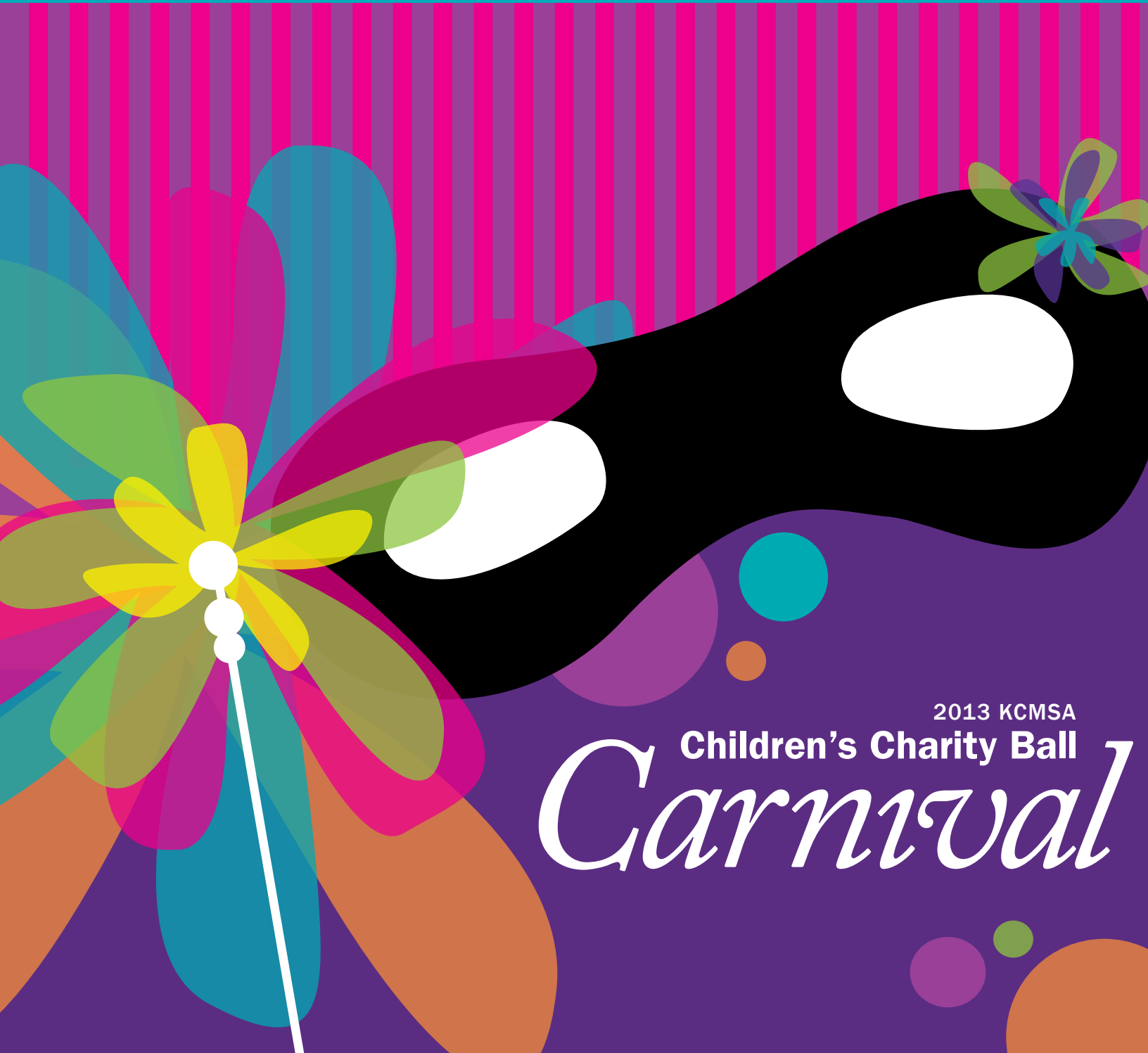




Bulletin

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

WINTER 2013



2013 KCMSA
Children's Charity Ball
Carnival

PAGE 6
New KCMS Members

PAGES 14 & 15
January CME & Annual Meeting

PAGE 19
Children's Charity Ball



2013 KCMSA Children's Charity Ball
CARNIVAL

See page 19 for details.



2013
CME UPDATE



Saturday, February 2, 2013

Register today at www.kcms.org





BULLETIN

EDITOR

Gregory J. Forzley, MD

PUBLISHED BY

Kent County Medical Society &
Kent County Osteopathic Association
233 East Fulton, Suite 222
Grand Rapids, MI 49503
Phone 616.458.4157
Fax 616.458.3305
www.kcms.org • www.kcoa.us

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ON THE COVER

Be sure to join us for the
2013 KCMSA Children's
Charity Ball.
For further details,
see page 19.

For over twenty years, the KCMS Children's
Charity Ball has provided over \$1,000,000
for 26 charities in the greater Kent County
area. Please consider attending this year's
Carnival-themed event on Saturday, February 9,
2013 at The JW Marriott.

FOR TICKETS, CALL 616.458.4157
OR SEE PAGE 19
FOR MORE INFORMATION.



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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.

In Memoriam

JOSEPH DANIELS, MD

Dr. Joseph Daniels graduated from Howard University in Washington, DC in 1957. He served in the US Army Medical Corps from 1959-1962. He completed his residency in Psychiatry at Angora Hospital, in Angora, New Jersey in 1965. He began his medical career in New Jersey, later moving to Grand Rapids, Michigan. He became a member of the KCMS in 1988. His wife Shirley, an active volunteer and educator in Grand Rapids is a member of the KCMS Alliance and a current Board Member of the Kent Medical Foundation.

THOMAS L. HAYNES, MD

Dr. Thomas L. Haynes was a graduate of the University of Michigan where he received his MD degree in 1974. His early medical career was spent in San Francisco, California and Akron, Ohio where he first practiced as an Emergency Room Physician. He began practicing addiction medicine in Akron, Ohio and Battle Creek, Michigan. Dr. Haynes was a sought after speaker and did much to further both professional and public education about addiction. He joined the KCMS in 1987.

JOSEPH D. MANN, MD

Dr. Joseph D. Mann attended the University of Minnesota, receiving his Medical Degree in 1946. He served in the Army in World War II and in the Army Medical Corps at Walter Reed Army Hospital in Washington DC during the Korean War. After training in Pathology at the Mayo Clinic, Rochester, MN, he became Director of Laboratories of Butterworth Hospital (now Spectrum Health Downtown) in 1955, a position he held for 37 years. After stepping down as Director, he continued to work as a Pathologist at Spectrum Health and elsewhere for an additional 13 years. Dr. Mann had a lifetime interest in research and published numerous scientific papers in Hematology, Blood Banking and Genetics. He joined the KCMS in 1955 and served as President in 1983.

THE MEDICAL SOCIETY EXTENDS SYMPATHY TO THEIR FAMILIES.

Directory changes needed

Please submit any changes that are needed to what was recently published in the 2012 Directory.

Name: _____

Phone: _____

Email: _____

Requested Change: _____

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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.

Please print clearly. Fax (458-3305) or mail completed form to the KCMS/KCOA office: 233 East Fulton, Suite 222, Grand Rapids, MI 49503.

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MEETINGS OF INTEREST

FEBRUARY 2

KCMS CME 2013 #2, CALVIN COLLEGE PRINCE AUDITORIUM

LUNCHEON WITH AMA PRESIDENT-ELECT, DR. ARDIS DEE HOVEN

Immediately following the Educational Event

FEBRUARY 4

KCMS/KCOA LEGISLATIVE COMMITTEE MEETING,
MASONIC CENTER

MARCH 11

KCMS/KCOA LEGISLATIVE COMMITTEE MEETING,
MASONIC CENTER

MARCH 30

NATIONAL DOCTOR'S DAY

APRIL 8

KCMS/KCOA LEGISLATIVE COMMITTEE MEETING,
MASONIC CENTER

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



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(Psychiatry)
Pine Rest Christian Mental
Health Services
Phone: 616-455-5000

**YAH APPIAGYEI-
DANKAH, MD**

(Pediatric Endocrinology)
Helen DeVos
Children's Hospital
Phone: 616-391-3933
Fax: 616-391-8853

WILLIAM HENRY BAER, MD

(Internal Medicine)
Grand Valley Medical
Specialists
Phone: 616-459-3158
Fax: 616-988-0071

**CHRISTOPHER R.
BARNES, DO**

(Family Practice)
Spectrum Health Medical
Group Family Medicine
Phone: 616-267-7015
Fax: 616-267-7818

VERLE L. BELL, MD

(Psychiatry)
Pine Rest Christian Mental
Health Services
Phone: 616-281-6371

CHI L. BRAUNREITER, MD

(Pediatric Hematology/
Oncology)
Helen DeVos
Children's Hospital
Grand Rapids, MI 49503
Phone: 616-267-1925
Fax: 616-267-1005

IAIN G. CHARNLEY, MD

(Family Practice)
Advantage Health Physician
Network Southeast
Phone: 616-685-8100
Fax: 616-455-5052

JASON P. COLES, MD

(Internal Medicine/Psychiatry/
Sleep Medicine)
Spectrum Health Medical
Group Sleep Medicine
Phone: 616-391-3759
Fax: 616-391-3052

JAMES STEWART COLLINS, MD

(Cardiovascular Disease/
Internal Medicine)
West Michigan Heart
Phone: 616-885-5000
Fax: 616-885-5020

ROBERT F. CUFF, MD

(Vascular Surgery)
Spectrum Health Medical
Group Vascular Surgery
Phone: 616-267-8700
Fax: 616-267-8247

**JEFFREY MARK
DECKER, MD**

(Cardiovascular Disease/
Internal Medicine)
West Michigan Heart
Phone: 616-885-5000
Fax: 616-885-5020

BALJIT SING DEOL, MD

(Neurology/Diag. Rad/
Neuroradiology/Vascular &
Interventional Radiology)
Kent Radiology, PC
Phone: 616-364-6700

STEVEN T. DEROOS, MD

(Child Neurology)
Helen DeVos
Children's Hospital
Phone: 616-267-2500
Fax: 616-267-2501

**JORGELINA T.
DESANCTIS, MD**

(Internal Medicine/
Infectious Disease)
Spectrum Health Medical
Group Infectious Disease
Phone: 616-774-2822

ULRICH A. DUFFNER, MD

(Pediatric Hematology/
Oncology)
Helen DeVos
Children's Hospital
Phone: 616-267-1925
Fax: 616-267-1005

PAUL R. DWYER, MD

(Emergency Medicine)
Certified Emergency Medicine
Specialists, PC
Phone: 363-7867

ALLISON J. FABIAN, DO

(Family Practice)
Spectrum Health Medical
Group Family Medicine
Phone: 616-486-5421
Fax: 616-486-5051

**MUHAMMAD UMAR
FAROOQ, MD**

(Neurology/Vascular
Neurology)
The Hauenstein
Neuroscience Center
Phone: 616-685-5050

KAREN L. GARIBALDI, MD, MPH

(Internal Medicine)
Spectrum Health Medical
Group Internal Medicine
Phone: 616-391-5600
Fax: 616-391-5685

**STACIE L.
GRIEMSMAN, MD**

(Family Practice)
Spectrum Health Medical
Group Family Medicine
Phone: 616-391-4600
Fax: 616-486-0133

TIMOTHY C. GRIFFIN, MD

(Pediatric Hematology/
Oncology)
Helen DeVos
Children's Hospital
Phone: 616-267-1502
Fax: 616-267-1411

KENNETH S. JOHNSON, MD

(Emergency Medicine)
Emergency Care Specialists, PC
Phone: 616-957-3343
Fax: 616-957-3320

**MATTHEW RYAN
KARULF, MD**

(Internal Medicine/Pulmonary/
Critical Care Medicine)
Spectrum Health Medical
Group Pulmonary
Phone: 616-267-8244
Fax: 616-267-7272

BENNY J. KIEFF, MD

(Gastroenterology)
Spectrum Health Medical
Group Gastroenterology
Phone: 616-267-7414
Fax: 616-267-7137

JOSEPH G. KRAININ, MD
(Neurology/Sleep Medicine)
Saint Mary's Hauenstein
Neuroscience Center
Phone: 616-685-5050
Fax: 616-685-8962

PAUL R. MARK, MD
(Medical Genetics)
Spectrum Health Medical
Genetics
Phone: 616-391-2700
Fax: 616-391-3114

**NEHAL J. LAKHANI,
MD, PHD**
(Hematology/Oncology)
Cancer & Hematology Centers
of Western Michigan, PC
Phone: 616-954-9800

MARYKAY LEHMAN, MD
(Internal Medicine/
Pulmonary)
Spectrum Health Medical
Group Pulmonary
Phone: 616-267-8244
Fax: 616-267-7272

SOMI LIM, MD
(Obstetrics & Gynecology)
Area Wide OB/GYN
Phone: 616-532-1410
Fax: 616-532-5017

LISA M. LOWERY, MD, MPH
(Adolescent Medicine/
Pediatrics)
Helen DeVos
Children's Hospital
Phone: 616-391-2123
Fax: 616-391-2505

RYAN D. MADDER, MD
(Cardiovascular Disease/
Internal Medicine)
West Michigan Heart
Phone: 616-855-5000
Fax: 616-885-5020

VINAYAK A. MANOHAR, MD
(Cardiovascular Disease/
Internal Medicine)
The Heart & Wellness
Institute
Phone: 616-719-5939
Fax: 616-719-5933

ANN E. MATHIAS, DO
(Family Practice)
Spectrum Health Medical
Group Family Medicine
Phone: 616-878-3321
Fax: 616-878-0858

ERIC J. MITCHELL, MD
(General Surgery)
Spectrum Health Medical
Group General Surgery
Phone: 616-267-7601
Fax: 616-267-7200

JOHN R. MOGOR, MD
(Internal Medicine/Pediatrics)
Spectrum Health Medical
Group Internal Medicine &
Pediatrics
Phone: 616-897-8436
Fax: 616-897-5364

BRIAN J. PACK, MD
(Orthopedic Surgery)
River Valley Orthopedics, PC
Phone: 616-456-8515
Fax: 616-456-8208

**NATHAN E.
POMEROY, MD**
(Internal Medicine/
Endocrinology)
Spectrum Health Medical
Group Center for Diabetes
& Endocrinology
Phone: 616-267-8950
Fax: 616-267-8585

DANIEL C. POSTELLON, MD
(Pediatric Endocrinology)
Helen DeVos Children's
Hospital
Phone: 616-391-8802
Fax: 616-391-8853

**ALEJANDRO
QUIROGA-CHAND, MD**
(Pediatric Nephrology)
Helen DeVos Children's
Hospital Nephrology
Phone: 616-267-2400
Fax: 616-267-2401

**DANIALD MARCUS
RODRIGUES, MD**
(Gastroenterology)
Spectrum Health Medical
Group Gastroenterology
Phone: 616-267-7414
Fax: 616-267-7137

ERIC C. SANTOS, MD
(Hematology/Oncology)
Cancer & Hematology Centers
of Western Michigan, PC
Phone: 616-954-9800
Fax: 616-954-2116

YASHESH R. SAVANI, MD
(Anesthesiology/Pediatric
Anesthesiology)
Anesthesia Practice
Consultants, PC
Phone: 616-364-4200
Fax: 616-364-7347

EUGENE M. SHATZ, MD
(Pediatrics/
Adolescent Medicine)
Helen DeVos
Children's Hospital
Phone: 616-391-2123
Fax: 616-391-2505

JASON D. SLAIKEU, MD
(Vascular Surgery)
Spectrum Health Medical
Group Vascular Surgery
Phone: 616-267-8700
Fax: 616-267-8247

**MATTHEW R.
STEENSMA, MD**
(Musculoskeletal Oncology)
Spectrum Health Medical
Group Orthopaedic Oncology
Phone: 616-486-5961
Fax: 616-486-6938

JULIA M. STEINKE, MD
(Pediatric Nephrology)
Helen DeVos Children's
Hospital Nephrology
Phone: 616-267-2400
Fax: 616-267-2401

**RICHARD J.
STRABBING, DO**
(Otolaryngology)
Spectrum Health Medical
Group Otolaryngology
Phone: 616-494-5860
Fax: 616-494-5901

LIAM R. SULLIVAN, DO
(Infectious Disease)
Spectrum Health Medical
Group Infectious Disease
Phone: 616-774-2822
Fax: 616-301-9923

ELENA J. TANNER, MD
(Obstetrics & Gynecology)
Spectrum Health Medical
Group Obstetrics &
Gynecology
Phone: 616-391-3315
Fax: 616-391-3320

KAREN KAY THOMPSON, MD
(Pediatric Pulmonology)
Helen DeVos
Children's Hospital
Phone: 616-267-2200
Fax: 616-267-2201

STELLA A. UGBOMA, MD
(Anesthesiology)
Anesthesia Practice
Consultants, PC
Phone: 616-364-4200
Fax: 616-364-7347

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VANDERLAAN, MD**
(Internal Medicine/
Medical Oncology)
Priority Health, Medical
Director of Network
Effectiveness
Phone: 616-464-8136

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KENT COUNTY MEDICAL SOCIETY COMMITTEES

Get Involved

The KCMS Board of Directors welcomes members' involvement in committees. The following committees have openings.

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).

Doctors in the News

ROBYN HUBBARD, MD, with Grand Rapids Women's Health and a Member of the Kent County Medical Society was a featured guest on WZZM13's Healthy You segment titled "Just Ask: Breastfeeding."

STEPHEN C. BLOOM, DO, with Mary Free Bed Rehabilitation Hospital and a Member of the Kent County Medical Society was a featured guest on WZZM13's Healthy You segment titled "Doctors remind hunters to be safe" on Monday, November 12, 2012.

THOMAS GETZ, MD, with Betty Ford Breast Care Services at Spectrum Health and a Member of the Kent County Medical Society was a featured guest on two separate programs recently:

- WZZM13's Healthy You segment titled "Seed procedure for breast cancer surgery, and
- WOOD TV8's eightWest Living Well segment titled "Breast cancer and beyond."

CLIFFORD B. JONES, MD, orthopedic surgeon at Orthopaedic Associates of Michigan and a Member of the Kent County Medical Society, was recognized by *Orthopedics This Week* among the Top 29 Orthopedic Traumatologists in the US. (*Orthopedics This Week*, 10/16/2012, Volume 8, Issue 33, pgs. 4-7)

THOMAS H. PETERSON, MD, with Helen DeVos Children's Hospital and a Member of the Kent County Medical Society served on a panel discussion at the ShapeMichigan meeting. The ShapeMichigan meeting was part of the Living Well Grand Rapids Expo that took place at the DeVos Place, January 11-12, 2013.



Medical Student Mentoring Session

KCMS and MSU-CHM would like to thank Dr. Joseph Junewick and Advanced Radiology Services for hosting the Medical Student Mentoring Session.





David W. Whalen, MD
KCMS President

PRESIDENT'S MESSAGE

Why Politics Matter

With the end of the 112th Congress, came the usual “put off to the last minute” legislation. This year, the talk in the press was all about the “Fiscal Cliff.” Given that Congress didn’t act until after 2012, I guess that we actually “went off the cliff,” but it seems that the US economy will continue to survive.

Tucked away in the bill was the annual “kick the can down the road” on Medicare payments. Yet again, organized medicine has averted an approximately thirty percent cut in Medicare payments — until the next time this comes up as an even bigger potential cut. Each year, and sometimes several times a year, organized medicine lobbies to try to get this permanently fixed, but all that we ever get is a temporary extension. This is all related to the Balance Budget Act of 1997 (BBA), which created the “Sustainable Growth Rate.” This has been shown to be a completely unsustainable growth rate, because it is clear that physicians would not be able to care for Medicare beneficiaries if the huge reductions went into effect.

Another portion of the BBA which attempted to slow healthcare expenditures has only recently started to have a serious deleterious effect. The act capped the number of residency slots at the number that were currently in existence in 1997. This was done to prevent the growth in the number of physicians and especially in specialists. This was done despite the fact that the residents are nearly the only source of healthcare for patients on Medicaid, and are one of the most cost effective ways of providing healthcare. Recently, Michigan has expanded two of its

medical schools, and created new medical schools at Central, Western and Oakland Universities. This is an attempt to better serve the patients of Michigan with greater access to physicians. However, due to the federal cap on residencies, it may soon become impossible for these medical students, who are graduating with approximately \$200,000 in federal student loans, to find any

residency program to train them. This is driving some hospital systems to create unsubsidized residency positions, but these have tended to be in sub-specialty areas — the exact opposite of the intent of the legislation.

These are just a couple of the important issues facing organized medicine. I am certain that every physician and medical student in Kent County has issues with the current state of medical practice.

Luckily, the Michigan State Medical Society (MSMS) has a forum where we can discuss that. The annual House of Delegates is the policy making body of the MSMS and this year the meeting is in Grand Rapids from April 26th-28th. The Kent County Medical Society is looking for a few more alternate delegates to the House of Delegates. If you have an issue with the current practice of medicine, I urge you to get involved. We need your voice. Please contact the office if you are interested in joining the delegation.

The Balance Budget Act of 1997 capped the number of residency slots at the number that were currently in existence in 1997.



Gregory J. Forzley, MD
KMF Board Chair

KENT MEDICAL FOUNDATION

Got Any Resolutions?

As we begin another New Year, it is a good time for reflection on past activities and successes. It is also common for many to indulge in a time honored tradition at the start of a new year — New Year's Resolutions.

Resolutions purportedly got their start in ancient Babylonian times when the Babylonians would make promises to their gods at the start of their new year in March. The timing was changed by the Romans to January when they established the Roman calendar. (January gets its name from Janus, the two-faced god of beginnings and transitions who looks to the future and the past.)

Resolutions are an interesting phenomenon. As you know, they are “a commitment that a person makes to one or more personal goals, project, or the reforming of a habit... in anticipation of the New Year and new beginnings.” (Wikipedia) According to USA.gov, the most common recurring resolutions (in alphabetical order) are:

- Drink Less Alcohol
- Eat Healthy Food
- Get a Better Education
- Get a Better Job
- Get Fit
- Lose Weight
- Manage Debt
- Manage Stress
- Quit Smoking
- Recycle
- Save Money
- Take a Trip
- Volunteer

Interestingly, all except Volunteer to Help Others are focused directly on personal improvement. For 2013, based on a survey by LA Fitness of over 2,000 individuals, the top resolutions for that selected group are more modern, but still quite focused on personal actions. But the 10th item on the list caught my attention: Do something for charity. So, helping and connecting to others still manages to make the top 10 list of personal goals every year.

So what are your new year's resolutions? Less than half of us will make any resolutions at all, and a very small percentage of resolutions are kept for the entire year. But the Kent Medical Foundation continues to make the same resolve year after year: to support community service and explore medical outreach opportunities in our community. We are very proud of the success of the Foundation grants that have engaged medical students in leading community wellness activities such as Fit Kids 360 and the Health Cooking programs through the generosity of our members and donors.

As I complete my tenure as the KMF Board Chair and close out my time on the Kent County Medical Society Board, I want to extend my deepest thanks to all of you who support organized medicine and the Kent Medical Foundation. Without you and your involvement, our medical community would not have the broad focus and engagement that we enjoy today. For those of you who have not engaged yourself in the medical society, or if you know of medical colleagues that have not partnered with us either through membership or gifts, I ask you to consider a New Year's resolution for 2013 to take action. In closing, I would like to share a reflection that recently came to my attention — there are 5 things that you cannot recover in life:

1. The Stone...after it's thrown,
2. The Word...after it's said,
3. The Occasion...after it's missed,
4. The Time...after it's gone, and
5. A person...after they have passed away.

Living with a spirit of giving eliminates moments we wish we could recover. (Author unknown).



KMF Holiday Cards a Huge Success

The following donors generously supported the 2012 KMF holiday card campaign.

WE SINCERELY THANK YOU FOR ANOTHER SUCCESSFUL YEAR!

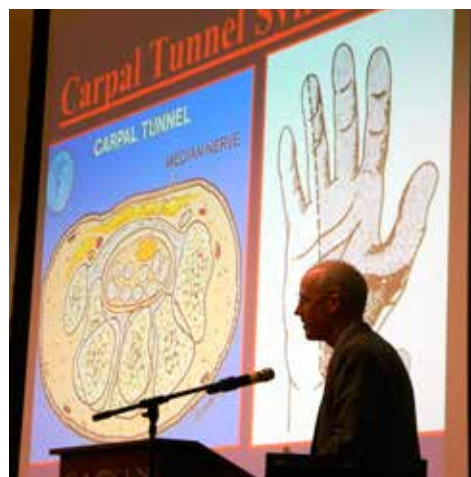
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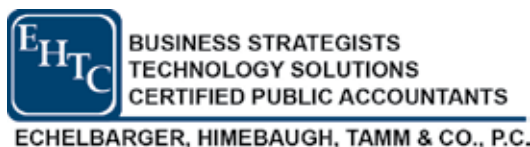
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Sally and Larry Robson
Dr. Brian and Sandy Roelof
Dr. Jack and Lija Romence
Ken and Elaine Rongey
Dr. Steve Rupp
Dr. David and Jennifer Scheeres
Dr. Don and Betsy Scholten
Dr. John and Bonnie Sebright
Dr. and Mrs. Marc Sink
Willard and Elvira Stawski
Dr. George and Andrea Sugiyama
Dr. Matthew and Mindy Tiede
Dr. Roderick Urbaniak
Robert and Susan Van Tuinen
Joseph and Tanya Vanden Bosch
Doug and Amy Vander Woude
Wayne and Shelley VanderKolk
John and Elizabeth Visser
Michael and Lisbeth Votruba
Dr. Rik and Kitty Vydareny
Dr. Jim and Janet Watkins
Dr. and Mrs. Vernon E. Wendt
Drs. David and Vicki Whalen
Dr. Charles and Patricia Wilkinson
Jerry and Kathy Wittingen

October CME Update

Special thanks to our speakers who gifted their time and knowledge to provide critical information at the KCMS CME Event. Speakers included: Peter Coggan, MD, Donald Condit, MD, David Echelbarger, CPA, Raymond Gonzalez, MD, M. Ashraf Mansour, MD, Rose Ramirez, MD, Paul Reitemeier, PhD, Steve Triezenberg, MD, Phillip Wise, MD



Thank you to David Echelbarger, CPA with EHTC for speaking at the Preventing Fraud Luncheon and a special thank you to the companies that made this luncheon possible!





January CME Update & Annual Meeting

Thank you for taking time from your weekend to attend the Kent County Medical Society January CME Update. We hope you found the program to be informative and time well spent.





Thank you to all that attended the Kent County Medical Society 110th Annual Meeting where Dr. David W. Whalen administered the oath of office and installed Dr. Phillip G. Wise as the 110th President of the Kent County Medical Society. The KCMS gavel was turned over to Dr. Wise.





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

KENT COUNTY HEALTH DEPARTMENT

Resolve to Support a Healthier Kent County

The New Year is upon us and with it a litany of personal resolutions to change our behaviors to improve our health, our relationships or our finances. This year, in addition to our personal goals, let us come together as a public health community and collectively resolve to help improve the health of our community.

Health care providers are a vital component of the public health system and your support of community health initiatives is critical to their ultimate success. With a number of ongoing community collaboratives in Kent County, it should be easy for all of us to find a way to become involved or push forward the strategies developed by these groups. This article provides a brief overview of the work of these collaboratives and data on some of the health issues they aim to impact.

Many of us will strive to exercise more and eat less in order to shed a few pounds this year. According to the Behavioral Risk Factor Survey (BRFS), nearly two-thirds of Kent County adults are overweight or obese based on their body mass index. Greater than one in four Kent County middle and high school students has a BMI that classifies them as overweight or obese (2011-2012 Michigan Profile for Healthy Youth). Is it a coincidence that one in four students

also report watching three or more hours of television per day on an average school day?

For some of us, it has been a while since we've visited our physician. Maybe 2013 is the year that you've decided to follow through with getting a routine physical. Unfortunately, for many in Kent County their ability to do this is limited by a lack of health care insurance. BRFS data indicate that 12% of Kent County adults do not have health insurance and nearly 14% did not access health care in the past year due to cost.

Visit these websites to find out more about initiatives to improve the health of Kent County and how you can become involved:

HWMUW HEALTH VISION COUNCIL
www.hwmuw.org/health

WORKING TOGETHER FOR A HEALTHIER TOMORROW
www.kentcountychna.org

KENT COUNTY HEALTH CONNECT
www.kchcct.com

The Heart of West Michigan United Way (HWMUW) Health Vision Council has a bold goal of improving these health outcomes by 2020. In an effort to impact the health insurance and obesity data presented above, the council's main focus areas are access to care and healthy eating/fitness. HWMUW's strategy for improving access to care includes a "Community Door" concept that helps ensure coordinated, timely access to quality health and social services for county residents, including education, referral, navigation and follow-up monitoring. To reduce overweight and obesity, the group is looking to create a community "Hub" where best practice information is shared and collective impact is evaluated.

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

December, 2012

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2012	Through December 2007-2011
AIDS (Cumulative Total - 906)	1	22	31
AMEBIASIS	0	4	4
CAMPYLOBACTER	3	80	57
CHICKEN POX ^a	7	19	103
CHLAMYDIA	244	3499	3322
CRYPTOSPORIDIOSIS	0	30	16
Shiga Toxin Producing E. Coli ^b	0	5	N/A
GIARDIASIS	3	70	79
GONORRHEA	47	612	863
H. INFLUENZAE DISEASE, INV	0	5	2
HEPATITIS A	0	5	5
HEPATITIS B (Acute)	0	1	2
HEPATITIS C (Acute)	0	2	0
HEPATITIS C (Chronic/Unknown)	12	282	318
INFLUENZA-LIKE ILLNESS ^c	4872	51981	52199
LEGIONELLOSIS	1	12	7
LYME DISEASE	0	4	3
MENINGITIS, ASEPTIC	3	35	38
MENINGITIS, BACTERIAL, OTHER ^d	0	14	8
MENINGOCOCCAL DISEASE, INV	0	3	2
MUMPS	0	0	0
PERTUSSIS	0	9	8
SALMONELLOSIS	3	58	50
SHIGELLOSIS	0	13	11
STREP, GRP A, INV	2	24	14
STREP PNEUMO, INV	3	38	56
SYPHILIS (Primary & Secondary)	1	8	9
TUBERCULOSIS	1	18	23
WEST NILE VIRUS	0	21	1

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2012	DISEASE	NUMBER REPORTED Cumulative 2012
Guillain-Barre Syndrome	5		
Malaria	5		
Creutzfeldt-Jakob Disease	2		

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

KENT COUNTY HEALTH DEPARTMENT CONTINUED FROM PAGE 16

Health disparities continue to be an unfortunate reality in Kent County. Minority women in Kent County are twice as likely to receive inadequate prenatal care as White women. Nearly 20,000 Kent County residents live in a “food desert” (a geographic area where healthy and balanced food stores are difficult to access), most of which are located in low-income urban areas. Additionally, health risk behaviors (including violent, sexual, and dietary behaviors) are more prevalent among minority youth.

Kent County Working Together for a Healthier Tomorrow is a coalition of individuals representing community agencies and institutions that impact health in the county. Through a collective process of data collection and prioritization, the coalition has identified strategic priorities focused mainly on reducing disparities in four areas; access to health care, prenatal care, access to healthy foods and risky behaviors among youth. The coalition has worked together to devise community actions for each of these target areas that are summarized in the Kent County Community Health Improvement Plan. This plan will serve as a strategic plan for the community over the next three years.

Although Michigan’s Smoke Free Air Law has helped reduce exposure to second hand smoke, one of every six

Kent County adults still identifies themselves as a current smoker (BRFS). While only 5% of 11th graders in Kent County identify themselves as frequent smokers, this figure increases to greater than 30% among college-aged individuals (18-24 years of age).

Kent County Health Connect is a local program supported by the national Community Transformation Grant (CTG) program of the Centers for Disease Control and Prevention. The program aims to connect resources and develop initiatives that focus on Healthy Eating and Active Living, Tobacco-Free Living and Clinical Preventive Services. Advisory teams in each of these focus areas are currently in the process of devising strategies that will combine to form a Community Transformation Implementation Plan. Strategies developed by these advisory teams focus on policy, environmental and programmatic changes to improve community health.

Thousands of resolutions are made and broken each year, but a collective commitment to supporting the work of these collaboratives is one resolution our community cannot afford to break.



Special Thanks

Claire Hamman — Project Access Clinic Referral Coordinator and AmeriCorps HealthCorps Navigator, worked with the Cherry Street Health Services AmeriCorps HealthCorps team to link the KCMS Alliance and their adopted agency The Crisis Center with much-needed and much appreciated gifts. The AmeriCorps HealthCorps team secured the donation of +40 bottles of Shampoo, conditioner, dish soap and other hygiene products for the women in the Crisis Center.

Thank you Claire for your tremendous work on behalf of those in need. The KCMS and Alliance are grateful for your hard work.



LEFT: Barbi Sink and Claire Hamman.



BELOW: Claire Hamman, Mary Ann Delevan, Deb Shumaker and Barbi Sink



2013 KCMSA
Children's Charity Ball
Carnival

SATURDAY, FEBRUARY 9, 2013
6:00pm | The JW Marriott

Black Tie Optional. Cash Bar. Valet Parking

**Join us for a strolling
dinner and silent
auction, featuring Group
Aye, Arthur Murray
salsa dancers, ice
carving and more!**

Ticket sales will benefit Cherry Street Health Services "See to Succeed Program" and FitKids360. For over twenty years, the Charity Ball has provided over \$1,000,000 for 26 different charities in the greater Kent County area.

Carnival masks will be available for donation.

JW rooms blocked under KCMSA.

Name(s) _____

Guest(s) _____

Address _____

Phone & Email _____

Enclosed is a check for \$ _____ for _____ tickets* (\$200 per ticket)

PLEASE MAKE CHECKS PAYABLE TO KCMSA Foundation

- I am interested in purchasing a corporate table for 10 people at \$2,500
- I am unable to attend, but please accept my contribution of \$ _____

Enclosed is my check for \$ _____

Mail to: Irene Betz, 333 Honey Creek Ave., Ada, MI 49301



Barbara Sink
KCMS Alliance President

ALLIANCE HEARTBEAT

Understand the Issues

Perhaps, like me, you are tired of the endless politicking, robo-calls, advertisements, desperate pleas for money and the media's endless discussions of the same repetitive topics. The monotony of discussions, confuse and obfuscate what is important. However, these are serious times. I know I must discipline myself and pay attention. I can't close my eyes and not think about the issues and have an opinion.

Decisions are being made that will effect our lives and the lives of generations to come. New legislation and executive orders have great consequences. Of course, one area where these decision are of special interest is health care.

The KCMS Alliance helps the membership be informed of key legislative issues on the state and national level. Our legislative chairs, Deb Droste and Karin Maupin monthly attend the KCMS legislative luncheons where they are able to discuss current issues with the Michigan Medical Society lobbyists and state legislators. Their reports found on the Alliance web site are one way to be informed of issues that are important to us in Kent County. Also,

alerts for action are sent out to the membership through email as needed.

An important part of the Michigan Medical Alliance mission is "to educate about legislative issue concerning the practice of medicine." Members of the state Alliance regularly receive electronic updates from the Michigan Medical Society. Legislative updates can also be viewed at MSMS.org. Debate over medical legislation is covered in the local news, however, here it is presented from the doctor's perspective.

I hope you'll join me and check out the KCMS Alliance and the MSMS web sites for legislative information.

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



Annual Holiday Tea

Not only were friendships renewed, but we gathered abundant gifts and cookies for the Baxter Day Care and pink bags brimming with personal products for Safe Haven Ministry. From left, Jillane Bosscher loads the pink bags for the crisis center. Suhair Muallem and Mary Gerbens share the joy of the season. KCMSA wishes to especially thank members of Kent County AmeriCorps for their donations.



Join Us

ALLIANCE CALENDAR

FEBRUARY 9
CARNIVAL 2013 CHARITY BALL

FEBRUARY 12
BOOK CLUB AT SCHULERS BOOK STORE

MARCH 19
VISIT BRIDGE OF ARBOR CIRCLE

APRIL 23
SPRING LUNCHEON

MORE INFORMATION

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



At Heart of the City, members check out the new exercise equipment that the KCMSA Foundation helped provide. Pictured are Mary Crawford, Mindy Tiede Kathy Kendall, Barb Uhl and Beth Junewick.

Fall Meetings

We met to learn about our Charity Ball recipients, See to Succeed and Fit Kids 360. Representatives of both programs visited with us and explained the workings and benefits of their programs. Lunches afterwards were great fun at JW Marriott and Trillium Haven.



Checking out the trendy frames in the optometry office at Cherry Street Health Center's Heart of the City are Deb Shumaker and Cynthia Matelic.

MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION

Manager, Mentor & Coach — Lead an Exceptional Team



Doreen Schoenborn,
MA, CMPE
Treasurer on the
Board of Directors,
MMGA

It's a new year! I sincerely hope that you have enjoyed great accomplishments and success in 2012. Success is important to each and every one of us. We strive to be accepted, acknowledged and loved by our family, friends, bosses, employers, employees, etc. I want my employees to know and feel that they are accepted, acknowledged and appreciated at their place of work.

When you think about it, many of us spend more time at work than we do at home interacting with family and friends. I want my employees to enjoy coming to work every day. I believe that if you enjoy your position you will have greater success at the workplace and will be a much better employee. In my own office I have seen fewer sick days and exceptional team work from those employees who are happy in their careers. I consider my job as a practice manager to be that of manager, coach and mentor. Employees should be willing to confide in the manager and believe that you are sincerely concerned for their success. Communication must be a priority in order to achieve this and you need to be able and willing to show empathy and understanding, be an active listener and extremely honest. The ability to clearly state what the situation is, in an honest non-aggressive manner, is a communication skill worth working on. People make mistakes and need to be educated when errors happen. It is the managers' role to teach, encourage, counsel and relate. Think of yourself as an advocate for the employees' personal growth and career. Discipline can then become a matter of helping an employee learn and grow from mistakes and strengthen their skills. It's a good manager that will offer information, advice, references and resources to their employee to help them succeed. A manager must be willing to offer criticism and allow them to learn from their mistakes. I

strive to look at every "problem" as an "opportunity". This is an opportunity to learn, grow, change processes and ultimately become better.

Our employees need to feel empowered to succeed in their careers. Managers delegate important work to their staff and this delegation is empowering to the employee. Optimally, we'd like the staff to be self-managing. The staff should know what needs to be done and require minimal supervision. A good manager will teach and direct when needed, but ultimately we want the employees to be self-guided, productive and empowered to complete their jobs with little guidance. Too much time can be wasted when a manager feels the need to micro-manage employees. The work place needs to be productive, efficient and financially successful and having an exceptional team that feels empowered, appreciated and necessary will significantly lead to those results.

Granted, if this is not part of your regular routine, it is going to take trial and error on your part as a manager, mentor and coach until you become comfortable with this type of management style. Coaching your team will drive performance results and build employee commitment and relationships with your staff. This will be a continuous effort on the part of the manager, but I feel it is vital to make it part of your management practices. The physicians I work with understand the importance of this management skill and the importance of providing their practice manager with the resources to keep skills honed and to continually improve. They provide support that allows me to belong to an organization such as MMGMA (Michigan Medical Group Management Association) and to attend educational programs where I can attend

CONTINUED ON PAGE 27



Peter Coggan, MD, MEd.
GRMEP President and CEO

GRAND RAPIDS MEDICAL EDUCATION PARTNERS UPDATE

The Value of Collaboration

Several years ago the timing of the National Residency Matching Program (NRMP) for MD graduates and the osteopathic match placed DO graduates who wished to apply through the NRMP to allopathic residencies at a considerable disadvantage.

Fortunately, discussions between the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) and other organizations resulted in scheduling and procedural changes that removed this barrier. The AOA also adopted a matching program similar to the NRMP.

In recent years, an increasing number of DO graduates have successfully matched into ACGME accredited residencies; in 2006 more than two thirds of DO graduates matched into ACGME residencies. However, this number has recently declined as both MD and DO medical schools have graduated more students, creating increased competition for ACGME accredited positions. This trend substantially reduces post graduate training opportunities for DOs and has alarmed the osteopathic community. To add to this challenge, the ACGME announced last year that AOA accredited leading to subspecialty fellowship training, such as internal medicine or pediatrics, would no longer be acceptable as preparation for entry into ACGME accredited fellowships. Thus, the prospect of entering a desired specialty was further restricted.

Although ACGME's 2011 decision restricting fellowship opportunities was controversial, it did focus attention on the processes and

standards used by both organizations to accredit their graduate medical education (GME) programs. Although MD and DO GME accreditation systems have been separate, in actuality they have a number of processes in common and deal with many of the same issues to ensure quality. Therefore, the recent announcement from ACGME, AOA, and American Association of Colleges of Osteopathic Medicine (AACOM) of an agreement to pursue a single, unified accreditation system for GME is seen as a logical move to everyone's advantage.

A recent press release stated that "over the coming months, the three organizations will work toward defining a process, format and timetable for the ACGME to accredit all osteopathic graduate medical education programs currently accredited by the AOA. AOA and AACOM would then become organizational members of ACGME." Thomas Nasca, MD, MACP, the ACGME's Chief Executive Officer, noted that "this is a watershed moment for medical training in the U.S. This would provide physicians in the United States with a uniform path of preparation for practice. This approach would ensure that the evaluation and accountability for the competency of resident physicians are consistent across all programs."

Currently, ACGME accredits over 9,000 GME programs with about 116,000 resident physicians, including over 8,900 DOs. The AOA accredits more than 1,000 osteopathic GME programs with about 6,900 resident physicians, all DOs. The transition to a unified system would be seamless so that residents in or entering current AOA accredited residency programs will be eligible to complete residency and/or fellowship training in ACGME accredited residency and fellowship programs.



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

MSU COLLEGE OF HUMAN MEDICINE

From the Associate Dean's Desk

We are pleased to announce the appointment of College of Human Medicine Dean Marsha Rappley to Chair Elect of the Association of American Medical Colleges (AAMC) Council of Deans. This council is comprised of the deans of all medical schools (MD) in the United States, Canada, and Puerto Rico.

Others from MSU College of Human Medicine recently selected for AAMC leadership posts include Wanda Lipscomb, Ph.D., senior associate dean for diversity and inclusion - associate dean for student affairs, appointed to National Chair for the AAMC Group on Student Affairs Committee on Diversity Affairs; and Brian Mavis, Ph.D., director of the college's Office of Medical Education, Research and Development, appointed to Chair of the AAMC Group on Educational Affairs.

The College of Human Medicine has begun a new method of interviewing applicants for admission for the entering class of 2013. The Multiple Mini-Interview (MMI) engages each applicant in a series of eight-minute encounters, each of which involves a trained rater. The encounters are designed to assess applicant traits that are important to the college mission, such as communication skills, ability to work as a team member, and problem-solving skills and attitudes. The raters are members of the medical school's student body, faculty, staff, or administration. The applicants know only the first name of the rater, and nothing about the role that the rater plays in the college. At the

end of each encounter, the raters have two minutes to rate the applicant's performance, using a standardized checklist. The entire interview session lasts about 100 minutes. To date, both raters and applicants have rated the MMI very positively.

Why the change? Research has demonstrated that the MMI is a very good predictor of the actual clinical performance of an applicant. This process also allows more diverse input from stakeholders than the traditional interview with one or two faculty members. As in the past, applicants still have a chance to meet with a current medical student in a less structured atmosphere in order to ask questions and learn more about life as a student at the College of Human Medicine.

Finally, we invite you to join the College of Human Medicine, June 29, for West Michigan's first Gran Fondo cycling event to raise awareness of melanoma and raise funds for MSU skin cancer research. The Gran Fondo (Italian for Big Ride) will include 12-mile, 40-mile and 80-mile courses and starts and ends at the B.O.B. For more information, visit www.msugranfondo.com.

CLASSIFIED

TNT CLEANING SERVICE, LOOKING FOR NEW CLIENTS. I offer weekly, bi-weekly cleanings, basic, spring cleaning, woodwork, organizing closets, cabinets, whatever you need help with. I use non-toxic cleaners. Been in business 10 years. Referrals if need. **Call for free estimate, Tracee Gillespie 616-402-0454.**

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Join Us

MEETINGS OF INTEREST

FEBRUARY 4

KCMS/KCOA LEGISLATIVE COMMITTEE MEETS,
MASONIC CENTER

MARCH 11

KCMS/KCOA LEGISLATIVE COMMITTEE MEETS,
MASONIC CENTER

MARCH 30

NATIONAL DOCTOR'S DAY

APRIL 8

KCMS/KCOA LEGISLATIVE COMMITTEE MEETS,
MASONIC CENTER

MAY 15

MOA HOUSE OF DELEGATES, DEARBORN

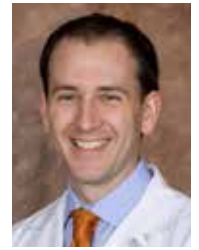
OUR MISSION:

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





Adam Wolfe, DO
KCOA President

KENT COUNTY OSTEOPATHIC ASSOCIATION

Know Your CME Requirements

“O! this learning, what a thing it is.” — William Shakespeare

This year is an exciting time for medical education, and marks the start of a new CME cycle. One major reason we all chose to practice medicine is to continue to remain lifelong learners. Furthermore, every one of us has an obligation to our patients as well as our national organization to continue to update and further our medical knowledge through innovative continuing education sources. If you were suddenly surprised by the end of the CME cycle, struggling to find relevant conferences at the last minute, you have an entirely new 3-year cycle into which to pour your resources. The purpose of the 3-year cycle is, of course, not to wait until the last minute, but to have plenty of opportunity to find and benefit from a diverse, specialty-specific group of CME conferences in that period of time. Even better, to be involved in the organization and participation of one of the various CME events in Kent County every year.



We at the KCOA field many questions regarding specifics of CME in the local areas, and continue to keep the website updated with high quality, local CME opportunities for our members and colleagues. With this communication, I would like to review the CME requirements from the AOA, which will hopefully help to answer some of the most commonly asked questions about CME related guidelines and

opportunities. Luckily, opportunities in Kent County have continued to be in abundance, speaking to our communities' dedication to ongoing physician learning. There have been a few changes in the requirements, particularly at the end of the CME cycle for the upcoming 3-year cycle.

First off, your AOA CME information is easily accessed through the AOA website: www.osteopathic.org. AOA members are required to obtain 120 credit hours in a three-year cycle, with at least 30 credits in Category 1-A. The remaining 90 credits may be obtained in Categories 1-A, 1-B, 2-A, or 2-B. Furthermore, osteopathic board certified physicians must earn at least 50 of their total 120 credits in their primary specialty. The CME sponsor for the event is responsible for reporting and submitting the number, and level of your hours attended — so be sure to fill out your evaluation forms! There are multiple CME sponsors in Kent

County which sponsor conferences throughout the state and region.

Osteopathic 1-A credits have historically been the most challenging to garner. These credits encompass formal educational programs designed to enhance clinical competence and improve patient care, including: formal

face-to-face programs sponsored by an AOA CME sponsor (including content highlighting some or all of the seven core competencies), osteopathic medical teaching (giving lectures or grand rounds to students or housestaff), federal programs including aviation courses or for active duty physicians, and up to 10 of your 30 1-A credits can come from judging osteopathic clinical research projects. Up to 30% of your 1-A credit can come from interactive Internet CME, if sponsored by an AOA approved sponsor. 1-B, 2-A and 2-B credits can be garnered many ways, as outlined in the table below. Medical students, residents, and retired physicians who are not holding an active license are exempt from these guidelines.

Failure to meet the AOA CME requirements will be granted up to, but not beyond 5 months after the CME cycle — previously this was extended to 17 months. This marks a major change in the CME cycle regulations. And, of course, failure to meet the AOA specialty CME requirement is interpreted as a failure to meet the individual physician's CME requirement. This could result in the loss of AOA membership and in turn result in the possible loss of certification.

Happy New Year from the KCOA and we look forward to seeing everyone at our Spring CME event in Grand Rapids!

Osteopathic Requirements

Numbers in parentheses correlate with the maximum number allowed for these activities in a 3-year period. For a complete list of specific programs that meet various requirements, please visit: <http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Pages/cme-guide.aspx>.

OSTEOPATHIC 1-B

- Osteopathic preceptoring (60)
- Committee meetings (hospital, local and state healthcare committees)
- Testing committee work (question writing and/or oral exam participation)
- Journal reading (JAOA, others)
- Certification examination credit (15)
- Inspections (hospital participation)
- Non-osteopathic CME programs
- Staff activities in non-AOA institutions

OSTEOPATHIC 2-A

- International conferences
- AMA/AAFP approved CME programs, including interactive online CME
- Other AOA sponsors not meeting the requirement for 1-A credit

OSTEOPATHIC 2-B

- Home study
- Preparation and presentation of scientific exhibits
- Static online CME programs
- Professional development courses
- ABMS recertification (15)
- Medical textbook reading (5)

MANAGER, MENTOR & COACH — LEAD AN EXCEPTIONAL TEAM CONTINUED FROM PAGE 22

workshops, view webinars and collaborate with my peers. I encourage you to support your practice manager and provide them with the tools they need to succeed in making your practice successful. Can you look back at the last year and be proud of your accomplishments? I have had many accomplishments and many “opportunities” in 2012. I am proud of all of them. We are starting a new year with many new and exciting changes coming our way. I challenge you to make an effort to change the way you

look at yourself as a leader in 2013. This will be the year of many opportunities and many changes and they can begin with you and how you view your staff and in turn how you are perceived. Developing an awesome team is the key to success. I wish you much success and many accomplishments this new year. Be proud of yourself and the awesome team you coach to success this coming year.



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

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2013

CME UPDATE

Saturday, February 2, 2013

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

Guest Speaker



Ardis Dee Hoven, MD
President-Elect,
American Medical Association

Ardis Dee Hoven, MD, an internal medicine and infectious disease specialist in Lexington, Ky., was elected president-elect of the American Medical Association (AMA) in June 2012. Dr. Hoven has been a member of the AMA Board of Trustees (BOT) since 2005, serving as its secretary for 2008-2009, chair for 2010-2011, and immediate past chair for 2011-2012.

Currently Dr. Hoven serves as the AMA-BOT representative on the COLA board, the National Quality Forum board of directors, and the AMA-convened Physician Consortium for Performance Improvement®. Most recently she was appointed to the National Advisory Council for Healthcare Research and Quality.

Dr. Hoven received her undergraduate degree in microbiology and then her medical degree from the University of Kentucky, Lexington. She completed her internal medicine and infectious disease training at the University of North Carolina, Chapel Hill. Board-certified in internal medicine and infectious disease, Dr. Hoven is a fellow of the American College of Physicians and the Infectious Disease Society of America.

Register online at www.kcms.org