



Bulletin

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

SPRING 2016



2016 House of Delegates Meeting

Dr. Rose Ramirez completes her term
as 2015 MSMS President,
while Dr. David Krhovsky is sworn
in as 2016 MSMS President.

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Kent County at House of Delegates

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IV League Breakfast

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Celebrating 50 Years in Medicine

MORE INSIGHT

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BULLETIN

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KCMS Board President, Jayme Courts, MD, Former President of MSMS, Paul Farr, MD, and District Director and newly-elected Vice Chair of MSMS Board, Anita Avery, MD, enjoying their time at the MSMS House of Delegates in Dearborn.

CONTRIBUTORS

24	Kent Medical Foundation
26	Alliance Heartbeat
32	MSU - College of Human Medicine
33	Kent County Health Department

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

PHILIP J. HOEKSTRA, MD

Dr. Philip J. Hoekstra passed away on May 11, 2016. He received his undergraduate from Calvin College; and graduated from Wayne University College of Medicine in 1955. He completed his Internship at Saint Mary's Hospital in Grand Rapids in 1956, and a Residency in Neurosurgery at the University of Michigan. He joined the KCMS in 1961.

ALBERTUS J. HOFFS, MD

Dr. Albertus Hoffs passed away on February 24, 2016. He earned his medical degree in 1944 from University of Illinois Medical School in Chicago followed by an internship at the United States Naval Hospital in Seattle and an Anesthesiology residency at Hines VA Hospital in Illinois. Dr. Hoffs served in the Navy as a medic on the aircraft carrier Sicily. He joined the Kent County Medical Society in 1948.

JAMES R. IRWIN, MD

Dr. James Irwin passed away on April 26, 2016. He served four years in the US Air Force as a pharmacist and Staff Sergeant before receiving his pre-medical and medical degrees from Wayne State University. Dr. Irwin completed his internship and residency in Obstetrics and Gynecology at Butterworth Hospital, practicing in Grand Rapids for 37 years until retiring in 2000. Dr. Irwin joined the Kent County Medical Society in 1963, serving as President of the Board of Directors in 1991.

ROBERT C. RICHARD, MD

Dr. Robert Richard passed away on February 26, 2016. He received his undergraduate and medical degrees from the University of Alabama followed by an internship and residency in Family Practice at the North Carolina Baptist in Winston-Salem, North Carolina. Dr. Richard was instrumental in the initiation and growth of Cherry Street Health Services. He joined the Kent County Medical Society in 1990, serving as President of the Board of Directors in 2005.

DANIEL B. SHUMAKER, MD

Dr. Daniel Shumaker passed away on April 28, 2016. He earned his undergraduate degree from Albion College in 1977 and his medical degree from St. George's University in 1983 followed by an internship and residency in General Surgery at Providence Hospital in Southfield and a residency in Diagnostic Radiology at Henry Ford Hospital in Detroit. Dr. Shumaker joined the Kent County Medical Society in 2008.

ALFRED B. SWANSON, MD

Dr. Alfred Swanson passed away on April 27, 2016. He received his undergraduate and medical education at the University of Illinois and his training in Orthopedic Surgery at the Universities of Illinois, Northwestern and Indiana. During the Korean War, Captain Swanson served two years in the US Army Medical Corps at Madigan Army Medical Center in Fort Lewis, Washington. Dr. Swanson joined the Kent County Medical Society in 1954.

MEMBERSHIP SURVEY

Your Input is Critical!

Thank you to KCMS Survey respondents from the Annual Meeting in January as well as those who submitted surveys from the KCMS Bulletin - Winter 2016 issue. A drawing was held of those individuals who submitted a Survey and Flor Borrero, MD, of Clyde Park Pediatrics, PC was the lucky winner of a \$50 Gift Certificate to Gilmore Collection.

Thank you to all who have completed a survey. Your input allows the KCMS office staff and Board to better meet your needs.

Welcome New Member

NEW ACTIVE MEMBER

GEOFFREY T. LAM, MD

(Cardiothoracic Surgery)
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Grand Rapids, MI 49503
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TO JANUARY 2017

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Jayne E. Coons, MD

Domenic R. Federico, MD

Eric L. Larson, MD

John B. O'Donnell, MD

John E. vanSchagen, MD

David W. Whalen, MD

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TO JANUARY 2017

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Douglas Ellinger, MD

Tammy Kroetz, MD

Scott Rains, MD

Thomas C. Sullivan, MD

MSMS DELEGATES

TO JANUARY 2018

Lee P. Bognow, DO

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Michelle M. Condon, MD

Patrick J. Drone, MS, MD

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David E. Hammond, MD

Brian A. Riedel, MD

MSMS ALTERNATE DELEGATES

TO JANUARY 2018

Mark Clark, MD

Conrad Lee, MD



Join Us

KCMS MEETINGS OF INTEREST

SEPTEMBER 12, 2016

KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon

NOVEMBER 14, 2016

KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON

Masonic Center, 4th Floor | Noon



Congratulations, Dr. Anita Avery!

KCMS Past President, and District Director, Anita R. Avery, MD was elected Vice Chair of the MSMS Board of Directors.



Thank you, Dave!

David K. Fox, MSMS Senior Director, Federation Relations, has announced his upcoming semi-retirement. Local County Executives showed their appreciation at a recent meeting before the House of Delegates session. He was thanked for his 29 years of professionalism, dedication, and hard work for the local societies and MSMS.

Membership Directory 2016

As a reminder, a Membership Directory for members only, is currently being compiled for distribution later this year. The process begins with an Update Contact Information form that is being sent to your office. Please update your contact information and promptly return it to the KCMS/KCOA Office by USPS mail or by FAX at 616-458-3305. **Thank you for your assistance.**



Preparing for Meeting One of the House



MSMS President, Rose R. Ramirez, MD, addresses the MSMS House of Delegates.

2016 House of Delegates Meeting

Kent County Delegates represented Resolutions, caucused with other county Delegates and celebrated Dr. Rose Ramirez completion of her term as 2015 MSMS President, and also celebrated the installation of Dr. David M. Krhovsky as 2016 MSMS President.

Lee Begow, DO, conducts the Sunday meeting of the Delegation.



David M. Krhovsky, MD, addresses the House as the newly named President of MSMS.



Delegates, David Whalen, MD, and Megin Edison, MD, visit.



Members of the Kent Delegation review results of Reference Committee meetings.



David M. Krhovsky, MD and MSMS and KCMS Past President, Rose Ramirez, MD, Dr. Krhovsky was installed as 2016-2017 MSMS President.



John vanSchagen, MD graciously accepts a Presidential Citation.



KCMS Delegation

District Directors' Briefing Dinner

Members of the Kent County and Ottawa County Delegations met on April 19 for the District Directors' Briefing Dinner. Anita Avery, MD, KCMS Past President and MSMS District Director, facilitated the meeting and provided an update on MSMS activities through the year. Delegation Chair, Domenic Federico, MD, introduced 2016 Resolutions with authors and Delegates. Todd VanHeest, MD, District 5 Director, of Ottawa County Medical Society, thanked the Delegation for their work over six years he has served as Director. Dr. Bryan Huffman, an Ottawa County Ophthalmologist, was nominated and unanimously voted upon to serve as District Director.





Joyce Coats, MD
2016 KCMS President,
Board of Directors

PRESIDENT'S MESSAGE

Kent County at House of Delegates

I am happy to report that fourteen KCMS Delegates and 5 Alternate Delegates attended the 2016 Michigan State Medical Society House of Delegates in Dearborn, Michigan, in late April. The KCMS Delegation submitted 21 Resolutions for discussion and three Board Action Reports on resolutions submitted in 2015. The following KCMS Resolutions were introduced by Kent County Delegation Chair, Domenic R. Federico, MD.

Kent Delegation Chair, Dr. Domenic Federico thanks the Kent Delegation for their time and hard work. The Resolutions submitted were relevant to issues that challenge our members.

Special congratulations to newly installed MSMS President David M. Krhovsky, MD; to MSMS Past President Rose Ramirez, MD; to newly elected Vice Chairman of the MSMS Board of Directors, Anita R. Avery, MD, and Presidential Citation recipient, John vanSchagen, MD.

More information and additional state-wide resolutions visit the MSMS website: www.msms.org.

RESOLUTION 38-16

Maintenance of Certification and Hospital Bylaws

Original Author: Domenic R. Federico, MD

Approved

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend existing AMA policy, Maintenance of Certification H-275.924, to clarify that the AMA opposes hospital bylaws that require maintenance of certification participation as a requirement for hospital privileges.



Cora Poland, MD, Resolution author and Alternate Delegate presents a Resolution.

RESOLVED: The Committee reviewed the AMA policy as it relates to Maintenance of Certification (MOC) and acknowledged that it does not sufficiently address the specific concern as it relates to hospital bylaws. Physician concerns regarding the issue of MOC continue to be brought forward with an increasing sense of urgency. MSMS should represent to the AMA the same level of intensity that MSMS members have demonstrated with respect to MOC in Michigan and encourage the AMA to update their policy.

RESOLUTION 39-16

Public Guardians for Incapacitated Patients

Original Author: Michelle M. Condon, MD

Approved

RESOLVED: That MSMS advocate that the State of Michigan restore funding for public guardians to serve in this valuable capacity in order to improve the health and treatment for vulnerable patients in times of incapacitation.

RESOLUTION 40-16

Prescription Availability for Weekend Discharges**Original Author: Michelle M. Condon, MD**

Refer

RESOLVED: That MSMS request that the appropriate state agency or agencies issue guidance to pharmacies allowing pharmacies to provide patients discharged by a health care facility on a weekend and holiday with a supply of prescribed medications in an amount that will cover their needs until the following second business day; thereby, providing the time necessary to allow the prescribing physician or other physician in charge of the patient's care to resolve any coverage disputes with the patient's health insurance company; and to be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to address on a national level the increasing problem of patients, discharged by a health care facility on a weekend and holiday, being denied access to vital medications when a dispute about coverage cannot be resolved because the patient's health insurance company does not have staff available on weekends or holidays to address formulary issues.

RATIONALE: The Resolution directed MSMS to seek guidance that would allow pharmacies to provide patients discharged by a health care facility on a weekend and holiday with a supply of prescribed medications in an amount that will cover their needs until the following second business day; thereby, providing the time necessary to allow the prescribing physician or other physician in charge of the patient's care to resolve any coverage disputes with the patient's health insurance company. It also asked for the American Medical Association to address the issue on a national level.

The Committee did not believe that it had adequate information regarding the scope of the problem. Therefore, they are recommending that the MSMS Board of Directors study the issue further. MSMS has several channels in which to gather additional information in order to better understand current practice and policies of third party payer such as individual meetings with the payers and the MSMS Liaison Committee with Third Party Payers.

RESOLUTION 42-16

Calling Physicians by their First Name**Original Author: Patrick J. Droste, MD**

Amend

RESOLVED: That MSMS discourages the policy of calling physicians by their first names.

RESOLVED: The author removed "under the aegis of improving patient safety" to clarify intent. The Committee also recognized that this effort is consistent with existing MSMS policy and legislative efforts.

RESOLUTION 43-16

Third Party Payer Responsibilities**Original Author: Patrick J. Droste, MD**

Amend

RESOLVED: That MSMS strongly encourage third party payers to provide a summary of their insurance benefits outlining, up-front, deductibles, co-pays, and preventative coverage in simple terms that take into account recommended reading grade levels and that is provided in the patient's primary language within 30 days of policy activation.

RESOLVED: The Committee viewed the modifications to be a friendly amendment that focuses on the issues of transparency and patient understanding of out-of-pocket cost sharing obligations. They believe that third party payers should educate their beneficiaries about deductibles and other cost-sharing requirements.

RESOLUTION 44-16

Maintenance of Certification**and Insurance Plan Participation****Original Author: Domenic R. Federico, MD**

Reaffirm

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the insurance industry to ensure that maintenance of certification does not become a requirement for insurance panel participation.

Rationale: After review of the resolution and AMA policy, it has been determined that the AMA has addressed this issue in the past and has existing policy.

RESOLUTION 45-16

**Pharmacy Benefit Managers
and Compounded Medications****Original Author: David E. Hammond, MD**

Refer

RESOLVED: That Michigan Delegation to the American Medical Association (AMA) ask our AMA to support federal regulation, consistent with existing anti-trust laws, that require pharmacy benefit managers to establish drug reimbursement plans for compounded medication based on medical need rather than financial concerns.

RESOLVED: The Committee believed this to be a very complex issue. Additionally, there is ongoing litigation in federal court. Therefore, the decision was made to recommend referral to the MSMS Board of Directors for further study in order to better assess the problem and appropriate role for MSMS and the American Medical Association.

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KENT COUNTY AT HOUSE OF DELEGATES CONTINUED FROM PAGE 9

RESOLUTION 46-16

Oppose MAPS Mandate

Original Author: Donald P. Condit, MD, MBA

Approve

RESOLVED: That MSMS opposes mandatory Michigan Automated Prescription System checking by physicians absent clinical suspicion of substance abuse or nefarious intent.

RATIONALE: The discussion can perhaps best be summarized by one of the physicians that testified that "this is a simple response to a very complex issue." In other words, physicians absolutely need to be at the forefront of addressing the issue of drug diversion in Michigan; however, simply adding the burden of looking up every prescription in MAPS is likely to create new problems, solve some problems, and deter many physicians from prescribing certain types of medications altogether. In addition to these concerns, the Committee discussed that the current MAPS system is not user friendly and could represent a cumbersome requirement on many physicians with an unclear benefit in terms of reducing drug diversion. The Committee therefore recommends that MSMS support this resolution which means opposing a MAPS mandate.

RESOLUTION 46-16

Medical Student Delegate Reallocation

Original Author: Eric L. Larson, MD

Approve

RESOLVED: That the MSMS Board of Directors review and study the current allocation of student delegates at the MSMS House of Delegates, the policies in other equivalent state and national societies, and make recommendations on a potential reallocation at the 2017 MSMS House of Delegates meeting.

RESOLUTION 49-16

Opioid Overdose Deaths and Naloxone Co-Prescribing

Original Authors: Jayne E. Courts, MD, Sandra Dettmann, MD, and Cara Poland, MD

Approve

RESOLVED: That MSMS provide education for physicians about opioid overdose death rates and the importance of co-prescription of naloxone for any narcotic prescription; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) support the AMA's efforts and policies to expand the access and use of naloxone to prevent opioid-related overdose deaths.

RATIONALE: Naloxone is an important tool in dealing with the drug diversion epidemic in Michigan. This resolution asks for MSMS to serve our members by providing information about co-prescribing naloxone to patients in order to help avoid overdose. The Committee repeatedly heard from physicians

during testimony that education is a crucial element in alleviating the drug diversion epidemic, to that end this resolution helps to achieve the goal of educating physicians.

RESOLUTION 50-16

Opioid Overdose Deaths and Use of MAPS

Original Authors: Jayne E. Courts, MD, Sandra Dettmann, MD, and Cara Poland, MD

Amend

RESOLVED: That MSMS supports education to encourage physicians and other health care providers to check the Michigan Automated Prescription System when prescribing controlled substances.

RATIONALE: MAPS is an important tool in dealing with the drug diversion epidemic in Michigan. This resolution asks for MSMS to serve our members by providing information about how physicians can integrate MAPS into their practice. The Committee repeatedly heard from physicians during testimony that education is a crucial element in alleviating the drug diversion epidemic, to that end this resolution helps to achieve the goal of educating physicians. The resolution was edited slightly to broaden the use of MAPS beyond just opioids and to remove the term "before" as there may be instances when it is more appropriate for a physician to check during the course of treatment as opposed to before. With these changes the Committee was supportive.

RESOLUTION 51-16

Opioid Overdose Deaths and Continuing Medical Education for Opioid Prescribing

Original Authors: Jayne E. Courts, MD, Sandra Dettmann, MD, and Cara Poland, MD

Amend

RESOLVED: That MSMS supports education to encourage physicians and other health care providers to co-prescribe naloxone when prescribing opiates.

RATIONALE: Naloxone is an important tool in dealing with the drug diversion epidemic in Michigan. This resolution asks for MSMS to serve our members by providing information about co-prescribing naloxone to patients in order to help avoid overdose. The Committee repeatedly heard from physicians during testimony that education is a crucial element in alleviating the drug diversion epidemic, to that end this resolution helps to achieve the goal of educating physicians. This resolution was amended to retain the intent to educate without stipulating that such efforts were mandatory components of CME required to maintain licensure in Michigan. With these changes made, the Committee was supportive.

RESOLUTION 55-16

Penalties for Assaulting Medical Personnel**Original Author: Jayne E. Courts, MD**

Approve

RESOLVED: That MSMS seek legislation making the assault of emergency department personnel a felony; and be it further

RESOLVED: That MSMS seek legislation making assault of any medical personnel serving in a medical capacity or setting at the time of the assault a felony.

RATIONALE: The Committee recommended that the Resolved portions be amended to include "assault and battery" instead of just "assault" as they believed this to be the more appropriate legal reference. The Committee supported the idea of increased efforts from law enforcement to respond to allegations of assault and battery against health care personnel in the emergency department. The Committee recognized that there were some concerns raised that the unintentional outcome of this policy is that persons with limited mental capacity or psychologically impaired individuals might be victimized by overly aggressive prosecutors. The Committee was informed by MSMS Legal Counsel that the current definition of assault and battery should suffice and would include such actions against health professionals regardless of the setting. However, this is inconsistent with the personal

experience of many of the physicians who have firsthand knowledge of these types of altercations. For whatever reason, law enforcement or hospital administrations tend to be reluctant to press charges in these circumstances. For this reason, the Committee believes that if the law sought by this resolution were enacted, physicians and other health care workers might enjoy additional protections while still preserving the discretion of law enforcement to not seek charges against those patients that may be impaired.

The Resolution was extracted on the Floor. The House of Delegates voted to approve the original Resolution.

RESOLUTION 57-15

Maintenance of Certification and State Medical Licensure**Original Author: Jayne E. Courts, MD**

Approve

RESOLVED: That MSMS seek legislation that prohibits making maintenance of certification a requirement for obtaining a state medical license; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to prevent the use of maintenance of certification as a licensing requirement in any state.

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KCMS Board President, Jayne Courts, MD



Megan Edison, MD

KCMS Physicians work for ALL Physicians

KCMS Board President, Jayne Courts, MD, and KCMS Board Member, Megan Edison, MD, testified before the Senate Health Policy Committee against Maintenance of Certification to prevent MOC from being used as a requirement for state medical licensure, insurance panel participation, and hospital staff participation. While David Krhovsky, MD, as President of MSMS, provided the Committee insight as to the importance of updating MAPS and what improvements will be of greatest value to physicians.

Photos courtesy MSMS.

KENT COUNTY AT HOUSE OF DELEGATES CONTINUED FROM PAGE 11

RATIONALE: Maintenance of Certification is a significant burden on physicians without providing a commensurate benefit in terms of quality, safety, or effort. MSMS has existing policy on MOC; however, the specific provision as it relates to physician licensure is a new wrinkle and was broadly supported by the physicians on the Committee and among the physicians that testified.

RESOLUTION 59-16

Hierarchical Condition Category Coding

Original Author: Jayne E. Courts, MD

Amend

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the Centers for Medicare and Medicaid Services (CMS) to establish a new policy to revise the current Medicare Advantage risk-adjustment process from one that results in the annual deletion of hierarchical condition category (HCC) codes associated with Medicare Advantage beneficiaries to one that permits past medical and surgical diagnoses to automatically follow the beneficiary from year to year when the HCC codes reflect chronic conditions that will never be totally resolved.

RATIONALE: The Committee consolidated the two Resolved statements and provided further direction to the AMA to establish new policy.

RESOLUTION 60-16

Single Tax Identification Number

Original Author: Jayne E. Courts, MD

Amend

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with Centers for Medicare and Medicaid Services to ensure that all valid claims for distinct services submitted under the same tax identification number (TIN) or by providers within the same specialty on the same day be reimbursed fairly without regard to the TIN.

RATIONALE: The Committee removed the first two Resolved as they believe the third Resolved statement succinctly covers the issue.

RESOLUTION 67-16

Playing in the Sandbox Together

Original Author: Jayne E. Courts, MD

Amend

RESOLVED: That MSMS endeavors to educate physicians and other health care providers about the importance of careful and accurate verbal discussions and written documentation of care provided; and be it further

RESOLVED: That MSMS encourages physicians to demonstrate and maintain high ethical standards to avoid inadvertently discrediting other physicians or other health care providers; thereby, leading by example so that resident physicians and medical students can learn in a supportive environment while providing excellent care for our mutual patients; and be it further

RESOLVED: That MSMS dedicate an article in Michigan Medicine to educate physicians and other health care providers about the importance of careful and accurate verbal discussions and written documentation of care provided; and to have MSMS Legal Counsel discuss the relationship of medical liability cases to miscommunication.

RATIONALE: The Committee strongly supported the intent of the resolution but added a third resolved to enhance the intent of the resolution. The Committee believed this is a vital issue and more work needs to be done to address the issue.

RESOLUTION 68-16

Title: Specified Wording for SOAP Notes

Original Author: Jayne E. Courts, MD

Amend

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to lobby the Centers for Medicare and Medicaid Services to discontinue denial of payments and effects of the RAC audits due to the absence of specific words in the chief complaint when the note provides adequate documentation of the reason for the visit and establish new AMA policy.

RATIONALE: The Committee heard testimony about the negative impact of RAC audits and expanded the scope of the Resolved to recognize those hardships.

RESOLUTION 69-16

Title: Human Trafficking Education

Original Author: Jayne E. Courts, MD

Reaffirm

RESOLVED: That MSMS work with the Michigan Human Trafficking Commission, the Office of the Attorney General, the State Police Department, and related agencies to educate physicians about human trafficking, potential office visit or physical exam findings, and reporting requirements.

RATIONALE: After review of the resolution and MSMS policy, it has been determined that MSMS has existing policy. Additionally, MSMS has been actively engaged in discussions with the Administration and other stakeholders regarding opportunities to collaborate on outreach activities and a webinar for physicians is currently being coordinated by MSMS staff.

RESOLUTION 71-16

Title: Federally-required Patient Surveys**Original Author: Jayne E. Courts, MD**
Amend

RESOLVED: That the MSMS supports the American Medical Association (AMA) policy on Pain Medicine (D-450.958) as follows:

Our AMA: (1) continues to advocate that the Centers for Medicare & Medicaid Services (CMS) remove the pain survey questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS); (2) continues to advocate that CMS not incorporate items linked to pain scores as part of the CAHPS Clinician and Group Surveys (CG-CAHPS) scores in future surveys; and (3) encourages hospitals, clinics, health plans, health systems, and academic medical centers not to link physician compensation, employment retention or promotion, faculty retention or promotion, and provider network participation to patient satisfaction scores relating to the evaluation and management of pain.

RATIONALE: Much of the testimony focused on concerns with the pain-related questions on the various consumer satisfaction surveys and how even a few negative comments from patients can skew the results. The AMA's existing policy on this issue is more prescriptive than that in the original Resolved statement. Therefore, the Committee did not want to take action that might weaken the AMA's position and instead believed it more appropriate for MSMS to adopt the AMA policy.

RESOLUTION 72-16

Title: Development of Alternative Competency Assessment Models**Original Author: Jayne E. Courts, MD**
Reaffirm

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the American College of Graduate Medical Education, American Board of Medical Specialties, and other relevant organizations to develop alternative and more accurate methods to determine a standard of ongoing clinical competency.

RATIONALE: After review of the resolution and AMA policy, it has been determined that the AMA has addressed this issue in the past and has existing policy.

RESOLUTION 75-16

Title: Medical Student Membership Assignment**Original Author: Jayne E. Courts, MD**
Amend

CONTINUED ON PAGE 14

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KENT COUNTY AT HOUSE OF DELEGATES

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RESOLVED: That MSMS allow medical student members to also be members of the local component medical society that is within close proximity to the students' medical school and that provides expected membership services; and be it further

RESOLVED: That the county medical societies be encouraged to accept medical student as associate members within close proximity to the students' clinical clerkships.

RATIONALE: The Committee agrees with the intent of the resolution and believed that student outreach is important. There is existing MSMS policy that allows the counties to offer associate memberships to students that move to another county during medical school. A second resolved was added to strengthen the intent of the resolution.

RESOLUTION 78-16

Title: Membership for Non-Staffed Counties

Jayne E. Courts, MD

Amend - 2nd Reading

RESOLVED: That MSMS supports the premise that organized medicine benefits from the perspectives of all practicing physician members; and be it further

RESOLVED: That MSMS encourage and allow physician members of non-staffed component medical societies to join a nearby county medical society.

This amendment would necessitate a change to the MSMS Bylaws, Section 4.20. Deletions are indicated by strikethrough.

4.20 ADJOINING COUNTY—A doctor of medicine whose principal location of practice is near a county line may, with the permission of the Board of Directors of this society, and upon being duly elected thereto, hold membership in the component society most convenient for the member to attend.

RATIONALE: If approved, this Bylaws change will come back to the 2017 MSMS House of Delegates for second and final reading.

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Saluting Physicians Who Volunteer in Our Community

The KCMS, in partnership with the Kent Medical Foundation, would like to highlight physicians who volunteer in our community. When a KCMS member and an organization are profiled in the *Bulletin*, the Kent Medical Foundation will honor the physician with a donation to the charity.



R. Paul Clodfelder, MD

R. Paul Clodfelder, MD, has been involved with Cherry Health for over 20 years. Dr. Clodfelder was a beloved internist for Cherry Health (Cherry Street Health Services at the time) from 1995-2008. After Paul retired, he continued his service to Cherry Health by joining the governing board in 2009. As a Board member, Paul has demonstrated an awareness and sense of responsibility, more than any other board member, of the issues of improving clinical care

throughout our organization. His involvement with the KCMS Legislative Committee allows him to update the Cherry Health staff on the politics of health care finance and the activity of KCMS, MSMS and the AMA. He has served as head of the Client Services Committee and has recruited patients to participate on Cherry Health's governing board as Cherry Health's federal mandate is to have 50% of its board members be current patients.

In 2014, Dr. Clodfelder further expanded his service to Cherry Health by helping to launch the Cherry Health Foundation, the philanthropic heart of the organization. He served as the interim chair at the start of the Foundation and continues to be an important member of the foundation board, effectively acting in a liaison role between the governing and foundation boards.



Christopher R. Russo, MD

Christopher R. Russo, MD, with the Javery Pain Institute has been awarded a certificate of appreciation from the Michigan Golden Gloves for his years of volunteer work as a ringside physician and for his dedication our community's youth.

COMING SOON

Watch for Update Contact Information Request Forms

A "Members Only" KCMS/KCOA Directory will be updated and sent to members at home. This Directory will include all current members — Active and Retired — and their contact information. Your prompt return of these forms allows for accurate information in the Directory. THANK YOU!



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IV League Breakfast

Retired Members of the KCMS and KCOA gathered for a casual breakfast at The Omelette Shoppe, for no other purpose than to get together.



Above, Owen Rottschafec, MD, and Larry Gerbens, MD. Oliver Grin, MD, and Michael Madura, MD, at right.



Mrs. Youn Kim and daughter.

Referral Guide Changes

The following updates have been shared since the mailing of the Referral Guide. As a reminder, the Referral Guide is for use in the physician offices for referring to other members of the KCMS and KCOA.

PAGE 6

Brooke, MD, Nancy J.
RETIRED as of 5/1/2018

Additional address location:
1425 Michigan St. NE,
Suite A
Grand Rapids, MI 49503
Ph: 459-4514
Fx: 459-5001

PAGE 11

Dettmann, MD, Sandra K.
NEW office suite number:
3501 Lake Eastbrook
Blvd SE, Ste. 100
Grand Rapids, MI 49546

PAGE 33

Rolienhagen, MD,
Jennifer
Diagnostic Radiology
Kent Radiology, PC
PO Box 186
Grand Rapids, MI 49501
Ph: 616-364-6700
Fx: 616-364-4960

PAGE 26

Marogil, MD, Joseph B.
NEW practice name:
Center for Vein
Restoration

PAGE 30

Pfennig, DO, Thomas W.
Otolaryngology, Head
and Neck Surgery
Grand Rapids Ear, Nose
and Throat, PC
1555 44th St., SW
Wyoming, MI 49509
Ph: 249-8000
Fx: 249-8088

PAGE 37

Vogotis, MD, Francine L.
NEW practice name
and address:
Vogotis Cosmetic Surgery
and Skin Center
4940 Cascade Rd SE,
Ste. 130
Grand Rapids, MI 49546
Ph: 285-6400
Fx: 285-0417

PAGE 38

Van Dam, MD, James F.
RETIRED

PAGE 40

Vydareny, MD, John R.
NEW office address:
833 Michigan St. NE,
Ste. 102
Grand Rapids, MI 49503
Ph: 459-1144
Fx: 459-3594

PAGE 40

Walsh, DO, Thomas J.
MOVED out of state

PAGE 48

Grand Rapids Ear, Nose
and Throat, PC
Additional address location:
1425 Michigan St. NE,
Suite A
Grand Rapids, MI 49503
Ph: 459-4514
Fx: 459-5001



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- Physician Group Practice Ancillary Services Integration & Contractual Joint Ventures
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CMS Recognizes New Exception to the Stark Law for Timeshare Arrangements

MARKI STEWART, J.D.

On July 15, 2015, the Centers for Medicare & Medicaid Services ("CMS") proposed a series of amendments to the federal Ethics in Patient Referrals Act (the "Stark Law" or "Stark") that would create new exceptions to the Stark Law and clarify certain other provisions of Stark. The final rule went into effect on January 1, 2016, and includes a newly-created exception for "Timeshare Arrangements."

By way of background, the Stark Law generally prohibits a physician from making referrals to an entity for the furnishing of Designated Health Services ("DHS") payable by Medicare when the referring physician has a financial relationship with that entity, and further prohibits billing for the services associated with such a referral, unless the financial relationship qualifies for certain specified exceptions. Arrangements for the leasing of space, equipment, supplies, personnel, items and/or services between such parties create such a financial relationship and, thus, are required to fit within one of the enumerated exceptions to Stark. The Stark Law contains pre-existing exceptions, such as exceptions for the rental of office space or equipment, however, those exceptions require **exclusive** use of the property when used by the lessee, and prohibit the property or other items leased from being shared with or used by the lessor or any entity related to the lessor. As such, prior to January 1, 2016, there was no Stark Law exception for lease arrangements involving **shared** (i.e. non-exclusive) space or equipment (or other items leased). Thus, the new Timeshare Arrangements exception provides a new avenue for hospitals, physicians and physician groups to enter non-exclusive lease arrangements in compliance with Stark provided each of the factors are met.

CMS has clarified that the Timeshare Arrangements exception

is in addition to, and not a replacement for, the existing lease exceptions. In its comments on the applicability of the Timeshare Arrangement exception versus the exception for rental of office space, CMS states as follows:

The exception for timeshare arrangements finalized at §411.357(y) establishes another—not a replacement—exception for parties to a timeshare arrangement. If a timeshare arrangement includes the exclusive use of office space but does not convey a possessory leasehold interest in the office space that is the subject of the arrangement, the new exception at §411.357(y) is available to protect the arrangement (provided that all other requirements of the exception are satisfied). Depending on the facts and circumstances of the arrangement, it may also qualify for the exception at §411.357(a) [rental of office space]. **In short, the parties to a timeshare arrangement may elect to use any available exception(s) to protect the arrangement. However, where control over office space is conferred on a party such as to give that party a "right against the world" (including a right against the owner or sub-lessor of the office space), the arrangement must qualify for the exception for the rental of office space at §411.357(a) in order not to run afoul of the physician self-referral law.**

It is clear from CMS' comments above that a timeshare arrangement may also qualify for an existing Stark Law exception, but a true lease that gives the physician a "right against the world" to possess the space must be structured to fit within the Rental of Office Space exception rather than the Timeshare Arrangements exception. CMS differentiates a timeshare arrangement from a traditional lease as follows: "a lease transfers dominion and control of the property from the lessor to the lessee, giving the lessee an exclusive 'right against the world' (including a right against the lessor) with respect to the leased property . . . [A] 'timeshare'

arrangement, as we use the term in this final rule, does not transfer dominion and control over the premises, equipment, personnel, items, supplies, and services of their owner, but rather confers a privilege to use (during specified periods of time) the premises, equipment, personnel, items, supplies, and services that are the subject of the arrangement.” Oftentimes, these types of lease arrangements are referred to as “license” agreements.

EXCEPTION ELEMENTS

The Timeshare Arrangements exception to the Stark law protects leasing arrangements when **all** of the following elements are met:

- The arrangement is set out in writing, signed by the parties, and specifies the premises, equipment, personnel, items, supplies, and services covered by the arrangement.
- The arrangement is between a physician (or the physician organization in whose shoes the physician stands under §411.354(c) and—
 - A hospital; or
 - Physician organization of which the physician is not an owner, employee, or contractor.
- The premises, equipment, personnel, items, supplies, and services covered by the arrangement are used—
 - Predominantly for the provision of evaluation and management services to patients; and
 - On the same schedule.
- The equipment covered by the arrangement is—
 - Located in the same building where the evaluation and management services are furnished;
 - Not used to furnish designated health services other than those incidental to the evaluation and management services furnished at the time of the patient’s evaluation and management visit; and
 - Not advanced imaging equipment, radiation therapy equipment, or clinical or pathology laboratory equipment (other than equipment used to perform CLIA-waived laboratory tests).
- The arrangement is not conditioned on the referral of patients by the physician who is a party to the arrangement to the hospital or physician organization of which the physician is not an owner, employee, or contractor.
- The compensation over the term of the arrangement is set in advance, consistent with fair market value, and not determined—
 - In a manner that takes into account (directly or indirectly) the volume or value of referrals or other business generated between the parties; or
 - Using a formula based on—
 - A percentage of the revenue raised, earned, billed, collected, or otherwise attributable to the services provided while using the premises, equipment, personnel, items, supplies, or services covered by the arrangement; or
 - Per-unit of service fees that are not time-based, to the extent that such fees reflect services provided to patients referred by the party granting permission to use the premises, equipment, personnel, items, supplies, or services covered by the arrangement to the party to which the permission is granted.
- The arrangement would be commercially reasonable even if no referrals were made between the parties.
- The arrangement does not violate the anti-kickback statute (section 1128B(b) of the Act) or any Federal or State law or regulation governing billing or claims submission.
- The arrangement does not convey a possessory leasehold interest in the office space that is the subject of the arrangement. 42 CFR § 411.359(y) (effective January 1, 2016).

The Timeshare Arrangements exception offers a new option for physicians, hospitals and physician groups to structure non-exclusive leasing arrangements for space, equipment, or personnel, items, services and/or supplies in compliance with Stark. Given that a particular arrangement can fit within more than one exception, the Timeshare Arrangements exceptions may also protect existing lease arrangements and, as such, parties may wish to review certain existing lease arrangements to determine the exception that offers the greatest protection.



Join Us

KCOA MEETINGS OF INTEREST

JUNE 16-19, 2016

2016 NMOA ANNUAL SUMMER CONFERENCE
Mackinac Island, MI
For more information, please visit www.domoa.org
or call 517-347-1555 x100

SEPTEMBER 12, 2016

KCOA/KCMS LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

NOVEMBER 14, 2016

KCOA/KCMS LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

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



Membership Directory 2016

As a reminder, a Membership Directory for members only, is currently being compiled for distribution later this year. The process begins with an Update Contact Information form that is being sent to your office. Please update your contact information and promptly return it to the KCMS/KCOA Office by USPS mail or by FAX at 616-458-3305. **Thank you for your assistance.**

KCOA OFFICERS & DIRECTORS

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Karin Severson, DO

Jeffrey Stevens, DO

Adam Wolf, DO

John Wolf, DO



Jennifer Hastings, DO
KCOA President,
Board of Directors

PRESIDENT'S MESSAGE

Happy Spring!

Members of the Kent County Osteopathic Association attended the 117th Annual Spring Scientific Convention in Dearborn on May 12, including the MOA House of Delegates.

The KCOA Board is always interested in members' feedback and interest. The KCOA Board will be considering activities for this fall, including a social event and a CME day. A new social opportunity for retired members of the KCOA, The IV Leaguers' Breakfast was held in late April. With overwhelming positive reviews, it is sure to be held again soon.



Karin Severnsma, DO



MOA Speaker of the House,
Craig Bethune, DO



Gary Marsiglia, DO and Joanne Grzeszk, DO



IV League Breakfast

Retired KCOA Members took part in the newly created IV League Breakfast, an opportunity for retired physicians to get together. Pictured at right are Lonson Barr, DO, Davis Dalton, DO, Ralph Walsh, DO, and James Milton, DO.



KENT MEDICAL FOUNDATION



Kathleen Howard, MD
2018 KMF President,
Board of Trustees

Welcome to Our Newly Elected Officers and Trustees

The Kent Medical Foundation Board elected new officers and Board Members at their Annual Meeting in February.

KMF

NEW OFFICERS

President: Kathleen Howard, MD

Vice Chair: Paul Nicholson

Secretary/Treasurer: Margie S. Brown, CPA, MBA

TRUSTEES

Irene Betz

Scott Hoag

Jayne Courts, MD

Deborah Shumaker

David E. Hammond, MD

Timothy Waalkes

CELEBRATING TEN YEARS OF NICO TEAM POSTER CONTEST

The award-winning, student-designed poster for the Nico Team Tobacco Prevention Program is pictured here. The Nico Team program has been running for more than a decade. Retired physicians and dentists held presentations with middle school and later, elementary school students, to discuss the hazards of beginning a tobacco use habit. A poster contest began ten years ago to assist in the messaging to youth, but also to keep the subject on the minds of young people, empowering them to decline opportunities to begin a tobacco habit based on facts they know. The momentum continues! The Arway Grand Plaza and Grand Rapids Art Museum partner with a community-based committee comprised of leaders in art, education, medicine and philanthropy.

Student artist, Ericka Horan, a student at Valleywood Middle School in Kentwood, was the recipient of the Jose Narezo 1st Place Award for Best Overall



Jose Narezo 1st Place Award

Ericka Horan

6th Grade

Valleywood Middle School

Kentwood Public Schools



2nd Place



3rd Place



From left, Eva Aguirre Cooper, WOOD TV Community Affairs Director; KCMS Board President, Jayne Courts, MD; Mariena Gerza; Amy Tzintzur; Sandra Dettman, MD; Patricia Dalton; and Luis Tomatis, MD, Director of Medical Affairs, DeVos Family Foundation.

Poster. She not only was recognized by her peers, teachers and the community for her artistry, but was presented with an iPad donated by the CDV5 Foundation.

KCMS Board President, Jayne E. Courts, MD, and John O'Donnell, MD, of MSU-CHM were on-hand to present awards, as well as committee volunteer Sandra Dettmann, MD, KCMS Board Member.

The Kent Medical Foundation and KCMS Office have agreed to a greater role in coordinating the program in the future.



AT THE HEART OF HEALTH CARE

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KENT COUNTY MEDICAL SOCIETY ALLIANCE : Connecting and growing for a healthier Kent County.



heartbeat

MESSAGE FROM THE PRESIDENT

It is my honor to serve as Alliance President for 2016-2017. We have many exciting things planned as we shift direction for the upcoming year.

After attending National, Regional and State Alliance meetings we learned that in order for our organization to survive an overall general membership decline we needed to change and grow. Despite a 26 year tradition of philanthropic focus and fundraising success it was time to reevaluate the direction of our County Alliance. A spring 2015 survey concluded that our members equally value philanthropy and member connection/support. It became clear that while fundraising is high on the priority list it is not the only thing that our members wish to involve themselves in. Thus, our board has decided to go to an every other year format allowing our alliance to have an outward focus (fundraising for our community) one year followed by an inward focus (membership building/connection/social) the next. I hope you will join us this year as we focus inward on our Alliance with an emphasis on membership building and retention. Please join me in welcoming this outstanding group of volunteers who make up our Alliance Board of Directors.

KCMSA



Karen Begrow
Karen Begrow
KCMSA President

2016 | 2017 KENT COUNTY MEDICAL SOCIETY ALLIANCE board of directors

Executive Committee

(Officers of the Alliance)

President	Karen Begrow
President-Elect	Alexis Boyden
Immediate Past-President	Marybeth Weber
Recording Secretary	Louise Eastman
Corresponding Secretary	Andrea Haidle
Treasurer	Jennifer Baguley
Assistant Treasurer	Christine Pfennig
Parliamentarian	Susan Jebson

Standing Committees

Legislative Chair	Karin Maughn
Nominating Chair	Marybeth Weber
By-Laws Revision Chair	Beth Junewick
History Chair	Karen Begrow
Membership/Newcomer Chair	Barb Hart
Communications Chair	Alexis Boyden
Website	Deb Shumaker
Newsletter	Andrea Malson
Social Media	Eileen Brader
Branding/Design	Jennifer Bruce
Charitable Fund Grant Chair	Andrea Malson
Health Promotions Chair	Dee Lenters
Grant Writing/Award Application Chair	Beth Junewick
Social Chair	Eileen Brader
Gourmet Club	Tracy Anderson
Young Alliance Chair	Amylynn Suchack
Men's Alliance Chair	Paul Franey

Task Forces

(formerly called Community Projects)

Baxter Community Center	
Children's Holiday Party	Maryann Anderson & Cynthia Metelic
Doctor's & Their Families Make a Difference (Pink Bag Initiative)	Kim Shamma & Connie Meade
Judge Gardner's Closet	Andrea Haidle

Special Interests

Book Club	Kathy Kendall
Gavel Club	Beth Junewick

Community Boards

Kent Medical Foundation	Irene Betz & Deb Shumaker
-------------------------	---------------------------

Special thanks to the KCMS office staff for their help with our Alliance. Amy Zintzun (L) & Mariana Garza (R)





Judge Gardner's Closet

April 19, 2016

An Annual Spring Luncheon highlight is the collection of household items for Judge Gardner's Closet. Our donations go to aid young adults leaving the foster care system and starting out on their own.

I am so absolutely wonderfully proud to be an Alliance member. Not only did we "gather" so many wonderful things for Judge Gardner's Closet, but I was flabbergasted when our Alliance treasurer presented me with a check of \$670 (online donations from KCMSA members) to give to Judge Gardner for her to purchase items. She was astounded also; I think that type of donation has never happened before.

The true goodness (and I do believe that) and willingness of so many to come forth to help this particular population of young people is beyond words (and I'm being good with words). Just it is just that. Many, many thanks.

— Andrea Huckle



ABOVE: KCMSA member, Andrea Huckle (L) with Judge Janet Haynes (R) representing Judge Gardner's Closet. CENTER LEFT: HSHS Alliance representative Nancy Fody swearing in the 2016-2017 Officers of the Alliance.



KCMSA



Feb 2016 | Social: BodyBrite
KCMSA member Gayle Labine graciously hosted a fun filled evening complete with doorprizes at her new business, BodyBrite.

March 2016 | Social: Spring
Members gathered for dinner at Houlihan's followed by a Spring Spruce-Up tabletop event at West Elm.



March 2016 | Gourmet Club: Ides of March
Costumes, good food and a great time were all part of the evening. Thanks to Kathy & Ken Kendall for hosting!



April 2016 | Health Promotion: Kickoff Walk
Our first Health Promotions event led by 1st year member Dee Lenters had us outside exercising with canine companions at Ada's Roseale Park.

June | July | August calendar

- 6|12-14 **AMA Alliance Annual Mtg.**
Chicago
- 6|14 **Book Club:**
noon "Physics of the Future"
Schuler's Books | Kentwood
- 6|15 **Social: Fairy Garden Creation**
10am-noon Koetsler's | GR
- 6|21 **Health Promotion:**
10am Kent Trails Family Bike Ride
N. Millennium Trailhead | GR
- 6|29 **Young Alliance:**
10am-2pm Red, White & Blue Playdate
Manhattan Park | EGR
- 6|30 **Membership Fees Due**
Member Challenge ends!
- 7|6 **Health Promotion:**
10am-noon "Discovering Your Confidence,
Health & Beauty"
Lenters' Home | GR Top
- 7|16 **Gourmet Club: Pure Michigan**
Pfenning's Cottage | Leelanau
- 7|23 **Young Alliance: Family Picnic**
10am-2pm Ada Park | Ada Village
- 8|20 **Gourmet Club**
Delavan's Cottage | Montague
- 8|22 **Young Alliance: Family Picnic**
10am-2pm GR Township Park | GR
- 8|23 **Time & Talent: S.H.O.E.S.**
9-10am - 12-1pm In The Image | GR

All current & prospective members are welcome to attend any calendar event! For more event info & to RSVP visit KCMSAlliance.org/events.



1 JULY 2016 - 30 JUNE 2017

annual membership

renew, reinstate or join

(DUE JUNE 30, 2016)



April 2016 | MSMSA Meeting
Karen Begrow and Beth Junewick attended the Michigan State Medical Society Alliance 90th Annual Session in Dearborn.



May 2016 | Gourmet Club: Kentucky Derby Party
Thanks to the Harogitz's for hosting a festive evening celebrating the 142nd running.



May 2016 | Technology Workshop
Thanks to our Communications Chair Alexis Boyden for helping members learn how to better navigate our Alliance website & link to Google Calendars on our devices.

KENT COUNTY MEDICAL SOCIETY ALLIANCE (KCMSA) kcmsaalliance.org

Your local connection to other medical spouses/partners of M.D.s, D.O.s, medical students, interns, residents and fellows. As a member, you will be able to access support, resources, and camaraderie for the unique challenges of life in a medical family while making a difference in the community.

KCMSA Physician Spouse/Partner \$30

KCMSA Student/Resident Spouse/Partner \$8

MICHIGAN STATE MEDICAL SOCIETY ALLIANCE (MSMSA) msmsa.org

A statewide component of the county and national medical alliance networks. With your support, MSMSA works to protect the future of medicine through legislative advocacy at the state level. Through MSMSA our county alliance can access resources and grants to develop and implement programs affecting our local community.

MSMSA Physician Spouse/Partner \$32

MSMSA Student/Resident Spouse/Partner \$2.50

Submit membership online via PayPal at kcmsaalliance.org/2016-means

Or, mail this form (checks payable to KCMSA) to:
KCMSA Treasurer
8785 Scarborough Drive SE
Aub, MI 49301

Please check a box & complete the form:

Physician Spouse/Partner

KCMSA \$30

KCMSA + MSMSA \$62

Student/Resident Spouse/Partner

KCMSA \$8

KCMSA + MSMSA \$7.50

NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME # _____ MOBILE # _____

CREDIT CARD # _____

EXPIRATION DATE _____ CCV _____

EMAIL _____

SPOUSE/PARTNER'S NAME RETIRED

BIRTHDAY (month/day) MEMBER SINCE (year) _____

INTERESTS (what to share) _____

CHILDREN (ages) _____

REFERRED BY CURRENT KCMSA MEMBER _____

PREFERRED COMMUNICATION (check one)

SNAIL MAIL EMAIL

KCMSA

Our medical family friendships are what sustain us. As president of the Alliance, I issue a membership challenge: make new members to join! The current Alliance member who recruits the most new members (who have never been members before) will be treated to lunch with their new members at Rose's (date of your choice). The winner will be announced in the August KCMSA newsletter.

— Karen Begrow

kcmsa foundation

A Dose of Generosity

April 19, 2016

Our KCMSA Foundation President, Beth Junewick presented generous checks to our Dose of Generosity Charity Event beneficiaries at the KCMSA Annual Spring Luncheon.

Family Promise

This organization provides emergency shelter and other related support for area families facing a housing crisis. KCMSA's grant will serve the needs of 60 homeless children, from intake to permanent housing.

YWCA Nurse Examiner Program

Specially trained nurses provide free medical-forensic exams, counseling and other support to area victims of sexual assault in a private facility. The Alliance's gift will fund the purchase of equipment, furnishings and other items for their newly expanded facility.



Dear Kent County Medical Society Alliance:

Family Promise of Grand Rapids is thrilled to have been chosen as a recipient for your 2016 annual gala and to have walked with you over the last year in preparation! From your group coming to our new Day Center for a tour and chat, to attending the gala and the spring luncheon it has been a pleasure and honor getting to know you all and to learn more about how the KCMSSA is changing West Michigan for the better!

The work that you are doing for children and families in West Michigan is making a dramatic difference. Family homelessness is on the rise in our community and because of your many "doses of generosity" children and families are getting off the streets and moving home! How awesome is that?

Thanks to you, our kids have shelter, school supplies, car seats, diapers, wipes and basic needs. Our families are not just moving into a house, they are moving into a home— filled with food, couches, beds, sheets, and kitchen supplies. THANK YOU. Keep up the great work!

Kate O'Keefe
Community Relations and Development Manager
Family Promise of Grand Rapids

Dear Kent County Medical Society Alliance:

What a wonderful, successful event you held! I have not attended many events with that much energy. Congratulations and thank you again.

Carly Bischoff, MA
Chief Executive Officer
YWCA West Central Michigan

Mini-Grant Awards

May 10, 2016

Over \$20,000 in mini-grants have been awarded to area nonprofit organizations that provide health education, medical services or supplies, or promote social welfare. Since September 2015, the awardees are:

Cherry Street Services \$1,950:
Back-to-School Health Fair for low income families.

Beautiful You by Profile \$2,000:
Salon services for women & children with cancer.

Camp Casey \$2,000: Horsey House Call Program for children with cancer/anemia.

FitKids360 \$2,000: Toolkits to educate kids about healthy lifestyles.

Baxter Community Center \$734:
Mats to ensure playground safety.

Girls Choral Academy Scholarship Fund \$2,000: Two full-year scholarships for at-risk girls in grades 3-5.

Health Net of West Michigan \$2,000: In support of a Health Fair providing health education to vulnerable populations.

SECOM Resource Center \$1,245:
Resources allowing families to grow their own produce.

Senior Sing-A-Long \$915:
Music therapy to help restore memory in those living with Alzheimer's and dementia.

Hearing Assistance Technology Program \$1,500: Help with the purchase of a hearing aid.

Team Triumph \$3,000: A new race chair will be purchased for disabled athletes.

Mary Free Bed \$1,190: Our support will retrofit a bathroom suitable for a disabled 16-year old.

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UNRIVALED REWARDS

MSU COLLEGE OF HUMAN MEDICINE

Match Day Success

On March 18, the College of Human Medicine successfully celebrated what is considered one of the most exciting days of medical school – MATCH DAY!

With growing concerns that the number of US and foreign-trained medical students now outnumber the available medical residency positions, this year medical students applied to 30% more programs than in the past.

The number of applications that a Michigan State University College of Human Medicine student completed was often well over 50 with hopes of interviewing at 15-20 programs. After hundreds of hours and thousands of dollars spent traveling to interviews, the Match was very successful for our students in Grand Rapids and throughout our other community campuses.

At noon on the 18th, our 193 students learned that most had matched into their first choice

field and to one of their top three choices for a program location. Of these students, 43% are entering a primary care field (pediatrics-16%, family medicine-11%, internal medicine-11%, and internal medicine/pediatrics-6%). Additionally, 13% entered general surgery, 12% emergency medicine and 8% obstetrics and gynecology. While students matched throughout the United States including Harvard, Hopkins, University of Washington, and Baylor, 42%

of the students will remain in Michigan for their residency training.

The Match was very successful for our students in Grand Rapids and throughout our other community campuses.

Commencement will take place in East Lansing for these students on May 14. Another day of great celebration will be had by all with an address by College of Human Medicine alumna Mona Hanna-Attisha, MD. Although bittersweet to

say goodbye and good luck to the Class of 2016, we are already working with the Class of 2017 to prepare their residency applications, and so the cycle continues!



Joseph Thompson Bush, MD, PhD
Assistant Dean, Michigan State
University College of Human
Medicine Grand Rapids Campus



Mark Hall, MD, MPH

KENT COUNTY HEALTH DEPARTMENT

The Opioid Overdose Epidemic – What You Can Do Now

Because of their capacity to cause respiratory depression, opioids are responsible for a high proportion of fatal drug overdoses. In the United States, deaths from opioid overdose increased more than four-fold since 2001 (6,242 in 2001 to 29,467 in 2014). In Michigan, there was a six-fold increase in opioid-related deaths from 2001 to 2014 (88 to 568 deaths). In Kent County, 524 opioid-related deaths occurred between 2001 and 2014 and the annual number of deaths increased from 17 in 2001 to 56 in 2014.

While heroin accounts for nearly one-third of all overdose deaths, nearly half of all opioid-related deaths in Kent County during 2014 were caused by prescription drugs such as Fentanyl, Morphine, hydrocodone and oxycodone. Physicians can play a role in controlling this epidemic through participation in their state's prescription monitoring program and considering co-prescription of naloxone for patients with risk factors for opioid overdose.

Nearly half of all opioid-related deaths in Kent County during 2014 were caused by prescription drugs such as Fentanyl, Morphine, hydrocodone and oxycodone.

fill date of any controlled substances previously prescribed to a given patient. MAPS is designed to identify and prevent drug diversion and/or identify potential overuse of controlled substances. Any licensed Michigan prescriber can register online to access MAPS.

The Michigan Department of Licensing and Regulatory Affairs does not release data regarding the participation rate of prescribers in MAPS.

Anecdotally, it appears it is substantially underutilized. Physicians who develop the habit of using MAPS find it an invaluable tool and are often surprised by the results. Registration is slightly onerous as a two-step process requiring first the establishment of the State of Michigan "single sign on" followed by registration in the MAPS program. Each step requires e-mail verification, but the whole process takes only about ten minutes. Go to www.michigan.gov/lara to get started. Another deterrent to MAPS usage is the results are slightly less than real time – it takes a few minutes for the online report to be generated. These small obstacles encountered with MAPS are well worth navigating.

CONTINUED ON PAGE 34

MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS)

Prescription monitoring programs are now present in various forms in 49 states. Multiple states have shown a clear decrease in the number of overdose deaths associated with the implementation of monitoring programs. The Michigan Automated Prescription System (MAPS) is the prescription monitoring program for the State of Michigan. MAPS is linked to 29 other state programs that share patient specific data of filled prescriptions for Schedules 2-5 controlled substances. Access to MAPS allows a physician or other prescriber to determine the drug, number dispensed, prescriber, and

NALOXONE CO-PRESCRIPTION

The provision of naloxone to laypersons is safe and cost-effective and has been shown to reduce overdose deaths (CDC). Kent County is fortunate to have The Red Project based in Grand Rapids. The Red Project is a community based organization dedicated to training and equipping at-risk individuals or their families with naloxone for administration in the setting of an opioid overdose. Since 2009, over 300 doses of naloxone have been given. They are considered a state-wide resource for other health departments, police departments, and community agencies who realize that putting naloxone in the hands of those at risk is life-saving. The Kent County Health Department has partnered with The Red Project in an effort to broaden the distribution of naloxone, particularly among individuals more likely to accidentally overdose on prescription opioids. One way to accomplish this goal is through the co-prescription of naloxone to patients prescribed opioids.

The AMA supports the co-prescription of naloxone with opioids, particularly to those with other risk factors associated with opioid overdose. The AMA recommends the prescriber ask the following questions to identify patients likely to benefit from naloxone co-prescription:

- Is my patient on a high opioid dose? [>50 mg morphine equivalents/day, or a combination of long and short acting opioids]
- Is my patient also on a concomitant benzodiazepine prescription? [or other sedatives]
- Does my patient have a history of substance use disorder? [Known or suspected, including alcohol use]
- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- Does my patient have a medical condition, such as a respiratory disease or other co-morbidities, that might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- Might my patient be in a position to aid someone who is at risk of opioid overdose?

The bracketed comments are clarifications provided by guidelines other than the AMA. Other guidelines also include patients with anticipated difficulty obtaining emergency care and patients who request naloxone.

Naloxone is available as a kit for intramuscular injection as well as a relatively new intranasal formulation. While the administration of both forms require some training, video and other instructional materials are widely available. Physicians often question the short duration of naloxone activity relative to the duration of prescription opioids commonly involved with overdoses. All training material emphasizes this fact and the need to obtain immediate medical attention (generally by calling 911) if a naloxone dose is administered. Other questions include the availability of naloxone at pharmacies and insurance coverage for naloxone kits. Answers to these questions, as well as additional training materials, will soon be available on the Kent County Health Department website. Please stay tuned to this important topic.

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>
- http://www.michigan.gov/lans/0,4601,7-154-72600_72603_55478--,00.html
- file:///C:/Users/Home/Downloads/opioid_naloxone_ama.pdf






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Notifiable Disease Report

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

Communicable Disease Section
Phone (616) 632-7228
Fax (616) 632-7065

March, 2016

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2016	Through March 2011-2015
AIDS	0	2	7
HIV	0	6	1
CAMPYLOBACTER	4	14	13
CHICKEN POX ^a	1	7	8
CHLAMYDIA	303	903	924
CRYPTOSPORIDIOSIS	0	6	3
Shiga Toxin Producing E. Coli	2	2	2
GIARDIASIS	2	10	18
GONORRHEA	52	176	190
H. INFLUENZAE DISEASE, INV	3	6	2
HEPATITIS A	0	0	0
HEPATITIS B (Acute)	0	2	1
HEPATITIS C (Acute)	0	0	1
HEPATITIS C (Chronic/Unknown)	51	127	58
INFLUENZA-LIKE ILLNESS ^b	6905	18800	23394
LEGIONELLOSIS	1	2	1
LYME DISEASE	1	2	0
MENINGITIS, ASEPTIC	0	1	5
MENINGITIS, BACTERIAL, OTHER ^c	0	2	2
MENINGOCOCCAL DISEASE, INV	0	0	0
MUMPS	0	2	0
PERTUSSIS	1	1	4
SALMONELLOSIS	4	8	11
SHIGELLOSIS	3	17	3
STREP, GRP A, INV	3	14	10
STREP PNEUMO, INV	4	15	15
SYPHILIS (Primary & Secondary)	1	4	2
TUBERCULOSIS	1	2	3
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2016	DISEASE	NUMBER REPORTED Cumulative 2016
Kawasaki Syndrome	1		
Toxic Shock Syndrome	1		
Malaria	1		
Guillain-Barre Syndrome	1		
Typhoid Fever	1		

a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.

b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools.

c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN *H. influenzae*, *N. meningitidis*, or *S. pneumoniae*.

Except for Chickenpox & Influenza-Like Illness, only confirmed cases (as defined by National Surveillance Case Definitions: <http://www.cdc.gov/nndss/scriptcases/default.aspx>) are included.

Reports are considered provisional and subject to updating when more specific information becomes available.

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Congratulations **Celebrating 50 Years in Practice**

The following physicians were the recipients of the MSMS Award for 50 Years in Medicine. They were celebrated with a luncheon at the MSMS House of Delegates meeting in Dearborn. It is with great pleasure that we celebrate their dedication to their discipline, our Society, the training of new physicians and generosity of care to patients. Thank you!



Willard S. Stawski, MD
KCMS President 1985



Charles R. Henry, MD
KCMS President 1992



Alison Scrimgeour Dark, MD
KCMS President 2002



John H. Beemink, MD
KCMS President 1995