

Fall 2010

# BULLETIN

Member Physicians Honor  
Congressman Vern Ehlers



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



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# BULLETIN

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



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KCMS President Patrick Droste, MD and KCOA President Ann Auburn, DO present a donation to the Vern and Jo Ehlers Community Scholarship at the Grand Rapids Community Foundation to Tribute to Congressman Ehlers.



# ABOUT THE BULLETIN

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The Bulletin is published four times yearly by the Kent County Medical Society and Kent County Osteopathic Association,

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## AFFILIATED AGENCIES:

Kent County Medical Society Alliance  
Kent Medical Foundation  
Project Access

### CONTACT INFORMATION UPDATE

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Address: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_  Publish in Directory  Office Use Only

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## MEETINGS OF INTEREST

### LOCAL

#### NOVEMBER 9, 2010

KCMS/KCMS Alliance Joint Meeting  
Patriotic Salute to Physicians Who Have Served Our Country  
Watermark Country Club, 6:15 pm  
(one hour CME will be given)

#### DECEMBER 5, 2010

KCMS Holiday Brunch  
Blythfield Country Club

#### JANUARY 11, 2011

KCMS Annual Meeting  
Watermark Country Club, 6:15 pm

#### JANUARY 22, 2011

KCMS Medical Education Update – 2011  
Prince Conference Center, Calvin College, Grand Rapids, MI

#### FEBRUARY 26, 2011

KCMS Medical Education Update – 2011  
Prince Conference Center, Calvin College, Grand Rapids, MI

### STATE

**OCTOBER 20-23, 2010** Annual Scientific Meeting, Troy, MI

**APRIL 29-MAY 1, 2011** MSMS House of Delegates, Kalamazoo, MI

## DOCTORS IN THE NEWS

**Stephen Bloom, DO** was elected Chief of Staff by Mary Free Bed Rehabilitation Hospital.

**William Cunningham, DO** has accepted a position at Michigan State University College of Osteopathic Medicine effective January 1, 2011. Reporting to Dean Strampel, he will focus on the presence of osteopathic medicine in West Michigan.

On Wednesday, September 28, Gastroenterologist and KCMS member, **Dr. Paul Farr** encouraged WLAV Morning Show listeners to schedule a colonoscopy. Radio show DJs, Kevin Matthews and Tim Cusack were enlightened as to the benefits of early detection of colon cancer and colorectal diseases.

CHECK OUT OUR WEBSITE **KCMS.org**

## NEW MEMBERS

*Welcome*

Craig T. Alguire MD	West Michigan Heart
James P. Bares MD	Advanced Radiology Services, PC
Gregory A. Bernath MD	West Michigan Heart
Christopher Buchach MD	Advanced Radiology Services, PC
Christopher M. Chambers MD	Spectrum Health Medical Group
Erika K. Crane MD	Cascade Pediatrics, PC
Emily E. Dietrich MD	West Michigan OB/GYN
Jay A. Harolds MD	Advanced Radiology Services, PC
Peter J.L. Jebson MD	Donald P. Condit, MD, PC
Ali Mahajerin MD	West Michigan Heart
Laura F. Ross MD	Advanced Radiology Services, PC
Jannah H. Thompson MD	Urologic Consultants, PC
Danielle Waggoner MD	East Paris Internal Medicine, PC

## RESIDENTS

M. Waqas Athar MD  
- GRMEP

## IN MEMORIAM

### **Marvin Bonzelaar, MD** 1923 - 2010

Marvin Bonzelaar, MD, a retired member of the Kent County Medical Society passed away September 7, 2010. Doctor Bonzelaar received his medical degree from the University of Michigan in 1948. Doctor Bonzelaar specialized in Internal Medicine working in Grand Rapids for over 50 years.

### **Erwin G. Clahassey, MD** 1917 - 2010

Erwin G. Clahassey, MD, a retired member of the Kent County Medical Society passed away July 19, 2010. Doctor Clahassey received his medical degree from the University of Michigan School of Medicine in 1944. Doctor Clahassey specialized in Ophthalmology and worked in Grand Rapids for over 40 years.

### **Gerben Dykstra, MD** 1930 - 2010

Gerben Dykstra, MD, a retired member of the Kent County Medical Society passed away June 27, 2010. Doctor Dykstra received his medical degree from the Illinois School of Medicine in 1956. Doctor Dykstra served as a medical missionary to Taiwan from 1964 to 1972. He then specialized in Pediatric Medicine spending over 18 years in practice. He retired in 1991.

### **Dale L. Kessler, MD** 1917 - 2010

Dale L. Kessler, MD, a retired member of the Kent County Medical Society passed away July 29, 2010. Doctor Kessler received his medical degree from the University of Cincinnati in 1942. Doctor Kessler's career as a pathologist spanned nearly seven decades. Upon retiring he spent many years as Director of the Grand Valley Blood Program.

### **Reinard P. Nanzig, MD** 1917 - 2010

Reinard P. Nanzig, MD, a retired member of the Kent County Medical Society passed away August 30, 2010. Doctor Nanzig received his medical degree from the Northwestern University Medical School in 1943. Doctor Nanzig specialized in obstetrics and gynecology working in Grand Rapids until retiring in 1989.

### **Robert L. Petroelje, MD** 1947 - 2010

Robert L. Petroelje, MD, a retired member of the Kent County Medical Society passed away July 19, 2010. Doctor Petroelje received his medical degree from the University of Michigan School of Medicine in 1973. Doctor Petroelje specialized in Otolaryngology serving in the Grand Rapids community almost 32 years. He retired in 2008.

**The Medical Society extends sympathy to their families.**

# For Lease—Medical Office Suites

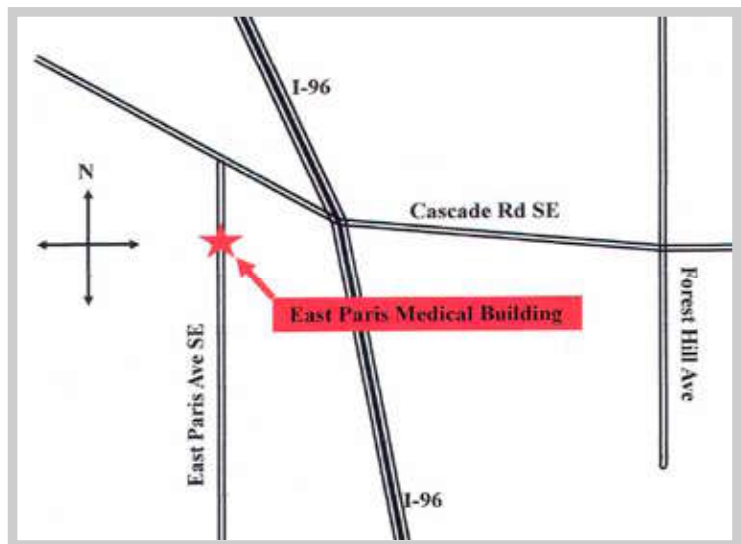
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## PRESIDENT'S MESSAGE



### Learning from a Sentinel Event

**Patrick J. Droste, MS, MD**  
**KCMS President**

The word sentinel comes from the Latin infinitive, "sentire" which means to feel or sense. A sentinel is a person or animal set to guard a group or individual. A sentinel event is one that draws attention or interest to a breach in safety or security. Another meaning of this word is to herald or draw attention to something. For example, in ophthalmology, a sentinel vascular loop, found in the conjunctiva, is a potential sign of an underlying intraocular neoplasm. In the context of health care, a sentinel event is defined as any occurrence that significantly threatens the well being of a patient or group of patients.

Despite our best efforts to provide excellent care to our patients and despite concentrated efforts by health care organizations to prevent injury to patients, bad outcomes and preventable injury still occur. Sentinel events do not just occur in the operating room as they may occur in many other places, due to many other issues such as medication overdose, delay in care, miscommunication, intimidation and lack of speaking up or addressing potential concerns, etc.

In our current working environment, which includes hospitals and health care facilities such as rehabilitation institutes, ambulatory surgical centers and nursing homes, etc, when an event occurs that threatens the well being or safety of a patient a sentinel event is declared and an investigation ensues.

The investigation is commonly called a Root Cause Analysis (RCA); which includes investigation from a multidisciplinary team including hospital safety, risk management, nursing, technical support and physicians. This team goes through a detailed and often painstaking review of the events that led to the sentinel event. It objectively looks at the facts that occurred prior to, during and after the event which occurred. Such questions include: 1) What went wrong? 2) What standard safety practices, if any, were breached? 3) What were the extenuating or unusual events that allowed the event to occur? 4) What could have been done to avoid the event

from occurring? 5.) What is going to be done to prevent this event from happening again?

The Root Cause Analysis frequently takes several weeks to develop because of the detailed nature of the issues. Meetings are held weekly until the entire process is complete and all parties feel that there is a consensus on what happened and most importantly on what will be done in the future to prevent the event from happening again.

Most of the time, the team identifies a specific event or sequence of events that precipitated the event. Frequently, distractions enter the picture. Common distractions in the operating room include music, extraneous people, medical and nursing students or equipment failures.

Once the problems are identified, the team comes up with a course of action to prevent future events from happening. For example, in the operating room laterality issues are remedied by double marking of the surgery site by both the surgeon and the nursing staff. Instrument shortages are discussed in the preoperative briefing prior to the start of surgery. Antibiotic questions are discussed with the anesthesiologist during the preoperative briefing with all team members present. Allergies to medications, current medications and significant past medical and surgical history are also discussed as part of the preoperative briefing or what has commonly become known as the preoperative check list.

The check list has become the single most important event prior to the initiation of surgery. The circulating nurse initiates the process by turning off all music, calling attention to the patient and assuring that all members of the surgical team are present and providing full attention to the briefing. The surgeon should complement the nursing introduction by providing details on the patient's medical and surgical history that are pertinent to the case. The informed consent and the laterality of the procedure should be affirmed by the circulator. All members of the team should comment on their preparedness for the case. ***Known concerns should be voiced before the start of the procedure.***

Once the surgery has been completed, there should be post operative debriefing where the entire case is reviewed for potential ways to improve outcome and efficiency that may be beneficial to future cases.



Almost all of the currently adopted peri-operative practices have come out of RCA proceedings that followed a sentinel event. Many of them have become recommendations of approving bodies for hospitals and surgical centers. Many have become local policies instituted by hospital review boards and peer review committees.

retaliation. Distractions should be identified before hand and eliminated before, during and after the case. Finally, there should be openness and support, especially by surgeons, for the pre and postoperative checklist. Again, it is important to be aware that sentinel events are not limited to the operating room, but occur in all realms of medicine.

In summary, eliminating mistakes and patient safety should be everyone's concern. All members of the team have a role in patient care that should be respected and encouraged. All concerns should be expressed openly and without fear of

Sentinel events are painstaking experiences but can become a valuable learning experience when carried out in an open, honest and multidisciplinary fashion.

Our member doctors are frequently working for people outside of their office. They are heading up a committee, doing public service, and helping others who are in need. We want to honor them. Practice Managers, nurses, spouses and others, we are asking for your assistance. Call (458-4157), fax (458-3305) or email the KCMS office ([kcmsoffice@kcms.org](mailto:kcmsoffice@kcms.org)) and let us know what your physician is doing. Help us recognize them. Send their names and what they are doing.

**Good deeds should be celebrated!**



Dr. Daniel Michael (center), meets with the KCMS Board.

## BE INVOLVED IN CHANGE FOR THE BETTER

Are there aspects of medicine that you believe can be improved with the right input by physicians? Do you believe you can help guide future legislative action to make positive change in the delivery of health care? Then you are asked to consider serving as a Delegate to the Michigan State Medical Society representing Kent County. There are open positions expected in 2011 and your leadership and passion are welcome.

Delegates and Alternate Delegates are encouraged to participate in the annual MSMS House of Delegates, to be held in Kalamazoo, MI on Friday, April 29 to Sunday, May 1, 2011. A maximum of two meetings will be held prior to the House meeting to craft suggested resolutions. Historically, Kent County has had a very strong presence in the process and is recognized as a leader in participation. Contact Patricia Dalton at (616) 458-4157 for additional information.

### BOARD POSITIONS OPEN FOR 2011

The KCMS Board is seeking members interested in serving on the KCMS Board. If you are interested in serving the Membership and provide direction and leadership for a three-year term, please contact the KCMS office at 458-4157 or [kcmsoffice@kcms.org](mailto:kcmsoffice@kcms.org).

The Board meets monthly at 6:30 p.m. in addition to its quarterly Membership meetings and other member events.

Thank you for your consideration.



### KCMS AND KCOA SPONSOR ADVANCE CARE PLANNING SEMINAR

On September 15, the KCMS and KCOA joined Priority Health and other health care leaders in sponsoring an Advance Care Planning seminar offered by Gunderson Lutheran Health system. The system model offered increases continuity of care, quality of life and respect for the patient's wishes, while lowering the cost of care and reducing over-utilization of the health care system.

Program elements were shared to encourage a community-wide advance care planning program; partnering Hospice and palliative care programs; coordination of services using electronic medical records for access by all professionals in the health system team.

People who attended agreed that dialogue should continue.

**REMEMBER**  
**TO PAY YOUR KCMS/  
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Join Us

Spouses are invited to a joint meeting of the  
Kent County Medical Society and the  
Kent County Medical Society Alliance

# Patriotic Salute

## Honoring Doctors in the Military

**November 9, 2010**

Social 6:15 pm | Dinner & Program 7:00 pm

**Modern War Orthopaedic Injuries**

Clifford Jones, MD

**Watermark Country Club**

5500 Cascade Road SE

1 Hour CME Credit Given

**RSVP**

Name \_\_\_\_\_

Guest \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Check all that apply:

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Resident       Guest (\$25/person)

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Please respond by:

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233 East Fulton, Suite 222  
Grand Rapids, MI 49503

**Fax:** (616) 458-3305  
**Phone:** (616) 458-4157  
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Reservations appreciated by November 4, 2010



# KENT MEDICAL FOUNDATION

## WELCOME TIMOTHY J. WAALKES



**Timothy J. Waalkes**

Representing the community, Timothy J. Waalkes was elected to the Board of the Kent Medical Foundation in the fall of 2010. He is an attorney with Vespoor, Waalkes, Lalley, Slotsema & Talen in downtown Grand Rapids.

Mr. Waalkes graduated from Calvin College and Wayne State University. He worked for two firms in the Lansing area before joining the firm in July 2004. He specializes in estate planning, probate administration, business law and general civil litigation.

He has been a member of the Optimist Club of Grand Rapids since 2004. He is a member of the State Bar of Michigan, the Grand Rapids Bar Association, the National Committee for Planned Giving and the West Michigan Estate Planning Council.

We welcome him to the Kent Medical Foundation Board.

## KMF HOLIDAY CARD REQUEST

Requests for the holiday card contributions will be sent out soon. Watch your mail. Donations will be due November 15.



## DID YOU KNOW?

The Kent Medical Foundation offers scholarships and grants. Visit

[www.kcms.org/kmf.html](http://www.kcms.org/kmf.html)

for more information.

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< **Robin Pedtke, DO**  
**Board Chair**



**Eric Bouwens, MD** >  
**Board Vice Chair**

**Did you know?** As we all get back to the fall routine, we are faced with a comfort level of what we know and an anticipation of predictability. At least we can predict things will be busy with family, school activities and our patients. However, during our busy summer, there were patients in our communities who needed to rely on our KCMS and KCOA members' outreach efforts to serve the uninsured population.

Once again the Project Access Board and its staff wish to applaud all physicians who contribute to our local Project Access, local clinics or participated in hospital related charity programs.

To the right are a few current statistics for Project Access. As you review these statistics, know that they represent a cumulative report of what Project Access has done, along with physicians, to serve the Kent County community. These represent patients who are screened for eligibility (200% of FPL, no other insurance, willingness to partner with physicians, etc.).

Consider joining the Project Access team. Please use the 2011 Commitment form, or work with your Office Manager to complete the form. You possibly are seeing low-income patients who may qualify for this assistance. Let the Project Access team help your staff in finding resources for the special patients.

Thank you for what you do to assist these patients.

**\$5,292,000** :: The amount of dollars donated through Project Access by our physicians and hospitals' charity programs since 2005.

**Over \$411,000** :: The amount of documented care thus far in 2010

**31%** :: The percentage of volunteer doctors representing Primary Care

**69%** :: The percentage of volunteer doctors who are Specialists

**631** :: Number of patients in the program who needed a primary care physician and medical home

**1077** :: Number of Project Access Primary Care patients who also needed specialty care

**1373** :: Number of clinic referred patients who needed specialty care

**3** :: Average number of meds arranged for Project Access patients/month

**\$317,005** :: Retail dollar value of medications coordinated for Project Access PAP patients.

## WE WOULD LIKE TO THANK *Catherine LaPorte*



**Catherine LaPorte**  
2008-2010 AmeriCorps  
Service Worker

Catherine was added to the Project Access team in 2008 after graduating from Grand Valley State University with a major in Bio-Medical Sciences. She began serving as Referral Specialist working with local clinics in referring patients to specialty care. She served as chief architect of a recreated system in screening, proving eligibility and working on coaching patients.

We wish Cathy the best in all she does. Since the completion of her two-year AmeriCorps service work, Cathy has agreed to volunteer with Project Access as a part-time trainer for the new AmeriCorps Staff.

Cathy's professionalism and excellence in all she does will serve her well in her career. Project Access was fortunate to have her wisdom and enthusiasm for her work with this special audience.

PHYSICIAN VOLUNTEER COMMITMENT 2010/2011

Physician(s): \_\_\_\_\_

*(If you are responding as group pledge, please complete one form, attach list of doctors, their practice locations, and any specific instructions for our team. Thank you.)*

Practice: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: Phone Mail Fax Email Will you allow for periodic email updates? YES NO

- Yes! I will do my part to assist uninsured patients. Through December 2011 I will accept \_\_\_\_\_ (#) Project Access referrals.
- Contact me with more information about my role in Project Access
- I do not wish to participate at this time.

*I understand that I can change my commitment at any time by contacting Amy at the Project Access office (459-1111 x222 or amy.tzintzun@projectaccessmi.org)*

Physician's Signature \_\_\_\_\_

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## GRAND RAPIDS MEDICAL EDUCATION PARTNERS UPDATE



### Impact of Duty Hour Changes

**Peter Coggan, MD, MEd**  
**GRMEP President and CEO**

We are awaiting final confirmation of the revised house staff duty hours requirements. You will recall from previous columns that we have been working with an 80 hour workweek that was imposed by the ACGME five years ago. At the time the 80 hour work week was established, a review to evaluate its impact was promised. During the past year testimony was taken from a number of specialty organizations, teaching hospital organizations, and graduate medical education administrators like me.

A plea for more flexibility in duty hours emerged from the review. Surgery related specialties made a strong case that residents should not be forced to leave the operating room in the middle of a procedure and thus be unable to complete a valuable learning experience. Many specialty groups argued that residents should be able to continue involvement in the care of acutely ill patients for continuity and the learning experience, but also to reinforce the professional values which residency teaches.

The ACGME had the unenviable task of reconciling requests from constituent groups with the requirements for graduate medical education established by each of their residency review committees. If this were not a difficult enough task in itself, the ACGME had to consider the pressure brought to bear by the Institute of Medicine report advocating more stringent reductions in work hours. A middle course has emerged. As with many compromises, none of the constituent groups will find the recommendations entirely to their liking but I believe many changes will be beneficial to all.

The ACGME recommendations do create flexibility for more senior residents. First-year residents (interns) are limited to

a 16 hour workday with no opportunity for extending these hours to hand over patients or to complete documentation. Residents at more advanced levels of training can be on duty for maximum of 24 hours with the possibility of an additional four hours to complete paperwork and handovers. More senior residents are permitted to remain involved in patient care for special reasons under "unusual circumstances". This permits residents to remain with their patients in the intensive care unit or the operating room, for example, to complete a procedure or remain with very sick patients or families where professional behavior dictates. I view this as a very positive move that relieves the resident of a conflict between duty hours requirements and their professional values.

Although receiving less prominence, the proposed new requirements also contain language that redefines supervision of residents by their teaching physician faculty. There is an expectation that faculty will be much more available and engaged in patient care with the residents. For the first time, there is open acknowledgment that a supervising physician maybe a more advanced resident. Supervision by a faculty physician who is not actually on site is also addressed. Both situations, tacitly accepted previously, are now defined with much more specificity. The old days of "go ahead and call me if you get into problems" are over and a more active interplay between residents and attending physician is now required.

A closer relationship between experienced faculty and learners is a positive change that will protect residents from exceeding their limitations and patients from being harmed by inexperienced physicians. It will, however, be a shock for some of our participating physicians who have been used to a less tightly defined relationship and some may not be comfortable with the new requirements. These are, however, likely to become ACGME policy within the next month and will require an analysis of their impact on resident training and our teaching culture. Overall, I believe the outcome will serve the interests of our residents and our patients well.

## MARK YOUR CALENDAR

KCMS Update 2011

Saturday, January 22, 2011 • Saturday, February 26, 2011

Medical Education Opportunity





## MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION



### Here We Go Again!

**Bob Wolford, CMPE**  
**Executive Director**  
**Grand Rapids Ophthalmology**

During the past week, I learned that there is yet another effort in the Michigan House of Representatives to establish a doctor tax. This program, sometimes referred to as a QAAP (Quality Assurance Assessment Program,) is designed to utilize this new supply of revenue to increase Medicaid funding by the state in order to get additional Federal matching funds. In theory, doctors would pay a tax of 3% of gross revenue and many would get the money back through increased Medicaid reimbursement, (at the Medicare level.)

This effort comes on the heels of a nearly identical initiative less than one year ago in which the Michigan Senate defeated the effort by a vote of 32 to 4.

The flaws in this program are numerous. Clearly, some doctors would be winners and some would be huge losers and where they fall in this continuum would often be determined not by willingness to participate in the Medicaid system but by location and by scope of practice.

Doctor revenue often includes amounts billed for medical supplies and pharmaceuticals. When this happens, almost the entire amount collected is paid to the drug or medical supply vendor. Under the plan, instead of breaking even, doctors would lose 3% through this tax. (It should be mentioned that this issue remains a factor in the Michigan Business tax which has negatively impacted many doctors.)

Coupled with Michigan's negative economic climate and its weather for 6 months a year, this tax will place another factor on the "avoid Michigan" side of the ledger as new doctors decide where they will practice. Given this scenario, Michigan should expect an even greater doctor shortage in years to come.

Though advocates of the QAAP, possibly in good faith, have promised to increase Medicaid reimbursement, Michigan has a significant track record of cutting the Medicaid fee schedule to help with any budget deficit. Healthcare providers envision that this tax will stay forever, once in place, but an increase in Medicaid fees will erode over time as more and more residents fall to the Medicaid program.

It is my hope that members of the Michigan legislature will understand that any tax that targets one group of the state's residents is inherently unfair. If the state needs revenue to assure matching federal funds, it should tax fairly for those funds instead of imposing a tax on one unwilling segment of the population. We would hope that our Representatives can understand that any increase in the Michigan Medicaid budget will likely be used to fund care for newly unemployed Medicaid patients who may have been seeing their doctors at commercial rates just months earlier.

It pays to be informed of state and federal political activity. Membership and involvement in organizations like the Kent County Medical Society, the Michigan State Medical Society and the Michigan Medical Group Management Association (MMGMA) is certainly one great way to make sure that you and your practice managers are informed.

In September, members of the MMGMA attended the organization's Fall Conference in Kalamazoo, Michigan. Practice management professionals received a wealth of knowledge and inspiration from individuals like Elizabeth Woodcock and Drs. Vance and Vincent Moss. The meeting also featured a presentation on the impact of healthcare reform on physician-hospital relations by W. Lyle Oelrich, Jr. and Mark W. Browne, MD of Pershing Yoakley and Associates. Numerous breakout sessions and critical networking opportunities were available at the conference for managers with various interests and experience.

If your Office Manager is not a member of the MMGMA, information on membership can be obtained by contacting:

Sherry Barnhart - Executive Secretary  
 e-mail: [sbarnhart@michmgma.org](mailto:sbarnhart@michmgma.org) • phone: (517) 336-5786



## Thank You Jennifer McConomy

The Kent County Medical Society and the Kent County Osteopathic Association would like to thank Grand Valley State University graduate Jennifer McConomy for her work as an Intern. Jennifer performed data base work, special events and clerical support where needed. Jennifer has accepted a position in her hometown of St. Joseph. We wish her the best of luck.

## MSU DEDICATES \$90 MILLION SECCHIA CENTER



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

Leaders from Michigan State University, the College of Human Medicine and its partners across Grand Rapids gathered September 10 for a ribbon-cutting and dedication of the college's \$90

million, privately-funded medical education facility named after MSU alumni Peter and Joan Secchia.

The college's new headquarters, completed on time and on budget, was entirely financed without public funding. Sources include \$55 million in committed funding from Spectrum Health, which includes interest and principal payments over 25 years. Private donations covered the remaining costs to finish the capital campaign upon the building's dedication.

"The opening of this state-of-the-art facility represents the hard work of all our partners," MSU President Lou Anna K. Simon said. "The impact of this unique collaboration - from health care delivery to new research endeavors to economic stimulus - will be felt both in Grand Rapids and across the state.

"MSU and the College of Human Medicine believe in the value of teaching medicine where it is needed and practiced - in the community."

The college's partners include Spectrum Health, Van Andel Institute, Saint Mary's Health Care, Grand Valley State University, Grand Action and The Right Place.

"This is the result of the vision of the leaders of the community," said Marsha D. Rappley, M.D., dean of the College of Human Medicine. "The Secchia Center is the beginning of the research and education programs we will build together in Grand Rapids."

Beginning in August, 100 first-year medical students and another 150 students in the second through fourth years of medical school are now studying at the seven-story, 180,000-square-foot facility that includes clinical examination rooms, simulation suites, classrooms, offices and student areas.

The opening of the Secchia Center is only part of the college's growing footprint in communities across the state: New regional campuses have been opened in Traverse City and Midland, administrators are working in Flint to develop a research and education model built specifically around that region's needs, and early admission programs have been signed with several universities across the state.

Founded in 1964 as one of the nation's first community-based medical schools, the College of Human Medicine has since graduated more than 3,700 medical doctors. The college's research profile has grown considerably over the past several years, including the recent addition of a \$6.2 million Morris K. Udall Center of Excellence for Parkinson's disease research and a \$6.8 million Center for Women's Health and Reproduction Research.

The project delivery team for the Secchia Center included The Christman Co. of Grand Rapids, construction manager; URS Corp./Health of Grand Rapids, engineering and architect of record; and Ellenzweig Associates of Cambridge, Mass., design architect.





**Above Left:** Two hundred first-year MSU College of Human Medicine students received their white coats Sunday, August 29, at DeVos Performance Hall. This marks the second phase of the medical school's expansion, with MSU now admitting 200 students each year; 100 each complete their first and second years in Grand Rapids and East Lansing. All 200 will have equal opportunity to complete their third and fourth years at any of the college's eight community campuses. Seventy-eight percent of the incoming class is from Michigan, 15 percent are from under-represented populations, and 26 percent meet the broader definition of disadvantaged, such as first generation to go to college or attending high school in a rural community. This class was selected from nearly 6,000 applications.

**Above Right:** Cutting the ribbon for the new \$90 million Michigan State University College of Human Medicine Secchia Center are (L-R): Helen DeVos, Richard DeVos, MSU President Lou Anna K. Simon, College of Human Medicine Dean Marsha Rappley, Peter Secchia, Joan Secchia and Phil McCorkle from Saint Mary's Health Care.

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## KENT COUNTY HEALTH DEPARTMENT



### **If a Child Coughs in the Woods, Does Anyone Diagnose It?**

**by: Brian Hartl, MPH**

*Pictured left:*  
**Mark Hall, MD, MPH**  
**KCHD Medical Director**

Recently, a lot of media attention has been focused on the increase in the number of pertussis cases diagnosed in the United States. In California, the number of cases diagnosed between January and June increased from 258 cases in 2009 to 1,337 cases in 2010 (an increase of 418%). In Michigan, the number of cases diagnosed between January and August increased from 543 in 2009 to 833 in 2010. Although the increase in Michigan hasn't been quite as substantial as that in California, these numbers illustrate that reported cases of pertussis are indeed on the rise.

Despite the rise in pertussis case reports in the state and nearby counties, Kent County continues to lag behind other jurisdictions in the number of pertussis cases reported to the local health department, especially in the past two years. Figure 1 compares the number of pertussis cases reported in Kent County during the January through August time frame to that of bordering Ottawa County and Region 6\* as a whole. Figure 2 compares the rate of reported pertussis cases per 100,000 population to that of the three largest counties in the state of Michigan, as well as the state as a whole, for the years 2005 through 2009. If the rate of reported cases of pertussis in Kent County were similar to that of the other large counties in the state, we would expect 52 cases to have been reported in 2009. There were only 7 reported cases in 2009, however, and only 69 total cases reported since 2005.

Epidemiologic analysis of these 69 cases reveals some potential characteristics of those who are diagnosed with pertussis in Kent County. The average age of patients diagnosed with pertussis was 15.2 years, and nearly three out of every four cases were younger than 18 (figure 3). Three of every ten cases were under the age of 1. Infants less than 6 months of age were most likely to be hospitalized for pertussis, as they accounted for 13 of the 17 (76%) hospitalizations for the infection. Among the 46 patients for whom vaccination history was known, 24 (52%) received at least one dose of pertussis vaccine. Half of those reported to be unvaccinated were less than two months of age.

There are many potential reasons why Kent County lags behind other counties in its surveillance numbers for pertussis. It is possible that other counties define epidemiologically linked cases of pertussis (i.e. existence of cough illness in a household contact to a confirmed case) differently than Kent County. It is also possible that Kent County has a greater rate of vaccination than other counties, leading to greater protection among the population. More worrisome is the possibility that cases of pertussis are going undiagnosed in Kent

County. The true reason likely is a combination of these and other factors, but as clinicians, it is important for us to keep pertussis in our minds in the differential diagnosis of patients presenting with cough illness.

#### **General**

- Pertussis is characterized by spasms of severe coughing (paroxysms), often followed by the characteristic "whoop" or post-tussive vomiting.
- Disease onset is insidious, early symptoms are similar to mild upper respiratory illness.
- Incubation period is about 7-10 days (range 4-21 days, occasionally longer).
- Pertussis can and does occur in adolescents and adults. It is typically (but not always) less severe in these patients.
- Undiagnosed adults are frequently the source of pertussis in young children and infants.

#### **Diagnosis**

- Have a high index of suspicion for pertussis in patients of all ages with persistent cough illness lasting 2 or more weeks.
- Suspected cases of pertussis should receive a culture via nasopharyngeal swab or aspirate. PCR (polymerase chain reaction) methods are also available, but should be done in conjunction with culture.
- Serologic methods are not appropriate for diagnosis of pertussis (except in rare instances) and should not be used.

#### **Treatment (additional details available in MMWR 2005;54(RR14):1-16)**

- Azithromycin (10mg/kg per day in a single dose for 5 days) is the recommended agent for infants < 6 months old. Children ≥ 6 months receive 10mg/kg in a single dose on day 1 then 5mg/kg per day (max: 500mg) on days 2-5.
- Erythromycin (40-50 mg/kg per day orally in four divided doses; maximum, 2 g/day) for 14 days or Clarithromycin (15mg/kg per day in two divided doses; maximum 1 g/day) for 7 days can also be used for children ≥ 1 month.
- Trimethoprim-sulfamethoxazole (TMP-SMZ) is recommended as an alternative antibiotic for patients ≥ 2 months who cannot tolerate macrolides.

#### **Prevention**

- Children should receive the complete series of pertussis vaccine.
- Adolescent and Adult patients should be encouraged to be immunized with Tdap (Tetanus, Diphtheria, Pertussis) vaccine, especially parents of newborns and individuals who have close contact with children.

The incidence of pertussis is cyclical and, based on trends in Michigan, it is evident that we are experiencing a period of increased activity. We rely on you to gain an accurate picture of pertussis activity in Kent County, and we encourage you to support our surveillance efforts by considering pertussis in the differential diagnosis of patients with cough illness. Identified cases must be reported to the Kent County Health Department (ph: 632-7228 fax: 632-7085).



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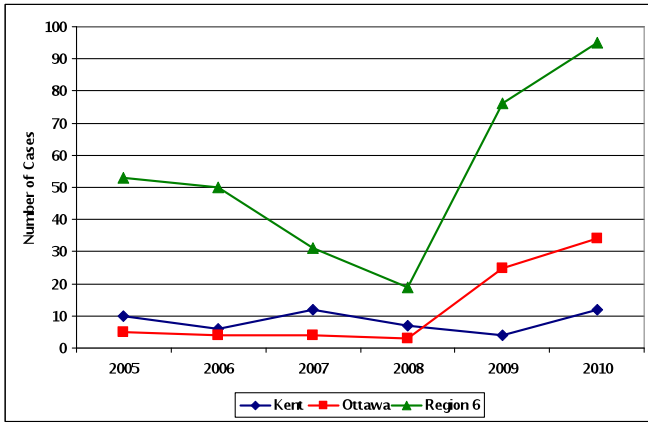
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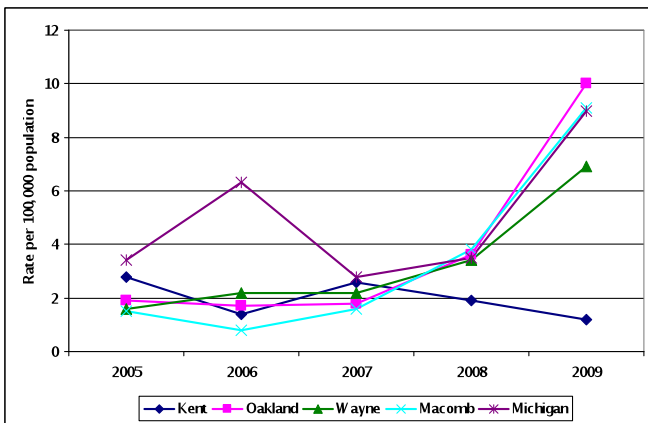
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**Figure 1: Number of reported cases of pertussis, January through August, 2005–2010**



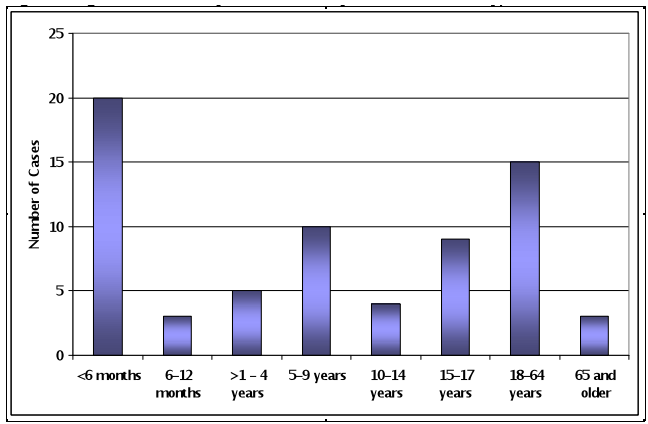
Source: Michigan Disease Surveillance System

**Figure 2: Rate of reported cases of pertussis per 100,000 population for Michigan and its four largest counties, 2005–2009**



Source: Michigan Disease Surveillance System

**Figure 3: Age distribution of pertussis cases reported in Kent County, 2005–2010**



Source: Michigan Disease Surveillance System

\*Region 6 consists of Claire, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa Counties.

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# 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

## August, 2010

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2010	Through August 2005-2009
AIDS (Cumulative Total - 857)	4	24	24
AMEBIASIS	0	4	2
CAMPYLOBACTER	6	40	43
CHICKEN POX <sup>a</sup>	1	51	161
CHLAMYDIA	468	2083	2210
CRYPTOSPORIDIOSIS	4	19	9
E. COLI O157:H7	1	3	3
GIARDIASIS	4	53	41
GONORRHEA	93	498	700
H. INFLUENZAE DISEASE, INV	0	2	2
HEPATITIS A	0	2	5
HEPATITIS B (Acute)	0	4	1
HEPATITIS C (Acute)	0	0	1
HEPATITIS C (Chronic/Unknown)	33	210	221
INFLUENZA-LIKE ILLNESS <sup>b</sup>	34	30180	31356
LEGIONELLOSIS	1	7	5
LYME DISEASE	0	4	4
MENINGITIS, ASEPTIC	5	24	22
MENINGITIS, BACTERIAL, OTHER <sup>c</sup>	0	3	7
MENINGOCOCCAL DISEASE, INV	0	0	2
MUMPS	0	0	1
PERTUSSIS	6	8	6
SALMONELLOSIS	13	36	33
SHIGELLOSIS	1	1	8
STREP, GRP A, INV	0	11	11
STREP PNEUMO, INV	0	35	31
SYPHILIS (Primary & Secondary)	0	13	7
TUBERCULOSIS	2	14	12
WEST NILE VIRUS	1	1	0

### NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2010	DISEASE	NUMBER REPORTED Cumulative 2010
Kawasaki Syndrome	3	Q Fever, Acute	1
Malaria	5		
Toxic Shock Syndrome <sup>d</sup>	0		
Brucellosis	1		
Creutzfeldt-Jakob Disease	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 **including lab-confirmed 2009 Influenza A (H1N1)**.  
 ILI cases have flu-like symptoms 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. Case of toxic shock syndrome reported previously was deemed not a case after further review.  
 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](http://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.



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## True or False

- 1. MSMS insures all types of groups.**  
MSMS insures only physician groups. While other agents insure grocery stores and muffler shops, MSMS specializes in the needs of physicians.  True  False
- 2. MSMS has higher rates than other agents for Blue Cross Blue Shield.**  
Absolutely false. BCBSM rates are the same for all chamber and association groups. If someone shows you a lower rate, it is for less coverage.  True  False
- 3. MSMS has no advantages over other agents.**  
Among other advantages, MSMS can offer your spouse a group-like product (spousal continuation) if a member passes away. Other agents offer only individual policies with little or no prescription drug coverage. MSMS can also offer physicians a separate plan for employees in small groups.  True  False
- 4. MSMS groups must call BCBSM directly to solve claims issues.**  
MSMS has a staff of dedicated customer service representatives who will act as your advocate in issues of claims and billings.  True  False
- 5. MSMS does not offer benefits management services.**  
MSMS has qualified benefits managers to handle all of your needs in HRA, HSA and FSA. MSMS offers **FREE** COBRA administration to its groups of 20 or more.  True  False
- 6. There is no better deal than MSMS.**  
Nobody can give you the service, the choices and the expertise that MSMS gives its members.  True  False

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## ALLIANCE HEARTBEAT

**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.**



### President's Chat

**Phyllis G. Rood**  
**KCMS Alliance President**

As the night air is a little cooler and the leaves on our trees begin to change, we begin to think fall is coming. Your board has been working to prepare a fall schedule of events in which you will want to participate. Our first two meetings will be tours and presentations at the organizations we will be raising funds for at the February Charity Ball. They are excited to meet us and work in partnership at this charity event. November is the Bus trip to Chicago. Always a fun event and you can invite your friends.

In the next weeks we will be hearing more from our legislative committee with updates on our candidates. Please be involved in the process. Read, Question, Discuss, Vote.

If you have not renewed your membership yet, you will renewal information on the next page. As you can see this Alliance is working to improve medicine in Kent County through a variety of ways: through our state government, in raising funds for organizations that improve children's health in Kent County, and our social events that help keep our medical families healthy.

My hope is that I will see you at these coming events. Please check out our website at [www.kcmsalliance.org](http://www.kcmsalliance.org) to see even more about the Alliance.

### **KCMSA Foundation** *Charity Ball Grant*

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.

To learn more and to obtain an application, visit [www.KCMSAlliance.org](http://www.KCMSAlliance.org) and click on KCMSA Foundation. Next, click the link to Charity Ball and the click "download a copy of the Charity Ball for Children Grant Application."

Please note that there are TWO application forms. The first is for the Alliance member to fill out and return; the second is for the charitable organization to complete and return.

**The deadline for grant applications for the 2011 Charity Ball for Children is January 15, 2011.**

# THANK YOU!

**Thank you to the area physicians and their offices who have donated medical supplies. The KCMS Alliance has donated them to Rays of Hope for Haiti as the supplies are utilized in Haiti and many other countries around the world.**

**If you would like to schedule a pick up of any supplies please call or email Kathy Kendall, KCMS Alliance at (616) 260-1679 or [ktkski@comcast.net](mailto:ktkski@comcast.net).**

**Any meds donated should be before the expiration date.**



## ALLIANCE CALENDAR

### KCMSA Welcomes Newcomers Meeting

Date: **Wednesday October 20, 2010**  
 Time: **4:00-7:00pm**  
 Place: **Home of Eileen Brader**  
**1095 Idema Dr. SE, East Grand Rapids**  
 Phone: **616-949-5835**

Welcoming Spouses of New Members of KCMS/KCOA  
 If your spouse has a new partner in their group please invite them to our welcome event. We would love to introduce them to the KCMSA.

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

### KCMSA General Membership Meeting

Date: **Tuesday, October 26, 2010**  
 Time: **11:00am**  
 Place: **DA Blodgett / St. John's Home**  
**805 Leonard NE, Grand Rapids, MI 49505**  
 Cost: **\$15.00 for lunch**  
 RSVP: **by October 19th**  
**For late reservations please contact Barbi Sink**

DA Blodgett / St. John's are one of this year's Charity Ball recipients.

Please make checks payable to KCMSA.  
 Mail payment to: KCMSA Treasurer  
 3840 Foxglove Ct. NE, Grand Rapids, MI 49525

### KCMS & KCMSA Joint Meeting

***Patriotic Salute to Physicians Who Have Served Our Country*** (one hour CME will be given)

Date: **Tuesday, November 9, 2010**  
 Time: **6:15pm Social / Dinner 7:00pm**  
 Place: **Watermark Country Club**  
 Cost: **\$25.00 for Spouse**  
 RSVP: **appreciated by Thursday, November 4th**  
 Phone: 616-458-4157  
 PayPal: [www.kcms.org](http://www.kcms.org)  
 Mail: Kent County Medical Society  
 233 East Fulton, Suite 222  
 Grand Rapids, MI 49503

### KCMSA Chicago Bus Trip Shop 'til You Drop!

Date: **Friday, November 12, 2010**  
 Time: **Bus will depart at 7:30am from the parking lot behind Schuler's Book Store**  
**Returning 11-11:30pm**  
 Cost: **\$50.00/person**  
 RSVP: **by Friday, October 29**  
**541 Cambridge Blvd SE, Grand Rapids, 49506**

Questions? Call Dee Federico at (616) 456-6706. Friends are welcome. Please join us!

### Women Who Wine

Last year for the Charity Ball the "Woman Who Wine" put together a basket of Wine valued \$1,000. We raised over \$10,000 for the Charity Ball for Children! We are kicking off our next event on:

Date: **Tuesday, November 16, 2010**  
 Time: **5:00-8:00pm**  
 Place: **Home of Eileen Brader**  
**1095 Idema Dr. SE, East Grand Rapids**  
 RSVP: **Eileen Brader**  
**949-5835 or ekbrader@sbcglobal.net**

Please bring a bottle of wine or two for the basket and let see if we can out do ourselves! If you have a "WINEY" friend who would like to help us build our basket of wine, bring them along and join us for a fun evening of appetizers.

# FEATURE

## ALLIANCE HEARTBEAT



### 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 him or her to do so now.

Kent County (KCMSA) membership is \$20. We encourage you to also purchase a state membership for \$32 and a national membership for \$50.

For membership questions contact Eileen Brader, KCMSA Membership Chair, at [membership@KCMSAlliance.org](mailto:membership@KCMSAlliance.org). For more information on KCMS Alliance events please visit our website [www.KCMSAlliance.org](http://www.KCMSAlliance.org)

*Renew your membership today!*

- 1. If you still have a dues form, fill it out and mail to the address below.**
- 2. Download a form from [www.kcmsalliance.org](http://www.kcmsalliance.org)**
- 3. Send a check payable to KCMSA along with your name, address, phone and email to:  
KCMSA Treasurer  
3840 Foxglove Ct. NE  
Grand Rapids, MI 49525**

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## MEETINGS OF INTEREST

### LOCAL

**OCTOBER 19, 2010**

Metro Health Hospital 2010  
Legacy of Leaders – 6:30pm  
StoneWater Country Club, Grand Rapids, MI

**OCTOBER 30, 2010**

Evolution of the Electronic Health Record:  
Improving Clinical Outcome and Pay for Performance  
8:00am - Noon  
Approved for AOA CME credit  
Noto's Restaurant, Grand Rapids, MI

**NOVEMBER 10, 2010**

Wine Tasting and Dinner Meeting – 6:15 pm  
Noto's Restaurant, Grand Rapids, MI

**JANUARY 28-30, 2011**

Metro Health 2011 Heart and Vascular Winter Update  
Approved for AOA CME credit  
Boyne Mountain Resort, Boyne Falls, MI

### STATE

**NOVEMBER 6, 2010**

MOA 6th Annual Fall CME Seminar  
Hilton Grand Rapids Airport, Grand Rapids, MI

**MAY 11-14, 2011**

MOA House of Delegates, Dearborn, MI

CHECK OUT OUR WEBSITE

# KCOA.us

### IN MEMORIAM

**Burr M. Rogers, MD 1926 - 2010**

Burr M. Rogers, DO a retired member of the Kent County Osteopathic Association passed away August 23, 2010. Dr. Rogers graduated for the Chicago College of Osteopathic Medicine in 1956. He completed his internship at Grand Rapids Osteopathic Hospital in 1957. He was a Family Practice physician for Metro Health before retiring in 2005.

The Osteopathic Association extends its sympathy to his family.

## PRESIDENT'S MESSAGE



**Ann M. Auburn, DO**  
**KCOA President**

As we approach the fall and winter seasons, that feeling of change starts us thinking about what we'll see in our clinics and hospitals. We've all seen how those nasty viruses attack the respiratory system and lead to headache, fever,

chills, myalgia, cough, stuffy nose and fatigue. We may not see symptoms in patients during the first few days of infection, which makes it hard to prevent in those exposed. This article offers preventive, proactive steps that can make a difference in immunity during this flu and cold season.

### **Flu Prevention and Treatment**

Vaccination is the preferred method of prevention, with priority in older adults, children aged 6 months to 5 years, pregnant women, and other high risk groups, but some people cannot take vaccines due to egg allergies or for physical or philosophical reasons. Antiviral medicines for treatment of influenza all need to be taken within 48 hrs of symptom onset or can be used for prevention in known exposures. Emphasizing common sense prevention and immune support is a logical approach that can help everyone.

### **Improving immune function and helping decrease the risk of infections.**

**Washing hands** is the single best way to limit the spread of the flu virus. It can decrease risk as much as 80%. We all know this but we and our staff need to remember to teach this to patients as well.

**Vitamin D levels.** Increased susceptibility is linked to vitamin D deficiency. A 25-Hydroxy-Vitamin D level is a simple blood test but lab "normals" are not the best for immune system function, anti-inflammatory activity and cancer protection. At a recent MAOFP seminar, research was reviewed supporting 50-70 as a normal blood level and less than 20 as severe deficiency.

**Rinse nasal passages.** A mild salt water solution supports nasal tissues and is very useful in the prevention and treatment of sinus infections. Use 1/2 tsp. sea salt in one cup lukewarm

water, and draw it up the nose with a bulb syringe, netty pot, or the palm of your hand. A great home remedy!

**Rest.** If cold symptoms are relatively mild, we tend to keep going. Remember to emphasize rest by limiting the work day, not taking on extra activities, sleeping more, and staying warm.

**Drink more water and teas.** The body perspires more even with low grade fevers. Water, herbal teas and soups are great fluid sources. Avoiding alcohol and caffeine can also help maintain hydration.

**Better Nutrition Helps!** Eating whole foods (organic is best) with adequate protein and vegetables is essential to good health. With illness, emphasize avoidance of sugar and dairy products. Sugary and high glycemic foods reduce white blood cell activity 50% for up to 2-4 days. Dairy products increase mucus production.

**Daily Probiotics.** Research has shown that daily acidophilus and bifidophilus, reduce the number of days off work due to illness. A dose of 2-3 billion units of probiotics in a serving of yogurt are not adequate for this purpose. A preventive dose is around 10-20 billion units per day.

**Don't forget vitamins.** Vitamin C, zinc and carotenes help fight flu symptoms. *Unsweetened zinc*, 2-10 mg each, 5-8 times a day during a cold have been shown to decrease symptoms. Sweetened zinc does not work as well. If 1,000-3,000 mg *vitamin C* per day is taken from the onset of symptoms, this has been shown to reduce cold severity and duration by 25%. Intravenous vitamin C is used by the military for burn victims at a rate of 6 grams per hour to save lives by improving tissue repair rates.

**Multivitamin/mineral Supplements.** A study commissioned by Wyeth Consumer Health found that daily use of a multivitamin by older adults is a relatively inexpensive yet powerful way to stay healthy. The group studied the effects of multivitamins on: coronary artery disease, diabetes, osteoporosis, prostate cancer and colorectal cancer. Results estimated that a daily multivitamin in elderly would result in a five-year health care savings of \$1.6 billion, and avoidable hospitalization for heart attacks of \$2.4 billion because of improved immune function and reduced coronary artery disease. Clinical and subclinical nutrient deficiencies are common in the US according to the "HANES I and II" and the "Ten State Nutrition Survey". These



studies reveal that marginal nutritional deficiencies exist in 50%-80% of the population. Taking a multivitamin/mineral formula can be viewed as cheap health insurance. A "one-a-day" vitamin/mineral combination is NOT sufficient. RDA guidelines were developed to reduce rates of deficiency diseases like scurvy and pellagra. Scientific evidence shows the optimal levels for many nutrients are much higher than the RDA. RDAs do not take into account environmental and lifestyle factors like smoking, alcohol use and toxin exposure that affect absorption. A quality multi has higher levels of antioxidants and balances minerals and vitamins, avoiding binders and additives. Most good quality multivitamins are 4-6 tabs per day, at less than \$1/day.

In closing, I wish you the best of health for the coming fall and winter season and hope this information helps you to maximize your potential to stay healthy and be there for your family and patients.

## WELCOME



**Kyle DeGroot has joined the KCMS/KCOA office as an Intern. Kyle currently is a Davenport University student majoring in Computer Gaming and Simulation. Kyle will assist the KCMS/KCOA staff**

**with web updates, archiving and other projects. When not serving as an Intern and not attending school, he is a member of the Davenport University Rugby Team.**

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## MEET AND GREET WITH CANDIDATES

In July the KCMS and KCOA hosted an informal Meet and Greet event. Thirteen Candidates attended representing races for the U.S. Congress, the Michigan House of Representative and the Michigan Senate. It was an opportunity for over 75 physician and spouses to talk with the candidates one on one. Both candidates and physicians said they appreciated the exchange of ideas.



## ARE THERE ANY DOCTORS IN THE HOUSE?

Have you ever thought of participating in a Habitat for Humanity (re)build project? KCMS is curious as to members' interest in working on such a project.

We are currently looking into the idea and need your input. No experience is necessary; however, skills you have will be put to use.

Attending and retired physicians, physician's spouses and families, residents, medical students and other members of the medical community are invited to participate.

**If you are interested in learning more about the project or are interested in volunteering in the future, please call (616) 458-4157 or e-mail (kcmsoffice@kcms.org).**



## DOCTORS IN THE NEWS

**Stephen Bloom, DO** was elected Chief of Staff by Mary Free Bed Rehabilitation Hospital.

**William Cunningham, DO** has accepted a position at Michigan State University College of Osteopathic Medicine effective January 1, 2011. Reporting to Dean Strampel, he will focus on the presence of osteopathic medicine in West Michigan.

**Jeffrey M. Stevens, DO** was named President of the Michigan Association of Osteopathic Family Physicians in August.

**Susan C. Sevensma, DO** was elected third vice president of the American Osteopathic Association (AOA) Board of Trustees at its annual business meeting in Chicago.





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