



Bulletin

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

SPRING 2014



Kent County Doctors Active in Shaping Future of Medicine

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KCMS Meetings of Interest

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KCMSA Fall Kickoff



HOLD THE DATE!
EDUCATIONAL UPDATE
NOVEMBER 1, 2014
PRINCE CONFERENCE CENTER
CALVIN COLLEGE



BULLETIN

EDITORIAL COMMITTEE

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PUBLISHED BY

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Kent County Medical Society Alliance
Kent Medical Foundation

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KCMS Past President, Rose M. Ramirez, MD is elected President-Elect of Michigan State Medical Society. Pictured with 2013-2014 MSMS President Kenneth Elmassian, DO. Donald P. Condit, MD, MBA, (above) presents a resolution at the 2014 House of Delegates Meeting.

CONTRIBUTORS

16	Kent Medical Foundation
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GET INVOLVED:

Learn more about the Kent County Medical Society at www.kcms.org.

Learn more about the Kent County Osteopathic Association at www.kcoa.us.

BULLETIN SURVEY

Thank You!

Thanks to all of you who responded to the Bulletin Survey!

And congratulations to Dr. Richard Horvitz — his name was drawn for a Martha's Vineyard gift card. Dr. Horvitz and many others submitted recommendations in response to our request to learn more about your readership of the Bulletin!

We appreciate your ongoing input, and the Editorial Committee will be reviewing and implementing your recommendations in the near future.

Gregory J. Forzley, MD
Editor

In Memoriam

CALVIN J. DYKMAN, MD

Dr. Calvin Dykman passed away on December 15, 2013. He graduated from Calvin College and earned his medical degree from Northwestern University School of Medicine. Dr. Dykman practiced medicine with West Michigan Internal Medical Association for more than 35 years. He served as adjunct professor at Michigan State University School of Medicine and as Chief of Staff for a number of terms at Blodgett Memorial Medical Center.

JAMES R. GLESSNER, JR., MD

Dr. James Glessner, Jr. passed away on May 1, 2014. He earned his medical degree from University of Pennsylvania School of Medicine in Philadelphia and completed his orthopedic residency at Henry Ford Hospital in Detroit. Dr. Glessner founded a Grand Rapids orthopedic group which has evolved into River Valley Orthopedics. He was a veteran, serving in both World War II and Korea, earning the Army's Bronze Star medal as a Captain in the Medical Corps.

JAMES M. RIEKSE, SR., MD

Dr. James Riekse passed away on April 8, 2014. Due to the outbreak of World War II, he completed medical school at the University of Michigan in two and a half years, and immediately upon his graduation received his commission as a Captain in the Medical Corps of the US Army. Dr. Riekse served as Chief of Staff at Spectrum Butterworth Hospital from 1985 to 1987, Chairman of the OBGYN Department from 1961 to 1965, and President of West Michigan OB-GYN from 1970 to 1988.

JOHN L. WIESE, MD

Dr. John Wiese passed away on May 8, 2014. He earned his medical degree from Northwestern University School of Medicine in and completed his pediatrics residency at Children's Memorial Hospital in Chicago, IL. Dr. Wiese practiced for over 35 years and was heavily involved in local efforts to educate the public, physicians and social workers in child abuse, its treatment and prevention. He served in the US Public Health Service from 1947 to 1949.

Go green!

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

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Join Us

KCMS MEETINGS OF INTEREST

JUNE 9

LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

SEPTEMBER 8

LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

NOVEMBER 1

KCMS EDUCATIONAL EVENT

Calvin Conference Center, Calvin College. Details to follow soon.

NOVEMBER 10

LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

OUR MISSION:

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

Visit us

For event details, check out our website kcms.org



Directory Changes

Please make the following changes to your Membership Directory to ensure that it is current and correct. If you have any changes you would like to make please call the office at 616-458-4157, email kcmsoffice@kcms.org, or fax the form below to 616-458-3305.

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Bartman, MD, Casey R.
 NEW address:
 Orthopaedic and Spinal Associates, PC
 PO Box 250
 Richland, MI 49083

PAGE 20

Chambers, MD, Richard T.
 NEW address:
 Saint Mary's Pain and Palliative Care
 250 Cherry St. SE
 Grand Rapids, MI 49503
 Ph: 685-5231 Fx: 685-5260

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Condit, MD, MBA, Donald P.
 NEW address:
 Spectrum Health Medical Group
 Orthopaedics
 4100 Lake Dr. SE, Ste. 300
 Grand Rapids, MI 49546
 Ph: 267-8860 Fx: 267-8442

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Coretti, DO, James H.
 DECEASED

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Dykman, MD, Calvin J.
 DECEASED

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Glessner, Jr., MD, James R.
 DECEASED

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Riekse, MD, James M.
 DECEASED

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Wiese, MD, John L.
 DECEASED

Directory Changes Needed

Please submit any changes that are needed to what was recently published in the 2012 Directory. Please print clearly. Fax (616-458-3305) or mail completed form to the KCMS/ KCOA office: 233 East Fulton, Suite 222, Grand Rapids, MI 49503.

Name: _____

Phone: _____

Email: _____

Requested Change: _____



Donald P. Condit, MD, MBA
KCMS President

PRESIDENT'S MESSAGE

Frequent MISconceptions

Are you tired of FAQ (Frequently Asked Questions) lists like I am?

How about FMC's? Many of you reading this are already members of the Kent County Medical Society (KCMS) and Michigan State Medical Society (MSMS). Thank you for your support and you already know these are organizations made better by your participation. Please feel free to share these responses to "Frequent MisConceptions" with your colleagues who do not belong, but benefit from KCMS and MSMS organizations 'having their back' in these times when forces are challenging our ability to care the patients we are blessed to serve.

"Waste of time." Consider smoke-free restaurants, scope of practice threats, safer drivers on the roads, and thank KCMS and MSMS member's efforts to make Michigan a better place. Your referral network will be stronger, your patients and family are likely to benefit from knowing who to turn to when facing medical problems. KCMS members participate, and have significant influence, on numerous committees in West Michigan.

"Waste of money." You would be paying a physician tax on gross receipts, Michigan malpractice laws and your premiums would be much worse, and patients injured in motor vehicle accidents might have had their insurance coverage exhausted before getting out of the emergency room, if not for the influence of county medical society members working thru MSMS. Your membership dollars deliver a positive return on investment. Your board of directors serve as stewards for your dues.

"Don't make a difference." Simply not true. KCMS members at last weekend's MSMS House of Delegates meeting had resounding success in resolution passage which directly influences health policy in Michigan. The KCMS has a long tradition of leadership in organized medicine at the state and national level. KCMS member, and former

You might be surprised the diversity of talent, interests, and personality amongst those involved it the KCMS, Alliance, and MSMS.

KCMS President, Dr. Rose Ramirez was chosen as MSMS President-Elect. Dr. David Krhovsky, former KCMS President, announced his candidacy for President-Elect next year. KCMS Delegates played influential roles on reference committees. KCMS is well represented, and has been for years, on the MSMS board and AMA delegation.

"Boring." You might be surprised the diversity of talent, interests, and personality amongst those involved it the KCMS, Alliance, and MSMS. More members would enrich these groups. My wife, Sue and I have grown to treasure the friendships associated with participating in KCMS, the Alliance, and MSMS.

"I'm not political." There are many ways to participate in KCMS and MSMS. Social events, CME events, and service activities are not at all political. However, like it or not, and as messy as it can be, 'politics' is the way policy gets made and if we are not participating and at the table we are likely to be more vulnerable, and 'on the table'. Furthermore, by being a member you are supporting those who take time to work on your behalf locally, in Lansing, and in Washington, D.C.

CONTINUED ON PAGE 8



Dr. and Mrs. Vicente Gracias were on hand to receive recognition.

50 Years in Medicine

Two Kent County Medical Society physicians were the recipients of the MSMS award for having graduated from medical school in 1964, 50 years ago.

They were celebrated with a luncheon at the House of Delegates meeting in Dearborn. It is with great pleasure that KCMS celebrated Drs. Vicente Gracias (pictured above) and Ihl Kim for their contributions of dedication to their discipline, training of new physicians and generosity to their patients.

PRESIDENT'S MESSAGE CONTINUED FROM PAGE 7

“I don’t agree with all MSMS or AMA policy.” You are not alone. On the other hand, if you do not participate then policy will be made by those who show up and it may be worse. I am personally concerned about how much government control, regulation, and interference is occurring in our practices. The annual concerns about the SGR fix, inefficient electronic medical records, onerous meaningful use criteria, the byzantine ICD-10, impending Medicare insolvency, HIPAA hassles, poor Medicaid reimbursement, and the list goes on...are all symptoms, to me, of *politicians and bureaucrats gone wild* and too much government control of health care. Yet some doctors think a Single Payer System is the answer, which to me is frightening. These Single Payer advocates may be well intentioned, but they are asking for more government control. I don’t get it. However, without delegates who share my concerns, and are willing to attempt to persuade and educate our colleagues, and work toward better solutions, the practice of medicine will be harmed.

“My specialty society membership is sufficient.” Politics, and getting things done, is local. The KCMS is your local advocate and voice for your patients. In Lansing, MSMS has a well organized and respected staff, as well as impressive clout in representing 15,000 physicians and their patients. So thanks for considering these FMC’s! It would be tremendous to increase our membership, and influence, at next year’s House of Delegates meeting in May 2015, being held in Grand Rapids. Join us!

2014 Committee Members

Thanks!

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Leena Mammen, MD



Lee Begrow, DO (right) visits with medical students over dinner.



Brian Roelof, MD, and Michael Rush, MD, discussing a resolution.

District Briefing Dinner



Members of the Kent County and Ottawa County Delegations meet for the District Directors' Briefing Dinner.

Members of the Kent County and Ottawa County Delegations met on April 17 for the District Directors' Briefing Dinner. Anita Avery, MD facilitated the meeting with other Directors, David Krhovsky, MD and Todd VanHeest, MD. The delegations received an update on MSMS and AMA highlights. Delegation Chair, Domenic Federico, MD prepared attendees for the 2014 House of Delegates.

Physician Leadership

Dr. Jayne Courts, KCMS Board Treasurer, spoke to the medical students at their annual meeting about the importance of physician leadership and participation in organized medicine. She said she has benefited from her participation because it gives her a voice to try to effect change, she enjoys the collegiality, and it has taught her the value of compromise and respecting the opinions of others when working within an organization.



KCMS Delegation works hard at 2014 House of Delegates Meeting

The KCMS Delegation submitted 11 Resolutions for discussion. More information and additional state-wide resolutions can be found on the MSMS website: www.msms.org. KCMS Resolutions were introduced by Kent County Delegation Chair, Domenic R. Federico, MD.

Title: The Dwindling Quorum

Author: Donald P. Condit, MD, MBA

Adopted as Amended.

This Bylaws change necessitates a change to Section 12.80 of the MSMS Bylaws. Deletions are indicated by strikethroughs, additions are indicated in bold type:

12.80 QUORUM—A quorum of the House of Delegates shall consist of not less than 40 percent of the accredited delegates, provided that a majority of such quorum shall not come from any one component society, and the presence of a quorum established at the beginning of the business portion of a meeting shall be sufficient to conduct official business for the duration of the meeting.

**Title: Legislative Conflict
of Interest Disclosure and Transparency**

Author: Jayne E. Courts, MD

Adopted.

RESOLVED: That MSMS work with the Michigan legislature to encourage voluntary public disclosure of potential conflicts of interest — personal, professional, and financial — by all Michigan legislators to improve transparency and ethics in the state of Michigan.

**Title: Michigan Physician
Orders for Scope of Treatment**

Author: Jayne E. Courts, MD

Adopted as Amended.

RESOLVED: That MSMS review the Michigan Physician Orders for Scope of Treatment (MI-POST) form and pilot program and work with MI-POST supporters and other pertinent organizations to resolve any conflicts between Michigan's current Do-Not-Resuscitate Procedure Act and Estate and Protected Individuals Code.



Title: Pharmaceutical Compounding

Author: David E. Hammond, MD

Adopted as Amended.

RESOLVED: That MSMS works with LARA and other interested parties to ensure quality and safety of compounded prescriptions while not limiting physician access to needed compounds for patients; and be it further

RESOLVED: That MSMS support a reasonable and accurate track and trace system of compounded products to provide an added safeguard to enable appropriate investigation of any identified injury or danger to patients.

Title: Change Maximum Duration of Refills

Author: Lee Begrow, DO

Adopted.

RESOLVED: That MSMS work with the State of Michigan to change regulations to allow prescriptions to be written with refills for a maximum of sixteen months; and be it further

RESOLVED: That MSMS work with insurance regulators for the State of Michigan to mandate insurance payment for prescriptions with refills for sixteen months, assuming that the patient is still insured at the time the refill is filled.

**Title: “Turn on” Health and Behavior Assessment/
Intervention codes in Michigan**

Author: R. Paul Clodfelder, MD

Adopted.

RESOLVED: That MSMS work with Medicaid officials and the Michigan Legislature to “turn on” the Health & Behavior Assessment/Intervention (HBAI) CPT codes (96150-96155) established by Medicare for use with Medicaid patients in the State of Michigan.

Title: Human Trafficking

Author: Donald P. Condit, MD, MBA

Adopted.

RESOLVED: That MSMS support efforts to increase health care provider awareness of the prevalence, symptoms and signs of human trafficking in Michigan; and be it further

RESOLVED: That MSMS support legislation providing access to, and payment for, health care services for victims of human trafficking regardless of their citizenship status.

Title: Genetically Modified Organisms Labeling

Author: Jayne E. Courts, MD

Adopted as amended.

RESOLVED: That MSMS work with the Michigan Organic Farmers Association, the Non-GMO Group, the Non-GMO Project, and other consumer interest groups to mandate that all genetically modified organisms (GMOs) or foods containing genetically modified ingredients be clearly labeled (not just in the bar code) in the state of Michigan; and be it further

RESOLVED: That the AMA (and, through the AMA, ask the World Health Organization) to review its current support of genetically modified organisms (GMOs), specifically reviewing any potential conflicts of interest in the current research and the lack of human research that leaves unanswered questions regarding safety; and be it further

RESOLVED: That the AMA pursue and endorse a national law requiring the clear labeling of all genetically modified organisms (GMOs) or foods containing genetically modified ingredients.

Title: Face-to-Face Visit Documentation

Author: Jayne E. Courts, MD

Adopted.

RESOLVED: That the AMA enforce current policy by asking for data from the Centers for Medicare and Medicaid Services regarding face-to-face forms for therapy, specifically requesting financial data regarding the cost for handling the additional forms and the cost of additional office visits required for this documentation versus any savings from decreased fraud; and be it further

RESOLVED: That the AMA enforce current policy by asking the Centers for Medicare and Medicaid Services to review, revise, or rescind the face-to-face documentation for therapy if there is no documented savings or other benefits.

Title: Change Annual House of Delegates Meeting Days

Author: Patrick J. Droste, MS, MD

Referred to the Board for study.

RESOLVED: That MSMS leadership consider switching the days of the annual House of Delegates meeting to Thursday night for elections, Friday morning for reference committees, Friday evening for the Inauguration Dinner, and Saturday morning for final disposition of resolutions.

Title: Mental Health Support and Medical Students

Author: Patrick J. Droste, MS, MD

Adopted.

RESOLVED: That MSMS openly support medical students seeking assistance for mental health issues during their medical school years; and be it further

RESOLVED: That MSMS work with the medical schools in Michigan to assure that treatment for mental health issues not jeopardize consideration for residency match.

Be Involved for Change for the Better

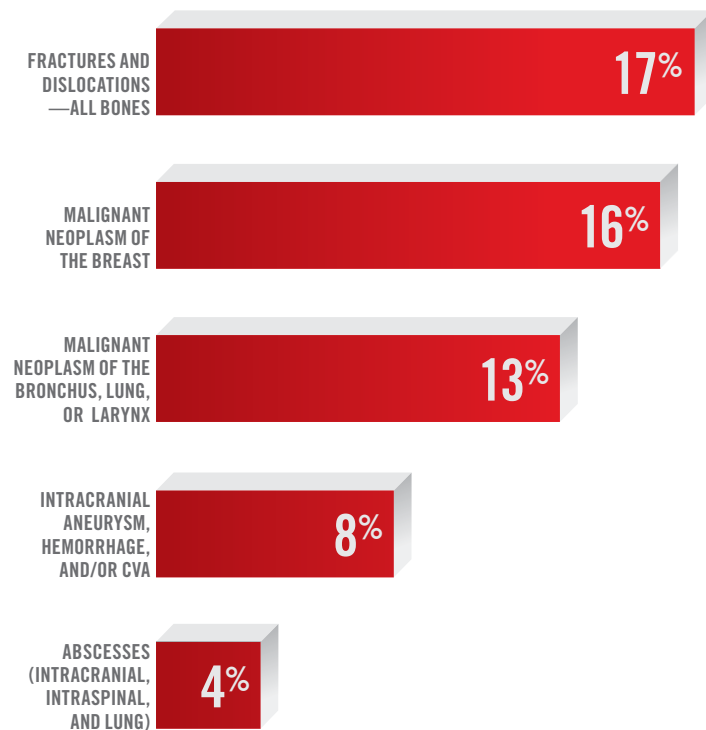
Are there aspects of medicine that you believe can be improved with the right input by physicians? Do you believe you can help guide future legislative action to make positive change in the delivery of health care? Then you are asked to consider serving as a Delegate to the Michigan State Medical Society representing Kent County. There are open positions expected in 2015 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 Grand Rapids, MI on Friday, May 1 to Sunday, May 3, 2015. Historically, Kent County has had a very strong presence in the process and is recognized as a leader in participation.

DOES YOUR MEDICAL MALPRACTICE INSURER KNOW THE TOP DIAGNOSIS-RELATED ALLEGATIONS AGAINST RADIOLOGISTS?

THE DOCTORS COMPANY DOES.

As the nation's largest physician-owned medical malpractice insurer, we have an unparalleled understanding of liability claims against radiologists. This gives us a significant advantage in the courtroom. It also accounts for our ability to anticipate emerging trends and provide innovative patient safety tools to help physicians reduce risk. When your reputation and livelihood are on the line, only one medical malpractice insurer can give you the assurance that today's challenging practice environment demands—The Doctors Company. To learn more, call our East Lansing office at 800.748.0465 or visit WWW.THEDOCTORS.COM.



RADIOLOGY CLAIMS MOST FREQUENTLY LINKED TO FAILURE OR DELAY IN DIAGNOSIS
Source: The Doctors Company



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Adam T. Wolfe, DO

John R. Wolfe, DO



Join Us

KCOA MEETINGS OF INTEREST

JUNE 9

LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

SEPTEMBER 8

LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

**OCTOBER 31-
NOVEMBER 2**

**MICHIGAN OSTEOPATHIC
ASSOCIATION AUTUMN MEETING**

DeVos Place, Grand Rapids

NOVEMBER 10

LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

In Memoriam

JAMES H. CORETTI, DO

Dr. James H. Coretti, 79, died Tuesday, Feb. 25, 2014. He earned his medical degree from Philadelphia College of Osteopathic Medicine and served as an orthopedic surgeon with Metropolitan Hospital in Grand Rapids. Dr. Coretti spent several years working with Grand Rapids Home for Veterans and served as President of the Kent County Osteopathic Association in 1974.

OUR MISSION:

Kent County Osteopathic Association seeks to advocate for the physicians of Kent County, advance the science and practice of osteopathic medicine, and provide an arena of osteopathic physicians to support and educate each other and their community.

Visit us

For event details, check out our website kcoa.us



KENT COUNTY OSTEOPATHIC ASSOCIATION



Diane Bigham, DO
KCOA President

Delegates Represent Kent County at Annual Meeting



The following Delegates to the MOA House represented the KCOA at the May 14 Annual Meeting in Detroit:

- **Craig Bethune, DO**
- **William Cunningham, DO**
- **Norman Keller, DO**
- **Gary Marsiglia, DO**
- **Karlin Sevensma, DO**
- **C. Eugene Soechtig, DO**
- **John Wolfe, DO**
- **Brad Clegg, DO**
- **Joanne Grzeszak, DO**
- **Edward Lee, DO**
- **Jeffrey Postlewaite, DO**
- **Susan Sevensma, DO**
- **Adam Wolfe, DO**

Pictured above: The Kent County Delegation recites the Osteopathic Oath as the MOA House of Delegates convenes.



KCOA Welcomes New President

The Kent County Osteopathic Association welcomes Brad A. Irving, DO as its 2014-2015 President. Dr. Irving has been involved in the Board since 2010, serving as its Treasurer and President-Elect.

Michigan Osteopathic Association Autumn Meeting

Join your colleagues at the Michigan Osteopathic Association Fall CME on October 31 to November 2, 2014. Earn 29-31 AOA Category 1-A CME Credits* to fulfill your CME requirements. Benefits include:

- **Networking**
- **CME Lectures**
- **Exhibitors**
- **Support the Osteopathic Profession**

Medical Space Available in Grand Rapids, Michigan

**3800 Lake Michigan Drive NW, Grand Rapids, MI**

5,541-11,915 RSF available

Single story medical building with current tenant: Spectrum Health Medical Group OBGYN.

Great location in the Walker/Standale area.

**2150 Lake Michigan Drive NW, Grand Rapids, MI**

1,879 - 4,473 RSF on First Floor available

Two-story medical/dental building with two suites available.

Easy access to I-196 and downtown.

**655 Kenmoor Ave SE, Grand Rapids, MI**

3,169 RSF suite on the Garden Level available

Three-story medical building with current tenants: Dermatology Associates of West Michigan and Grand Rapids Ear Nose & Throat Center.

**770 Kenmoor Ave SE, Grand Rapids, MI**

3,856 RSF medical suite on the upper level available

Former plastic surgeon's office in this three-story Class A building. Beautiful lobby and stunning three-story atrium.

**630 Kenmoor Ave SE, Grand Rapids, MI**

11,522 RSF suite on the First Floor available

Former Reproductive and IVF Center Suite in two-story Class A Building. Suite can be modified for any medical use.

All buildings on Kenmoor Avenue provide easy access to I-96 and downtown Grand Rapids.

**For More Information:
616-698-7600**



KENT MEDICAL FOUNDATION



David W. Whalen, MD, MPH
KMF President,
Board of Trustees

NicoTeam Poster Contest

Jose Narezo 1st Place Winner, Amanda Nguyen, Receives an iPad

The *NicoTeam Poster Contest* awarded the Jose Narezo 1st Place for Best Overall Poster Award to Amanda Nguyen. She received an iPad donated by the Richard & Helen DeVos Foundation. Amanda is an 8th grade student at Crestwood Middle School. She is in Ms. Klug's class.



Thank You Volunteers

The Kent Medical Foundation would like to thank the volunteering physicians, dentists, scientists and medical students that have helped with the NicoTeam program.

Abeba Berhane, MD
Robert Bowman, DO
Sandy Dettman, MD
John Duiven, DDS
Miranda Eiseman, DO
Marshall Ellens, DDS
Larry Feenstra, MD
Marcus Haw, MD
Terry Hurt, DDS
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Purush Muthusamy, MD
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Adam Protos, MD
Mike Riahi, MD
Giselle Sholler, MD
Peter Sholler, MD
John Stepanovich, DDS
Luis Tomatis, MD
Bill Wagner, DO

KMF Board Member Remembered



SHIRLEY DANIELS

The *Grand Rapids Press* described Shirley Daniels as a tenacious, elegant and community-minded pioneer, who worked her way up from serving salads to serving as a leader on boards and institutions.

Shirley and her husband, Joseph Daniels, MD were very supportive of community and medical causes.

Mrs. Daniels was an active member of the Kent Medical Foundation Board, providing insight and guidance learned during her years of community volunteerism and as a former Grand Rapids Public School teacher, retiring in 1986. Shirley was also a member of the KCMS Alliance.

Daniels served on the Grand Rapids Community Foundation board from 1990 to 1997 and became the first African-American woman to lead the board in 1994.

She also served on the boards of the Grand Rapids Art Museum, Kent Medical Foundation and the Grand Rapids Library Foundation. She was a YWCA Tribute Award winner in 1986.

Daniels was known as an elegant, sophisticated, giving and smart woman. She was respected for her philanthropy and for leading by example.

Daniels' survivors include her son; William Allen (Carolee) Curtis, two step children; Joan Taylor and Jean Saa; seven grandchildren, three great grandchildren. Daniels died Monday, Feb. 24, 2014, at the age of 88.



Deborah Shumaker
KCMS Alliance President

Alliance Heartbeat

It's hard to believe that spring is finally in the air and just as hard to believe my year as KCMSA president is over. It's a time for celebration!



SPRING MEETING

Our annual spring meeting and luncheon at the Cascade Hills Country Club found us celebrating a very busy year that included a hugely successful Charity Ball, fun fundraising events, learning opportunities and special service projects.



NEW BOARD

We celebrated a newly elected board for 2014-15!

- **President, Elizabeth Junewick**
- **President-Elect, Marybeth Weber**
- **Treasurer, Mindy Tiede**
- **Recording Secretary, Andrea Maison**
- **Corresponding Secretary, Kathy Kendall**



CHARITY BALL SUCCESS

We applauded the success of our 2014 Charity Ball by presenting The Bridge of Arbor Circle and the Mental Health Foundation of West Michigan with checks for \$30,000 each. (Photo checks)

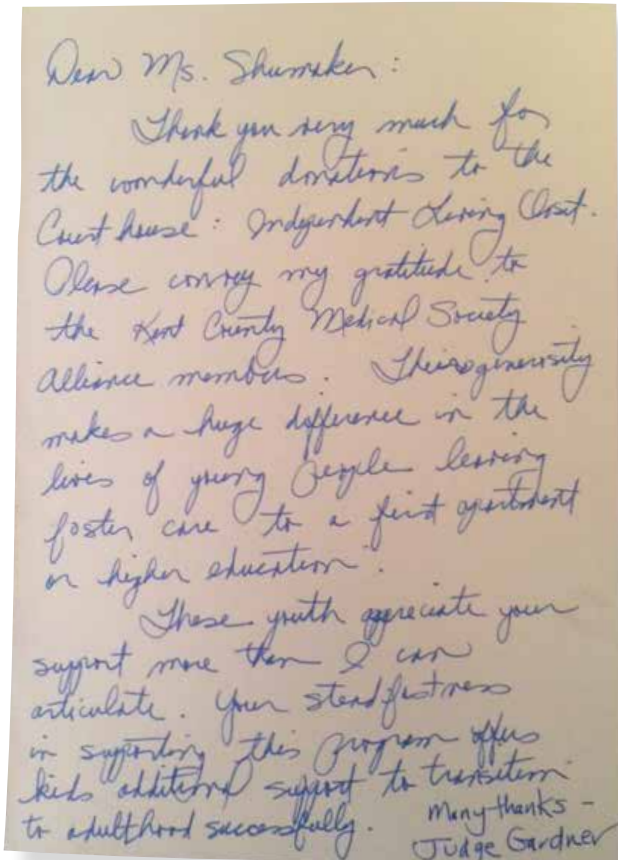
SEE TO SUCCEED

Dr. Renee Mika from Cherry Street Health Services' School Linked Health Service program gave us an update on their See to Succeed program. See to Succeed was a recipient of Charity Ball 2013. It brought such joy to learn how our fundraising efforts were making a difference. See to Succeed assists 3,474 children in Kent County. The program provided:

- **1,349 pairs of glasses**
- **609 uninsured exams**
- **246 uninsured glasses**

NEW WEBSITE

Coming Soon... a new, user friendly KCMSA website! Watch for its launch. It will be a great tool for staying informed, sharing with others who we are, what we do and how they can get involved. **Thanks to your participation and support, we have plenty to be proud of this past year. Cheers to KCMSA!**



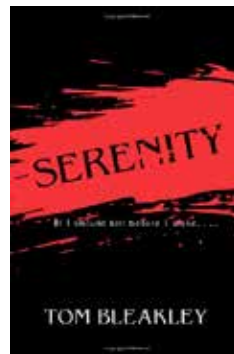

Join Us

ALLIANCE EVENTS

Book Club

Tuesday, June 10

June's book is "Serenity" by Tom Bleakley. Tom is the father of one of our members, Rebecca Vredenburg.



Proud to Support Judge Gardner's Closet

Since 2004, KCMSA has been supporting "Judge Gardner's Closet" by donating new and gently used household items at our Annual Meeting. These items are offered to young adults leaving the foster care system and starting out on their own. Visit KCMSAlliance.org for more information.



I love calls that start with, "I have a patient who..."

David J. Miller, RPh, PhD, FIACP
Owner, Chief Formulation Scientist



Cruise on over | KCMSA FALL KICKOFF

Details coming soon. **Friday, September 12**

Accessible. Problem Solver. Expert.

Whatever challenges you face with your patients, I can deliver customized medication solutions, especially when other resources have failed. As a compounding expert, I love to assist prescribers with their most difficult cases, particularly involving pain management. I truly welcome your questions and calls. Together, let's find a creative solution that benefits your patient!




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MSMSA Legislative Report

By Karin Maupin, MSMSA Legislative Chairman

This year there existed in Washington D.C. a real opportunity to repeal the faulty Sustainable Growth Rate (SGR) formula and pass a new bill that is patient-centric and included a quality based health care system. This bill was bipartisan, bicameral and represented an inclusive process that allowed medicine to work as partners to repeal the SGR, streamline existing quality programs, encourage alternative payment models and generally move to a value-based system that rewarded high quality, efficient health care. (Dr. David Hoyt, Executive Director American College of Surgeons.) However this concerted effort failed.

The House of Representatives signed a letter of commitment to a permanent fix, which represented 118 of the 191 House Democrats and 141 of the 240 House Republicans. All Michigan congressmen gave their support, except the representatives from Kent and Ottawa counties. At the last moment the House tied the passage of S.2000/H.R.4015 to a five year postponement of Obama Care which caused the carefully crafted coalition to disintegrate. The Senate disappointed the Medical Community by enacting the 17th patch to fix the flawed SGR formula. More than one hundred and sixty four billion dollars has been spent on patches put forward thus far which is more than the cost of a permanent fix. This legislation had real momentum in Washington, and its failure is a grave disappointment to all. "This bill perpetuates an environment of uncertainty for physicians, making it harder for them to implement new innovative systems to better coordinate care and improve quality of care for patients." (Ardis Dee Hoven, M.D., AMA President)

On the home front Senate Bill 2 Scope of Practice Legislation sponsored by Mark Jansen of the 28th District remains firmly lodged in the House Health Policy Committee. MSMS is against this bill. Senate Bill 2 permits advanced practice registered nurses (A.P.R.N.s) to practice medicine and prescribe drugs independently of physician oversight. Licensed physicians' education consists of rigorous testing and residency requirements culminating in approximately 20,000 hours over a decade of instruction and training. In contrast nurse practitioners have no residency and receive roughly 3,000 to 5,000 hours of training over a five to six year period. Because A.P.R.N.s are less qualified than physicians the result could be unnecessary testing and prescribing

of medications leading to increased health care costs and ultimately threats to patient safety and well-being. (Primary Care Coalition)

Currently MSMS is meeting with physicians, legislators and media representatives to address the high percentage of non-vaccinated individuals in Michigan. Our State has the distinction of ranking the fourth highest in parents seeking waivers to vaccine requirements. According to the Detroit Free Press of the 125,000 2013 kindergartners, 7,300 or 5.5% are not vaccinated. One reason that Michigan has such a high number of exemptions is that state law permits philosophical waivers while approximately thirty states do not. Also Michigan allows more liberal interpretations. School systems now have less than 72% of their young children and 63% of adolescents vaccinated. Cases of whooping cough and measles are on the rise. MSMSA is placing immunization awareness as one of its most important projects for 2014-2015.

Legislative Day at the Capitol was a great success. Legislators and MSMS lobbyists are still commenting on our effectiveness. With that in mind, we are planning another Day for this fall. Please join us. There is a lot we can do for increasing awareness about our concern for Michigan's Immunization Law and also for Graduate Medical Education (GME) funding which faces a huge cut every budgetary session. Watch your email for more information.

Lastly, campaign ads are already flooding the media. The Michigan legislature, the governor, a new federal senator and several Supreme Court justices are facing re/election. Be involved and help sponsor candidates that support medicine. Voting records are easily accessible on Michigan.gov and USA.gov websites. New candidates should be able to respond to your queries. A recent study was done that examined the voting habits of physicians. The result: doctors vote significantly less often than the general population and less than one third of all physicians vote! Last election cycle MSMSA initiated an effort to encourage more medical professionals and their families to vote. One idea that came out of the effort was to encourage the use of absentee ballots. Please consider planning now for the upcoming November election. Be involved and take control of your future.



To apply for an absentee ballot, go to <http://www.michigan.gov/sos/0,4670,7-127-1633-21037-,00.html>

Tracking Illness Activity in the Local Community



By Mark Hall, MD, MPH
and Brian Hartl, MPH
(Not Pictured)

Public health officials use many tools to track the impact of illness in the local community. Laboratory surveillance provides confirmation of individuals infected with a variety of pathogens (e.g. Salmonella, E. coli) that are required to be reported to local public health departments by the Michigan Public Health Act (www.michigan.gov/documents/Reportable_Disease_Chart_2005_122678_7.pdf).

Foodborne complaint surveillance allows the public to report suspected incidents of foodborne illness associated with local food serving establishments and allows public health to identify potential outbreaks. On a weekly basis, local schools, preschools and day care facilities report the total number of children absent due to respiratory and gastrointestinal symptoms. While these surveillance systems provide important information, they all rely on passive participation by health care providers, the public and school/day care staff and reporting can vary from week to week or year to year, thus complicating the ability to reliably monitor local illness activity. In addition, the unavoidable time lag between onset of a patient's symptoms and reporting to the local health department via these systems can delay identification of health threats by public health officials.

Fortunately, public health officials have access to the Michigan Syndromic Surveillance System (MSSS). The objective of the MSSS is to detect bioterrorism, emerging infections, and naturally

occurring outbreaks more rapidly than through traditional surveillance methods. The MSSS operates off of "chief complaint" data collected in an electronic format by the emergency departments of participating hospitals. Chief complaint data (including patient age, gender, and zip code of residence) are transmitted to the Michigan Department of Community Health (MDCH) via a secure Virtual Private Network (VPN). Using a Complaint Coder, chief complaints are classified into one of nine categories: Gastrointestinal, Constitutional, Respiratory, Rash, Hemorrhagic, Botulinic, Neurological, Other, or Default. When complaints of a given category exceed threshold values (three standard deviations above the predicted value), an e-mail alert is generated and sent to an MDCH Regional Epidemiologist for follow-up. The algorithm that generates these alerts runs every two hours in order to minimize the time between a rise in chief complaints and their detection.

Although the MSSS was initially developed to detect bioterrorism events, the reliability and timeliness of the data has proven extremely valuable in tracking influenza-like and gastrointestinal illness activity in Kent County. The MSSS system allows local health departments to track the total number of emergency department visits as well as the percentage of total visits in each disease category. "Normalizing" the data in this way offers public health officials the opportunity to reliably compare illness activity to determine if current levels of activity are outside the

CONTINUED ON PAGE 22



Notifiable Disease Report

Kent County Health Department
700 Fuller N.E.
Grand Rapids, Michigan 49503
www.accesskent.com/health

Communicable Disease Section
Phone (616) 632-7228
Fax (616) 632-7085

March, 2014

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2014	Through March 2009-2013
AIDS (Cumulative Total - 947)	6	7	7
AMEBIASIS	0	0	1
CAMPYLOBACTER	12	23	8
CHICKEN POX ^a	4	12	14
CHLAMYDIA	242	786	893
CRYPTOSPORIDIOSIS	1	2	3
Shiga Toxin Producing E. Coli ^b	1	2	N/A
GIARDIASIS	12	43	18
GONORRHEA	44	157	190
H. INFLUENZAE DISEASE, INV	1	1	2
HEPATITIS A	0	0	1
HEPATITIS B (Acute)	0	2	1
HEPATITIS C (Acute)	0	2	1
HEPATITIS C (Chronic/Unknown)	11	58	77
INFLUENZA-LIKE ILLNESS ^c	5617	16659	24782
LEGIONELLOSIS	0	1	1
LYME DISEASE	0	0	0
MENINGITIS, ASEPTIC	3	5	4
MENINGITIS, BACTERIAL, OTHER ^d	1	2	2
MENINGOCOCCAL DISEASE, INV	0	0	1
MUMPS	0	0	0
PERTUSSIS	0	6	0
SALMONELLOSIS	6	11	8
SHIGELLOSIS	1	3	3
STREP, GRP A, INV	7	11	8
STREP PNEUMO, INV	1	15	15
SYPHILIS (Primary & Secondary)	0	2	3
TUBERCULOSIS	1	3	3
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2014	DISEASE	NUMBER REPORTED Cumulative 2014
Listeriosis	1		

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

Except for Chickenpox & Influenza-Like Illness, only confirmed cases (as defined by National Surveillance Case Definitions: <http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx>) are included.
 Reports are considered provisional and subject to updating when more specific information becomes available.

KCHD

range of what is normally expected during different times of the year. The functionality of the MSSS in tracking influenza-like illness (ILI) activity is presented in Figure 1. The figure presents the percentage of emergency department (ED) visits for constitutional complaints from September 1, 2012 through April 19, 2014. Examples of constitutional complaints include fever, chills, body ache, flu symptoms, weakness, fatigue, anorexia, and malaise and these complaints have been traditionally used as an indicator of ILI. During the 2012-2013 influenza season, activity peaked during the week ending January 5, 2013. During this week, 13.5% of all visits to local EDs were due to constitutional complaints. In comparison, although ILI activity peaked in the same week during the 2013-2014 season (week ending January 4, 2014), only 9.5% of visits during the peak week were due to constitutional complaints. In fact, there were 8 weeks during the 2012-2013 season where ILI activity exceeded the peak level of activity during the 2013-2014 season.

Comparing data from the MDSS for the current year with expected levels based on 4-year weekly averages is an extremely valuable method of identifying elevations in local illness activity. Figure 2 presents MDSS data for gastrointestinal illness for the current year compared to averages over the previous 4 seasons. KCHD epidemiologists identified an increase in GI activity during week ending March 8, 2014 (MMWR week 10) and KCHD subsequently alerted local food serving establishments and the general public on the need to be vigilant in prevention measures to protect against the transmission of GI infection. As is evident from Figure 2, elevations in GI illness activity continued for four weeks before returning to baseline levels during week 15 (week ending April 19, 2014). During this time, KCHD investigated a large outbreak at a local restaurant and identified norovirus as the causative agent, suggesting that norovirus infection was the likely cause of the increased GI activity in the community.

FIGURE 1
Constitutional Complaints, September 1, 2012 through April 19, 2014, Michigan Syndromic Surveillance System

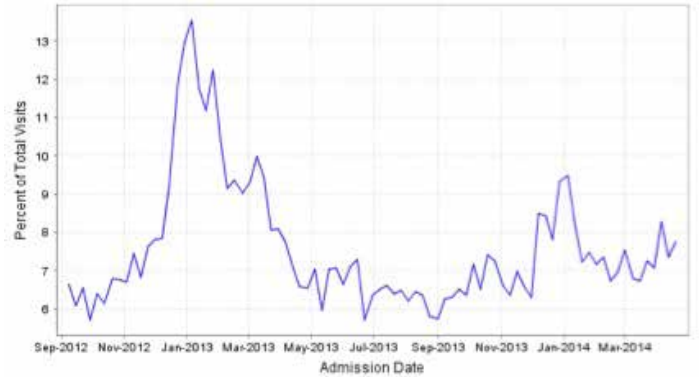
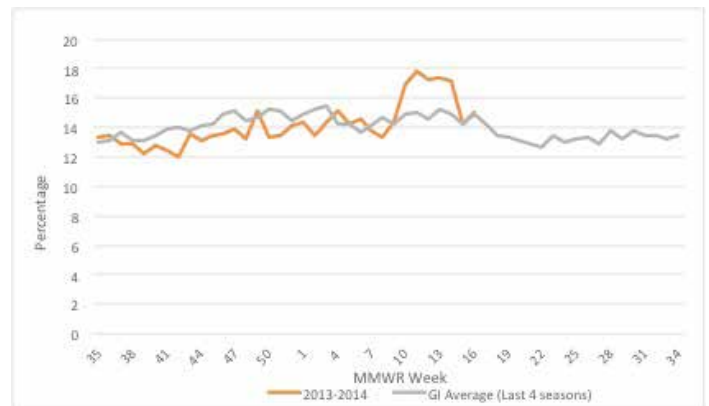


FIGURE 2
Gastrointestinal Illness Complaints, September 1, 2013 through April 19, 2014 Compared to Average over Previous 4 seasons, Michigan Syndromic Surveillance System



KCHD



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

MSU COLLEGE OF HUMAN MEDICINE

Celebrating 50 Years

This year, the College of Human Medicine is celebrating our 50th Anniversary as a medical school – and we are also marking the completion of our medical school expansion, having doubled our size to nearly 800 students.

Our first full expansion class of students who entered medical school in 2010 soon become physicians and begin residency in July, including 72 students from the Grand Rapids campus who all secured residency placements.

Overall, nearly 46 percent of College of Human Medicine 2014 graduates – 85 new MDs – are entering a primary care residency, including family medicine, medicine, medicine/ pediatrics and pediatrics.

Among residency specialty placements, the top six for the College of Human Medicine in rank order by percentage were as follows:

- **Family Medicine**
(29 graduates, 15.6%)
- **Internal Medicine**
(29 graduates, 15.6%)
- **Pediatrics**
(23 graduates, 12.4%)
- **Emergency Medicine**
(22 graduates, 11.8%)
- **General Surgery**
(16 graduates, 8.6%)
- **Psychiatry**
(13 graduates, 7.0%)

Another milestone is the graduation of the first six students who came to the College of Human Medicine via MSU's

Assurance Program with Grand Valley State University. Today, 12 Michigan colleges and universities, including GVSU, partner with the College of Human Medicine for the Early Assurance Program, allowing qualified premedical students in our state an enhanced opportunity for admittance into MSU's medical school. The students must meet the usual rigid requirements, but preference is given to those interested in caring for underserved populations, particularly in Michigan.

In other MSU news, the College of Human Medicine has established a new position, Community Outreach Program Specialist, and has hired Jayne M. Johnson for the Grand Rapids community campus. In her new role, Johnson's tasks include medical school faculty recruitment, education and retention.

She is working closely with the College of Human Medicine's Office of Medical Education Research and Development to create and implement a preceptor toolkit. Johnson will visit medical offices and practices explaining College of Human Medicine's teaching needs to clinical faculty and coordinating larger group presentations on curriculum, teaching and evaluation.



KCMS student member honored with AMA Foundation Minority Scholars Award

The American Medical Association Foundation will honor MSU - CHM Student and KCMS Student Delegate Nicolas K. Fletcher with a Minority Scholars Award at the AMA's Annual Meeting in Chicago, on June 7, 2014.

Nicolas was one of only ten medical students in the country selected to receive this award, which was given in recognition of his academic achievement and commitment to the elimination of health care disparities. As an AMA Foundation Minority Scholar, he will receive a \$10,000 scholarship.

Congratulations Nicholas!



Kent County Medical Society
Kent County Osteopathic Association
233 East Fulton, Suite 222
Grand Rapids, MI 49503

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West Michigan Medical Center : **For Lease** touching lives everyday

Grand Rapids, MI



If you want to expand your Medical Practice or wish to locate in a modern and strategically located Medical facility in the booming Grand Rapids area, the WMMC could be right for you. This medical space, now occupied by Spectrum Health, will become the WEST MICHIGAN MEDICAL CENTER (WMMC) in January 2015 or earlier.

The entire 14,551 SF space consists of 25-27 exam rooms, 2-4 procedure rooms, two reception areas, kitchenette/breakroom, lab, x-ray room, multiple conference rooms, etc. Space can be split into 3,700 and 10,851 SF suites with relative ease. Convenient location off of East Beltline between Rockford and Grand Rapids. Includes fitness center and outside golf cage. Ideal facility for Sports Medicine.

Dr. Maurice B. Goudzwaard, Principal