KCMS Douller Interview Interview KCOA Bouller Bouller Interview Fall 2012

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Have You Earned Your Free CME Yet?

MSMS thrives when all members—primary care, specialists, hospitalists, independent practices and networked groups are engaged on many levels. If you haven't done so, please renew your membership today. Members who pay dues in full by Nov. 1, will receive one free registration to any 2013 MSMS educational conference OR one 3-hour course at the 2013 ASM.



Visit us at www.kcms.org as details become available.



EDITOR Gregory J. Forzley, MD

PUBLISHED BY

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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. Medical Opportunities in Michigan (MOM)

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- Great lease agreement and attentive landlord.



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Welcome New Members!

RESIDENTS

Muhammad Afzal, MD Mary Avendt, MD Jessica Flynn Adkins, MD Angela Gonda, MD Deepali Jain, MD Katherine Krantz-Conliffe, DO Allison Long, MD Amanda Mc Clure, MD Sarah Miller, DO Sarah Rodriguez, MD Jonathan Vander Slik, MD Joel Veldhouse, MD Linnelle Veldhouse, MD

STUDENTS

Cynthia Aguirre-Valdivieso Raj Amin Chris Ardary Tyler Barreto Hilary Beauchamp James Bistolarides Nicholas Blank John Bliton William Britton Emi Bulica Jennifer Butts Mariah Call John Chen Tan Chen Margaret Chi Anna Coles Steven Cox Stefan Dylewski Kristen Eischens Michael Ernst **Nicolas Fletcher** Danika Forgach Nathan Gallagher John Gburek Michael Philip Goldstein Amanda M. Grafstein Lu Guo Adam Heilala Leah Heron **Daniel Hrabec** Murad Karadsheh Justin Khoriaty Andrew Kline John Konen

Ouoc Le Adriane Marchese Lauren Marchese Marko Martinovski Kristen Millado Philip Muellerleile Laurel Mulder Kim Nguyen Elitsa Nicolaou Matthew Nies Irene Nunuk Christine O'Brien Kelly O'Donnell Andrew Palazzolo Joshua Pfent **Brittany Pleascher** Ronald Rasch Stephanie-Grace Raymundo Patrick Roach Dnielle Robinett Joshua Smith Matthew Steibel Jason Thomas Zaahir Turfe Stephanie Vachirasudlekha Nicole VanDeVelde Matt Veltkamp Jatturong Wachianson Rebekah Wakeman Jeremy Way Andrew Williams Steven Zerilli Monica Zipple

ксмя OFFICERS & DIRECTORS

PRESIDENT David W. Whalen, MD

PRESIDENT-ELECT Phillip G. Wise, MD

PAST PRESIDENT Gregory J. Forzley, MD

SECRETARY-TREASURER Donald P. Condit, MD, MBA

DIRECTOR (TO JANUARY 2014) Adrianna S. Tanner, MD

DIRECTORS (TO JANUARY 2015) Jamie Caughran, MD Honorio Valdes-Murua, MD

SPEAKER OF THE HOUSE OF DELEGATES MICHIGAN STATE MEDICAL SOCIETY Rose M. Ramirez, MD

> **5TH DISTRICT DIRECTORS** Anita R. Avery, MD David M. Krhovsky, MD Todd K. VanHeest, MD

MSMS DELEGATES TO JANUARY 2013

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

MSMS DELEGATES TO JANUARY 2014

Anita R. Avery, MD 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 ALTERNATE DELEGATES TO JANUARY 2013

Karen C. Cummiskey, MD Eric L. Larson, MD Marcy S. Larson, MD Judith L. Meyer, MD Gilbert D. A. Padula, MD Michael Rush, MD Herman C. Sullivan, MD Yvan Tran, MD Michael S. Werkema, MD

MSMS ALTERNATE DELEGATES TO JANUARY 2014

Marko Habekovic, MD David E. Hammond, MD Clifford B. Jones, MD Laura A. VanderMolen, DO James E. Young, MD

Join Us MEETINGS OF INTEREST

JANUARY 12, 2013

EDUCATIONAL OPPORTUNITY CALVIN COLLEGE, PRINCE AUDITORIUM Morning Session

110TH ANNUAL MEETING OF THE KCMS CALVIN COLLEGE, PRINCE AUDITORIUM Immediately following the Educational Event

FEBRUARY 2, 2013

EDUCATIONAL OPPORTUNITY CALVIN COLLEGE, PRINCE AUDITORIUM Morning Session

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



In Memoriam

JAMES O'BRIEN, MD

Dr. O'Brien graduated from Marquette University Medical School in 1954. He served as an Army Lieutenant, stationed at Camp Pendleton and the Michigan National Guard from 1954-1968. He established a private, family medical practice on Leonard Street on the west side of Grand Rapids, with Dr. Jerry Mankiewicz 1957-1972. He was the staff physician for Kent Community Hospital for 22 years, retiring in 1994.

Doctors in the News

PETER COGGAN, MD, MSED, President and CEO of Grand Rapids Medical Education Partners spoke at the Interdisciplinary Education on September 28 and addressed the role of IPE in Graduate Education.

KARYN GELL, MD with Grand Rapids Allergy was featured on WZZM13's Healthy You segment titled "Have allergy problems? Here's some advice."

BRIAN LANE, MD, PHD with Spectrum Health Medical Group Urology was a featured guest on WOOD TV8's eightWest Living Well segment titled "Detecting prostate cancer."

SUSAN DAY, MD with Spectrum Health Medical Group Orthopedics & Sports Medicine was a featured guest on WOOD TV8's eightWest segment titled "When to consider knee replacement."

EBONY HOSKINS, MD with Saint Mary's Health Care at The Lacks Cancer Center was featured on WZZM13's Healthy You segment titled, "Ovarian cancer targets 8 women in one family." JIHAD MUSTAPHA, MD with Metro Heart & Vascular was featured in an article on MLive's Michigan Health and Fitness section titled, "Amputation alternative: Grand Rapids doctor teaches others how to save lives by saving legs."

WILLIAM DODDS, MD with The Fertility Center was a featured guest on WOOD TV8's eightWest segment titled "Living with PCOS (Polycystic Ovarian Syndrome)."

THOMAS PETERSON, MD, Executive Director of Safety, Quality and Community Health at Helen DeVos Children's Hospital was interviewed about his work with high school students emphasizing the dangers of tobacco use and the benefits of good nutrition and exercise in the Grand Rapids Business Journal (September 10, 2012 Vol. 30, NO. 37).

RICHARD KAHNOSKI, MD with Spectrum Health Medical Group Urology and a Member of the Kent County Medical Society was featured on WZZM13's Healthy You segment titled, "Late VAI researcher Billy Wondergem's work published."

ROBYN HUBBARD, MD with Grand Rapids Women's Health was featured on the WZZM13 Healthy You Segment. Dr. Hubbard was a featured guest during their "Just Ask: Pregnancy later in life" segment.

DAVID SCHEERES, MD with Spectrum Health Medical Group General Surgery was featured guest on WOOD TV8's eightWest segment titled "Chronic Heartburn Help."

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David W. Whalen, MD KCMS President PRESIDENT'S MESSAGE

The Doctor as a Patient

On August 28th, I receive a call from my dermatologist. The spot on my face was a recurrence of melanoma. I had had a melanoma removed 4 years ago, and, as it was superficial, I thought that was all there was to it. Now, it was back. I was worried.

My doctor, however, did something for which I am very thankful. He offered a referral. The group generally manages superficial melanomas, themselves. I had gotten the first

one taken off by them. However, this was a local recurrence, which is exceedingly rare. Additionally, it was on my face, which spreads faster, and there were mitoses, which is a bad prognosticator. I needed a sentinel node biopsy.

Normally, this group refers to specific surgeons and ENT doctors for sentinel node biopsies. They want to continue to manage my dermatology issues. However, the local recurrence was fairly rare. They

felt that I should see physicians who regularly see rare conditions. So, I was referred to the University of Michigan's Melanoma Clinic. The physicians there did an excellent job. I am happy to report that the lymph nodes and margins were all negative. So, I am back to only seeing my dermatologist every six months.

I am very thankful that my doctors were able to see beyond their usual referral networks. As an emergency physician, my referrals nearly always go to the "on call" physician for the specialty that is needed. However, every physician and hospital, just like every patient, is unique and has special talents. The University of Michigan

"We need to be advocates for our patients and do what is right for them. Patient care always needs to come first."

is a regional referral center, which is great for unusual conditions. However, I would not be surprised if average door-to-balloon times for acute MI in Kent County are better than at a major academic center. Similarly, specific physicians have different subspecialty abilities. Some emergency physicians in my group are facile with bedside ultrasound, others are better at identifying rashes, still others at never missing a rare condition.

In the emergency department, calls go to the "on call" physician, because that is the only one available. However, for other physicians, the options are broader. We need to be advocates for our patients and do what is right for them. Patient care always needs to come first. This may include referring outside of our usual places if that is what is in the patient's best interest. As a patient, that is what I wanted, and it is what will keep me loyal to my dermatologists.







Thank You for enjoying this fun-filled evening!

KCMS

MSMS COMMITTEES

Thank You!

The KCMS Board of Directors would like to thank the following members for their work on MSMS Committees for 2012 – 2013. Your representation is greatly appreciated!

COMMITTEE ON BIOETHICS Emily L. SanDiego, MD

COMMITTEE ON HEALTH CARE QUALITY, EFFICIENCY AND ECONOMICS Michael D. Brown, MD R. Paul Clodfelder, MD Donald P. Condit, MD Gregory J. Forzley, MD Rose M. Ramirez, MD

MSMS INFORMATION TECHNOLOGY COMMITTEE Gregory J. Forzley, MD

COMMITTEE ON MATERNAL AND PERINATAL HEALTH Anita R. Avery, MD

COMMITTEE ON MEMBERSHIP AND RECRUITMENT David M. Krhovsky, MD

COMMITTEE TO SELECT PLESSNER AWARD

Gregory J. Forzley, MD Rose M. Ramirez, MD COMMITTEE ON STATE LEGISLATION & REGULATIONS

> Eric L. Larson, MD Lawrence E. Pawl, MD Scott S. Russo, Jr, MD Daniel B. Shumaker, MD Phillip G. Wise, MD

LIAISON COMMITTEE WITH THIRD PARTY PAYERS

David E. Hammond, MD Richard A. Ilka, MD

WORKERS COMPENSATION SUBCOMMITTEE Richard A. Ilka, MD

TASK FORCE ON PHYSICIAN EXTENDERS Rose M. Ramirez, MD

COMMITTEE TO REVIEW THE MSMS POLICY MANUAL

> Gregory J. Forzley, MD Rose M. Ramirez, MD



Gregory J. Forzley, MD KMF Board Chair

KENT MEDICAL FOUNDATION

Helping Our Doctors Keep Our Community Healthy

As 2012 comes to a close, the Board of the Kent Medical Foundation would like to thank you for your support of our many projects. Whether you support the long time tradition of the Holiday Card Project, or referred applicants for KMF grant support, or even served as an interested donor in one of our grants, THANK YOU.

Looking back on 2011-2012, I am reminded in the 50 year history of Kent Medical Foundation. The world,

and the medical world, looks different to us today than back then. Jean-Baptiste Alphonse Karr wrote - "the more things change, the more they stay the same." While the KMF Board was challenged to evolve its Mission from simply supporting medical school loans to now providing community support to help the patients of our physician family. In essence, the Foundation is working to improve how the Foundation aids physicians as healers.

Perhaps your patients with chronic heart disease or diabetes participate in the Healthy Eats program that teaches patients them how to prepare healthy food. For the past year, several classes

of patients have learned how to improve their

health condition while partnering with their doctor and learning how to do this, one meal at a time.

We are also proud of our partnership with Fit Kids 360 that encourages school age children to improve their "physical activity" while also making healthy decisions with meal choice and social activities.

Then there is Project Access, the program started by KCMS/KCOA, that received support from the Foundation to educate and aid local residents (some of them your patients) in navigating the large



"The more things change, the more they stay the same." – Jean-Baptiste Alphonse Karr

sea of social service agencies that can help them handle life's challenges before they snow ball into preventable disasters.

Finally, our retired KCMS members have been lecturing to young students in elementary and middle school on antitobacco habits in an effort to prevent or discourage the use of tobacco products.

We welcome your continued support of the KMF and its endeavors. New volunteers are always welcome to participate in any project at whatever level you are interested. Additional contributions are always welcome. Economic disruptions may induce change for us, but the KMF is always open to receive your time, your talents or your financial commitment.

It's that time of year! Respond by November 30.



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 holiday card possible.

To participate, please return the form below by November 30 along with your check made payable to:

> Kent Medical Foundation 233 East Fulton, Suite 222 Grand Rapids, MI 49503

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

Holiday Card Campaign Gifts received by November 30 will be included in the 2012 Holiday Card which will be mailed early in the week of December 3rd.

*	· 2012 ·			
*	KENT MED	ICAL FOUNDATION		
6	Holiday C	ard Campaign		
	cal research and health promotion pr	n to assist The Kent Medical Foundation in cojects. Please find my/our check enclosed card).		
\$1,000 \$750	\$500 \$250 \$10	0 Other		
Check here if you wish to re	main anonymous.			
Please print first name(s) on the line names will be listed in the following fo		pear in the Holiday Card. For consistency, Drs. Joe and Mary Smith.		
Name(s):	Em	ail:		
Address:	Phc	one:		
Please return this fo	ons to the Kent Medical Foundation a orm, by November 30 along with your ndation, 233 East Fulton, Suite 222, G	check made payable to:		

"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.

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PROJECT ACCESS Did You Know?



Eric Bouwens, MD Board Chair

With the chill in the air this fall, all eyes will be focusing on the upcoming election and the changes that may come with that.

While we know the challenges our patients in the office bring to us, many people do not know the generosity of the physicians in our community. As we enter into the season of giving, I want to be the first to say THANK YOU! On behalf of those who are helped by your volunteer work through Project Access, you may never know the dignity you have initiated, the physical health you have restored and the gratitude your patients have for you.

Since 2004, Project Access volunteer physicians and hospitals have graciously donated care:

NEW MEDICAL HOMES 663

SPECIALTY REFERRALS 2,822 (for clinic patients as well)

ENROLLMENT TO MEDICATION ASSISTANCE PROGRAMS AND COORDINATION OF OVER \$327,472 IN MEDICATIONS.





Welcome Claire Hamman

NEW AMERICORPS COMMUNITY NAVIGATOR

Claire Hamman, BA, MA, has recently joined the Project Access team as Clinic Referral Coordinator. Claire works closely with clinic staff members to help clinic patients receive care from specialist physicians. Claire determines applicant eligibility through screenings and interviews, as well as coaches the applicants and provides prescription assistance and community resources. Claire graduated from Case Western Reserve University in May 2011 with a Bachelors of Arts in Nutritional Biochemistry and Metabolism as well as a Masters of Arts in Bioethics. Claire's AmeriCorps experience correlates well to her interest in providing care to under-served populations. She is currently applying to Osteopathic medical schools and is excited to receive more clinical experience through serving at Project Access!

2013 AMA-MSS Region 5 Meeting

The 2013 AMA-MSS Region 5 Meeting will be held February 1-2, 2013, in Grand Rapids, MI at the Amway Grand Plaza Hotel. The event hosted by the AMA Medical Student Section will also be held at the Michigan State University-College of Human Medicine. Visit their website: Region5ama.com for registration details or more information.

FRIDAY, FEBRUARY 1, 2013

4:30pm	Registration	1:00pm
6:15pm	Dean's Reception - Amway Grand Plaza Hotel	2:00pm
7:15pm	Dr. Marsha Rappley, Chair-Elect of AAMC Council of Deans; Dean of MSU College of Human Medicine	2:00pm 2:00pm
8:15pm	Gundersen Lutheran	3:00pm
9:30pm	Social Event - Downtown Grand Rapids	4:00pm

SATURDAY, FEBRUARY 2, 2013

,	,	4.00
6:30am	Fitness Opportunity "CHM Yoga"	4:30pm
7:30am	Registration - MSU Secchia Center	5:00pm
7:30am	Busses to Secchia Center (0.5 miles)	5:45pm
8:00am	Breakfast & Region Business	8:00pm
9:00am	Stephen Schimpff, MD Tentative talk: "Delivery of Healthcare: Yesterday, Today, and Tomorrow - An Overview of the Evolution of Health Systems and the Business of Medicine"	8:30pm

10:00am	John Corker (AMA-MSS Government Relations and Advocacy Fellow)
10:30am	GC Speaker - TBD
11:00am	Residency Fair (During Lunch)
11:00am	Rotation A (Mini-Med) or Lunch
12:00pm	Rotation A/B (Mini-Med School) or Lunch
1:00pm	Rotation B (Mini-Med School) or Lunch
2:00pm	Community Service Event
2:00pm	Study Break
2:00pm	Mental Health Event
3:00pm	Region Committee Meetings/Events
4:00pm	Break
4:00pm	Buses from Secchia and Community Service to Amway
4:30pm	Busses from Amway to HDVCH (0.5 miles)
5:00pm	Reception
5:45pm	Dr. Jeremy Lazarus - AMA President
8:00pm	Social Event
8:30pm	Matthew Goodwin, Ph.D. Tentative talk: "Adjusting to the era of Chronic Illness: the Importance of Familiarity with the Physiology of Exercise, Nutrition and Modern

Lifestyle Habits"

For other questions, contact:

Bradley Burmeister | (920)655-1132 | BradleyBurmeister@gmail.com

FEATURE

MSMS HOUSE OF DELEGATES 2013

Delegate and Alternate Delegate Positions Available

Michigan State Medical Society House of Delegates 2013

April 26 – 28, 2013 Grand Rapids, Michigan Amway Grand Plaza Hotel Are you interested in representing Kent County at the Michigan State Medical Society (MSMS) House of Delegates meeting in April 2013? This brief, but important role allows physicians to represent colleagues in the ultimate governing body of the MSMS.

Delegates from Kent County, join more than 300 of your physician colleagues in crafting, discussing, debating and voting on the major policy issues facing Michigan physicians.

RESOLUTION BRAINSTORMING SESSION

The KCMS delegation meets to craft suggested Resolutions that could change legislation that affects physicians and their patients. Committees based on resolution type are created and Captains of Committees are appointed.

HOUSE OF DELEGATES 2013

Friday evening, Saturday, and Sunday morning.

Friday evening: All delegates register at the MSMS Registration prior to the first

meeting. The first meeting of the House begins at 7:00 pm on Friday evening.

Saturday morning: Kent County delegates meets to review its submitted resolutions. Committees work to fine tune their strategy in communicating the resolution details. Voting by delegates takes place. Kent County's delegates then proceed to Session which runs from 8:00-11:00 am. Seven Reference Committees meet to hear testimony on the resolutions and Board Action Reports. The President's Reception and Banquet will be held beginning at 6.00 pm.

Sunday morning: The entire House of Delegates considers recommendations of each Reference Committee. Any individual delegate may speak for or against any recommendation.

Contact the KCMS Office at 458-4157 or a Board Member or Delegate for questions or to express your interest in serving in this role. Delegates and Alternate Delegates are elected at the Annual Meeting on January 12, 2013.

Special Legislative Report

A recent study was done that examined the voting habits of 85,000 U.S. adult citizens in congressional and presidential elections during the years 1996-2002. The sample included 1,274 physicians and 1,886 lawyers. The findings were adjusted for variations in demographics.

The results indicate: doctors vote significantly less often than the general population. In elections between 1996-2002, lawyers voted at a rate that was 22% above physicians. In the 2002 election less than one third of physicians voted!



How can the medical profession enjoy fair treatment by government? Make sure that candidates who you feel are "favorable to medicine" are elected. This can be done by simply voting!

HELPFUL AND IMPORTANT ELECTION INFORMATION

1. If voting on November 6th is difficult, PLEASE consider using an "Absentee Ballot." What you need to know about applying for and using an absentee ballot is available at www. michigan.gov/sos. Review the Frequently Asked Questions section. You can also visit or call your local clerk's office. The process is simple, you can download an Absentee Voter Ballot Application form.

Important deadlines:

- Absentee Ballot Application: Must be received by your Clerk by 2:00 pm Saturday, November 3, 2012
- Completed Absentee Ballot: Must be received by 8:00 PM on Election Day
- **2.** Make sure all family members and anyone else that is eligible are registered to vote. All necessary information can be found at www.michigan.gov/sos.
- **3. Attend or host a fund raising event for your legislators and/or judges.** Most people do not like to ask for money. Consider making a contribution.
- **4. On Tuesday, November 6th make sure that everyone votes!** Polls open at 7:00 AM, consider doing it early on your way to the office or the hospital.

DON'T FORGET VOTE NOVEMBER 6!

Michigan State Medical Society reminds us:

ELECT THE 'RULE OF LAW 3': MARKMAN, ZAHRA & O'BRIEN

"This can't be overstated: the stakes in this year's Michigan Supreme Court race are higher than ever for physicians," says MSMS President John Bizon, MD. "If we lose the current rule of law majority, it could be another 20 years before we get it back."

While the trial lawyers are busy marshaling efforts to shift the majority, physicians must relentlessly focus on electing Justice Stephen MARKMAN, Justice Brian ZAHRA, and Oakland County Judge Colleen O'BRIEN. These candidates, endorsed by MDPAC, believe in following the rule of law as written, rather than legislating from the bench. The race is particularly crucial for health care, as tort reform laws—continuously challenged in our courts since they were passed in 1993—hang in the balance

"This election is extremely pivotal. For 26 years, the court didn't have an incumbent lose until 2008. This has happened two election cycles in a row," Justice Zahra told the MSMS Board of Directors in March. "There needs to be education of physicians about the importance of this race and of their participation."

As You Read This, Trial Lawyers Are Asking Their Firms To:

- · Contact their clients at least three times before Election Day
- Assign an office campaign coordinator
- Work the polls on Nov. 6
- · Contribute thousands of dollars toward their campaign

FLIP OVER YOUR BALLOT to vote MARKMAN, ZAHRA, and O'BRIEN on November 6 in the nonpartisan section!

Keeping the current court majority of rule of law justices, who have track records of upholding existing laws instead of legislating from the bench, helps to protect physicians from frivolous lawsuits and keep professional liability rates stable, which make Michigan a more favorable and attractive place to practice medicine. (Please tear this out and take with you to your polling location on Election Day.)

I am supporting



Justice Stephen MARKMAN,



Justice Brian ZAHRA,



and Judge Colleen O'BRIEN

for Michigan Supreme Court.

Why?

Because they will uphold laws that protect YOUR ACCESS to quality health care.

Flip over your ballot on Tuesday, November 6, to vote for these candidates in the non-partisan section!

BALLOT PROPOSAL REFERENCE CARD

Fill out this card and take it with you to the polls on November 6, 2012

PROPOSAL 12-1	YES	
Notes		
PROPOSAL 12-2 Notes	YES	
PROPOSAL 12-3	YES	
Notes		
PROPOSAL 12-4		
PROPOSAL 12-5 Notes	YES	
PROPOSAL 12-6 Notes	YES	

PROPOSAL **12-1**

A REFERENDUM ON PUBLIC ACT 4 OF 2011-THE EMERGENCY MANAGER LAW

PUBLIC ACT 4 OF 2011 WOULD:

- Establish criteria to assess the financial condition of local government units, including school districts.
- Authorize Governor to appoint an emergency manager (EM) upon state finding of a financial emergency, and allow the EM to act in place of local government officials.
- Require EM to develop financial and operating plans, which may include modification or termination of contracts, reorganization of government, and determination of expenditures, services, and use of assets until the emergency is resolved.
- Alternatively, authorize state-appointed review team to enter into a local government approved consent decree.

SHOULD THIS LAW BE APPROVED? Vert Yes NO

People voting **YES** say:

- A "YES" vote upholds Public Act 4, the Local Government and School District Fiscal Accountability Act. This law allows the state to intervene in schools and local governments who are experiencing financial difficulty in order to attempt to avoid bankruptcy.
- Repealing the law puts the local elected officials back in charge who may repeat the same mistakes, putting Michigan taxpayers on the hook for the debt these officials pile up.
- Repeal would throw several Michigan cities and schools into financial chaos, threatening critical services because of a political decision.

People voting NO say:

- A "NO" vote repeals Public Act 4. This law undercuts local control by replacing democratically-elected representatives with an unelected manager overseen by the state, even if the financial difficulty resulted from causes beyond the control of local officials.
- This law allows emergency managers to break and/ or renegotiate contracts, including contracts with employees and private businesses, and to suspend collective bargaining.
- collective bargaining.
 This law gives extensive power to an appointed emergency manager, with few checks and balances on his or her actions and behavior.



A PROPOSAL TO AMEND THE STATE CONSTITUTION TO ESTABLISH THE MICHIGAN QUALITY HOME CARE COUNCIL AND PROVIDE COLLECTIVE BARGAINING FOR IN-HOME CARE WORKERS

THIS PROPOSAL WOULD:

- Allow in-home care workers to bargain collectively with the Michigan Quality Home Care Council (MQHCC). Continue the current exclusive representative of in-home care workers until modified in accordance with labor laws.
- Require MQHCC to provide training for in-home care workers, create a registry of workers who pass background checks, and provide financial services to patients to manage the cost of in-home care.
- Preserve patients' rights to hire in-home care workers who are not referred from the MQHCC registry who are bargaining unit members.
- Authorize the MQHCC to set minimum compensation standards and terms and conditions of employment.

SHOULD THIS PROPOSAL BE APPROVED? VES NO

People voting **YES** say:

- The proposal creates a home care registry to connect seniors and people with disabilities to home care providers in their area, who are registered, have undergone screening and background checks, and have access to continual trainings.
- The proposal would strengthen the Council's ability to increase current safety standards, provide training, and provide access to high-quality in-home care.
- This proposal would give a constitutional right to collective bargaining to home health care workers to allow them to fairly negotiate with their employers, a right that elected officials could not eliminate.

People voting NO say:

- This proposal would effectively force in-home care workers, including relatives of the patient, to join a union and pay union dues.
- In-home care workers are no longer considered public employees due to recent actions by Lansing politicians; however, this proposal would recognize them as such in order to unionize them.
- It would be unwise to lock this proposal in the Constitution as it would hinder lawmakers from altering the operation of the Council.

PROPOSAL

A PROPOSAL TO AMEND THE STATE CONSTITUTION REGARDING COLLECTIVE BARGAINING

THIS PROPOSAL WOULD:

- Grant public and private employees the constitutional right to organize • and bargain collectively through labor unions.
- Invalidate existing or future state or local laws that limit the ability to join • unions and bargain collectively, and to negotiate and enforce collective bargaining agreements, including employees' financial support of their labor unions. Laws may be enacted to prohibit public employees from striking.
- Override state laws that regulate hours and conditions of employment to the extent that those laws conflict with collective bargaining agreements.
- Define "employer" as a person or entity employing one or more employees.

SHOULD THIS PROPOSAL BE APPROVED? VES NO

People voting **YES** say:

- · All workers need the right to organize to form, join or assist unions, and to bargain and negotiate in order to receive a fair contract and a living wage, to be guaranteed by the Constitution. Elected officials should not be able to interfere with that right.
- · Workers deserve an opportunity to fairly negotiate with their employer.
- · Collective bargaining protects workers from devastating cuts to their wages, benefits, and working conditions. Michigan's citizens need protections in this uncertain economy.
- People voting NO say:
- This amendment will repeal an unknown number of existing laws, including those that detail the hiring, firing and discipline process for police, fire fighters and teachers. No one knows how those critical services will be affected.
- · This amendment would significantly limit the state government's ability to regulate state workers and the labor activities of private employees.
- It would be unwise to lock this proposal in the Constitution as it would hinder lawmakers from adapting to changing conditions.

PROPOSAL

A PROPOSAL TO AMEND THE STATE CONSTITUTION TO LIMIT THE ENACTMENT OF NEW TAXES BY STATE GOVERNMENT

THIS PROPOSAL WOULD:

- Require a 2/3 majority vote of the State House and the State Senate, or a statewide vote of the people at a November election, in order for the State of Michigan to impose new or additional taxes on taxpavers or expand the base of taxation or increasing the rate of taxation.
- This section shall in no way be construed to limit or modify tax limitations • otherwise created in this Constitution.

SHOULD THIS PROPOSAL BE APPROVED? VES NO

People voting **YES** say:

- This proposal creates a high standard to make sure taxes are raised only when absolutely majority of lawmakers agree on the need or when a statewide vote is held. The 2/3 requirement would make it more difficult to raise
- taxes. Michigan's most recent tax hikes were passed by slim margins. This proposal would have prevented those increases and may prevent future increases.

People voting NO say:

- With the requirement of a 2/3 vote, the decision to make tax code improvements such as replacing an old or outdated tax with another form of revenue, even if no net increase, would fail to a small minority of legislators. The Michigan Business Tax would not have been repealed under these circumstances. The proposal would make the budget process
- more difficult for lawmakers and could result in new cuts to education and public safety. It would encourage the Legislature to raise or create fees
- forcing a smaller population to be at the costs. This proposal would prevent lawmakers from eliminating loopholes, thereby protecting special interests. Creating new special interest loopholes would still only require a simple majority of

PROPOSAL

A PROPOSAL TO AMEND THE STATE CONSTITUTION TO ESTABLISH A STANDARD FOR RENEWABLE ENERGY

THIS PROPOSAL WOULD:

- Require electric utilities to provide at least 25% of their annual retail sales of electricity from renewable energy sources, which are wind, solar, biomass, and hydropower, by 2025.
- Limit to not more than 1% per year electric utility rate increases charged to consumers only to achieve compliance with the renewable energy standard.
- Allow annual extensions of the deadline to meet the 25% standard in order to prevent rate increases over the 1% limit.
- Require the legislature to enact additional laws

SHOULD THIS PROPOSAL BE APPROVED? VES NO

People voting **YES** say:

- People voting TES say:
 This proposal will require new investments in Michigan infrastructure, creating new Michigan jobs and helping to turn our economy around.
 The proposal in the long run could decrease energy prices.
 Switching to renewable energy sources protects our rivers, lakes, and air.

People voting NO say:

- Energy rates are too high in Michigan already and could be higher because of this amendment. Michigan already has a renewable target of 10% by 2015, and providers are making progress toward reaching this standard.
 Energy policy should not be included in the Constitution.
- A significant amount of the energy would come from wind. Installing the necessary wind turbines would alter the state's

PROPOSAL

A PROPOSAL TO AMEND THE STATE CONSTITUTION REGARDING CONSTRUCTION OF INTERNATIONAL BRIDGES AND TUNNELS

THIS PROPOSAL WOULD:

- Require the approval of a majority of voters at a statewide election and in each municipality where "new international bridges or tunnels for motor vehicles" are to be located before the State of Michigan may expend state funds or resources for acquiring land, designing, soliciting bids for, constructing, financing, or promoting new international bridges or tunnels.
- Create a definition of "new international bridges or tunnels for motor vehicles" that means, "any bridge or tunnel which is not open to the public and serving traffic as of January 1, 2012."

SHOULD THIS PROPOSAL BE APPROVED? VES NO

People voting YES say:

- International bridges and tunnels are special cases that involve ongoing taxpayer-funded expenses. The people should have a say in these important decisions, and this proposal would require a majority of Michigan voters to approve a new bridge or tunnel before being built.
- It is unclear if there is enough traffic between Southeast Michigan and Canada to necessitate a second bridge.
- · State government should not use taxpayer dollars to compete directly with the existing, privately-owned bridge connecting Southeast Michigan and Canada.

People voting NO say:

- A second international bridge is needed to improve the movement of goods between Southeast Michigan and Canada, for economic development and job creation statewide, and enhanced homeland security.
- Michigan and Canada already have an agreement in place that ensures that no Michigan tax dollars will be used for construction of a new bridge.
- A statewide vote should not be required for the state to move forward with important crossings in the future, just as no votes were taken for the numerous existing bridge projects. The process for constructing a new bridge is not an issue that should be included in the Constitution.

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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.

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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

As we progress through the academic year, our student groups are involved in many activities – both required and volunteer initiatives. One such group is our very active American Medical Association Medical Student Section (AMA-MSS) here at MSU. These students have been actively involved nationally and regionally helping to advocate for and shape health care policy for their futures.

This summer, our students successfully won the bid to host the 2013 AMA-MSS Region 5 meeting here in Grand Rapids, February 1-3. Students from Michigan medical schools MSU, U of M, Wayne State and Oakland University will join students from other Region 5 schools in Indiana, Ohio, Kentucky and West Virginia at the conference. Our college thanks our many health care partners in Grand Rapids for supporting these students and the conference. Showcasing Grand Rapids to potential residents is a win-win for our community.

On an academic level, the college continues to work on a new curriculum. While the current curriculum has been very successful in many ways, the college's curriculum committee looks to better integrate clinical experience, necessary science, and humanities throughout the whole curriculum. One focus is creating significant clinical experiences in the first two years of the curriculum. Improvements include better integration of disciplines, better use of educational technology, incorporation of public health and patient safety content, electronic health records, writing, clinical ultrasound, and simulation. We hope to pilot some of the early clinical experiences as soon as Spring, 2013, with a potential start to the new curriculum in 2014. Finally, we are pleased to announce the appointment of Dr. Andrea Wendling, a GRMEP Family Medicine Program graduate, who is developing and implementing a new rural community health certificate program. This training program will provide students exposure to networked health care in rural settings including primary care, rural hospital care and rural public health. The objective of this program is to develop more rural physicians for Michigan.

Clearly, as our student numbers grow, we are having a greater impact on all of our communities. We're proud that our students are choosing to have a positive impact on the greater Grand Rapids area through their volunteering with the public schools and local health centers. Their relationships with other health care professional students are also touching our area; our collaboration with Ferris State University Pharm. D. students continues in the Engaged Partners Project, helping to educate recent immigrants about the health care system. Spartans WILL make a difference. We couldn't be this successful in our expansion – and in our curriculum – without the countless hours of teaching offered by our local physicians and other health professionals. We look forward to more collaboration in the future.



ALLIANCE HEARTBEAT Charity Ball 2013

Barbara Sink KCMS Alliance President

It's that time of year again, the Alliance is preparing for the 2013 Children's Charity Ball, Saturday, February 9, 2013 at

the JW Marriott. Mark your calendars for a colorful and lively evening. This not to be missed evening, is once again being planned by Lisa Jabara and Tanya VandenBosch. Last year, these women created our elegant and unique evening at the Art Museum. This year, they are combining their creative skills to bring us "Carnival". You won't want to miss it.

The money raised from the Ball benefits worthy programs that provide health care services to children in Kent County. This year the recipients are the Cherry Street Health Services' See to Succeed program and Fit Kids 360. KCMSA's general meetings this Fall will be to visit these two organizations and to learn more about the programs they offer. Join us for our tour of Heart of the City and presentation about the See to Succeed program on October 23 at 10 AM. Also please join us November 13 at 10 AM to learn about Kids Fit 360. See the KCMSA web site for complete details.

You too can help with the Ball and help raise monies for See to Succeed and Fit Kids 360. Members of KCMSA find it a worthwhile and enjoyable use of their time to help prepare for the evening. Just contact info@kcmsalliance.org to volunteer or for more information.



Olive's Restaurant of East Grand Rapids hosted KCMS Alliance's Fall Kickoff. Not only did the membership and friends have fun gathering for a drink and dinner, the evening was a successful fundraiser for our Foundation. Thank you Olive's for donating 20% of the evenings proceeds to our mini grant program.



Cherry Street Health Services

The "See to Succeed" program is the first of its kind in Michigan, and it hopes to inform future education/ health policy decisions concerning vision. "See to Succeed" is a traveling school based initiative to provide comprehensive, dilated vision/ ocular health exams and corrective eye glasses to those children who are unable to obtain these services through other means. This program goes beyond vision screening and will see the highest risk individuals for vision problems and provide appropriate correction. The Children's Charity Ball grant will help support this innovative program in 2013.



The Fit Kids 360 program is a stage Il pediatric obesity intervention program that is open to children, ages 5 to 16. with a BMI at the 85th percentile or above for their ages and gender. The target population is those at the highest risk, low income, and Medicaid children. The primary goal of Fit Kids 360 is to provide children and their parents with information and behavioral change strategies to help them become and stay healthy and active, and ultimately decrease the medical costs of obesity in the state and increase community awareness of the problem of childhood obesity. The Children's Charity Ball grant will be used to support Fit Kids 360 classes in Grand Rapids.

FEATURE

Join Us Alliance calendar

NOVEMBER 13 Learn about **FitKids360** at General Meeting Followed by Musings - Lunch

NOVEMBER 20 Book Club discuss Two Rivers by T. Greenwood

NOVEMBER 20 Shopping for Baxter Day Care Party DECEMBER 4 Holiday Tea

DECEMBER 5 Baxter Day Care Party

JANUARY 22 Morning work at Children's Food Basket Followed by Musings - Lunch

FOR MORE INFORMATION *Please visit kcmsalliance.org for complete details and a schedule of all our activities.*



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.



FEATURE

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



KENT COUNTY HEALTH DEPARTMENT

What Difference Does a Decade Make?

On October 15, 2002, the average price of a gallon of gas in the United States was \$1.53. The Detroit Tigers were home watching the Major League Baseball playoffs after completing a season where they lost 106 games. The Detroit Lions sat at 1-4 and the Detroit Red Wings were actually playing hockey. There were no iPhones, iPads or Droids and no YouTube or Facebook.

On this date, the Kent County Health Department (KCHD) received its 53rd case of neuroinvasive disease caused by the West Nile Virus (WNV). Through October

15, 2012, 41 cases of WNV have been reported to KCHD. A lot has changed in the past decade, but despite all but disappearing over the past 10 years, we were reminded in 2012 that West Nile Virus is still very much a disease that needs to be on the radar of physicians and public health officials alike.

Of all human WNV activity reported in the state of Michigan in 2012, 85% was reported from the Grand Rapids and Detroit Metro areas.

Kent County residents compared to only 6 (10% of the season total) through the end of August 2002. The distribution of cases by gender was essentially reversed in 2012 with 60% of cases reported in females, compared to 35% in 2002. WNV patients were also slightly older in 2012 (figure 2), where more than three-quarters (78%) of WNV patients were 45 years of age or older compared to just over half of patients (55%) in 2002.

West Nile cases in Michigan were concentrated in urban areas of the state. Of all human WNV activity reported in the state of Michigan in 2012, 85% was reported from the Grand Rapids and Detroit Metro areas. Kent County

> cases were concentrated in the urban environments of Grand Rapids and Kentwood, a geographical pattern that was also observed during 2002. WNV is carried by the Culex species of mosquito, often referred to as the "common house mosquito." This species is the most common type of mosquito in urban and suburban environments and breeds in storm drains and catch basins. Populations of

Culex mosquitoes peak in August, but their breeding

CONTINUED ON PAGE 26

Descriptive epidemiology reveals subtle differences between the WNV cases reported in 2012 and those reported in 2002. Cases of WNV were identified earlier in 2012 than in 2002. The first reported case in 2012 was on August 6, while the first case in 2002 was reported on August 22. By the end of August 2012, 29 cases (70% of the season total) had been diagnosed in





Notifiable Disease Report

Kent County Health Department 700 Fuller N.E. Grand Rapids, Michigan 49503 www.accesskent.com/health Communicable Disease SectionPhone(616)632-7228Fax(616)632-7085

September 2012

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

DISEASE	NUMBER F	NUMBER REPORTED		
	This Month	Cumulative 2012	Through September 2007-2011	
AIDS (Cumulative Total - 903)	1	19	26	
AMEBIASIS	0	4	2	
CAMPYLOBACTER	9	64	46	
CHICKEN POX ^a	3	14	62	
CHLAMYDIA	194	2642	2465	
CRYPTOSPORIDIOSIS	6	22	13	
Shiga Toxin Producing E. Coli ^b	0	4	N/A	
GIARDIASIS	7	55	55	
GONORRHEA	35	460	587	
H. INFLUENZAE DISEASE, INV	0	5	2	
HEPATITIS A	1	4	4	
HEPATITIS B (Acute)	0	1	2	
HEPATITIS C (Acute)	0	2	0	
HEPATITIS C (Chronic/Unknown)	26	220	234	
INFLUENZA-LIKE ILLNESS ^c	2897	36797	36337	
LEGIONELLOSIS	1	8	6	
LYME DISEASE	1	2	4	
MENINGITIS, ASEPTIC	4	24	23	
MENINGITIS, BACTERIAL, OTHE	R ^d 2	14	7	
MENINGOCOCCAL DISEASE, INV	/ 0	3	1	
MUMPS	0	0	0	
PERTUSSIS	0	9	7	
SALMONELLOSIS	5	48	38	
SHIGELLOSIS	1	12	7	
STREP, GRP A, INV	2	20	13	
STREP PNEUMO, INV	2	24	37	
SYPHILIS (Primary & Secondary)	0	7	7	
TUBERCULOSIS	0	11	15	
WEST NILE VIRUS	3	20	0	
NOTIFIABLE DISEASES OF LOW FREQUENCY				
DISEASE	NUMBER REPORTED Cumulative 2012	DISEASE	NUMBER REPORTED Cumulative 2012	
Guillain-Barre Syndrome	5			
Malaria	3			
Q Fever Acute	1			
Creutzfeldt-Jakob Disease	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 symtpoms 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.

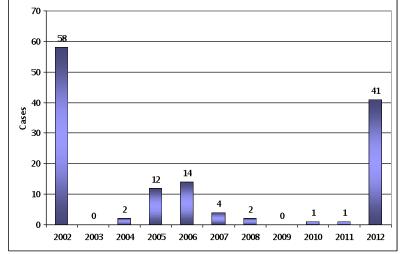
KENT COUNTY HEALTH DEPARTMENT CONTINUED FROM PAGE 24

continues into September. Despite the fact that these mosquitoes feed mainly on birds, research has demonstrated a 7-fold shift in feeding preferences from birds to humans in late summer/early fall1.

It is likely that the hot and dry weather during the summer of 2012 contributed to the highest number of WNV cases in Kent County since the initial outbreak of 2002. The Culex mosquito likes to breed in water that is highly concentrated with organic material ("dirty" water). The drought conditions faced this summer likely created ideal breeding habitats for this type of mosquito as water became more concentrated in storm drains and catch basins. In addition, mosquito larvae develop faster in warmer weather and warmer temperatures also lead to higher multiplication of WNV in the mosquito.

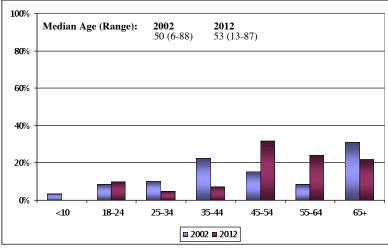
It is quite pleasant to think of playoff baseball becoming an October tradition for the Tigers. However, does the "new normal" also include summers with less than average rainfall and 30 days where the high temperature eclipses 90 degrees? If so, public health practitioners and health care providers must be prepared for the annual increase in cases of West Nile Virus as the baseball pennant races begin to heat up in August and September.

1. Kilpatrick AM, Kramer LD, Jones MJ, Marra PP, Daszak P (2006) West Nile virus epidemics in North America are driven by shifts in mosquito feeding behavior. PLoS Biol 4(4): e82 FIGURE 1: Cases of West Nile in Kent County, 2002–2012



Source: Michigan Disease Surveillance System

FIGURE 2: Distribution of WNV cases by age group, 2002 vs. 2012



Source: Michigan Disease Surveillance System

MICHIGAN MEDICAL GROUP MANAGEMENT ASSOCIATION

Building Your Practice From Within

FEATURE



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

Fall is in the air, the Presidential election is around the corner and with each passing year our personal and professional lives seem to keep us busier and more challenged.

> We do not have to look far to see change. Looking out the window now I see the change of the seasons by the color of the leaves. On my way to work in the morning, the yellow school buses have returned to the roads. Change is always happening. Sometimes we can see it and other times not. Medical Managers are there to help the physician practice to prepare for change.

> Are you giving your manager and the staff of the practice the tools needed to deal with the expected and unexpected changes that have occurred and will continue to do so? Are we doing the best we can as a group to provide them with the tools needed?

> Look at your practice. "Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime." As the captain of the ship, are you merely giving the crew fish or are you teaching them to fish and be self-sufficient?

> The leadership of a medical practice needs to stay informed. Attending workshops and seminars is one tool that will aid in achieving this. I recently attended the Michigan Medical Group Managers Association (MMGMA) con-

ference. Upon my return to my office, I realized just how beneficial it was for me to be in attendance at this event. I brought back a list of items to do or follow up on. Ideas that will improve our overall day to day processes as well as several that will cut expenses for the practice. At the conference, I met with several managers from around the state. We shared ideas, concerns and worked together on some problem solving for our practices. I specifically wanted to address an area in my office where process improvement is needed. Although there was not a session directly related to what I needed in regard to this, during my time at the conference and meeting with other managers, I was actually given these tools. I came back to the office with some great plans to move forward on my process improvement project. Not only did I get guidance in this area, I was enlightened by the speakers who spoke on various topics such as the coming election, EMR strategies, leading change and Nurse practitioners in the medical office, just to name a few. I was given tools to help me be a better more informed leader for my practice.

MMGMA has been working to keep the Medical Managers of Michigan ahead of the curve. The association prepares managers through various educational and networking opportunities and by providing exceptional resources for them to utilize. I urge you again to look at your practice. You can build up your practice by building up the people in it. Give your crew the tools for success and this starts with MMGMA membership. For additional details visit the website www.michmgma.org

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Join US MEETINGS OF INTEREST

NOVEMBER 3-4

MOA EIGHTH ANNUAL AUTUMN SCIENTIFIC CONVENTION AMWAY GRAND PLAZA, GRAND RAPIDS, MI

Welcome Reception Friday, November 2 from 5 - 7 p.m.;
CME sessions on Saturday and Sunday.
13 AOA Category 1-A credits anticipated
For more information please email mbudd@mi-osteopathic.org

NOVEMBER 17

KCOA EDUCATIONAL OPPORTUNITY CALVIN COLLEGE PRINCE AUDITORIUM

Join eight speakers from various disciplines providing updates to benefit your practice. For more information visit, go to www.kcoa. us or call 458-4157.

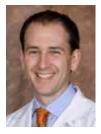
OUR MISSION:

Visit us

For event details, check out our website kcoa.us



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.



Adam Wolfe, DO KCOA President

KENT COUNTY OSTEOPATHIC ASSOCIATION

Improving Health Care

"Life becomes harder for us when we live for others, but it also becomes richer and happier."

Albert Schweitzer

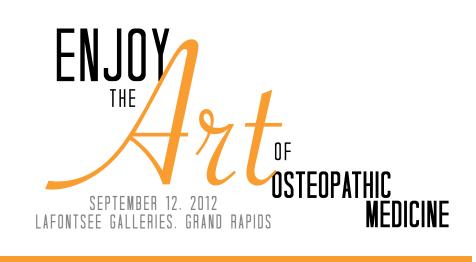
It is my great honor and privilege to represent you in the coming months. We have historically been led by a distinguished list of mentors to the profession of Osteopathic Medicine, including most recently Dr. Ann Auburn, whose insight and unique perspectives we have benefited greatly from over the last 2 years - thank you Ann! With transition comes opportunity, and indeed we find ourselves in a rapidly changing landscape for the medical profession. Organizations like KCOA and KCMS allow we physicians a sounding board as well as a group of leaders representing us at every level of the medical profession. With this opportunity to serve as KCOA president, I hope to improve the communication between members and strengthen involvement in our organization, moving together into the future of medicine in Kent County.

We continue to work on reinventing ourselves as physicians almost every day - whether learning to improve our efficiency with electronic health records or work on continuing medical education and recertification. Progress comes with cost - including the need to change old habits and familiar language as our practices change. Our comfort zone is constantly challenged as standards of care continue to be moving targets and our patient populations continue to become more and more clinically complicated. It continues to be the small things that we do as physicians every day that make us better advocates for our patients and better community health leaders. After all, community is at the core of who we are and why we do what we do - whether that be our community of patients and their families, or the medical community as a whole.

We are a combination of the decisions that we make every day. Those of us who are goal oriented (and I have yet to meet a physician who isn't!), let me challenge you in two ways over the next three months.

- Reach out to a medical student or resident physician for a meaningful educational opportunity at least once. Almost every day we have opportunities to improve the experiential learning that these amazing women and men are so desperately wanting and needing. Time spent questioning and developing care plans is viewed as invaluable from their perspective. They are the future of medicine valuable input from their teaching staff is a great investment in the future of medicine in our community.
- 2. Get to know your leadership at your county society. All of us on the board continue to practice medicine every day and truly understand your concerns for better patient care all of our goal is to advocate and support you in any way possible. If you have ideas or questions, please contact us to let us know what's on your mind. We need your input to continue to improve your organization in ways that will benefit your practice. The more that you are involved the more successful the organization will be.

I am excited to represent the Osteopathic community in Grand Rapids. I look forward to working with our membership and colleagues in the community to improve health care for the population of Kent County. KCOA













Thank You FOR ENJOYING THIS FUN_FILLED EVENING!







SAVE THE DATE! KCOA EDUCATIONAL EVENT

ATTENTION: ALL OSTEOPATHIC PHYSICIANS

Come and join 8 speakers from various disciplines providing updates to benefit your practice.

Saturday, November 17, 2012

Prince Conference Center at Calvin College

1800 East Beltline SE Grand Rapids, MI 49546

Time: 7:00 AM to 1:00 PM

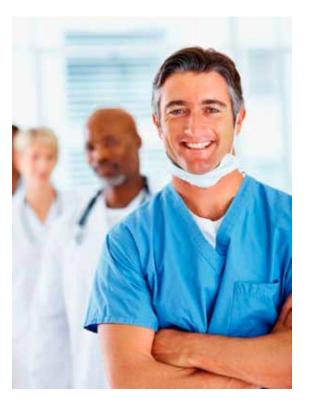
Check your mailbox. Additional details coming soon!

KCOA and MOA Members, Registered Nurse-Practitioners, PA-C's, MD's welcome.

For more information visit:

www.kcoa.us or call 458-4157







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