 2002 Internship/Residency: GRMERC/MSU General Surgery Residency, Grand Rapids, Michigan, 2002 - 2007 Fellowship: GRMERC/MSU, Surgical Critical Care, Grand Rapids, Michigan 2007 - 2008 Address: 200 Jefferson Avenue, SE, Grand Rapids, Michigan 49503

Sponsor: Mathew Chung, MD

Gregory J. Deines, DO - (Active) Internal Medicine (Board Certified)

B.S.: Central Michigan University, Mount Pleasant, Michigan, 1993

Medical School: Michigan State University, College of Osteopathic Medicine, 1998

Internship/Residency: Metropolitan Hospital, Grand Rapids, Michigan, 1998 - 2001

Practice: Michigan Medical, PC, 2001 - present

Address: 4069 Lake Drive SE #315, Grand Rapids, Michigan 49546, 284-8950

Sponsor: Marko Habekovic, MD

Douglas M. Ellinger. MD (Active) Diagnostic Radiology (Board Certified)

B.S.: Albion College, Albion, Michigan, 1980 Medical School: Michigan State University College of Human Medicine, East Lansing, Michigan, 1984 Internship/Residency: Blodgett Memorial Medical Center, St. Mary's Health Services, Internal Medicine, 1984 - 1987; GRAMEC, Grand Rapids, Diagnostic Radiology, 1987 - 1991; University of Michigan Medical Center, Ann Arbor, Michigan, MRI/Cross Sectional Imaging, 1991 - 1992 Previous Practices: Radiology Muskegon, P.C., Muskegon, Michigan, 1992 – 2001; Radiology Associates of Southwest Michigan, 2002 - 2003; Mecosta County Radiology, 2003 -2009 Office: 3264 N. Evergreen Dr., Grand Rapids, Michigan

49525, 363-7339 Sponsor: James Larson, MD

Sarah N. Elmouchi, MD (Active) Pediatrics (Board Certified)

B.S.: University of Michigan, Ann Arbor, Michigan, 1994 Medical School: University of Michigan, Ann Arbor, Michigan, 1998

Internship/Residency: University of California, San Francisco, California, Pediatrics, 1998-2002 Previous Practice: Emergency Physicians Medical Group, Ann Arbor, Michigan, Pediatric Urgent Care, 2002 -2003; St. Joseph Mercy Hospital, Ann Arbor, Pediatric Hospitalist, 2002 – 2006 Address: 5150 Cascade Rd SE, Ste B, Grand Rapids, Michigan 49546, 940-3168

Sponsor: Alan E. Siegel, MD

Marcus Muallem, MD (Active) Ophthalmology

B.S.: The Hebrew University and Hadassah Medical School, Jerusalem, Israel, 1990 **Medical School:** The Hebrew University and Hadassah Medical School, Jerusalem, Isreal, 1994 Internship: HaEmek Medical Center, Afula, Israel, 1994 -1995 Residency: HaEmek Medical Center, Afula, Israel, Ophthalmology, 1995 – 2000; Tel-Aviv University, Israel, Masters in Ophthalmology, 2001; University of Illinois, Chicago, Illinois, 2004 - 2007 Fellowships: Bascom Palmer Eye Institute, Miami, Florida, 2001 – 2003; The Reading Hospital and Medical Center, Reading, Pennsylvania, 2003 - 2004 Office: 750 East Beltline NE, Grand Rapids, Michigan 49525, 949-2600

Sponsor: David Barrett, MD

KCMS NEW MEMBERS - SPRING 2009

Thomas N. Tavarone, MD (Active) General Surgery (Board Certified)

B.S.: Creighton University, Omaha, Nebraska, 1987
Medical School: Creighton University School of Medicine, 1991
Internship/Residency: University Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, New Jersey, Resident in General Surgery, 1991 – 1995; Chief
Resident in General Surgery, 1995 – 1996
Previous Practice: Cherry County Hospital, Valentine, Nebraska, 1996
-2003; Three Rivers Health, Three Rivers, Michigan, 2003 to present
Address: 1900 Wealthy St SE #180, Grand Rapids, Michigan 49506, 458-1200
Sponsor: Carlos Rodriguez, MD

Matthew A. Tiede, MD (Active) Radiology

B.S.: Bethel College, Mishawake, Indiana, 1998
Medical School: Wayne State University School of Medicine, Detroit, Michigan, 2003
Internship/Residency: MERC Diagnostic Radiology, Grand Rapids, Michigan, 2003 - 2008
Fellowship: Wayne State University, Detroit, Michigan, 2008 - 2009
Address: Kent Radiology, P. O. Box 186, Grand Rapids, Michigan 49501, 364-5228

Sponsor: Chad Williams, MD

Patrick M. Zietz, MD (Active) Orthopaedics (Board Certified)

B.S.: University of Michigan, Ann Arbor, Michigan, 1997
Medical School: Michigan State University College of Human Medicine, 2001
Internship/Residency: Michigan State University MERC, Orthopedic Surgery, 2001 – 2006

Fellowship: Doctors Hospital, Miami, Florida, Miami Sports Medicine Fellowship, 2006 – 2007 Address: 1000 East Paris Ave SE #215, Grand Rapids, Michigan 49546, 949-8945 Sponsor: Karl C. Roberts, MD

Medical Students

Michael Bianco	graduates 2011
Sadie Bush	graduates 2012
Mehran Ebadi-Tehrani	graduates 2012
Jennifer Gerber	graduates 2011
Adam Gracon	graduates 2011
Rachel Hagert	graduates 2011
Lindsey Korepta	graduates 2012
Kyle Kutcshe	graduates 2012
Tabitha Oosterhouse	graduates 2011



Patricia Dalton

Patricia Wilhelm Dalton was named the Interim Executive Director of Kent County Medical

Society in June 2009. She is very familiar with the medical society as she is also the Executive Director of Project Access, a joint program of the Kent County Medical Society and Kent County Osteopathic Association. She holds Masters Degrees in both Public Administration and Organizational Communications from Western Michigan University. She has served as a consultant to organizations assisting in medical office administration, leadership and planning, human resources, and development. She has also served as an adjunct faculty at Davenport University in Grand Rapids.

She began her career in health care in 1986. Her focus has been in operations and fundraising with past experience with Butterworth Hospital Foundation, Metropolitan Foundation and the former Michigan Community Blood Centers Foundation.

Ms. Dalton became the founding Executive Director of Project Access in 2004. Project Access links volunteer physicians to lowincome patients for temporary health care. The program is unique as it provides coordinated services from Primary Care to Specialty Care, and hospitalizations to home health care. In exchange for donated care, patients are asked to be accountable for health goals and proactive behavior.

Kent County Medical Society

Regular Meeting

TUESDAY, September 8, 2009

Speaker:

Mark R. Hall, MD Medical Director, Kent County Health Department

Topic:

MRSA Update How MRSA Affects Every Discipline

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

Watermark Country Club 5500 Cascade Road SE

Social 6:15 PM

Dinner 7:00 PM Presentation 8:00 – 9:00 PM

KCMS PRESIDENT'S MESSAGE

Anita R. Avery, MD KCMS President

It is the back-to-school time of year when many of us get geared up for more hectic days after a slower summer pace. However, your KCMS leaders have not taken the summer off. We have been busy with several initiatives. The first phase of our website update will be ready October 15. Please check it out at www.kmcs.org. More features are being added and we welcome your suggestions. You should also be getting more of our communication via email as KCMS joins the "go green" movement.

Medical student membership continues to grow and we are reaching out to our large community of residents and fellows. The longstanding student grant and loan programs through our Foundation are being revised. In the coming months we are especially exploring how the medical society can stay relevant to physicians at a time when an ever-increasing number are becoming employees of hospitals or large organizations.

At the front of each edition of the Bulletin, there is a list of MSMS Delegates and Alternate Delegates. It has come to my attention that many of our KCMS members are not familiar with what these delegates do. I would like to take this opportunity to explain the delegates' role, and to invite you to become involved if you are interested.

Each year in April the Michigan State Medical Society (MSMS) holds it's House of Delegates (HOD). This is the time when policy is created for MSMS to follow. A county's size, based on the number of medical society members, determines how many delegates it sends to the HOD. These delegates represent you, the general physician membership, during the deliberations.

Action items called resolutions are submitted in advance, typically by about mid-March. Resolutions address a wide range of topics including: many public health initiatives, patient safety concerns, student loan burden, administrative simplification, timely reimbursement and other insurance issues, malpractice reform, EMR implementation, pharmaceutical regulations, physician conscience, and internal affairs, to name just a few examples. Issues are usually of relevance both to primary care and varied specialties. It has been said that anything that frustrates you in your daily practice is a potential resolution!

Over the course of a weekend, the HOD meets to make decisions about each resolution. To assist in this process, the resolutions are assigned to one of seven reference committees which make recommendations to the House. All the delegates then vote on these recommendations. For a given resolution, the House can decide to approve, disapprove, take no action, or refer to the MSMS Board for further study.

Typically on the Saturday of the HOD, the reference committees hold hearings about the proposed resolutions. Delegates can attend the reference committee of their choice, where the resolutions are presented, and at times, debated. Reference committee members are provided with background material such as history on the issue, related science or statistics, and any existing related policy. CME opportunities at our general meetings have been well received. Look for more in our 2010 program. Our September talk features Dr. Mark Hall, our county health department's medical director, with an update on MRSA epidemiology and treatment in various clinical settings and will have CME credit.

Notably, I would like to warmly welcome Interim Executive Director, Patricia Dalton. Since June, she has assisted your leadership with energy

and creativity as the Board aims to lead an evolving medical society.

The House, consisting of all the delegates, then votes on the resolutions on Sunday. This often involves lively, interesting, and, at times, even comical debate.

In this issue of the Bulletin, you will find a summary of resolutions submitted by KCMS this year, along with their outcomes. As usual, KCMS submitted quite a number of resolutions, many of which were successful. One particular resolution about not supporting the effort to make obesity a disability generated media interest after it was approved at the AMA in June.

Being part of this process is a wonderful opportunity to play an active role in organized medicine, all in the course of a weekend. It can also serve as a valuable introduction to how government works. It is affirming to see that physicians can effect meaningful change when our efforts are coordinated. Many of these policy initiatives ultimately find their way into the legislative process in Lansing.

As a KCMS member, you are welcome to author a resolution which can then be reviewed and submitted by your delegates. A good resolution includes "whereas" clauses that provide any relevant background followed by a "resolved" clause which succinctly contains the policy being suggested. If you are not sure how to write one and have a general idea for a resolution, please contact any of your delegates or the KCMS staff for assistance.

In addition, if you would like to be considered to serve as a delegate, I encourage you to contact the office or approach any of the KCMS Board members. Voting on nominated Delegates and Alternate Delegate positions occurs at the annual meeting in January.

If you are interested in activism on a more local level, there are also openings on our KCMS committees which are as follows: Legislative, Membership, Peer Review, Finance, Editorial, and Program/CME. Listed in this issue are the participating members of each committee. I would like to thank all of them for their dedication, as we depend on the work of these committees to achieve the goals of our county society.



2009 KCMS RESOLUTIONS

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation

Summary of Submitted Resolutions:

24 resolutions were submitted 11 were adopted 9 were disapproved 3 had no action 1 was tabled, pactaged temperarily page were referred

1 was tabled--postponed temporarily none were referred for study

RESOLUTION 84-09A by Domenic R. Federico, MD Title: Payment for In-House Coverage. Adopted.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with the American Hospital Association to require the equitable treatment of all specialties; and be it further.

RESOLVED: That the Michigan Delegation to the AMA work with the AMA to require that if a hospital pays one specialty for in-house coverage, it be mandated to pay other specialties for in-house house coverage. *This was adopted in amended form by the AMA-HOD in June 2009.*

RESOLUTION 85-09A by Domenic R. Federico, MD Title: Electronic Medical Record Incentives. Adopted.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby for a meaningful monetary incentive in the near future to aid the private practitioner investing in electronic medical records for the benefit of better patient care.

RESOLUTION 86-09A by Domenic R. Federico, MD

Title: Retroactive Incentives for the Electronic Medical Record. Adopted. RESOLVED: That the Michigan Delegation to the AMA ask the AMA to lobby the federal government for retroactive payments to physician groups that have already invested in electronic medical records.

RESOLUTION 87-09A by Michael D. Olgren, MD

Title: Runners Required to Wear Reflective Clothing. Disapproved.

RESOLVED: That MSMS pursue and support legislation to require runners or joggers (specifically, any pedestrians moving a distance of 50 yards or greater in the street) to wear brightly colored, lighted, or reflective clothing while in the street.

RESOLUTION 89-09A by Gilbert Padula, MD

Title: Ban Hand-Held Cell Phone and Hand-Held Communication Device Use While Driving. Adopted as Amended.

RESOLVED: That MSMS endorse legislation that would ban the use of hand-held cell phones and hand-held communication devices while driving; and be it further. **RESOLVED:** That the Michigan Delegation to the AMA ask the AMA to endorse legislation that would ban the use of hand-held cell phones and hand-held communication devices while driving.

RESOLUTION 90-09A by Jayne E. Courts, MD

Title: Short Term Physician Volunteer Opportunities Within the United States. Adopted. RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with the National Practitioner Data Bank (or a similar credentialing data source) and state licensure boards to provide adequate information and ease of access for volunteer organizations to check the veracity of physicians' credentials at no cost or nominal fee; and be it further. **RESOLVED:** That the Michigan Delegation to the AMA ask the AMA to initiate and oversee cooperative effort among state licensure boards to allow short-term (fewer than 90 days) licensure and indemnity across state lines for volunteer physicians who wish to assist any organizations providing health care to the uninsured, regardless of the affiliation of the organization.

RESOLUTION 91-09A by Jayne E. Courts, MD

Title: Reimbursement Code for Changes in Drug Formularies. Adopted as Amended. RESOLVED: That the Michigan Delegation to the AMA ask the AMA to create a CPT code that will allow reimbursement by payers for medication changes required by a formulary change.

RESOLUTION 93-09A by Jayne E. Courts, MD

Title: Obesity as a Disability. Adopted.

RESOLVED: That the Michigan Delegation to the AMA petition/lobby the AMA to not support the effort to make obesity a disability. *This was adopted in amended form by the AMA-HOD in June 2009.*

RESOLUTION 95-09A by Lawrence G. Foe, MD Title: HIV Testing as Routine Care. Adopted as Amended.

RESOLVED: That MSMS work with the Michigan Department of Community Health and the Michigan legislators to make HIV testing conform to the Center for Disease Control recommendation, i.e. 332.5133 of Act 368 of 1978 as amended by Act 488 of 1988, Act 200 of 1994 and Act 420 of 1994, and be it further

RESOLVED: That physicians continue to educate patients about HIV prevention and the value of HIV testing.

RESOLUTION 97-09A by Domenic R. Federico, MD

Title: Home Visits, Health Care Savings. Disappoved.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to encourage and work with the Centers for Medicare and Medicaid Services to establish a program that would return 50 percent of the cost savings to the physician.

RESOLUTION 99-09A by Kevin McBride, MD

Title: Prior Authorization and Responsibility for Payment. No Action. RESOLVED: That MSMS ask the insurance commission to require insurance companies to

pay for procedures after they have been approved by the prior authorization process.

RESOLUTION 100-09A by Elizabeth Henry, MD

Title: Required Time Interval for Payment. No Action.

RESOLVED: Once a clean claim has been submitted, payments after 90 days should require the insurance company to pay the average interest rate charged by VISA and Master Card.

RESOLUTION 102-09A by Elizabeth Henry, MD

Title: Interpreter and Payment Responsibilities. Adopted as Amended.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to study the feasibility of requiring hospitals to provide and pay for interpreter services for the follow-up care of patients that physicians are required to accept as a result of that patient's emergency room visit.

RESOLUTION 104-09A by Michelle M. Condon, MD

Title: Change Blue Cross Blue Shield Original Signature Requirements. Adopted as Amended.

RESOLVED: That MSMS urge Blue Cross Blue Shield of Michigan and its subsidiaries to change their "original signature policy" to the general insurance industry's standard of practice.

RESOLUTION 105-09A by Michelle M. Condon, MD

Title: Businesses Selling Compact Fluorescent Bulbs Required to Recycle Them. Adopted as Amended.

RESOLVED: That MSMS join with local environmental groups to educate the public about the new risk of mercury-containing compact fluorescent bulbs to their homes and the surrounding environment.

There were also two board action reports from the MSMS Board that resulted in approval of resolutions introduced by KCMS in 2008.

RESOLUTION 27-08 by Susan H. Wakefield, MD

Title: Insurance Coverage of Immunizations

Adopted as Amended: **RESOLVED**: That MSMS urge employers to provide health coverage that includes coverage of all immunizations that are recommended by the Centers for Disease Control and the Advisory Committee on Immunization Practices for persons living in the U.S.

RESOLUTION 30-08 by Brian A. Roelof, MD Title: Prescription Confidentiality Act

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

KENT COUNTY MEDICAL SOCIETY 2009 Standing Committees

ETHICS COMMITTEE

Function: To hear and review all matters pertaining to the maintenance of standards of conduct and discipline of members. KCMS Board of Directors

KENT COUNTY MEDICAL SOCIETY BOARD

CHAIR: Anita R. Avery, MD Lee P. Begrow, DO Patrick J. Droste, MD David E. Hammond, MD Thomas H. Peterson, MD David H. Whalen, MD Philip G. Wise, MD

KENT MEDICAL FOUNDATION BOARD

CHAIR: Thomas A Peterson, MD Jay P. LaBine, MD Shirley Daniels David Hammond, MD Anita R. Avery, MD Michael DeJong MD Judith A. Hiemenga, MD Jack L. Romence, MD Willard S. Stawski, MD William R. Jewell

EDITORIAL COMMITTEE

Function: To review editorial content and to review the layout and design of the Bulletin. **CHAIR:** David M. Krhovsky, MD Brian Roelof, MD

FINANCE COMMITTEE

Function: To recommend an annual budget, and to review the financial condition of the Kent County Medical Society. **CHAIR:** Jack L. Romence, MD Anita R. Avery, MD David E. Hammond, MD Patrick J. Droste, MD Suresh Puri, MD David E. Thompson, MD

LEGISLATIVE COMMITTEE

Function: To be patient advocates and to educate area legislators of the effects of proposed legislation on the practice of medicine.

CO-CHAIR: Bruce C. Springer, MD **CO-CHAIR:** Robert Bowman, DO Lonson L. Barr, DO Tammy Born, DO R. Paul Clodfelder, MD Peter Coggan, MD Donald P. Condit, MD Alison S. Dark, MD F. Rob Deane, MD Patrick J. Droste, MD David L. Dull, MD Henry V. Guzzo, MD Mark R. Hall, MD Charles R. Henry, MD Bert J. Korhonen, MD Edward Lee, DO Douglas A. Mack, MD Rose M. Ramirez, MD Karlin Sevensma, DO Susan Sevensma, DO C. Eugene Soechtig, DO Willard S. Stawski, MD Peter Van Vliet, MD Susan Wakefield, MD David H. Whalen, MD Philip G. Wise, MD Bonnie Cochran, Practice Mgr Craig Pell, Practice Mgr Bob Wolford, Practice Mgr

MEMBERSHIP COMMITTEE

Function: Recruitment and retention of KCMS members, review membership applications, and to add members to the committee **CHAIR:** David M. Krhovsky, MD Patrick J. Droste, MD Denise D. Gribbin, MD Jay P. LaBine, MD John B. O'Donnell, MD Thomas H. Peterson, MD Brian Roelof, MD John vanSchagen, MD Amber Loyson, Medical Student Kristy Pahl, Medical Student

PEER REVIEW COMMITTEE

Function: To hear and review all matters pertaining to problems between complainants and members of this Society. CHAIR: Alison S. Dark, MD Gregory J. Forzley, MD William E. Marquis

PROGRAM COMMITTEE/CME

Function: Responsible for the speakers and the Society's scientific program **CHAIR:** tbd Peter G. Coggan, MD William G. Dodds, MD Elizabeth Henry, MD Denise D. Gribbin, MD Julian Joseph, MD John H. Kopchick, MD Susan H. Wakefield, MD

PROJECT ACCESS BOARD

CHAIR: Robin Pedtke, DO Lee P. Begrow, DO Eric Bouwens, MD Donald Condit, MD, MBA Davis L. Dalton, DO Robert C. Richard, MD Karlin E. Sevensma, DO Jeffrey M. Stevens, DO Laura VanderMolen, DO



KENT COUNTY HEALTH DEPARTMENT

H 1 N 1 - CDC says, "It's NOT Going Away"

Following closely on the heals of an outbreak of a novel influenza in Mexico, the Kent County Health Department (KCHD) confirmed its first case of the virus from a specimen collected on 4/22/09 (Figure 1). During the following weeks, the KCHD went into emergency response mode. The Communicable Disease Unit was faced with an unprecedented call volume, flux of cases, responsibility for approving samples for testing at the state lab and recommending school closure to decrease transmission. When a portion of the national stock pile was released, emergency antiviral distribution plans went into effect. Some of the stock pile was released to local hospitals, physician offices, and several pharmacies, including Meijer and Spartan stores. New CDC guidelines were released fast and furiously daily and challenged KCHD staff to remain educated and informed. After leading the state in the number of confirmed cases of H1N1 during the early days of the outbreak, Kent County experienced a dramatic decrease in cases after May 5th, when KCHD implemented CDC recommendations that limited testing to hospitalized cases. KCHD did, however, continue to monitor the situation via reports of influenza like illness in schools and positive influenza A rapid tests from health care providers.

The good news about the virus ... to date, the virus has not been as deadly as originally thought. The situation thrust upon us gave us a chance to rehearse how a more deadly Pandemic influenza virus could be handled. We've had a chance to step back and assess how we might handle things more effectively and efficiently in the future. The bad news... a pandemic was declared on June 11, 2009 with widespread H1N1 activity around the world and the patterns of this virus have been different than seasonal influenza. High temperatures and humidity are generally not desirable conditions for influenza, however, the H1N1 outbreak has continued into the summer months with some intense outbreaks occurring in certain areas of the U.S. There continues to be higher attack rates of illness and hospitalizations in younger adults and children. H1N1 is being seen with seasonal flu in the Southern Hemisphere. Given the activity to date, CDC anticipates more activity over the summer months into the fall. Although influenza is always unpredictable, CDC is expecting an increase in influenza in the fall. They also think it may possibly occur earlier than typical seasonal influenza when children return to school. As influenza season approaches, the Kent County Health Department will continue working on plans for the most effective distribution and administration of an H1N1 vaccine should it become available, potentially in limited supply.

Figure 2 illustrates the unpredictable nature of influenza in Kent County over the last six flu seasons. During the last six influenza seasons, we've seen influenza as early as October 7 and as late as December 15. Influenza has peaked as early as December 25 and as late as March 18. The 2008/2009 season witnessed bi-modal activity, with seasonal influenza peaking in late February and an additional peak level of activity in May after the introduction of the new virus.

KCHD will continue to look to the Kent County healthcare community as essential public health partners as we prepare for the upcoming influenza season. The best way to arm yourself for the potential onslaught of H1N1 (and seasonal influenza) is to have the following sites bookmarked on your computer: **CDC H1N1 website**: http://www.cdc.gov/h1n1flu/

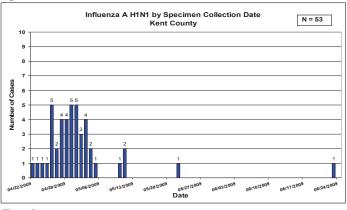
CDC seasonal influenza website: http://www.cdc.gov/flu/

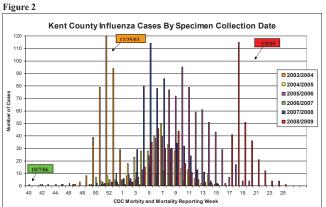
Michigan Department of Community Health H1N1 Website: http://www.michigan.gov/h1n1flu

Mark Hall, MD, MPH KCHD Medical Director

Kent County Health Department Website: http://www.accesskent.com/h1n1flu







- Additionally you can sign up to receive faxed Kent County Health alerts by e-mailing Mariann Graham at mariann.graham.@kentcountymi.gov and inform her you want to be added to the distribution list.
- The Michigan Department of Public Health also has a health alerting system (MIHAN) that contains over 4,000 participants from each of the local health departments, hospitals, clinics and many other critical first responders across the state. Each person who participates in MIHAN specifies up to five methods of contact for each of the three priority levels of alerts. You can find out more about MIHAN at http://www. michigan.gov/mdch/0,1607,7-132-2945_21919_25536-72730--,00.html
- As always, please feel free to contact the Communicable Disease and Epidemiology Unit at 616-632-7228 should you need assistance in your influenza planning and response.



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, 2009 Notifiable diseases reported for Kent County residents through end of month listed above.

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
DISEASE	This Month	Cumulative 2009	Through July 2004-2008
AIDS (Cumulative Total - 815)	4	15	20
AMEBIASIS	0	1	2
CAMPYLOBACTER	12	35	35
CHICKEN POX ^a	1	59	161
CHLAMYDIA	201	1685	1892
CRYPTOSPORIDIOSIS	2	8	5
E. COLI O157:H7	0	0	3
GIARDIASIS	4	32	47
GONORRHEA	74	410	691
H. INFLUENZAE DISEASE, INV	0	2	1
HEPATITIS A	1	2	6
HEPATITIS B (Acute)	0	0	2
HEPATITIS C (Acute)	0	1	0
HEPATITIS C (Chronic/Unknown)	25	196	185
INFLUENZA-LIKE ILLNESS ^b	9	43115	25352
LEGIONELLOSIS	0	1	5
LYME DISEASE	3	3	2
MENINGITIS, ASEPTIC	3	16	17
MENINGITIS, BACTERIAL, OTHER ^c	1	7	11
MENINGOCOCCAL DISEASE, INV	0	1	2
MUMPS	0	1	0
PERTUSSIS	1	3	6
SALMONELLOSIS	7	35	23
SHIGELLOSIS	4	25	3
STREP, GRP A, INV	0	2	12
STREP PNEUMO, INV	2	44	N/A
SYPHILIS (Primary & Secondary)	2	10	5
TUBERCULOSIS	4	13	10
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2009	DISEASE	NUMBER REPORTED Cumulative 2009	
Brucellosis	2	Novel Influenza A (H1N1)	55 ^d	
Crypotococcosis	1			
Histoplasmosis (Acute)	4			
Malaria (imported)	2			

a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.

b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza EXCLUDING lab-confirmed Novel Influenza A (H1N1).

ILI cases have flu-like symtpoms and are reported primarily by schools.

c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN *H. influenzae, N. meningitidis, or S. pneumoniae*.

d. Beginning on May 7, 2009, laboratory confirmation of Novel Influenza A (H1N1) was restricted to severely ill patients, resulting in an underestimate of the true number of persons in Kent County infected with the virus.

N/A Data not available.

Except for chickenpox & influenza-like illness, only confirmed cases (as defined by National Surveillance Case Definitions:

www.cdc.gov/epo/dphsi/casedef/case_definitions.htm) are included. Reports are considered provisional and subject to updating when more specific information becomes available.



The craftsmanship of his work and the people he subcontracts with is first rate. We would highly recommend Colonial Builders to anyone considering building a home or an addition. They build quality homes with integrity. Dr. Tom and Barb Shaw From the designing of the house to the final walk through we felt they were deeply committed to making our experience as easy and enjoyable as possible. They are very personable, trustworthy, and led us through the process step by step. Scott and Barb Edwards "I have worked with many excellent builders over the years, and Colonial Builders are the absolute best of the best. Tim Nagelkirk not only made the building process painless, but truly enjoyable. Deb Meijer We are very happy with the quality and workmanship, and they completed the work on schedule. Colonial Builders made the whole process a very enjoyable experience, and we highly recommend them to anyone building a new home.

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DEAN'S MESSAGE

Note from the Dean

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

We have just welcomed our 2012 class of 50 second-year students to Grand Rapids and marvel at how quickly the new academic year has come. By this time next year, 100 first-year students will have matriculated at the Secchia Center's first White Coat Ceremony. Together, with another group of 50 second-year students, we will have 150 students in the Secchia Center next fall 2010.

In August, the College of Human Medicine and Blue Cross Blue Shield of Michigan announced "FIT," a health initiative focused on the problem of childhood obesity. This collaborative effort involves four Grand Rapids Public elementary schools and several local organizations already focused on childhood obesity. FIT is a pilot program and is funded through a Blue Cross Blue Shield of Michigan \$1 million grant to MSU College of Human Medicine.

I am pleased to report that our college's collaboration with the Van Andel Institute has resulted in another top scientific research recruit, Jack Lipton, Ph.D. Dr. Lipton is a distinguished researcher in the areas of prenatal exposure to drugs of abuse and Parkinson's Disease. He becomes Chair of the Division of Translational Science and Molecular Medicine for the College of Human Medicine. Funding for Dr. Lipton's position was made possible through the college's partnership with the Van Andel Institute.



As I write, the Secchia Center is nearly 60 percent complete with construction remaining on time and on budget. We have lots of work ahead in the coming months and look forward to sharing our progress. As always, thank you for your continuing support of our college's expansion to Grand Rapids.

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GUEST COLUMNIST

Rose M. Ramirez, MD Speaker of the Michigan State Medical Society House of Delegates



The Patient Centered Medical Home 2009

In February 2007, the Patient Centered Primary Care Collaborative published the joint principles of the Patient Centered Medical Home (PCMH) with input from the American Academy of Family Physicians, the American Academy of Pediatrics, The American College of Physicians and the American Osteopathic Association. Since that time, the American Medical Association has also endorsed the PCMH model of primary care.

Also in 2007, Blue Cross Blue Shield of Michigan made a decision to put resources into supporting development of patient centered medical homes. Other insurers in the state, including Priority Health have followed.

The PCMH model is designed to more effectively tailor health care to each patient's needs. This primary care model focuses on strengthening the relationship between the primary care physician and the patient. The physician leads a team that is designed to provide first contact, as well as comprehensive, and continuous care throughout a patient's life. The team coordinates other care such as that given by specialists, hospitals, nursing homes and ancillary services like physical therapy.

Some other important components of the PCMH include adoption of information technology to assist in communication across the health care systems. Electronic prescribing and creative ways to deliver care such as e-visits and telephone consultations are also encouraged.

As you can imagine, this is a work in progress and some offices are embracing this model more enthusiastically than others. One of the biggest obstacles to implementation is the cost of staff and technology. This comes at a time when primary care physicians are already stretched thin. In a report out this month from the Annals of Family Medicine, researchers with a two-year American Academy of Family Physicians demonstration project said their early analysis "raises concerns that current demonstration designs seriously underestimate the magnitude and timeframe for the required changes, overestimate the readiness and expectations of information technology, and are seriously undercapitalized." The researchers also commented that "transformation to a PCMH requires epic whole-practice reimagination and redesign."

Despite these challenges, on July 1, 2009, BCBSM identified 190 doctors in Kent County, Wayland and Hastings who had met their criteria as PCMH physicians. These were among 1,200 physicians statewide. Dr. Thomas Simmer, Senior VP and Chief Medical Officer for BCBSM is hopeful that the model will reduce health care costs and "that patients will discover a more holistic approach to their health care."



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UPDATE

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



Our Community that Gives

Lists are everywhere! Depending on what lists you read, and believe, you'll find that Grand Rapids, Michigan is in the top fifty of "charitable cities". Documentation has shown that in many lists, Grand Rapids is second only to Salt Lake City, Utah as most giving areas to live. Because of this tremendous generosity, Grand Rapids has enjoyed many attributes not afforded to other cities – entertainment, health care, research facilities and programs which help those in need.

The year 2009 marks a milestone for Project Access. It was five year's ago that physicians from both the Kent County Medical Society and Kent County Osteopathic Association met to discuss working together to assist the low-income, medically uninsured in our area. It took one year to build infrastructure and work with the clinics and hospitals. Almost five million dollars in coordinated care has been provided – many gifts match because so many physicians participate.

As our nation debates the future of health care in our country, Project Access continues to see a community force that expands access to uninsured patients. Underwriting donors who embrace access to care continue to support the efforts of volunteer physicians. Spectrum Health's Healthier Communities were the leaders in bringing the discussion and hope of Project Access to our community. Years later, that organization is an important investor in assuring expanded access with organizations who partner with physician offices. Recently other community investors demonstrated continued support - including The Bill and Bea Idema Foundation, the Blodgett Foundation, and the employees of The Bank of Holland.

In the last five years, physicians in our county have donated care to improve the lives of many people. Many of these individuals were able to return to work because of your generosity. To complement the generosity of the physicians, all three hospital systems have partnered with their established charity care systems. Funders, hospitals, physicians and others are helping Project Access expand access to care.

Project Access Friends and Donors

Bank of Holland and its Employee's Charity Fund Bill and Bea Idema Foundation Blodgett Foundation Blue Cross Blue Shield of Michigan/Blue Care Network Catherine's Care Clinic Cherry Street Health Services Peter Cook Charitable Foundation DeVos Children's Hospital Fehsenfeld Foundation Founders Trust Bank Grand Rapids Area Chamber of Commerce Grand Rapids Community Foundation Grand Rapids Label Foundation Grand Rapids Medical Education and Research Center Health Intervention Services Healthy Kent 2010 Heart of West Michigan United Way Interpreter Network

Kent County Health Department Kent Health Plan Mary Free Bed Hospital Metro Health Hospital Pine Rest Christian Hospital PPOM Midwest Saint Mary's Health Care Slemons Foundation Spectrum Health Spectrum Health Healthier Communities Steelcase Foundation The Doornink Foundation The Right Place, Inc. Visiting Nurse Services Voices for Health, Inc. West Michigan Center for Family Health

During this time of economic upheaval Project Access has been looking for other ways to serve the doctors who have so graciously continued to donate care. One way became clear after the stimulus package was signed into law on February 17, 2009... to educate individuals losing their jobs and health care coverage about the new subsidy for COBRA. This subsidy provides that qualified individuals, who had health insurance before losing their jobs, can continue their coverage through COBRA for 35 % of the premium. The coverage lasts for nine months and offers choices regarding how many family members are covered and how much coverage they wish to keep. This means that many of your patients can still have affordable health insurance coverage.

Although employers are charged with notifying any employee laid off on September 1, 2008 or later about the COBRA subsidy option, many have been slow to do so. At Project Access we have made asking questions regarding COBRA a part of the screening process so we can appropriately direct people to this option. We have also put this information on our website at www.projectaccessmi.org so that physician offices can print off copies for patients.

While we greatly appreciate the care donated to Project Access, we also want to be respectful of our doctors by doing everything we can to help them be paid for their services if possible. Bonnie Cochran, President-Elect of MMGMA invites you and your staff to

Join Bonnie St. John & MMGMA at the Grand Traverse Resort & Spa.



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Meet keynote speaker Bonnie St. John – nationally known author, motivational speaker, Harvard graduate, Rhodes Scholar, and the first African-American woman to win Olympic medals in ski racing.

MMGMA's fall conference at the Grand Traverse Resort & Spa September 16 through 18.

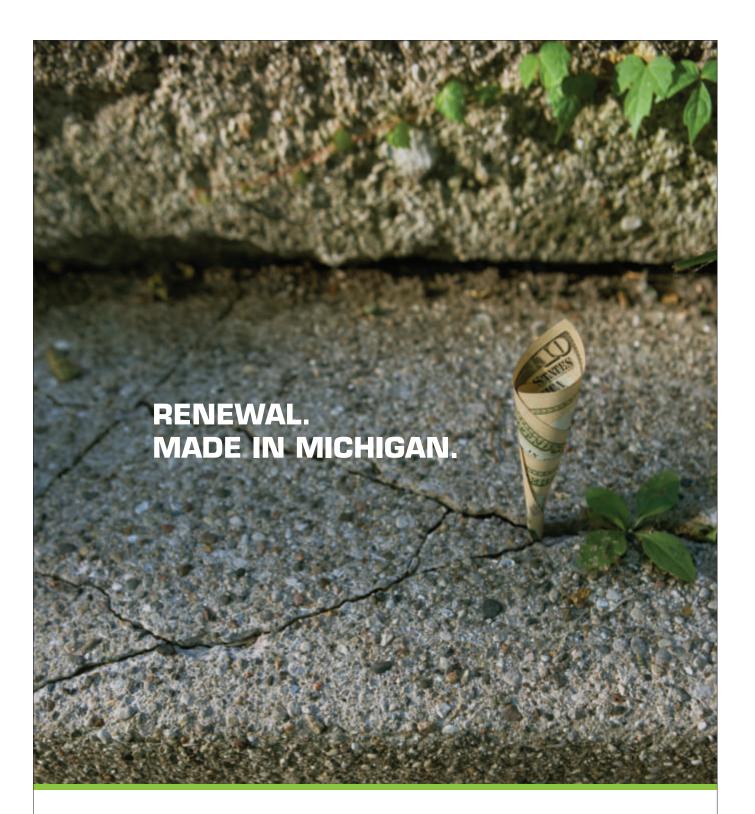
Steering the Ship through Turbulent Waters.



Session highlights include

- Louis C. Rabaut Changes in employment law under the Obama administration
- Jill Callahan Dennis New challenges and risks in digital information management
- Bonnie St. John Strategies for managing your practice through turbulent times

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GRMERC UPDATE

Peter Coggan, MD, MSEd GRMERC President and CEO

Enhancement of Academic Programs in Grand Rapids

My column this month focuses on plans by Grand Rapids Medical Education and Research Center (GRMERC) and our partners to further enhance the area's thriving academic programs. As the reality of the four year MSU– CHM medicine school in Grand Rapids moves ever closer, continued enhancement of internal medicine educational and clinical programs is especially important since much of the core teaching of medical students and residents from other specialties is conducted within our internal medicine program. We have already made great progress. Mark Spoolstra MD, Program Director for the Internal Medicine Residency, now in his second year in that role, has succeeded in achieving full, five year residency accreditation, the maximum obtainable, on his first, full program review.

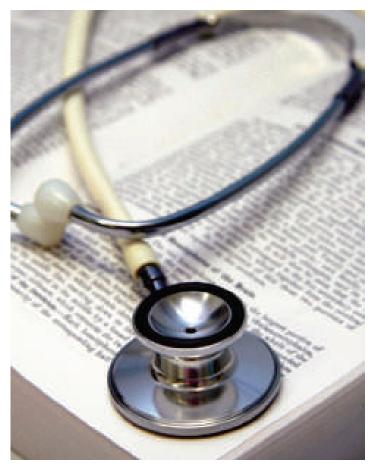
The development of fellowship training programs in the Internal Medicine subspecialties is very important. Their presence is a major marker of a maturing academic environment and the establishment of both Cardiology and Pulmonary/Critical Care fellowships are high priorities for GRMERC. Both specialties are in great demand in Western Michigan and will contribute to the development of research programs and enhance education in many other specialties and subspecialties.

To assist in the development of these and other fellowship programs, we have been fortunate to add John Sheagren MD, who has recently moved to Grand Rapids. Dr. Sheagren is a nationally known internist, who recently retired from the Department of Internal Medicine of the Advocate Illinois Masonic Medical Center in Chicago, Illinois where he was Chair for almost 20 years. While in Chicago, Dr. Sheagren was named a Master of the American College of Physicians for the excellence of his bedside teaching and his development of innovative approaches to teaching medical students and residents to organize and present patient data from which a working clinical hypothesis can be developed. Since arriving in Grand Rapids, Dr. Sheagren has been appointed a full Professor of Medicine at MSU-CHM. John Sheagren is no stranger to Michigan. He is, in fact, returning home. Prior to his 20 year sojourn in Illinois he was, during the 1970s



and 1980's, Chief of Medicine and later Chief of Staff at the Ann Arbor VA Medical Center and an Associate Dean at the University of Michigan Medical School. In addition to firm academic roots here, his family lives in Michigan also.

He is active in rounding and teaching Internal Medicine residents and third year medical students. He makes regular "Professors Rounds" each month with our internal medicine teams at Spectrum Butterworth and Saint Mary's hospitals. He has already started playing an important role in subspecialty fellowship development and in enhancing teaching methodologies. Please make him welcome to Grand Rapids.



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SPECIAL FEATURE

John F. Butzer, M.D., VPMA, Medical Director Mary Free Bed Rehabilitation Hospital

Working John F. Butzer, M Mary Fr Together



In the words of Alexander Graham Bell, "great discoveries and improvements invariably involve the cooperation of many minds." That is certainly the case in the example of the Muscular Dystrophy Association ALS Center, which has been operating since October 2007 at Mary Free Bed Rehabilitation Hospital. The Center, the 38th MDA certified ALS clinic in the country, is the result of a unique collaboration among three major health care institutions, each contributing expertise to the successful enterprise. Michigan State University College of Human Medicine, Saint Mary's Health Care, and Mary Free Bed Rehabilitation Hospital came together in 2006 to explore the concept of developing a badly needed MDA/ALS Clinic in our community, and the results have been impressive.

In the first year of operation, the clinic had 45 visits. From April 2008 through March 2009, the number of visits grew to 212. About 50 new patients are seen yearly. Patient satisfaction has been very high.

The goal of the clinic is to provide comprehensive care in one location and to promote education and research. Two collaborative projects are already underway with MSU scientists. In addition, the clinic is affiliated with The Northeast Amyotrophic Lateral Sclerosis Consortium (NEALS), a non-profit organization headquartered at the Massachusetts General Hospital organized to conduct clinical trials in ALS. Currently the clinic is also collaborating with research projects based at the University of Michigan and Pennsylvania State University.

Creating the clinic in a collaborative model was unusual, but so was its inspiration: separately, two west Michigan families approached the organizations with the idea of developing a local clinic for ALS patients in the spring of 2007 because family members had been afflicted with the disease and the only coordinated care available involved travel out of town. When the families realized that they shared the goal of developing an ALS Center in Grand Rapids, they began to work together to enlist the help of the three health care partners. A short six months later, the Muscular Dystrophy Association/ALS Clinic opened at Mary Free Bed Rehabilitation Hospital and patients soon filled the available slots.

The clinic is staffed by a team of professionals, including physicians, nurses, physical therapists, occupational therapists, speech and language pathologists, dieticians, social workers, equipment specialists and respiratory therapists who all work together to provide coordinated care, thus eliminating the need for patients and caregivers to travel to multiple locations.

This center is an excellent example of the cooperation among the three major organizations. Together we have created an opportunity to work toward a world-class center for patients and families who suffer from this disease.



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



Holly Hirai Jones KCMS Alliance President



As summer comes to an end, the KCMSA looks forward to beginning a new year of meetings and events. In September we kick off with a tour of the Grand Idea's Garden and learn how a vacant lot was transformed into a beautiful city oasis for all to enjoy. In October we will tour the Van Andel Institute and, following the tour, we will celebrate International Osteoporosis

Day by attending a program sponsored by the Translational Orthopaedic Research Program, a collaborative effort of the Van Andel Institute, Orthopaedic Associates of Michigan and Spectrum Health. The guest speaker for this event is Laura L. Tosi, MD, Director of the Bone Health Program at the Children's National Medical Center in Washington, D.C. Her practice focuses on orthopaedic management of children with physical disabilities and birth defects. Dr. Tosi also works to increase physician awareness of bone health issues for women and children, with the goal of reducing debilitating bone injury through a patient's lifetime. Dr. Tosi has lectured extensively on women's bone health, particularly osteoporosis prevention, to women's organizations throughout the United States.

Looking ahead, we will be celebrating the 20th (Emerald) Anniversary of the KCMSA Charity Ball for Children. This year's Ball will be held February 6, 2010 at Cascade Hills Country Club and the proceeds will benefit Gilda's Club Grand Rapids and Kids' Food Basket. Gilda's Club funds will expand the Children's Grief program for children (ages 3-18) who are grieving the death, by illness, accident, murder or suicide, of someone close to them, family member or friend. Here, children can find free support among their peers - with specific groups for teens, "tweens" and younger children.

Kids' Food Basket is a hunger relief organization in Grand Rapids that provides children with an evening meal (sack supper) each weekday. Kids' Food Basket serves area children attending schools or summer park programs where 80% or more of the students live at or below the poverty level. Funds from the KCMS Alliance Charity Ball will be used to provide sack suppers for one to two additional schools from a current waiting list of 16 schools. The additional funding will insure 100 to 200 more children in Grand Rapids will receive a nutritious sack supper every school night through the Kids' Food Basket program. Help us support these two worthy charities by joining us for a fabulous evening of dinner, dancing and auction on February 6th.

Visit our website, www.kcmsalliance.org, for more information on these events as well as our special interest groups, the upcoming Chicago Bus Trip, legislative updates and much more. We invite our current members to renew their membership at this time. We also invite any physician spouse or physician new to our organization to join us. Membership information and forms are available on the website. Feel free to contact us via email at info@kcmsalliance.org.

I look forward to serving the Alliance.

KCMSA Foundation - Grant Applications are being accepted

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

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

Charity Ball Silent Auction - Saturday, February 6, 2010

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



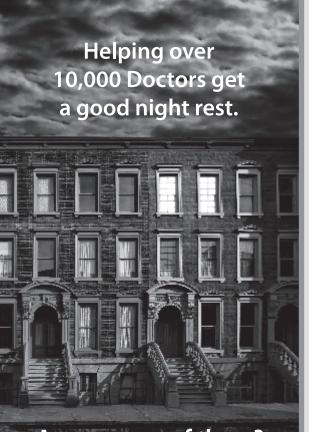


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ALLIANCE CALENDAR

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

KCMSA Book Club

DATE: September 15, 2009 TIME: 12:00 Book Discussion PLACE: Schuler's Café on 28th Street (unless otherwise noted)

The Gift of Rain, by Tan Twan Eng Leader: Marybeth Weber

General Membership Meetings

DATE: September 29, 2009 (Tuesday) TIME: 11:00AM LOCATION: Grand Idea's Garden 775 Ball Ave. NE, Grand Rapids 49503

DATE: October 20, 2009 (Tuesday) National Osteoporosis Day TIME: 3:00 pm Tour 4:00pm Speaker Please see website more details PLACE: Van Andel Institute 333 Bostwick Ave N.E., Grand Rapids, MI 49503

2009 Fall Wine Fest

DATE: October 30, 2009 (Friday) TIME: 6:00 p.m. to 10:00 pm PLACE: Noto's Old World Italian Dining 6600 28th St SE, Grand Rapids, MI PRICE: Tickets in Advance: VIP Wine Taster \$100.00/person Day of the event \$110.00/person Please make out your check to: KCMSAF Send checks to: Mary Crawford 340 Gracewood SE, East Grand Rapids, MI 49506

Questions: Call: Mary Crawford 940-0998 or e-mail: marycraw@comcast.net

Benefits: Fund-raising event to benefit The Comprehensive Therapy Center and Other Local Non-Profit Groups

This premier wine-tasting event in West Michigan, featuring over 300 international wines. VIP Ticket Perks include early admittance, access to private room, and individual wine education.

Chicago Bus Trip "Shop till you Drop!"

DATE: November 13, 2009 (Friday) TIME: Depart 7:30 am –Bus will leave promptly, Return approximately 11:00-11:30 pm PLACE: We will be leaving from Schuler Book Store back parking lot on 29th Street between Harvey Cadillac PRICE: \$50.00 (this includes the tip for driver) and is Nonrefundable

Coffee and water provided on bus – otherwise BYO Please make check out to: KCMSA Please mail to: Dee Federico 541 Cambridge S.E., East Grand Rapids, MI 49506

Reservations due by Friday, October 30 Questions or late reservations: call Dee Federico 456-6706 Family and Friends Welcome.

Shopping for Hope Day Care Center

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

If you are interested in helping, or have any questions about Hope Community Daycare, please call Beth Junewick at 447-1679 or email at ejunewick@comcast.net. Thank-you.

Holiday Open House

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

DATE: December 2, 2009 (Wednesday) TIME: 3-5pm Contact if interested: Beth Junewick 447-1679, email: ejunewick@comcast.net

Charity Ball for Children

DATE: February 6, 2010 (Saturday) PLACE: Cascade Hills Country Club

What to Wear and Where to Be!

Since 1912, Camp Blodgett's Babies' Welfare Guild has been broadening the horizons of at-risk youth. Through its dedicated efforts, the babies' Welfare Guild, has remained steadfast in its mission for the past 95 years to provide the children of our community with an educational and recreational experience that promotes social responsibility, encourages academic success and supports the development of healthy self-esteem.

DATE: October 14, 2009 (Wednesday) TIME: 6:00 p.m. Cocktails 7:00 p.m. Dinner PLACE: Cascade Hills Country Club COST: \$125.00 per person RSVP: Christine Pfennig (By September 30) E-MAIL: c.pfennig@comcast.net

.



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.

Date:Wednesday, October 14, 2009Time:11:30AMPlace:Flat River Grill, 201 East Main, Lowell, MIPhone:616.897.8523



If you would like to join us, please e-mail Eileen Brader ekbrader@sbcglobal.net by October 11.

HOPE COMMUNITY DAY CARE CENTER PARTY



The Hope Community Day Care Holiday Party is scheduled for Wednesday, December 2, from 3-5pm. Hope Community provides on-site day care to help its residents access the various vocational, counseling and healthcare programs at the center, thus empowering homeless mothers to regain self-sufficiency.

The Holiday Party is always a highlight for the children, their mothers, and the staff of Hope Community. During the party the children work on a craft, decorate homemade sugar cookies, and then open the gifts donated by our These cifts remain at the day care contex for all of the shildren to share. When the shildren to share th

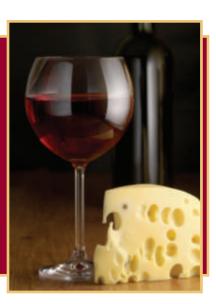
KCMSA members. These gifts remain at the day care center for all of the children to share. When the children go home they each receive a bag (or stocking) of gifts selected especially for them by our "shoppers". Each family and staff member also receives a plate of cookies-the cookies that our members bring to the Holiday Tea.

Hopefully, this explanation of the Holiday Party at Hope Community helps clarify why we ask all of our members to bring a wrapped gift and a plate of cookies to the Holiday Tea. If you would like more information, or if you would be willing to help shop on Tuesday, November 24th, or help with the party on December 2, please call Beth Junewick at 447-1679, or email ejunewick@comcast.net.

New Member and Possible New Member

Wine and Cheese Party

DATE: September 16, 2009 (Wednesday) TIME: 4 – 6:30 pm PLACE: 1095 Idema Drive SE (Eileen Brader's home) RSVP to Erin Bradley (erinbradley0106@yahoo.com)



Membership Directory

We are in the process of completing the directory at this time, so if you haven't sent in your dues, please do so. We don't want to miss anyone. If you have a friend who would like to join, please encourage them to do so now.

Here's how:

1) If you still have a dues form, fill it out and mail to the address below.

2) If you would like another dues form please go to our website.

3) Send a check payable to KCMSA with your name, address, phone number and email to:

KCMSA Treasurer 1435 Glen Ellyn Drive SE, Grand Rapids, MI 49546

Kent County (KCMSA) membership is \$20. We encourage you to also purchase a state membership for \$32 and a national membership for \$40.

For membership questions contact Dolores Dobbie, KCMSA Membership Chair, at membership@KCMSAlliance.org

KCOA Officers & Directors PRESIDENT Karlin E. Sevensma, DO

PRESIDENT-ELECT J'Aimee Lippert, DO

IMMEDIATE PAST PRESIDENT Dorothy (Robin) Pedtke, DO

SECRETARY-TREASURER Kristi Kern, DO

DIRECTOR (To January 2010) Laura A. Tinning, DO

DIRECTOR (To January 2011) Ann M. Auburn, DO

MOA Delegation

MOA DELEGATES to January 2010 Craig Bethune, DO Bradley Clegg, DO James Coretti, DO William Cunningham, DO Joanne Grzeszak, DO Vladimir Ferrer, DO Norman Keller, DO Daniel Kennedy, DO Kristi Kern, DO Edward Lee, DO J'Aimee Lippert, DO Gary L. Marsiglia, DO Henry Olen, DO Robin Pedtke, DO Karlin Sevensma, DO Susan Sevensma, DO Jeffrey Stevens, DO Laura Tinning, DO Janice Wabeke, DO

MEETINGS OF INTEREST

KCOA Meetings

LOCAL

OCTOBER 6, 2009 - KCOA Membership Meeting, Metro Health Hospital

STATE

NOVEMBER 7, 2009 – MOA Fall Update, Grand Rapids, MI, Fall CME Seminar, Airport Hilton

KCOA PRESIDENT'S MESSAGE

Health Reform?

I had a terrible day yesterday. I did a lot of travelling and waiting, all the while trying to take care of patients. The last patient I rounded on, which was at 19:30, said to the nurse as I left the room, "Wow! That lady works long hours." As I wound down after my long day, I couldn't help but think that my day would have felt a lot shorter if I had not had to wait so long to get my job done or shuttle back and forth between the hospital and office. I gave this notion just a little more thought before passing out, deciding that there must be some external problem that if I could just think out and work on, that my life would be less hectic.

Russians have a saying that "morning is wiser than evening." In the clear light of day (though I really cannot use the word "light" since it is still dark outside this morning) I can't help but think that I love to live this way. I love to be busy, and I think most doctors do. Something about going to school for most of our youth, all while starting families, volunteering, working, and having hobbies. We like to be busy. The practice of medicine is amenable to this type of personality.

Here we stand, though, on the precipice of health care reform, and though I wonder many things about the new plan, most of all I wonder if it will take the fun out of medicine. I am a capitalist, and believe that hard work should be rewarded. Most would agree that the golden age of medicine is over, but it is not as over as it is in countries with socialized medicine. I know several doctors who live and work in other countries, and I can tell you that even though they do not make the same amount as doctors here, they also don't work as hard.

I like the hard work, so much so that I put up with a lot of the down-sides of medicine: the stress, the late nights, the insurance premiums, etc. The simple answer to the question "Would I work as hard if I made the same salary as my MA?," is, "no, probably not." The next logical question is "Would I be as happy doing less?" and the simple answer here is again "no," unless the down-sides of medicine were also reduced. The late nights and the stress cannot be altered by the government. The government could probably do something about malpractice premiums if it wanted to, but it does not. There is no mention of tort reform in existing health care reform legislation. I hope that you have all received and signed the e-petition circulating for health care professionals, encouraging the legislature





to address this significant shortcoming of the existing legislation. If not, I encourage you to call your senator and representatives.

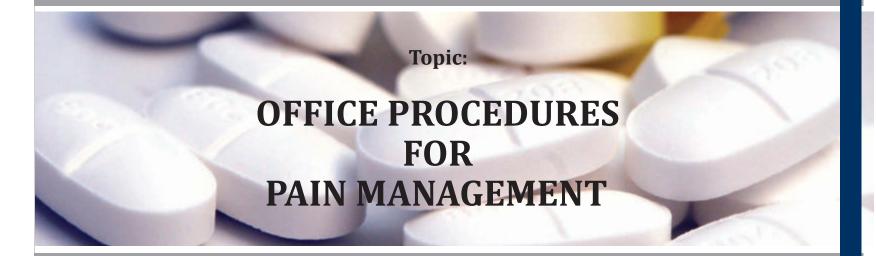
I saw a great commercial about the new health plan, encouraging people to call their legislators to encourage them to vote against the pending legislation. In the commercial, a smiling doctor and a smiling patient are chatting in an exam room. Then, someone wearing a bow tie, labelled as a "government beaurocrat" shows up and starts shaking his head, presumably getting in the way of the doctor-patient encounter. It highlights what I think patients fear most, that in increasing access to everyone, the overall quality of care will go down. In some cases presently, the system has already limited itself, for example, with private insurance payors denying coverage for costly tests like MRI and costly medicines without overrides. I understand that something has to change, and I know it does not involve a personal "government beaurocrat" for every physician office. We have terrible numbers compared to most other industrialized nations in terms of infant mortality and chronic diseases. We have too many uninsured or underinsured. Something has to give, I just don't think it's the physicians' turn.

Things will change, and maybe I will change with them. Health care reform may be a blessing in disguise. I may get better at playing with my kids.

Regular Meeting of the Kent County Osteopathic Society

Tuesday, October 6, 2009

Speaker: Keith B. Javery, DO and J'Aimee Lippert, DO



Metro Health Hospital has requested that the AOA Council on Continuing Medical Education approve this program for 1 hour of AOA Category 1-A CME credits.

Metro Health Hospital, Doctor's Dining Room 5900 Byron Center Avenue SW

Dinner 6:30 PM Presentation 8:00 – 9:00 PM

Kent County Medical Society Kent County Osteopathic Association 234 Division Avenue N, Suite 300 Grand Rapids, MI 49503-2532 PRSRT STD U.S. POSTAGE **PAID** Grand Rapids, MI Permit 1



Our local bank proudly services and supports the dedicated Kent County healthcare community.



LOCATIONS

Cascade Rd at Spaulding - SE Northland Dr at Plainfield - NE Monroe Ave at Louis - Downtown Wilson Ave at 56th - SW

616-956-9030 www.foundersbt.com