



Bulletin

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

SUMMER 2013



Affordable Care Act

SPECIAL FEATURE ON PAGES 19-21

ACA OVERVIEW & UPDATES • SEPTEMBER 9, 2013

“As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians:
our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine and understand my business decisions. In spite of the maelstrom of change, I am protected, respected, and heard.

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BULLETIN

EDITOR

Gregory J. Forzley, MD

PUBLISHED BY

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Kent County Osteopathic Association
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www.kcms.org • www.kcoa.us

AFFILIATED AGENCIES

Kent County Medical Society Alliance
Kent Medical Foundation
Project Access

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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.

KCMS Member Offers

As an added service to its members, the KCMS Board of Directors will offer promotion of member-related CME endeavors and practice-related offers. This includes CME event promotion, office space availability, and other ads. These promotions will be sent to members' emails and the subject line will begin with "KCMS Member Offers." Some ads may be subject to review by staff and approval by the Board. Contact the KCMS office at 458-4157 if you have questions.

NEW KCMS MEMBERS

Welcome!

LAURA D. CHAMPION, MD

(Family Practice/Medical Administration)
Calvin College Health Services
160 Hoogenboom
Center, 3195 Knight Way
Grand Rapids, MI 49546
616.526.6187

KRISTINA N. KARANEC, DO

(Neurology/Clinical Neurophysiology)
The Hauenstein Neuroscience Center
at Saint Mary's
220 Cherry St. SE
Grand Rapids, MI 49503
616.685.5050

J. MICHAEL KRAMER, MD, MBA

(Medical Administration)
Spectrum Health System
221 Michigan St. NE, Ste. 501
Grand Rapids, MI 49503
616.391.6321

KARA L. KROL, MD

(Family Practice)
Spectrum Health Medical Group
Family Medicine
3322 Beltline Ct. NE
Grand Rapids, MI 49525
616.267.7015

JOHN WALLACE-TALIFARRO, MD

(Anesthesiology)
Central Anesthesia Services, PC
200 Jefferson Ave. SE
Grand Rapids, MI 49503
616.685.6445

In Memoriam

WILLIAM E. VAN EERDEN, MD

Dr. William E. Van Eerden passed away on May 7, 2013. He graduated from University of Illinois College of Medicine and completed a Psychiatry Residency at Wayne State University at Detroit Lafayette Clinic. After serving as a Major in the Army, Dr. Van Eerden became board certified in Psychiatry and started his career at Pine Rest Christian Mental Health Services. He earned the American Psychiatric Association's Distinguished Life Fellow Award in 2004, and after retiring in 2008, Dr. Van Eerden became a consultant for Pine Rest's residency program.

DONALD W. HESSELSCHWERDT, MD

Dr. Donald W. Hesselschwerdt, a dedicated anesthesiologist, passed away on June 15, 2013. He completed his preliminary training at University of Iowa Carver School of Medicine and served in the Navy at Bethesda Hospital in Washington, D.C. for his war service before moving back to Iowa City for his residency. Dr. Hesselschwerdt was president of the Michigan State Anesthesia Society in 1957 and chief of staff at Blodgett Hospital from 1973 to 1975.

Directory Changes

Please make the following changes to your 2013 KCMS/KCOA Membership Directory to insure that it is current and correct. If you have any changes you would like to make please call the KCMS/KCOA office at 616-458-4157 or email kcmsoffice@kcms.org.

PAGE 16

Brundage, MD, Scott R.
NEW OFFICE ADDRESS
Centre for Plastic Surgery
2060 E. Paris Ave. SE, Ste. 150
Grand Rapids, MI 49546

PAGE 47

Hedlund, DO, Erik C.
MOVED (effective 8/1/2013)
Orthopaedic Associates of Michigan
1111 Leffingwell NE
Grand Rapids, MI 49525
Ph: 459.7101

PAGE 65

Leppink, MD, Douglas M.
NEW OFFICE ADDRESS
Centre for Plastic Surgery
2060 E. Paris Ave. SE, Ste. 150
Grand Rapids, MI 49546

PAGE 78

Munir, MD, Mazhar
MOVED
Heart of the City Health Center
100 Cherry St. SE
Grand Rapids, MI 49503
Ph: 965.8200

PAGE 86

Rechner, MD, Benjamin P.
NEW OFFICE ADDRESS
Centre for Plastic Surgery
2060 E. Paris Ave. SE, Ste. 150
Grand Rapids, MI 49546

PAGE 88

Rienstra, MD, John C.
CORRECTION
Spouse: Marchiene Vroon

KCMS OFFICERS & DIRECTORS

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Phillip G. Wise, MD

PRESIDENT-ELECT

Donald P. Condit, MD, MBA

PAST PRESIDENT

David W. Whalen, MD, MPH

TREASURER

Jayne E. Courts, MD

DIRECTORS

David E. Hammond, MD
Herman C. Sullivan, MD

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Rose M. Ramirez, MD

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Anita R. Avery, MD
David M. Krhovsky, MD
Todd K. VanHeest, MD

MSMS DELEGATES TO JANUARY 2014

Lee P. Begrow, DO
R. Paul Clodfelder, MD
Donald P. Condit, MD, MBA
Michelle M. Condon, MD
Patrick J. Droste, MS, MD
Sal F. Dyke, MD
Elizabeth Henry, MD
Khan Nedd, MD
Michael D. Olgren, MD
Brian A. Roelof, MD

MSMS DELEGATES TO JANUARY 2015

John H. Beernink, MD
Jayne E. Courts, MD
Domenic R. Federico, MD
John H. Kopchick, MD
John B. O'Donnell, MD
John E. vanSchagen, MD
David W. Whalen, MD, MPH
Phillip G. Wise, MD

MSMS ALTERNATE DELEGATES TO JANUARY 2014

Marko Habekovic, MD
David E. Hammond, MD
Clifford B. Jones, MD

MSMS ALTERNATE DELEGATES TO JANUARY 2015

Douglas Ellinger, MD
Joseph Krainin, MD
Eric L. Larson, MD
Judith L. Meyer, MD
Michael Rush, MD
Herman C. Sullivan, MD
Marc Sink, MD
Andrew Weise, MD

KCMS



Join Us

KCMS MEETINGS OF INTEREST

SEPTEMBER 9

LEGISLATIVE COMMITTEE LUNCHEON | 12:00 NOON

MASONIC CENTER, 4TH FLOOR

ACA & HIPPA UPDATE | 6:00 PM HORS D'OEUVRES, 7:00 PM PROGRAM
WATERMARK COUNTRY CLUB

5500 CASCADE ROAD, GRAND RAPIDS, MI 49546

Physicians, spouses and office managers are encouraged to attend

OCTOBER 26

EDUCATIONAL OPPORTUNITY

CALVIN COLLEGE, PRINCE AUDITORIUM

NOVEMBER 11

LEGISLATIVE COMMITTEE LUNCHEON | 12:00 NOON

MASONIC CENTER, 4TH FLOOR

Upcoming Local Educational Opportunity Events

SEPTEMBER 14

IR FOR THE NON-IR

AMWAY GRAND PLAZA HOTEL, GRAND RAPIDS, MI

For more information visit <http://www.irforthenonir.com>

OCTOBER 12

ORTHOPEDICS

HOLLAND HOSPITAL, CONFERENCE ROOM A/B

For questions contact Heather Eizenga (616) 355-3885

NOVEMBER 16

BACK AND BRAIN

HOLLAND HOSPITAL, CONFERENCE ROOM A/B

For questions contact Heather Eizenga (616) 355-3885

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



50-Year Award!

The following physicians were the recipients of the MSMS award for having graduated from Medical School in 1963, 50 years ago. They were celebrated with a luncheon at the House of Delegates meeting in Grand Rapids. It is with great pleasure that we celebrate the contributions of dedication to their discipline, training of new physicians and generosity to their patients.

CELEBRATING:

- HARVEY J. DEMAAGD, MD
- JAMES E. IVES, MD
- F. RAYMER, LOVELL, JR., MD
- PAUL G. SCHUTT, MD
- VERNON D. VAANDRAGER, MD
- CALVIN J. DYKMAN, MD
- THIENCHAI JAYASVASTI, MD
- W. PATRICK MAZIER, MD
- JOSEPH L. TAYLOR, MD
- EARL RICHARD WILLIAMS, MD
- JOHN H. EDLUND, MD
- BERT J. KORHONEN, MD
- LARRY J. ROBSON, MD
- EMMANUEL M. TENDERO, MD
- GLENN A. ZIMMERMANN, MD



Leave a Legacy

Charitable giving is an important part of the legacy you choose to leave. At this time of year, many of us are considering our year-end philanthropic support. Please consider one of the non-profit charitable organizations associated with Kent County Medical Society. Checks should be endorsed to the specific agency you wish to support (see below). You may mail these checks in care of the Kent County Medical Society Office at 233 East Fulton, Suite 222; Grand Rapids, MI 49503. Each organization will issue a charitable receipt.

Did you know that, making charitable contributions through your will allows you to support the organizations you care about, while maximizing the tax benefits to your estate? You may make a bequest to any of these charities as well. You may also do so by creating a new will, providing an amendment to your existing will or naming one of them in your living trust. Simply use the following sample language.

I give, devise, and bequeath \$_____ or _____% of my estate to:

- Kent Medical Foundation
- KCMS Alliance Foundation

Feel free to contact the KCMS office at 616.458.4157 with questions. As 501(c)(3) organizations, your gift is tax deductible to the extent provided by law.

GET INVOLVED!

KCMS Committees

EDITORIAL COMMITTEE

Function: To review editorial content and to review the layout and design of the Bulletin. Assist the KCMS Staff with edits of the quarterly magazine, the Bulletin, via email and phone.

LEGISLATIVE COMMITTEE

Function: To be patient advocates and to educate area legislators of the effects of proposed legislation on the practice of medicine. The committee meets at Noon on the 2nd Monday of most months and welcomes involvement by elected officials every other month.

MEMBERSHIP COMMITTEE

Function: The Membership Committee shall review all applications for membership, make recommendations of membership to the Board of Directors, have responsibility for retaining members, and conduct an orientation of new members. Members work with KCMS staff by emailed document transfers and phone calls.

PEER REVIEW COMMITTEE

Function: The Peer Review Committee shall hear and review all matters pertaining to problems between complainants and members of this Society which shall be

brought before it in writing, or in person and subsequently reduced to writing. The committee meets as needed.

PROGRAM/CME COMMITTEE

Function: The Program Committee shall be responsible for the speakers and the Society's scientific programs which are held two to three times annually. Members assist in recruiting speakers, identifying current topics for consideration and reviewing the makeup of each CME event (usually eight 30-minute speakers).



Education Update

Saturday, October 26, 2013

Prince Conference Center at Calvin College
1800 East Beltline SE, Grand Rapids, MI 49546

Visit the KCMS website for updates!



Topics

7:45 AM	Kenneth Lown, MD	Hepatitis C: Past, Present and Future
8:15 AM	Mark Clark, MD	Universal Precautions in Opiate Prescribing
8:45 AM	Marcus Muallem, MD	Glaucoma, the Sneak Thief of Sight
9:30 AM	Bohuslav Finta, MD	Non-Pharmacological Stroke Prevention in Non-Valvular Atrial Fibrillation
10:00 AM	Mike Knox, MD	Endovascular Management of Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE)
10:30 AM	Eric Achtyes, MD	<i>Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: Pearls for the Non-Psychiatrist</i>
11:15 AM	Herman Sullivan, MD	Update in MS Therapeutics
11:45 AM	N. Debra Simms, MD	Child Abuse



Phillip G. Wise, MD, FACS
KCMS President

PRESIDENT'S MESSAGE

A Summer of Growth

Summer finally arrived and the squash in my backyard garden appears to grow three inches a day, the tomatoes are ripening and the hot peppers are just that.

Most of my “snowbird patients” have seen me this summer for the annual check up. I have developed an ongoing relationship with several urologists in Arizona and Florida to continue the care of the ones that need routine total androgen ablation for their prostate cancer, intra-vesicle BCG for bladder cancer, or other interventions of a urological nature.

Many of them wonder about the future direction of medicine and ask about the Patient Protection and Affordable Care Act, specifically how an accountable care organization would fit into their particular life style. I just tell them to “stay tuned”, things will probably change before too long. Sure enough, the president delayed until 2015 a major provision of the ACA that would require employers to provide health insurance for their workers.

As I put more words down on paper, summer seems to have changed into fall. Chilly nights and rainy days have taken over West Michigan for the time being. The Kent County Medical Society will be helping to organize another educational event on the Patient Protection and Affordable Care Act. The last one received such rave reviews that we thought it important to keep the membership abreast of the latest. So “stay tuned” for the next installment.

At the June 10th meeting of the Legislative Committee, we invited the author of the Michigan Senate Bill 2, Senator Jansen to attend and enlighten us on how the Advanced Practice

Registered Nurse Legislation would improve the care of our patients. Unfortunately he was unable to be there, he did send his Chief of Staff and an aid to explain and interpret the bill. They did little to convince the physicians on the committee that a nurse with an advanced practice certificate with patient care preparation of up to 720 hours would give the same care as a physician with 12,000 to 16,000 hours of experience in their broad training. I am grateful to all the physicians in Senator Jansen’s district who took the time to call his office

I am grateful to all the physicians in Senator Jansen’s district who took the time to call his office and let him know their stance.

and let him know their stance on this subject.

Meanwhile in Washington, D.C., Michigan Congressman Fred Upton the chair of the House Energy and Commerce Committee, introduced a working draft of proposed legislation to fix the Sustainable Growth Rate reimbursement formula, a formula that has required congressional intervention 15 times in the last 20

years to keep physicians from enduring a steep pay cut. Congressman Upton has garnered bipartisan support in the U.S. House of Representatives, held hearings and took testimony from a variety of stakeholders in the issue of physician payments from Medicare. Congressman Dave Camp also from Michigan and the chairman of the Ways and Means committee indicated that they would like to have the proposal completed by the 2013 August recess.

I wish a pleasant summer to all the members of the KCMS, it’s time for me to go pick some fresh basil from the garden.



KENT MEDICAL FOUNDATION

Share Your Expertise



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

After six years of involvement with the KCMS board, I am getting close to the end of my time on the board. One of the projects that I am most proud of having helped create is local CME. Two or three times a year, multiple speakers, almost all local colleagues, come together to share their expertise on a topic for thirty minutes.

We usually have about eight speakers per session. As an emergency physician, I am fortunate to frequently interact with specialists across the board from primary care to sub-sub-specialties. Therefore, I have had the opportunity to cajole numerous colleagues into giving talks. However, I only recently gave my first presentation.

As an emergency physician, I often interact with specialists who have a more broad understanding of a particular disease process than I do. So, it is intimidating to think that there might be an area of medicine that I could give a lecture on, and be more “expert” than my audience. However, I found the experience very enlightening. I spoke about new toxins that we are seeing in the emergency department (ED), and found

that most of the audience does not see the same cases that we see in the ED. In fact, many of the physicians had never seen a patient who was acutely intoxicated with these substances. I realized that there is an area of medicine that I was able to share with the physicians in the community even though I practice a more generalized medicine than some of my sub-specialist colleagues.

Some of my most favorite lectures have been from the Family Practice doctors who have taught about “patient centered medical homes” and changes in information technology, although I have learned a lot from the cardiologists, urologists, endocrinologists, OB/Gyn’s, and others who have given great lectures as well.

I wanted to write this article to encourage all physicians to consider sharing your expertise at our CME talks. I believe that every physician in Grand Rapids could give at least one great thirty minute lecture on something that they have studied or seen in practice. I would also encourage anyone who has not been to one of our local CME events to check out the upcoming events. There is always a lively discussion and it is great when we have a variety of different specialties represented.

CLASSIFIED

RETIREMENT HOME OR HOME FOR SMALL FAMILY, 3+ bedrooms. One of a kind, architect designed home (Frank L. Wright style), well maintained, beautifully landscaped home in a wooded setting. Forest Hills Schools. For further details see: greatergrandrapidshomes.com, ML # 13040682



KENT MEDICAL FOUNDATION *Holiday Card Campaign*

Share your holiday wishes while helping the Kent Medical Foundation raise funds to support community programs. Contribute to this annual campaign and your name will be listed among other donors who have also helped make the annual holiday card possible.

To participate, please donate by November 30:

Check made payable to:
Kent Medical Foundation
233 East Fulton, Suite 222
Grand Rapids, MI 49503

-OR-

Online via PayPal:
www.kcms.org/kmf



Contact the KMF Office at 616-458-4157 if you have questions.

Holiday Card Campaign Gifts received by November 30 will be included in the 2013 Holiday Card which will be mailed early in the week of December 2nd.

• 2013 •

KENT MEDICAL FOUNDATION *Holiday Card Campaign*

YES, Count me/us in to continue the Kent Medical Foundation's mission to assist The Kent Medical Foundation in community outreach endeavors and health promotion projects. Please find my/our check enclosed for the following amount (contribution amounts are NOT disclosed on the card).

\$1,000 \$750 \$500 \$250 \$100 Other _____

Check here if you wish to remain anonymous.

Please print your name(s) on the line below exactly as you would like to be presented on the Holiday Card insert.

Name(s): _____ Email: _____

Address: _____ Phone: _____

All contributions to the Kent Medical Foundation are tax deductible.
Please return this form, by November 30 along with your check made payable to:
Kent Medical Foundation, 233 East Fulton, Suite 222, Grand Rapids, MI 49503

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Craig H. Bethune, DO

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Join Us

KCOA MEETINGS OF INTEREST

SEPTEMBER 9

LEGISLATIVE COMMITTEE LUNCHEON | 12:00 NOON

MASONIC CENTER, 4TH FLOOR

ACA & HIPPA UPDATE | 6:00 PM HORS D'OEUVRES, 7:00 PM PROGRAM
WATERMARK COUNTRY CLUB

5500 CASCADE ROAD, GRAND RAPIDS, MI 49546

Physicians, spouses and office managers are encouraged to attend

NOVEMBER 8

9TH ANNUAL AUTUMN SCIENTIFIC CONVENTION

AMWAY GRAND PLAZA HOTEL, GRAND RAPIDS, MI

For questions contact Melissa Budd at (800) 657-1556 x112

NOVEMBER 11

LEGISLATIVE COMMITTEE LUNCHEON | 12:00 NOON

MASONIC CENTER, 4TH FLOOR

Upcoming Local Educational Opportunity Events

SEPTEMBER 14

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For more information visit <http://www.irforthenonir.com>

OCTOBER 12

ORTHOPEDICS

HOLLAND HOSPITAL, CONFERENCE ROOM A/B

For questions contact Heather Eizenga (616) 355-3885

NOVEMBER 16

BACK AND BRAIN

HOLLAND HOSPITAL, CONFERENCE ROOM A/B

For questions contact Heather Eizenga (616) 355-3885

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





Diane Bigham, DO
KCOA President

KENT COUNTY OSTEOPATHIC ASSOCIATION

AOA Approves Size Restriction

Like many physicians, I have not had the opportunity to be more active in organized medicine—at least at the state and national level. I've enjoyed being active as a Delegate to the Michigan Osteopathic Association (MOA) and for the first time, served as a Delegate to the American Osteopathic Association.

In May, the MOA formally welcomed Michael D. Weiss, D.O., as the new President of the Association. Dr. Weiss, a graduate of Michigan State University College of Osteopathic Medicine, is in private practice in obstetrics and gynecology (OB-GYN) and serves as the director of the Women's Wellness Institute in Rochester Hills, Michigan.

Serving as your KCOA President has also given me the opportunity to also serve for the first time as a Delegate to the AOA. I learned a great deal and saw how dedicated our other Delegates are in making the most of the organizations that defend our professional association. I am excited to see the vision and culture building goals of the new AOA president, Norman E. Vinn, DO for 2013-14.

Also, it has been announced that the AOA, AACOM and ACGME were not able to come to a mutual agreement on a Memorandum of Understanding. But, all three organizations agreed to pursue further interactions and collaborations to continue their goal to further graduate medical education.



One resolution that was reviewed at the AOA was presented professionally by Susan Sevensma, DO, AOA Trustee. Two years ago, the AOA House of Delegates defeated a contentious resolution to limit its size. This year, however, a similar measure sailed through the approval process.

The AOA House voted to restrict its size to 473 divisional delegates—those representing the states, the District of Columbia and the military. Osteopathic specialty societies will continue to be represented by one delegate each.

CONTINUED ON PAGE 13

AOA Approves Size Restriction CONTINUED FROM PAGE 12

The number of delegates allotted to each state will be based on the proportion of AOA members located in that state. The number allotted to the military will be based on the proportion of AOA members currently serving on active duty in the U.S. uniformed services. Nationally, there are more than 100,000 DOs and students in the AOA, and that is what prompted discussion on size limits.

It was gratifying to witness the real progress. I appreciate all of the KCOA Delegates, past and present, who have volunteered to lead in our profession.

The KCOA Board is working on two upcoming education opportunities with colleagues; Session Two of the Affordable Care Act Update, partnering with the KCMS and the Alliance. A Saturday Morning CME is again being planned for February.



Susan Sevensma, DO, Jeffrey Postlewaite, DO (pictured together, top left) and Craig Bethune, DO (top right)

Stay tuned and keep your suggestions coming. Your Board values your input. With the alphabet soup of ACA, ICD-10, CME—KCOA wants to help you and your practice team navigate the journey. I hope you enjoy the late summer. I look forward to seeing you all in the fall.

MOA-HOD

(Pictured left to right) Susan Sevensma, DO and the Kent County Delegation





Eric Bouwens, MD
Board Chair

PROJECT ACCESS

A New Focus to Help Those in Need

It's been a privilege to serve on the board of Project Access for the past 3 years. Project Access represents the highest desires of area physicians to provide free care to those in need.

Since its inception, thousands of patients have received free care. But the structure of health care and the systems for financing health care are changing, and we are lurching toward a more systemic change of how we take care of people. As a result health systems are becoming the primary locus for developing systems for care of the uninsured, not individual acts of charity.

I will also be making a transition, as I move from a group practice in Kentwood where I have practiced for 20 years, to take a lead role with the new Spectrum Health Community Medicine Clinic, which opened August 5. With this move, I hope to help Spectrum's efforts to bring comprehensive primary care to many without access to a primary care home. In so doing we have the opportunity to increase access to primary care and reduce overreliance on emergency rooms. At the same time we have the opportunity to move away from a patchwork approach of charitable care, to a system designed from the beginning for lower costs, higher quality, and improved health outcomes for our citizens.

Thank you for all you continue to do for low-income patients. The spirit of Project Access is still in all of us.

BY THE NUMBERS

\$6,506,040

Value given by physicians and hospitals since inception

663

Patients enrolled in Project Access referred to Primary Care Physicians (many annual renewals)

1,180

Specialty Physician referrals arranged for PCP patients

1,712

Specialty Physician referrals arranged for clinic patients (average number of referral per patient is 3)

\$331,290

Total Retail Value of medications coordinated for PAP patients

3,409

Total number of people helped and directed to local agencies/ services

Note: Statistics are based upon self-reported information by volunteer physicians.

Grateful Patients: “We couldn’t have done it without you!”

“The people I met and that helped me were the most kind, efficient and helpful you could find. Every time I called they were able to direct me to the person or business that could best fit my needs, whether it was prescription help or medical questions. Thank you so much for operating a program of this nature. I could not afford to buy medical insurance and the physician volunteer idea fits the needs perfectly. Thank you so much for being there.”

“Thank you so much! The world is a better place with people like you all in it!”

“I just wanted to thank you all for your organization to make it possible for me to have a procedure that I so very much needed. Your generosity will always be remembered. Thank you again!”

“Thank you for your help in providing me donated health care. Getting treatment for my condition has been life changing! Thank you too for the encouragement and ideas for future work. I left Project Access that day feeling very hopeful. Thank you again for all your kindness!”

“Thank you for all the assistance you gave to me by way of facilitating donated health care through Project Access. I am extremely thankful for having access to health care and I appreciate everything that all the staff did to make this happen for people like me who are struggling.”

“I want to thank all of you at Project Access for the kindness and compassion. My current financial situation is humiliating for me and you treated me with care and respect. I truly appreciate it!”

KENT COUNTY HEALTH DEPARTMENT

Lyme Disease Diagnosis: Don't Let it Tick You Off

Based on data from the CDC, Lyme disease is the most commonly reported vectorborne illness in the United States and was the 6th most common Nationally Notifiable disease in 2011. The disease does not occur nationwide, however, as 96% of cases in 2011 were reported from 13 states in the Northeast and upper Midwest.

With only 89 cases confirmed in 2011, Michigan pales in comparison to states such as Pennsylvania (4,739 cases), New Jersey (3,398) and New York (3,118). Between 2008 and 2012, an average of 3 confirmed cases were reported to the Kent County Health Department (KCHD). Despite the limited number of local cases, physicians in Kent County must be aware of the reporting criteria for Lyme disease due to the expanding range of the black-legged tick *Ixodes scapularis*, which harbors the spirochete *Borrelia burgdorferi*, and the increasing potential of locally acquired Lyme disease in the populations they serve.

In Michigan, cases of Lyme disease are most commonly identified in June and July when the population of *Ixodes scapularis* nymphs is at its peak. These nymphs are very small and are often undetectable or overlooked on human skin. The first manifestation of disease in about 80% of patients is a red macule or papule that expands slowly (over a period of days to weeks) in an annular manner, often with central clearing. This erythema migrans (EM) typically appears 7-10 days after tick exposure and must be >5 cm to be considered significant for surveillance purposes. Annular erythematous lesions that occur within several

hours of a tick bite represent hypersensitivity reactions and do not qualify as EM. With or without EM, early symptoms may last several weeks in untreated patients and include malaise, fatigue, fever, headache, stiff neck, myalgia, migratory arthralgias and or lymphadenopathy. Late manifestations of disease (weeks to months after onset) include neurological and cardiac abnormalities and intermittent episodes of joint swelling.

Physician diagnosis of EM or late manifestations is a key component of surveillance case definitions. Physician diagnosis combined with known exposure to tick habitats in an area that is endemic for Lyme disease or positive results of CDC-approved laboratory testing compose the three possibilities for meeting the confirmed surveillance case definition for Lyme disease:

1. A case of physician diagnosed EM with a known exposure (being in an area of MI1 or the US endemic for Lyme disease – no tick bite history is needed) OR,
2. A case of physician diagnosed EM with laboratory evidence of infection and without a known exposure OR,
3. A case with at least one late manifestation that has laboratory evidence of infection.

Confirmatory late manifestations ONLY include the following:

- Arthritis (objective episodes of joint swelling)
- Bells palsy or other cranial neuritis



By Mark Hall, MD, MPH,
(pictured right)
and Brian Hartl, MPH

CONTINUED ON PAGE 18



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

June, 2013

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2013	Through June 2008-2012
AIDS (Cumulative Total - 924)	4	18	13
AMEBIASIS	2	2	2
CAMPYLOBACTER	8	28	27
CHICKEN POX ^a	0	21	50
CHLAMYDIA	294	1848	1700
CRYPTOSPORIDIOSIS	0	4	6
Shiga Toxin Producing E. Coli ^b	2	4	N/A
GIARDIASIS	8	39	31
GONORRHEA	58	277	328
H. INFLUENZAE DISEASE, INV	0	4	2
HEPATITIS A	1	1	2
HEPATITIS B (Acute)	0	2	1
HEPATITIS C (Acute)	0	1	1
HEPATITIS C (Chronic/Unknown)	12	92	151
INFLUENZA-LIKE ILLNESS ^c	685	33307	34406
LEGIONELLOSIS	2	4	2
LYME DISEASE	0	0	1
MENINGITIS, ASEPTIC	1	8	9
MENINGITIS, BACTERIAL, OTHER ^d	1	4	5
MENINGOCOCCAL DISEASE, INV	0	0	1
MUMPS	0	0	0
PERTUSSIS	0	0	2
SALMONELLOSIS	6	29	17
SHIGELLOSIS	1	4	9
STREP, GRP A, INV	2	13	12
STREP PNEUMO, INV	1	29	34
SYPHILIS (Primary & Secondary)	0	0	6
TUBERCULOSIS	3	8	9
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2013	DISEASE	NUMBER REPORTED Cumulative 2013
Measles	1		
Malaria	3		
Guillain-Barre Syndrome	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.

KENT COUNTY HEALTH DEPARTMENT CONTINUED FROM PAGE 16

- Encephalomyelitis (CSF titer must be higher than serum titer), lymphocytic meningitis, or radiculoneuropathy
 - 2nd or 3rd degree atrioventricular block

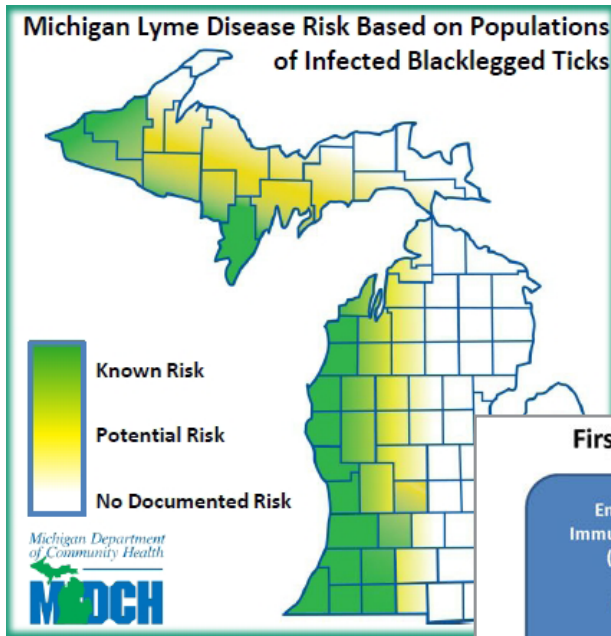
- CSF antibody positive for *B. burgdorferi* by EIA or IFA (CSF titer must be higher than serum titer)

Laboratory results that meet CDC criteria include:

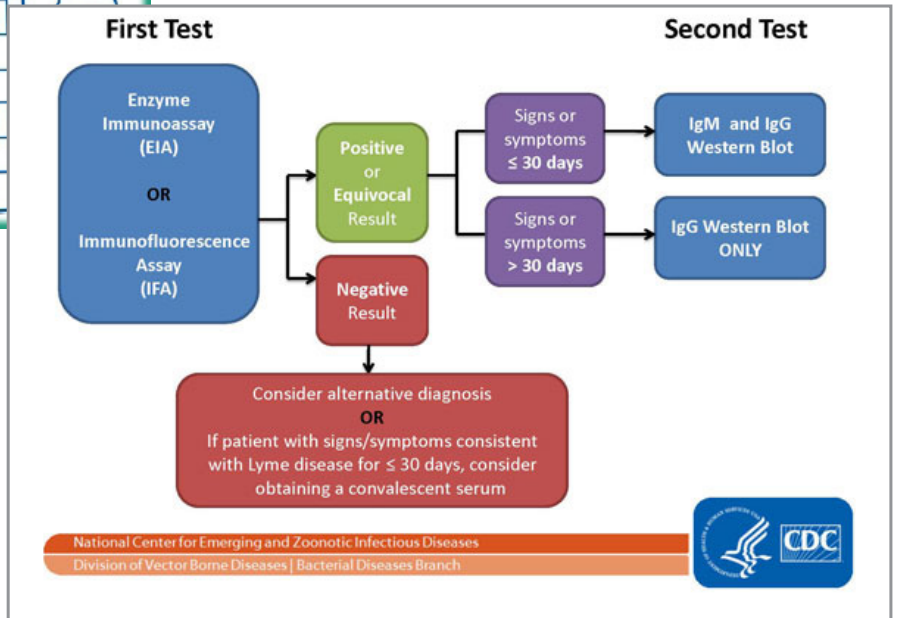
- Positive *Borrelia burgdorferi* culture OR
- Two-tier2 positive IgM Western Immunoblot (WB or IB) test collected within 30 days of onset OR
- Two-tier2 positive IgG WB/IB test OR
- Single-tier positive IgG WB/IB test OR

Cases of Lyme disease are typically detected through October and it is imperative that local physicians assess exposure history and order the appropriate laboratory tests when a patient presents with symptoms consistent with Lyme disease. All positive diagnoses should be submitted to KCHD by fax (616.632.7085) or phone (616.632.7228). KCHD Communicable Disease staff is available by phone to assist with any questions.

Michigan Lyme Disease Risk



Two-Tiered Testing for Lyme Disease





P R E S E N T S :

C Affordable Care Act & HIPAA UPDATE

Monday, September 9, 2013

6 PM HORS D'OEUVRES | 7 PM PROGRAM

WATERMARK COUNTRY CLUB

5500 Cascade Road SE, Grand Rapids, Michigan 49546

Physicians, spouses & office managers are encouraged to attend.

Although the ACA's "pay or play" large employer mandate has been delayed, there are still many looming deadlines and compliance challenges in store for employers as the health insurance marketplace is scheduled to "go live" on October 1, 2013. In addition, the latest HIPAA regulations go into effect in September which, among other changes, will require all physician practices to update their HIPAA business associate agreements. Whether you are a large employer or a small employer, join the Kent County Medical Society, the Kent County Medical Society Alliance and the Kent County Osteopathic Association for an overview of the employer responsibilities under the ACA and the latest changes to HIPAA. **Two experts from a leading law firm will provide a summary and will be available to answer questions.**

CYNTHIA A. MOORE

Member, Dickinson Wright PLLC

Cynthia Moore is a member and practice department manager for domestic relations, employee benefits, estate planning and immigration. Ms. Moore has advised many clients on the implementation of the Affordable Care Act and frequently lectures on the ACA. She is a seasoned employee benefits lawyer with experience advising clients on the tax and ERISA aspects of qualified retirement plans, welfare benefit plans and non-qualified deferred compensation plans.

BRIAN S. FLEETHAM

Member, Dickinson Wright PLLC

Brian Fleetham is a member of Dickinson Wright PLLC's health law practice group and has over 20 years of experience representing physicians, other individual health care providers, and their professional practices. His expertise includes compliance with billing matters, the Stark law, and HIPAA; arrangements with hospitals and other institutional health care providers; and professional employment and service arrangements.

2 Easy Ways to Register...

RSVP BY SEPTEMBER 4! SPACE IS LIMITED.

Online



WWW.KCMS.ORG

Telephone



616.458.4157

Affordable Care Act

OVERVIEW

Your Action Plan

ACTION	EFFECTIVE DATE	MANDATORY?
Automatic Enrollment and Renewal		
If you have 200 or more employees, automatically enroll new full-time employees in your health plan.	TBD. See your advisor.	Yes
Employer Responsibility (Pay or Play)		
Determine if you have 50 or more full-time equivalent employees under Health Care Reform.	Begin reviewing data in 2014 to determine your group size. See reference websites.	Yes
Determine if any part-time, seasonal, or variable hour employees worked an average of 30+ hours per week.	Based on your measurement period, begin reviewing data for the 2015 plan year.	Yes
If you have 50 or more full-time equivalent employees, offer coverage to full-time employees or pay a penalty.	Penalties are assessed for your plan year beginning in 2015.	Yes
If you have 50 or more full-time equivalent employees, offer coverage that meets affordability guidelines or you may have to pay a penalty.	Penalties are assessed for your plan year beginning in 2015.	Yes
If you have 50 or more full-time equivalent employees, offer coverage that meets minimum value or you may have to pay a penalty.	Penalties are assessed for your plan year beginning in 2015.	Yes
Exchanges		
Notify employees of exchanges	No later than 10/1/13. Sample letters on reference websites.	
Grandfathered Plans		
Review Grandfathered Plans Annually	Upon renewal each year. You can continue to offer these as long as no significant changes are made to benefits and cost-sharing.	Yes (Grandfathered plans only)

Upcoming ACA Deadlines

ACTION	EFFECTIVE DATE	MANDATORY?
Non-discrimination Compliance		
No discrimination in favor of highly compensated employees	TBD	Yes
Reporting		
Report the cost of health insurance on employees' W-2 forms	Anticipated compliance date for all employers is 1/31/13.	Yes
Report to the IRS that you meet minimum essential coverage requirements	TBD pending further guidance.	Yes
Summary of Benefits & Coverage		
Issue Summary of Benefits and Coverage (SBCs) to employees	Effective upon renewal on or after 9/23/12.	Yes
Waiting Periods		
Limit waiting periods for new employees to 90 days or less	Effective upon renewal on or after 1/1/14.	Yes
Wellness Incentives		
Offer health-contingent wellness incentives to employees	Effective upon renewal on or after 1/1/14.	No

This information is to help you prepare. You should consult your tax advisor and legal counsel to determine how your company must comply with the legislation.

Affordable Care Act

GLOSSARY

ADDITIONAL HEALTH CARE REFORM RESOURCES

Kaiser Family Foundation
www.kff.org

Priority Health
www.understandinghealthreform.com

Blue Cross Blue Shield
www.bcbsm.com

U.S. Centers for Medicare &
Medicaid Services
www.healthcare.gov

U.S. Department of Health &
Human Services
www.hhs.gov

Confused by all the terms used to explain the Affordable Care Act? Here are a few commonly used terms and their definitions:

Employer-sponsored coverage eligibility

Under ACA, employees are eligible for employer-sponsored benefits if they work an average of 30 hours per week. This may be a significant eligibility change for many employees.

Exchanges: Individual and SHOP

Often referred to as the “Travelocity® of health insurance,” exchanges will be online portals that allow individuals to purchase coverage for themselves and/or their family. Now called marketplaces. Bronze (60%), Silver (70%), Gold (80%) and Platinum (90%). Catastrophic coverage will also be available. In Michigan, the exchange will be operated by the federal government. Small businesses will also be eligible to purchase health plans for their workforce via the Small Business Health Options Program (SHOP).

Federal Poverty Level (FPL)

The minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities as determined by the Department of Health and Human Services. The number varies according to family size and is adjusted for inflation and reported annually in the form of poverty guidelines.

Full-time employee

Employees are considered full-time if they work an average of 30+ hours a week. Under the law, full-time employees at large companies must be offered benefits or the employer pays a penalty. Employers determine which employees are eligible based on their hours worked within a retrospective period of 3-12 months (at the employer’s choosing). Employers must consistently use the same defined look-back period.

Guaranteed issue

Under this requirement, health insurance companies must accept all individuals regardless of their health status. Beginning in January 2014, individuals cannot be denied coverage due to pre-existing conditions.

Individual mandate

Beginning in 2014, Americans are required to carry health insurance or pay a penalty on their annual income tax.

Medicaid expansion

Beginning in 2014, Medicaid eligibility will be based solely on income. Individuals earning 138% of the federal poverty level (FPL) will be eligible. Each state must determine if it will expand Medicaid eligibility.

Minimum value

In 2014, employer-sponsored health plans must cover at least 60 percent of the total allowed costs of benefits. The majority of existing employer-sponsored plans today meet this requirement.

Non-discrimination rules

The final ruling on non-discrimination rules has not yet been issued, but expect to hear more about this in the future. Essentially, the rules say that a plan cannot favor highly compensated employees with regard to health plan eligibility or benefits, nor can the health plan be favored by participation. For example, a hospital cannot cover all costs of coverage for their physicians but require its housekeeping staff to contribute 20% of the premium cost.

Glossary courtesy of priorityhealth.com



MEETING WITH THE GOVERNOR

(Pictured left) David Krhovsky, MD and Rose Ramirez, MD participate in a meeting with Governor Rick Snyder on proposed Medicaid expansion and changes.

Register today for your favorite courses

**Tuesday - Saturday
October 22-26, 2013**
Somerset Inn
Troy, MI

Register online or view the brochure at www.msms.org/asm

For more information, contact Marianne Ben Hamza at 517-336-7581 or mbenhamza@msms.org.

Statement of Accreditation:
The Michigan State Medical Society (MSMS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA Credit Designation Statement: The MSMS designates this activity for a maximum of 32.25 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAFP CME Credit: AAFP 32.25 Prescribed Credits approved.

* Not eligible for AMA PRA Category 1 Credits[™] or AAFP Credit.

Tuesday, October 22

9:00 am to 3:30 pm

- Patient Centered Medical Home: Coordinated Care, Optimal Outcomes

Wednesday Morning, October 23

All morning courses run **concurrently** from 8:30 am to 12:00 pm

- A Physician's Successful Journey Advancing the Practice through PCMH: Implementation of Care Management and the Inclusion of Behavioral Health
- Advances in Health Care for Women
- A Primary Care Approach to Pediatric Obesity-Primary, Secondary, and Tertiary Prevention
- Sweet and Sour: The Mix of Diabetes and Depression
- Update in Addiction Medicine
- Dermatology Update 2013

Wednesday Afternoon, October 23

All afternoon courses run **concurrently** from 1:30 pm to 5:00 pm

- Quality Utilization Management and Process Improvement in the Hospital Setting
- Updates in Pulmonary Critical Care and Sleep Medicine
- Endocrinology/Diabetes Update
- Urology for the Non-Urologist
- What Would You Do? Interesting and Challenging Surgical Cases
- Cardiology Eruition via Clinical Vignettes (1:30 p.m. to 3:00 p.m.)
- Managing Your Risk of a Lawsuit: A Review of Specialty Specific Data (3:30 p.m. to 5:00 p.m.)

Wednesday Evening, October 23

Evening course runs from 5:45 pm to 8:15 pm - (Dinner included)

- Symposium on Retirement Planning*
- Sepsis Management on the General Care Floor: A Deadly but Manageable Disease

Thursday Morning, October 24

- "Early Bird" Plenary Session - 7:00 to 8:00 am
Michigan's Insurance Exchange (Included)

All morning courses run **concurrently** from 8:30 am to 12:00 pm

- Neurological Emergencies in Children
- Masters Series 2013
- Early Detection and Prevention of Lung Disease: Pearls and Pitfalls
- Ophthalmology for the Non-Ophthalmologist
- Approach to Common Renal issues in Hospitalized Patients
- Reversing Rather Than Coping with Chronic Pain and Associated Disorders: Understanding the Role of the Brain (8:30 a.m. to 10:00 a.m.)
- Prostate Cancer: Update in Recommendations for PSA Screening, Active Surveillance and Curative Treatments (10:30 a.m. to 12:00 p.m.)

Thursday Afternoon, October 24

All afternoon courses run **concurrently** from 1:30 pm to 5:00 pm

- The Diabetic Vascular Patient: Special Considerations
- Infectious Disease Update 2013
- Diagnosis "Soul Murder": Evolving Perspectives on Our "Difficult" Patients
- Neurology for the Generalist: A Course for Hospitalists and General Practitioners
- Advances in Colon and Rectal Surgery
- Radiology Update

Friday Morning, October 25

All morning courses run **concurrently** from 8:30 am to 12:00 pm

"Early Bird" Plenary Session - 7:00 to 8:00 am

Have You Had the Conversation? Advance Care Planning for Serious or Advanced Conditions (Included)

- Management of Common Spine and Brain Diseases: A Refresher for Primary Care Physicians
- Rheumatology Update
- Vascular Updates in Cardiac Medicine
- Allergy, Asthma, and Immunology Updates in Clinical Guidelines
- Topics in Pediatric Nephrology for the Primary Care Provider (8:30 a.m. to 10:00 a.m.)
- Motivating Diabetics v 2.3 (10:30 a.m. to 12:00 p.m.)

Friday Lunch/Beaumont Lecture

Emerging Science and Technology for Medicine (Included)

Friday Afternoon, October 25

All afternoon courses run **concurrently** from 1:30 pm to 5:00 pm

- Hand Surgery Basics
- Personalized Cancer Therapy
- Infectious Diseases Alphabet Soup for 2013: MDR UTIs, CA-MRSA, HIV/AIDS, HCV, & Tdap/PCV13/PPSV23...
- Issues in Substance Abuse & Substance Use Disorder: What the Practicing Clinician Needs to Know
- How to Recognize and Treat Headache Disorders As They Relate to Co-morbid Conditions
- Dermatological Office Procedures for the Primary Care Physician

Saturday Morning, October 26

All morning courses run **concurrently** from 8:30 am to 12:00 pm

- Update in Endovascular Treatment of Common Neurovascular Pathology
- Interventional Radiology
- ENT Update for the PCP

MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION

Diversity in the Work Force



Doreen Schoenborn, MA, CMPE
Treasurer -MMGMA
Donald P Condit MD & Peter JL
Jebson MD- Practice Manager

Diversity may be the key to a successful team. If everyone you worked with was just like you, then you would know what to expect of them in most situations; how they will perform, what ignites their creativity, what motivates them to perform their jobs well.

Basically, you know how you would do something, so you can somewhat figure out how your like-minded team member will tackle the task. It's nice and possibly comfortable to have like-minded individuals in the workplace, but does it give us what we need to be a successful team?

Building a team of different- minded individuals can bring more to the table than you may think. You could look to build teams of individuals with different traits such as someone who is the optimist, another who is the planner, or the advocate and don't forget the ambitious doer.

We should try to build teams of individuals that encompass many different schools of thought and have varied backgrounds. Let's consider two individuals of the same age, 24 years old for instance. One of the team members has a spouse, children and a mortgage; the other is single and just graduated from MIT. Although these two team members have generational similarities, they have very different life experiences. These team members, when working together, complement each other through these differences that they have and help create a better team. But let's not minimize the benefits that come with the

age of our workers and the effect on the team. Multi-generational teams are great as they bring members together with different ways of processing and collecting data and many different life experiences. Each generation of employee brings with them benefits and challenges and if you embrace those, each team member can be worth their weight in gold.

In my experiences, I tend to form teams of individuals that I feel will gel with each other. I aim for diversity in many aspects because the more diverse my "well-gelled" team, the greater insight they bring to the table. People with diverse skills sets, experiences and background all working together to achieve a common goal, show that with diversity come possibilities. In no way am I insinuating that you hire based on age, race, gender, etc. I expect we hire the most qualified person for the position. But, when building a team within your workforce, I would encourage you to embrace diversity. Different life experiences, ages, genders, races, & personalities, to name just a few, will provide you with a more creative and productive team.

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Join Us

ALLIANCE CALENDAR



Deborah Shumaker
KCMS Alliance President

Alliance Heartbeat

It seems summer has finally arrived in West Michigan. We are enjoying warmer temperatures, farmers markets, outdoor BBQs and activities. While it is summer, it is not a time of complete rest.

The Alliance has been working to prepare our 2013-2014 calendar. There are many ways to participate and volunteer in philanthropic, legislative and social activities. Our fall general meetings are scheduled for September 24th and October 22nd to learn about our 2014 Charity Ball recipients Mental Health Foundation of West Michigan and The Bridge of Arbor Circle.

If you have not already renewed your membership, please send \$20 along with your contact information on the adjacent form, so we can keep you up-to-date and informed.

Invite a prospective member to a KCMSA event or volunteer project. They are guaranteed to meet wonderful people with a willingness to serve our community and promote friendship among families of physicians.

TUESDAY, SEPTEMBER 10

BOOK CLUB

NOON AT SCHULER'S ON 28TH STREET.

We will have local author Susan Lovell as our guest to discuss her book *The Sandpiper*.

TUESDAY SEPTEMBER 24

KCMSA GENERAL MEETING

10 A.M. MENTAL HEALTH FOUNDATION OF WEST MICHIGAN PRESENTATION AT THE KCMS OFFICES.

Musings lunch following at noon.

TUESDAY, OCTOBER 8

BOOK CLUB

NOON AT SCHULER'S ON 28TH STREET.

The End of Your Life Book Club by Will Schwalbe.

THURSDAY OCTOBER 10

WOMEN WHO WINE

5-7 P.M. AT THE HOME OF KATHY KENDALL.

This is a fun event for members, new members and friends. Donated wine gathered at this event is used for the Charity Ball Wine Auction. We will enjoy appetizers, wine and friendship for charity

TUESDAY, OCTOBER 22

KCMSA GENERAL MEETING

10 A.M. TOUR OF BRIDGE OF ARBOR CIRCLE.

Musings lunch following at noon.

MORE INFORMATION

Please visit kcmsalliance.org for complete details and a schedule of all our activities.



Kent County Medical Society Alliance (KCMSA)

Membership Application

Join us as we work together for a healthier Kent County and encourage friendship among physician families in our community.

Membership Year: July 1, 2013 – June 30, 2014

Name: _____

Address: _____

Spouse's Name: _____

Home Phone: _____

Email Address: _____

PLEASE MAKE CHECK PAYABLE TO KCMSA TO:
 KCMSA Treasurer , 5534 Alhambra Dr. SE, Grand Rapids, MI 49546

ANNUAL MEMBERSHIP DUES	PHYSICIAN'S SPOUSE	MEDICAL STUDENT OR RESIDENT'S SPOUSE	AMOUNT PAID	CHECK ALL YOU WISH TO JOIN
MSMSA* (Michigan State Medical Society Alliance)	\$32.00	\$2.50		<input type="checkbox"/>
KCMSA (Kent County Medical Society Alliance)	\$20.00	\$5.00		<input type="checkbox"/>
Total (County and State)	\$52.00	\$7.50	\$	

*Please note if you are the spouse of a retired physician you can pay a reduced dues amount of \$25.00 for MSMSA. KCMSA dues remain the same.

Pictures taken, posted and/or shared at KCMSA events are taken for the sole purpose of “sharing our memories” with members on our website and publications.

Additional membership application forms can be found at www.KCMSAlliance.org.
 For membership questions contact membership@kcmsalliance.org.

MSU COLLEGE OF HUMAN MEDICINE

Medical Students Working Hard



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

The cycle continues in medical education, as on July 8, the third year medical students began their clinical rotations. These students have recently studied for and taken the United States Medical Licensing Examination Step 1, a comprehensive examination over their knowledge of basic sciences.

This year, we will have about 90 third year students participating in their core clerkships in the West Michigan area. We are pleased to have added new clinical rotations at Pennock Hospital in Hastings and Holland Hospital, as well as at Planned Parenthood of West and Northern Michigan.

Our third class of 200 students will matriculate in August, with 100 of those students placed in Grand Rapids for their first two years of medical school. During the pre-matriculation week, all students spend an afternoon “in service” in the community. Small groups of students and faculty will deploy to locations such as Mel Trotter Ministries, nursing homes, Degage, and other non-profits to provide service, as well as to learn about the community resources offered in Grand Rapids.

As you may be aware, the number of medical students in Michigan, and throughout the country, is rapidly increasing, but the number of residency positions is fairly static. This means that there is growing competition for all residency positions, regardless of specialty. Throughout our curriculum, we present a longitudinal curriculum on career development for medical students. The Association of American Medical Colleges (AAMC) provides excellent resources through their Careers in Medicine program. We also tap into the vast knowledge and experience of

our local physicians, and there are always opportunities for participation! Our first year students explore career interests by looking at work values and their relationship to various specialties. During the students’ first year, we engage a panel of physician volunteers from a variety of medical specialties to talk to the students about the different specialties and what they involve. Students also receive coaching on developing an appropriate medical curriculum vita and seek summer opportunities to help develop research and career interests.

During their second year, the students use the Myers Briggs Type Indicator to assess their own traits and how those match with different subspecialties. They spend more time with physician volunteers, shadowing and interacting directly with physician panels. We have student-run specialty interest groups such as PIG (Pediatric Interest Group) and EMIG (Emergency Medicine Interest Group) which allow for more interaction with attending physicians and residents in the different specialties, as well as providing community service options for our students. By the time the students reach the mid-way point in their third year of medical school, most have identified specialty interests, and we match them with local physicians to mentor them. At that point, we meet with the students frequently both individually and as a group to help them tailor their residency applications so that they can be as competitive as possible. Clearly, we would not be able to offer such a robust program without the help of our physician community. We recognize how fortunate we are to exist in a community dedicated to medical education and the mentoring of medical students.

COMPREHENSIVE LEGAL COUNSEL

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Our over 4,000 Michigan members also benefit from significant local clout provided by long-standing relationships with the state's leading attorneys and expert witnesses, plus litigation training tailored to Michigan's legal environment.

This uncompromising approach, combined with our Tribute® Plan that has already earmarked \$11 million to Michigan physicians, has made us the nation's largest physician-owned medical malpractice insurer.

The Michigan State Medical Society exclusively endorses our medical malpractice insurance program, and we are a preferred partner of the Michigan Osteopathic Association. To learn more about our program benefits, call our East Lansing office at (800) 748-0465 or visit www.thedoctors.com.

*We relentlessly defend, protect, and reward
the practice of good medicine.*



Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see www.thedoctors.com/tribute.