



Bulletin

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

SPRING 2017

House of Delegates Meeting

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KCMS
KCOA
BULLETIN

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Spring 2017 • Vol. 102, No. 2
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KCOA

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Cover Photo

KCMS Members provide editorials
addressing the opioid epidemic
and addiction.

CONTRIBUTORS

22	Kent Medical Foundation
28	Alliance Heartbeat
30	Law - Dickinson Wright PLLC
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.

Welcome New Members

NEW ACTIVE MEMBERS

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Services, PC
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Consultants
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LESLIE PELKEY, MD
(Internal Medicine)
Associate Chief Medical
Officer, Cherry Health
100 Cherry Street
Grand Rapids, MI 49503
Phone: 616-235-7272

THOMAS W. PFENNIG, DO
(Otolaryngology)
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1555 44Th St. SW
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Lena Meijer Heart Center
100 Michigan St. NE
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Phone: 616-391-4327

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REINSTATE
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Anesthesia Associates of
Ann Arbor – Grand Rapids
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(Cardiovascular Disease)
Spectrum Health Medical
Group Cardiovascular
Medicine
2900 Bradford St. NE
Grand Rapids, MI 49525
Phone: 616-885-5000

PETER ZADVINSKIS, MD
Rheumatology
Spectrum Health Medical
Group Rheumatology
3271 Clear Vista Ct. NE
Grand Rapids, MI 49525
(616) 267-7293

In Memoriam

R. JACK CHASE, MD

Dr. Jack Chase passed away on Friday, March 3, 2017. After graduating from Western Michigan University, he served in the US Navy during World War II from 1943 to 1947. Dr. Chase attended the University of Michigan Medical School and returned to active duty with the Navy during the Korean War. After completing his internship and residency at Butterworth Hospital, he opened his internal medicine practice in Grand Rapids, practicing for over 38 years. Dr. Chase served on the boards of many organizations, having served as president of the Kent County Medical Society in 1979. Dr. Chase was a member of the Kent County Medical Society since 1954.

F. ALAN HUTCHINSON, MD

Dr. Frederick Alan Hutchinson passed away Monday, February 27, 2017. Following high school graduation, he joined the Royal Canadian Air Force in August 1943. He trained in Ontario as a flight engineer, and on graduation traveled to Yorkshire, England, where he joined a bomber squadron (Bison Squadron #429) which flew Lancasters during World War II. Dr. Hutchinson flew missions until the war ended, then returned to Canada. Following discharge, he graduated from medical school at the University of Toronto. He completed an internship in Toronto, then began

a surgical residency at Henry Ford Hospital in Detroit, and at Butterworth Hospital in Grand Rapids, where he began a career in general surgery. Dr. Hutchinson was a member of the Kent County Medical Society since 1957.

LLOYD W. MOSELEY, JR., MD

Dr. Lloyd Moseley passed away on Monday, March 20, 2017. He graduated from Lawrence University in Wisconsin before earning his medical degree from Jefferson Medical Center in Philadelphia. Dr. Moseley completed an internship and residency in internal medicine at Blodgett Memorial Hospital in Grand Rapids. Following his service as physician in the Air Force from 1969 to 1971, he trained in pulmonary disease at the University of Oklahoma Health Sciences Center. Dr. Moseley was a member of the Kent County Medical Society since 1975.

JAY H. VELTMAN, MD

Dr. Jay Veltman passed away on Thursday, March 16, 2017. He graduated from Calvin College before attending medical school at the University of Michigan in Ann Arbor. After earning his medical degree, Dr. Veltman completed an internship and residency at Butterworth Hospital in Grand Rapids and trained in pediatrics at the Children's Hospital in Detroit. He served in the US Navy and went on to practice as a pediatrician in the Grandville area for 40 years before retiring in 2001. Dr. Veltman was a member of the Kent County Medical Society since 1961.

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Judy Meyer, MD

Scott Russo, MD

Joshua Suderman, MD

Herman C. Sullivan, MD



Join Us

KCMS MEETINGS OF INTEREST

SEPTEMBER 16, 2017

MSMS REGIONAL SCIENTIFIC MEETING

Calvin College, Prince Conference Center | 8:30-11:45 AM

For more information contact Beth Elliott at 517-336-5789.

SEPTEMBER 16, 2017

MSMS SYMPOSIUM ON RETIREMENT PLANNING

Calvin College, Prince Conference Center | 12:30 - 3:45 PM

For more information contact Caryl Markzon 517-336-7575.

SEPTEMBER 18, 2017

KCMS/KCOA LEGISLATIVE LUNCHEON

Masonic Center | Noon

SEPTEMBER 18, 2017

KCMS/KCOA ART PRIZE SNEAK PEEK SOCIAL

EVE at The BOB | 6-8:30 PM

NOVEMBER 13, 2017

KCMS/KCOA LEGISLATIVE LUNCHEON

Masonic Center | Noon

OUR MISSION:

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

Visit us

For event details, check out our website kcms.org





Herman C. Sullivan, MD
2017 KCMS President,
Board of Directors

PRESIDENT'S MESSAGE

Is Resistance Futile

I am very humbled to be writing this editorial for the Bulletin and even more so, to be representing the Kent County Medical Society (KCMS) as President for the 2017-18 term.

I have several goals that I would like to achieve during my period of representation. Primarily, I hope to carry on the great tradition that my colleagues previously have completed, and that is, to wholly and wholesomely represent the interests and well-being of physicians in Kent County. I plan to use this forum going forward to highlight some of my thoughts about the present and the future of the profession, with an informative eye from the past.

Always, we have had challenges in our profession; they never go away. They evolve and they morph. Which means the *raison d'être* for KCMS has never gone away and will never go away. In fact, I contend that its existence is more vital today for our profession locally. Who truly represents us as a whole in this county dominated by three health systems? The medical staffs of these systems, the non-physician CEOs of these systems, the physician-executives of these systems, and who carries the banner for those superb physicians not in the employ of the systems? The mechanics of KCMS and its effectiveness can easily change in response to intrinsic and extrinsic forces. We see that now, as the Michigan State Medical Society attempts to re-engineer itself to become a more effective

physician advocacy group at the state level, which in turn, feeds nationally into the American Medical Association. Any restructuring or lack thereof, will have an impact on the workings and the success of the county organizations across the state. Our by-laws have joined us at the hip, and any change going forward will directly impact Kent County Medical Society. But the KCMS Board of Directors understands that conjoined

twins can be surgically separated and survive. But we will need input from the membership as to whether such a procedure is wanted and/or warranted. I encourage the membership to review the proposal that was presented at this year's House of Delegate meeting (Amway Grand Plaza, May 6-7) in order to facilitate further discussions locally as to the Society's response.¹

The biggest threat to organized medicine is the apathy and the silence, coupled with the mercantilism and profiteering

The biggest threat to organized medicine is the apathy and the silence, coupled with the mercantilism and profiteering that is now unfortunately naturalistic to our profession.

that is now unfortunately naturalistic to our profession. In my opinion, the observations of Sir William Osler over one hundred years ago, are so prescient: that if the commercial spirit is not checked and contained, it will deal a crushing blow to the profession, rendering it subject to animalistic appetites of profiteering.²

Recently, there has been a debate regarding the ethical appropriateness for Dr. John Noseworthy MD, CEO of the Mayo Clinic, and a brethren neurologist, to accept a term as member of the Board of Directors of Merck, Inc., to the tune of \$110,000 plus \$170,000 worth of stock options per year of service.³ To think that this need even be debated refers us back to Olser. The debate has essentially been terminated by the Mayo Clinic Board of Trustees and its Board of Governors, ultimately deciding that the ethical slopes were not dangerous enough to the organization or the profession to halt it, that Noseworthy's skiing abilities would "raise Mayo's credibility rather than dilute it." In fact, the Clinic's governors went so far as to point out that the Mayo Clinic "lags" behind other prestigious hospitals, which is in fact the case, some of these having already populated the boards of pharmaceutical and device makers now for years. Noseworthy is not a trailblazer in this regard. The fact that it took so long for the Clinic to "give in" points towards the completeness of the victory. One cannot help but quote the "hive mind" of the Borg in the Star Trek franchise: "We are the Borg. Lower your shields and surrender your ships. We will add your biological and technological distinctiveness to our own. Your culture will adapt to service us. Resistance is futile."⁴

Futile though it may be, the fight is joyful and life-giving. I ask you to join us in resisting those things un-naturalistic to the practice of medicine, whereby we lose the distinctiveness of our profession.

1. Novak, Julie. Online Michigan State Medical Society webinar, "The Next 150 Years: Organizational Remodeling Discussion for MSMS House of Delegates " <https://msms.adobeconnect.com/p8tn4kxjtin?launcher=false&fcsContent=true&pbMode=normal>, accessed 04/30/2017.
2. Bonner, Thomas N. Crushing the commercial spirit in academic medicine: a crusade that failed. *Academic Medicine* 1999; 74(10): 1067-1071.
3. Richert, Catherine. "Mayo Clinic CEO's Big Pharma Gig: 4 Questions". www.mprnews.org/story/2017/04/12/mayo-clinic-noseworthy-joining-merck-board, accessed 04/30/2017.
4. *Star Trek: First Contact* (1996). www.moviesoundclips.net. Rikeromega3 Productions 1999-2013.



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Anita Avery, MD leads meeting discussion.

District Directors' Briefing

More than thirty Delegates attended the District Directors' meeting on Tuesday, April 18. District Directors Anita Avery, MD and Bryan Huffman, MD facilitated the meeting to provide an update of MSMS activities. MSMS President-Elect Candidate Betty Chu, MD from Oakland County addressed the members via FaceTime.

Welcoming Dr. Betty Chu



Herman Sullivan, MD and Sue and Phil Wise, MD attend reception for Betty Chu, MD, President-Elect Candidate.



Jayne Courts, MD and Sandy Dettmann, MD



Domenic Federico, MD, Kent Delegation Chair and Bobby Mukkamala, MD of Genesee County.

KCMS/KCOA Membership Directory Changes

PAGE 5

Barr, DO, Lonson L.
NEW home address:
1358 Thornberry Court
West SE
Grand Rapids, MI 49546

PAGE 16

Edholm, MD, Curtis D.
NEW home address:
1845 Boston St. SE, Apt. 305
Grand Rapids, MI 49506

PAGE 18

Formolo, MD, John M.
NEW practice name & phone:
Mercy Health Physician
Partners Cardiology
1000 East Paris Ave. SE,
Ste 200
Grand Rapids, MI 49546
Office: 685-3450
Fax: 685-3454

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Kopchick, MD, John H.
NEW home address (effective
June 2017):
2240 Teal Court SE
Grand Rapids, MI 49546

PAGE 36

Miller, MD, Gregory L.
NEW practice name & phone:
Mercy Health Physician
Partners Cardiology
1000 East Paris Ave. SE,
Ste 200
Grand Rapids, MI 49546
Office: 685-3450
Fax: 685-3454

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Pellizzon, MD, Gregory G.
NEW practice name & phone:
Mercy Health Physician
Partners Cardiology
1000 East Paris Ave. SE,

Ste 200
Grand Rapids, MI 49546
Office: 685-3450
Fax: 685-3454

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Schafer, MD, Brian P.
NEW practice name & phone:
Mercy Health Physician
Partners Cardiology
1000 East Paris Ave. SE, Ste
200
Grand Rapids, MI 49546
Office: 685-3450
Fax: 685-3454

PAGE 45

Savani, MD, Yashesh R.
DELETE home phone
Shammas, MD, Roger A.
NEW practice name & phone:
Mercy Health Physician
Partners Cardiology

1000 East Paris Ave. SE,
Ste 200
Grand Rapids, MI 49546
Office: 685-3450
Fax: 685-3454

PAGE 48

Ten Have, MD, Ralph
NEW home address:
378 Saddleback Dr. NE
Grand Rapids, MI 49525

PAGE 55

Wolfson, MD, Jeffrey A.
NEW practice name & phone:
Mercy Health Physician
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2017 House of Delegates Meeting

Thank you to the KCMS Delegates for your hard work and dedication.



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 Michelle M. Condon, MD
 Jayne E. Courts, MD
 Megan Edison, MD
 Domenic R. Federico, MD,
 Delegation Chair
 Eric L. Larson, MD
 John B. O'Donnell, MD
 Brian A. Roelof, MD
 John E. vanSchagen, MD
 David W. Whalen, MD
 Phillip G. Wise, MD



ALTERNATE DELEGATES

Sandra Dettmann, MD
 Patrick J. Droste, MS, MD
 (Michigan Eye Surgeons)
 Harland T. Holman, MD
 Marcy Larson, MD
 Cara Poland, MD
 Joshua Suderman, MD
 Herman C. Sullivan, MD
 Michael Vredenburg, DO
 (Michigan Cardiology Society)



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2017 Kent County Resolutions

Kent County Delegation, under the leadership of Delegation Chair, Domenic R. Federico, MD, participated in the MSMS House of Delegates, submitting and defending Resolutions. A brief recap of the Resolutions are listed here for members' review.

RESOLUTION 04-17

Initiate Legal Action Against Hospitals and Insurers

Megan Edison, MD

House Action: Amend

RESOLVED: That MSMS engage with MSMS Legal Counsel to determine whether a viable cause of action exists against Michigan hospitals and/or insurers that require American Board of Medical Specialties Maintenance of Certification as a requirement for (1) medical staff membership, privileging, credentialing, or recertification or (2) insurance panel participation, are in violation of anti-trust laws including the Sherman Act; and be it further

RESOLVED: That MSMS work with our American Medical Association (AMA) and our AMA's Litigation Center to determine whether the maintenance of certification programs and/or policies of the American Board of Medical Specialties and/or any of the ABMS Medical Boards are in violation of anti-trust laws including the Sherman Act.

RESOLUTION 26-17

Licensing Anesthesiologist Assistants

Eric L. Larson, MD

House Action: Amend

RESOLVED: That MSMS work with the Michigan Legislature to advocate for the passage of legislation to require the licensure of anesthesiologist assistants in Michigan consistent with other MSMS policy relative to scope of practice.

RESOLUTION 27-17

Physician Oversight of Anesthesia Delivery

Eric L. Larson, MD

House Action: Approve

RESOLVED: That MSMS supports the preservation of physician oversight of anesthesia care; and be it further

RESOLVED: That MSMS work with the Michigan Society of Anesthesiologists to advocate at the state level for the preservation of physician oversight of anesthesia care.



KCMS Member, Michael Vredenburg, DO addresses his proposed Resolution at the 2017 House of Delegates.

RESOLUTION 28-17

Disposal of Pharmaceuticals

Brian Roelof, MD

House Action: Approve

RESOLVED: That MSMS ask the Michigan Legislature to require that all pharmacies that dispense medications to "take back" unused and/or expired pharmaceuticals and drugs and subsequently provide for the disposal of such medications per the most current standard of proper disposal.

RESOLUTION 29-17

Oppose Direct to Consumer Advertising of the ABMS MOC Product

Megan Edison, MD

House Action: Amend

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to oppose direct-to-consumer marketing of the American Board of Medical Specialties Maintenance of Certification (MOC) product in the form of print media, social media, apps, and websites that specifically target patients and their families including but not limited to the promotion of false or misleading claims linking MOC participation with improved patient health outcomes and experiences where limited evidence exists; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend existing AMA policy, Maintenance of Certification and Osteopathic Continuous Certification D-275.954, by addition (bold type) as follows:

36. Direct the ABMS to ensure that any publicly accessible information pertaining to maintenance of certification (MOC) available on ABMS and ABMS Member Boards websites or via promotional materials includes only statistically validated, evidence based, data linking MOC to patient health outcomes.

RESOLUTION 30-17

Public Access to Initial Board Certification Status of Time-Limited ABMS Diplomates

Megan Edison, MD

House Action: Approve

RESOLVED: That our Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend the AMA Principles of Maintenance of Certification (MOC), Maintenance of Certification H-275.924, by addition (bold type) as follows:

26. The initial certification status of time-limited diplomates shall be listed and publicly available on all American Board of Medical Specialties (ABMS) and ABMS Member Boards certification websites. The names and initial certification

status of time-limited diplomates shall not be removed from ABMS and ABMS Member Boards credentialing websites even if the diplomate chooses not to participate in MOC.

RESOLUTION 31-17

Timely Recording of Vaccines in MCIR

Gerald Lee, MD

House Action: Reaffirm

RESOLVED: That MSMS supports a requirement that all physician offices administering vaccines in the state of Michigan must record this information in MCIR within 72 hours.

RESOLUTION 32-17

Vaccine Costs

Jayne Courts, MD, and Gerald Lee, MD

House Action: Approve

RESOLVED: That MSMS work with third-party payers and the Centers for Medicare and Medicaid Services at the state of Michigan level to seek reduced costs for vaccines for all purchasers through pharmacy benefit managers or alternative sources so that primary care physicians may administer vaccines at the same competitive prices as a pharmacist or a pharmacy.

CONTINUED ON PAGE 14

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2017 KENT COUNTY RESOLUTIONS CONTINUED FROM PAGE 13

RESOLUTION 33-17

Conscious Sedation Reimbursement

Josh Suderman, MD

House Action: Approve

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to change the Current Procedural Terminology codes by eliminating the 10-minute minimum time requirement to report moderate sedation and instead provide reimbursement for moderate sedation for a procedure as long as the time documented for the procedure does not overlap with the time documented for a previous or subsequent procedure performed by the same physician.

RESOLUTION 38-17

Exemptions for Skilled Nursing Facility Admissions

Jayne Courts, MD

House Action: Approve

RESOLVED: That MSMS work with the Michigan Department of Health and Human Services to improve the Level I (DCH-3877) and Level II (DCH-3878) Preadmission Screening/Annual Resident Review forms to add other exemptions that provide adequate protection for patients with mental illness and intellectual disabilities while limiting the need to complete the more in-depth Level II screening form unless the screening is reasonably indicated; and be it further

RESOLVED: That MSMS work with the Michigan Department of Health and Human Services to consider allowing the completion of Level II Preadmission Screening/Annual Resident Review forms (DCH-3878) within 96 hours of admission to a skilled nursing facility so that the timely transfer of a patient for skilled nursing and/or rehabilitation services may occur; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the US Department of Health and Human Services to update the Omnibus Reconciliation Act of 1987 to revise the mandate for nursing facility preadmission screening/annual resident review to provide more consistent enactment among states and to allow more reasonable and more cost-effective approaches to this mandatory screening process.

RESOLUTION 39-17

Credentialing Delays and Third Party Payers

Jayne Courts, MD

House Action: Reaffirm

RESOLVED: That MSMS work with the Michigan Insurance Commissioner to standardize the credentialing and re-credentialing process used by health care organizations and third-party payers throughout the state of Michigan to expedite this process.

RESOLUTION 40-17

Repetitive Fingerprinting and Criminal Background Checks

Jayne Courts, MD

House Action: Approve

RESOLVED: That MSMS work with the Michigan Department of Licensing and Regulatory Affairs, the Michigan State Police, and any other relevant organizations to standardize the requirement for the fingerprinting and criminal background check of physicians and advanced practice professionals such as physician's assistants and nurse practitioners as a shared service.

RESOLUTION 41-17

Behavioral Health Confidentiality Standards

Jayne Courts, MD

House Action: Approve

RESOLVED: That MSMS inform Michigan physicians about changes in state and federal laws and regulations pertaining to the confidentiality and sharing of behavioral health information and any related legal implications when caring for patients with behavioral health issues.

RESOLUTION 42-17

Reimbursement for Emergency Medical Services On-site Treatment and Transport to Non-traditional Destinations

Jayne Courts, MD

House Action: Refer

RESOLVED: That MSMS work with emergency medical services organizations in Michigan to seek a change in the Centers for Medicare and Medicaid Services (CMS) reimbursement policy to reimburse the on-site evaluation and treatment of patients, when applicable, and transport of patients to the appropriate next site of care, rather than only to CMS defined and limited locations; and be it further

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 reimburse emergency medical services providers for the evaluation and transport of patients to the appropriate next site of care rather than only to CMS defined and limited transport locations.

RESOLUTION 43-17

Vaccinations and Pharmacists**Jayne Courts, MD***House Action: Disapprove*

RESOLVED: That MSMS work with the Michigan Department of Health and Human Services to determine whether legislation prohibiting the administration of vaccinations by pharmacists is necessary since this approach has led to a lower level of reporting, a lower level of patient compliance, a lower level of quality health care monitoring by the primary care physician, and, potentially, a lower level of health and safety for the people of the state of Michigan.

RESOLUTION 45-17

Medicare and Services Provided by Proctored Medical Students**Jayne Courts, MD***House Action: Approve*

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 require coverage of medical services performed by medical students while being directly proctored by duly licensed and qualified health care personnel as an indication of CMS's support for medical education.

RESOLUTION 47-17

Pay-for-Performance Incentives**Jayne Courts, MD, and Martha L. Gray, MD (Washtenaw County)***House Action: Approve*

RESOLVED: That MSMS work with third-party payers and other physician performance review organizations in the state of Michigan to establish a new standard that physicians should be measured not on what patients decide to do for themselves but, rather, on the advice and guidance physicians provide for patients and how that advice is communicated and documented; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate with payers and other physician performance review organizations a new standard whereby performance incentives would be linked to the performance of the physician in providing and documenting appropriate advice on preventative care and self-care to patients and/or their parents and applicable incentives would be earned through delivery and documentation of appropriate advice that are considered equal to the performance incentive based on a clinical outcome; and be it further

CONTINUED ON PAGE 16

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2017 KENT COUNTY RESOLUTIONS CONTINUED FROM PAGE 15

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with any organization measuring physicians through incentive or performance programs to adopt standards that do not penalize physicians for the actions of patients who cannot or who will not comply with excellence in clinical recommendations.

RESOLUTION 49-17

Acceptance of ICD-10 Codes
Jayne Courts, MD

House Action: Disapprove

RESOLVED: That MSMS work with insurers doing business in the state of Michigan to accept (or, if needed, seek state legislation to mandate that said insurers accept) all ICD-10 codes that reasonably represent a patient's diagnosis with appropriate specificity for the information readily available to the physician at the time of service; and be it further

RESOLVED: That MSMS work with insurers doing business in the state of Michigan to eliminate (or, if needed, seek state legislation to mandate that said insurers eliminate) ICD-10 codes that they choose not to accept, and that said insurers work with the Michigan Insurance Commission to

provide physicians with a list of acceptable ICD-10 codes that all insurers doing business in the state of Michigan will accept as a standard.

RESOLUTION 52-17

Michigan Automated Prescription System Surveillance
Sandy Dettmann, MD, Cara Poland, MD, and Joshua Suderman, MD

House Action: Disapprove

RESOLVED: That MSMS lobby the Michigan Department of Licensing and Regulatory Affairs to promulgate rules to require that physicians check the Michigan Automated Prescription System at least every six months for their patients who require Schedule II medications longer than 30 days.

RESOLUTION 53-17

Inclusion of Veterans Health Administration and Methadone Clinics in the Michigan Automated Prescription System

Jayne Courts, MD; Sandy Dettmann, MD; Cara Poland, MD; and Joshua Suderman, MD

House Action: Amend

RESOLVED: That MSMS work with the Michigan Department of Licensing and Regulatory Affairs to include prescriptions filled through Veterans Health Administration prescribers or methadone clinic prescribers in the updated Michigan Automated Prescription System; and be it further

RESOLVED: That MSMS start with lobbying the West Michigan Veterans Coalition for support of the inclusion of prescriptions filled through Veterans Health Administration prescribers or methadone clinic prescribers in the updated Michigan Automated Prescription System.

RESOLUTION 54-17

Medicaid Substance Use Disorder Coverage
Jayne Courts, MD; Sandy Dettmann, MD; Cara Poland, MD; and Joshua Suderman, MD

House Action: Approve

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 provide expanded Medicaid payment coverage for the medical management and treatment of all substance use disorders; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with the Centers for Medicare and Medicaid Services to establish clear billing and coding processes regarding the medical management and treatment of all substance use disorders.

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RESOLUTION 79-17

Informed Consent and Public Disclosure of Part IV ABMS MOC Research Projects on Human Subjects**Megan Edison, MD***House Action: Refer*

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend the AMA Principles of Maintenance of Certification (MOC), Maintenance of Certification H-275.924, by addition (**bold type**) as follows:

16. In regards to MOC Part IV, our AMA expects the American Board of Medical Specialties (ABMS) and ABMS Member Boards to hold the highest ethical standards when engaged in clinical research for the purposes of “practice improvement” including but not limited to the imposition of the requirement that any physician engaged in an MOC Part IV “Practice Improvement Module” activity that alters the usual care of his/her patients by frequency of visits, use of a medication, use of a procedure, or recommendation of a vaccine shall only include those patients from whom he or she has obtained informed consent (or consent from the patient’s lawfully authorized nominee) that is neither pressured nor coerced. In obtaining such consent, patients and their families shall be provided with sufficient information and time to fully comprehend any risks and/or benefits of participation in the MOC Part IV activity.; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend AMA policy, Maintenance of Certification and Osteopathic Continuous Certification D-275.954, by addition (**bold type**) as follows:

36. Call upon the American Board of Medical Specialties (ABMS) and ABMS Member Boards to require any physician engaged in a MOC Part IV “Practice Improvement Module” activity that alters the usual care of his/her patients by frequency of visits, use of a medication, use of a procedure, or recommendation of a vaccine to obtain informed consent from his or her patients (or consent from the patient’s lawfully authorized nominee) who are included in such activity. In obtaining such consent, patients and their families shall be provided with sufficient information and time to fully comprehend any risks and/or benefits of participation in the MOC Part IV activity and their consent shall not be subject to pressure or coercion. 37. Encourage the American Board of Medical Specialties (ABMS) and ABMS Member Boards to publicly disclose all active Maintenance of Certification Part IV projects involving human subjects.; and be it further

CONTINUED ON PAGE 18

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2017 KENT COUNTY RESOLUTIONS CONTINUED FROM PAGE 17

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend AMA policy, Informed Consent and Decision-Making in Health Care H-140.989, by addition (**bold type**) as follows:

(8) A physician engaged in a Maintenance of Certification (MOC) Part IV “Practice Improvement Module” activity that alters the usual care of his/her patients by frequency of visits, use of a medication, use of a procedure, or recommendation of a vaccine shall only include those patients from whom he or she has obtained informed consent (or consent from the patient’s lawfully authorized nominee) that is neither pressured nor coerced. In obtaining such consent, patients and their families shall be provided with sufficient information and time to fully comprehend any risks and/or benefits of participation in the MOC Part IV activity.

RESOLUTION 90-17

Addiction Medicine Continuing Medical Education
Sandy Dettmann, MD; Cara Poland, MD; and Joshua Suderman, MD

House Action: Approve

RESOLVED: That MSMS lobby the Department of Licensing and Regulatory Affairs to require one hour of the three hours required in the area of pain and symptom management to address the recognition and management of the disease of addiction and/or chemical dependency.

RESOLUTION 91-17

Timely Referral to Pain Management Specialist
Sandy Dettmann, MD; Cara Poland, MD;
and Joshua Suderman, MD

House Action: Amend

RESOLVED: That MSMS urge the Michigan Quality Improvement Consortium to develop evidence-based clinical practice guidelines on the management and treatment of pain; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to urge the Centers for Medicare and Medicaid Services and the Medicare Contractor Advisory Committee to endorse and adopt evidence-based clinical practice guidelines on the management and treatment of pain; and be it further

RESOLVED: That MSMS advocate with the Michigan Legislature policies to promote and not impede the adoption of evidence-based clinical practices for the management and treatment of pain.



Sandy Dettmann, MD and Cara Poland, MD prepare for the first meeting of the House.

RESOLUTION 92-17

Opioid Tapering
Sandy Dettmann, MD; Cara Poland, MD;
and Joshua Suderman, MD

House Action: Approve

RESOLVED: That MSMS provide education to encourage physicians prescribing chronic opioids to taper patients off opioids for a minimum of 30 days prior to discharging from their care or to refer to an addiction medicine specialist.

RESOLUTION 93-17

Access to Safer Opioid Medications
Sandy Dettmann, MD; Cara Poland, MD;
and Joshua Suderman, MD

House Action: Amend

RESOLVED: That MSMS lobby the Michigan Legislature for the introduction and passage of legislation eliminating tiered pricing in allowing coverage by all health insurers for tapentadol (Nucynta) and buprenorphine for the management of pain.

RESOLUTION 94-17

Medicaid Coverage of Tier 2 Medications
Sandy Dettmann, MD; Cara Poland, MD;
and Joshua Suderman, MD

House Action: Approve

RESOLVED: That MSMS seek enforcement of Medicaid health plan compliance with Michigan’s Medicaid Drug Formulary by urging the Directors of the Michigan Department of Health and Human Services Director and Michigan Medicaid Program to audit such coverage.

BOARD ACTION REPORT #03-17 - RESOLUTION 40-16

Prescription Availability for Weekend Discharges

Michelle Condon, MD

Approve the Board Action Report's recommendation to Amend this resolution.

RESOLVED: That MSMS work with the Michigan Pharmacists Association on solutions to address situations in which care is interrupted for patients discharged by a health care facility on a weekend or holiday due to the following: 1) lack of authorization for the patient's medication from the patient's health insurance carrier or applicable pharmacy benefit manager (PBM); and, 2) lack of available health insurance carrier or PBM staff to resolve coverage and/or formulary issues; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with pharmacy benefit managers (PBMs), health insurers, and pharmacists at a national level to address the problem of patients, discharged by a health care facility on a weekend or holiday, being denied access to vital medications because the patient's health insurance carrier or applicable PBM does not have staff available on weekends or holidays to resolve coverage and/or formulary issues.

BOARD ACTION REPORT #04-17 - RESOLUTION 45-16

Pharmacy Benefit Managers and Compounded Medications

David Hammond, MD

Approve the Board Action Report's recommendation to Amend this resolution.

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to amend AMA policy, Pharmaceutical Benefits Management Companies H-125.986, by addition as follows:

Our AMA: (1) encourages physicians to report to the Food and Drug Administration's (FDA) MedWatch reporting program any instances of adverse consequences (including therapeutic failures and adverse drug reactions) that have resulted from the switching of therapeutic alternates;

(2) encourages the Federal Trade Commission (FTC) and the FDA to continue monitoring the relationships between pharmaceutical manufacturers and PBMs, especially with regard to manufacturers' influences on PBM drug formularies and drug product switching programs, and to take enforcement actions as appropriate;

(3) pursues congressional action to end the inappropriate and unethical use of confidential patient information by pharmacy benefits management companies;

(4) states that certain actions/activities by pharmacy benefit managers and others constitute the practice of medicine without a license and interfere with appropriate medical care to our patients;

(5) encourages physicians to routinely review their patient's treatment regimens for appropriateness to ensure that they are based on sound science and represent safe and cost-effective medical care; and

(6) supports Congressional action to ensure that reimbursement policies established by PBMs are based on medical need; these policies include, but are not limited to, prior authorization, formularies, and tiers for compounded medications, and encourages the FTC and FDA to monitor PBMs' policies for potential conflicts of interests and anti-trust violations, and to take appropriate enforcement actions should those policies advantage pharmacies in which the PBM holds an economic interest.

Dr. Edison Goes to Washington, DC

In May, physician leaders from the Michigan State Medical Society (MSMS) advocated on issues that are important to your practice at the American Medical Association's (AMA) National Advocacy Conference in Washington, DC. After the AMA briefings, physicians and staff met with members of the Michigan Congressional Delegation to emphasize our support of making high quality, affordable health care

coverage accessible to all Americans; the impact of rising prescription drug costs; and, to advocate for administrative simplification related to the Medicare Access and CHIP Reauthorization Act (MACRA). MSMS physician members shared real life stories of how these issues affect their practices and patients, which is a powerful tool for making changes at the federal level.



KCMS Member, Megan Edison, MD (2nd from right) poses with U.S. Senator Debbie Stabenow and other physicians from Michigan.



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SEPTEMBER 18, 2017

KCMS/KCOA ARTPRIZE SNEAK PEAK

Eve at The BOB | Grand Rapids, MI

NOVEMBER 3-5, 2017

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Amway Grand Plaza | Grand Rapids, MI

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Gary Marsiglia, DO Honored with the Life Professional Award

The Michigan Osteopathic Association paid tribute to Gary Marsiglia, DO, longtime member of Kent County Osteopathic Association, and Delegate to the MOA, with the Life Professional Award.

The award recognizes a legacy of achievement and dedication to MOA and the osteopathic profession. Recipients of the Life Professional Award have been a member of the Association for 35 years or more, at least 25 of which shall have been as an active member and are 70 years of age.

PRESIDENT'S MESSAGE

Recognizing Student Achievements, Goals



Jennifer Hemingway, DO
2017 KCOA President,
Board of Directors

KCOA

With Spring well under way, we are reminded of the changes this time of year brings. We hear of graduation events for high schools, colleges, and medical schools, and the commencement addresses are full of recapping past accomplishments and advice for the future. Many famous people and writers are quoted on topics of integrity, patience, vision, tolerance, and perseverance, and encouragement is given to strive for personal and professional goals. We are fortunate to be a part of the West Michigan medical community, and watch many of these goals come to fruition.

For those professionals who have paved the pathways for us, we are reminded of the difficult challenges they faced to bring us to this time, especially in regards to diagnosing diseases, limited treatment options, and lack of innovative tools. Current physicians have faced a number of different challenges, and future physicians will meet additional obstacles. As hospital systems grow to levels and sizes not foreseen by those who were instrumental in bringing many specialties to town and were committed to training young physicians, the West Michigan medical community continues to enjoy the deep, strong commitment to excellent care of our community.

It has been said that Grand Rapids is one big small town, and this is evident with the addition of new businesses and medical care facilities in a tight-knit community. With the recruitment of new physicians and the cultivation of current students

who are interested in the healing sciences, we have a rich pool of talent. In recognition of this talent, the KCOA Board announces their support of the Michigan State University College of Osteopathic Medicine scholarship opportunities. The Henry Olen DO Scholarship was established by Dr. Henry Olen's daughter Mary and son Thomas A. Olen, DO (MSU-COM Class of 1992). The Scholarship is made available to MSU-COM students who have graduated from a Grand Rapids high school.

This year's recipient is a student in the MSU-COM class of 2020. He is from Kent County and attended Grand Rapids South Christian. Currently he is interested in Family Medicine and Sports Medicine. He is a student in good standing and is a member of several student organizations including Community Integrated Medicine, Student OMM Clinic and the American College of Osteopathic Family Physicians (student member).

In Memoriam

The Kent County Osteopathic Association Board of Directors extends its condolences to the family, colleagues and loved ones of:

JAMES H. GROWNEY, DO

Dr. James "Jim" Growney passed away Friday, April 7, 2017. He was a graduate of Bellarmine University and Kansas City College of Osteopathic Medicine. Dr. Growney was an Army veteran of the Vietnam War, serving as a surgeon stationed along the river in Moc Hoa, Vietnam. He was a recipient of the bronze star. Dr. Growney touched the lives of many throughout his career as an anesthesiologist, a position that brought him the most rewarding fulfillment.



KENT MEDICAL FOUNDATION



Paul Nicholson, APMA
2017 Kent Medical
Foundation, Board Chair

Building a Healthy Future

I would like to introduce myself as the recently installed President of the Board of Trustees for the Kent Medical Foundation. It has been my pleasure to work with the Board for two years. As a Vice President and Portfolio Manager at Macatawa Bank, my goals are to not only to recruit new donors, find possible funding sources and increase community involvement, but also to build awareness for the programs supported by Kent Medical Foundation.

KMF

Having been in the financial services industry for 17 years, I've enjoyed the exposure to learn more about health-focused initiatives in West Michigan.

One of the long-term projects funded by the Kent Medical Foundation is the nicoTEAM Poster Contest. For years, Bulletin readers have been reminded the program was created by a pediatric physician and a cardiovascular surgeon, who worked with local volunteers, retired physicians and dentists, and school administrators to educate middle school students on the hazards of tobacco use. Let's face it, Madison Avenue knows how to motivate America's youth, and if our children do not see it in commercials, possible subliminal messages, they, without doubt, lean on the input and example of their peers through social media.

Thanks to the leadership of the DeVos Family Foundation staff, Luis Tomatis, MD and Sandi Leyder, the nicoTEAM program celebrates its 11th Annual Poster Contest. This year, the program has been generously sponsored by the Cheri DeVos V Foundation,

**Check out the
nicoTEAM 11th
Annual Poster
Contest winners.**

PAGE 26

**Gretchen Minnhaar
and Doctor Luis
Tomatis honored for
nicoTEAM leadership.**

PAGE 24



Crestwood student, Conner O'Brien won the best overall Jose Narezo First Place.

Condon Recognized for Volunteer Work

The Kent Medical Foundation honors Michelle Condon, MD and her volunteer work with the Renewed Hope Health Clinic in Allegan, MI.

Since 2007, the mission of the Renewed Hope has been to assist low-income and uninsured adult individuals with medical and/or mental health issues. The clinic provides care through its devoted volunteer staff members (physicians, nurses and office personnel) to approximately 2000 patients.

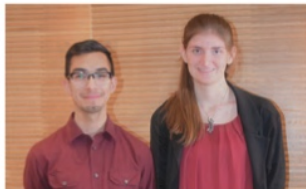
CONTINUED ON PAGE 24



Jason Zylstra, Director, Foundation Administration, RDV Corporation helps present awards.



Jurors look over nicoTEAM Poster Contest entries.



Thank you to GRCC Campus Activities Board volunteers.



Luis Tomatis, MD (left) and Patricia Dalton, Kent Medical Foundation Executive Director and Jurors.



Emcee, Eva Aguirre Cooper, Community Affairs Director for WOODTV/WOTV/WXSP



Parents and teachers.



Jayne E. Courts, MD of the KMF and KCMS Boards addresses students.

Thank You

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Curatorial Assistant

Grand Rapids Art Museum

MISTRESS OF CEREMONY

Eva Aguirre-Cooper

Director of Community Affairs

WOOD TV8/WOTV/WXSP

KMF

nicoTEAM CONTINUED FROM PAGE 22

and the administrative coordination has been entrusted to the Kent Medical Foundation. The first event under the KMF guidance was held on March 18 when 100 middle school students, presented a narrative on their message and artwork. A skilled and diverse volunteer Jury worked hard to highlight the best posters. Students, teachers, parents, community leaders, and other supporters were on hand at this year's Poster Contest Ceremony at the Grand Rapids Art Museum to witness the excitement.

The artwork presented by our talented youth shows not only conveyed artistic expression, clever writing and powerful quotations, but revealed some future ArtPrize contenders. It was impressive to see the quality of the posters.

Special thanks to Superintendents and middle schools from Grand Rapids Public, Forest Hills Public, Kentwood Public, T.E.A.M.21 (a consortium of public school districts

in the Wyoming area), Cook Arts Center (after school program) and Mona Shores Public Schools.

The Kent Medical Foundation conducted a survey of the art students regarding their knowledge of smoking, tobacco use and e-cigarettes. It is apparent that e-cigarette manufacturers continue to find a vulnerable audience in our youth. A survey shows, 100% of students surveyed say when they grow up, if their close friends or relatives "vaped", smoked cigarettes or hookah, then they would not do so.

With in-class instruction and a high-energy poster contest, these students are educated on making wise choices regarding smoking, and are well-versed in empowering messages that reject peer pressure. The ceremony was once again filled with powerful messages from 15 community physicians and leaders sharing positive motivation to these exceptional young artists — to focus on their art and communication skills — and choose **HEALTH!**

Minnhaar, Tomatis honored for nicoTEAM leadership

For every student, there is the life-long memory of at least one encouraging teacher. As I write this, our country is celebrating Teacher Appreciation Week, a chance to thank those who lead our children, expand their interests, ignite their passion; thus mentoring our future leaders.

A new award with the nicoTEAM Poster Contest was introduced this year, named after two of the program's most dedicated volunteers. The award allows for the celebration of the teachers who include the program within their annual class instruction. The Minnhaar and Tomatis Art Instruction honors two individuals who, as a couple, marry the art of expression with the art of healing. Dr. Jayne E. Courts, KMF Member highlighted the generous sharing of Gretchen Minnhaar and Luis Tomatis, MD which has continued to strengthen the program.

The award presentation was as follows:

They say that art often imitates life. The next award, a new award, proves that statement with a beautiful union of two lives and two leaders who want nothing more than to see others succeed.

Ms. Gretchen Minnhaar and Dr. Luis Tomatis established the nicoTEAM Poster Art Contest over a decade ago. They sought a blend of artistic expression with health education, and the



Gretchen Minnhaar and Luis Tomatis, MD.

Nico Team Contest provides this platform with the support and acknowledgement they love to bestow on others. For them, both art and education are important, and they revel in glimpsing the joy of each student in that moment when art and education blend harmoniously.

Ms. Gretchen Minnhaar is an architect and an artist. Architecture is a blend of functionality and beauty, the practical and the pretty, and the sensible and the part perceived intuitively by our senses. Architecture is applied art based on sound knowledge of structural engineering.

Dr. Luis Tomatis is a doctor — a cardiovascular surgeon. The delivery of good medical care requires precision— careful, deliberative thought delivered with cool calculation. The delivery of great medical care, however, requires art— freedom to share this scientific knowledge with each patient in a personalized manner laced with mental wit, a passion to serve, and empathy.

The union of these two leaders, therefore, is easy to understand. The outcome of their shared vision is the Nico Team Poster Art Contest that has benefited over 1,100 students over the past eleven years as a living legacy — with the help of supportive teachers who provide leadership every day in the classroom. Thank you both.

Advancing the practice of good medicine.

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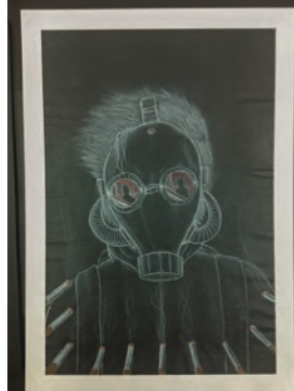
The Doctors Company has returned nearly \$400 million to our members through our dividend program—and that includes 10% to qualified Michigan members. We've always been guided by the belief that the practice of good medicine should be advanced, protected, and rewarded. So when our insured physicians keep patients safe and claims low, we all win. That's malpractice without the mal.



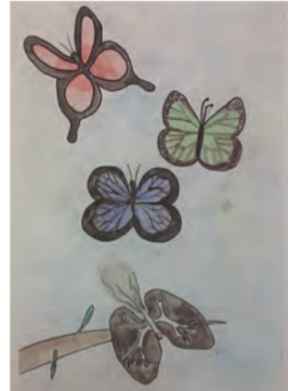
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Jose Narezo 1st Place Award
for Best Overall Poster
Conner
Crestwood Middle School
Mrs. Klug's class, 6th grade



2nd Place Award:
Best Art
Anthony
Forest Hills Central Middle
Mr. Moglia's class, 8th grade



3rd Place Award:
Best Presentation
Megan
Mona Shores Middle School
Mrs. Helsen's class, 8th grade



4th Place Award
Devon
Wyoming Junior High, Team 21
8th grade

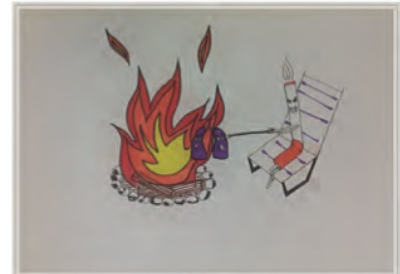
DID YOU KNOW? 100% of nicoTEAM students report they would decline the opportunity to use tobacco products.



5th Place Award
Lydia
Northern Hills Middle
Ms. Hartig's class, 8th grade



6th Place Award
Lilia
Northern Hills Middle
Ms. Hartig's class, 8th grade



7th Place Award
Amy
Forest Hills Central Middle School
Mr. Moglia's class, 7th grade

nicoTEAM Poster Contest Winners

For a look at all of the poster art contestants, please visit the KMF website at www.kcms.org/kmf.

Jose Narezo, after whom our first prize is named, was both an artist and a teacher at Grand Rapids Public Schools. As someone who was involved with the youth of GRPS on a daily basis, he tried to share his passion for the visual arts with his students. Just one of the ways he did this was to help us create this poster contest, and so made a way for his students to publicly showcase their creative talents.



8th Place Award
Elijah
Crestwood Middle School
Mrs. Klug's class, 6th grade



9th Place Award
Keynan
Pinewood Middle
Ms. Grzegorski's class, 8th grade

HONORABLE MENTION WINNERS



1st Honorable Mention
Jea'niah
 Crestwood Middle School
 Mrs. Klug's class, 8th grade



2nd Honorable Mention
Bella
 Northern Hills Middle School
 Mrs. Hartig's class, 8th grade



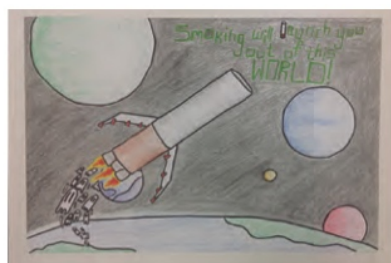
3rd Honorable Mention
Matthew
 Crestwood Middle School
 Mrs. Klug's class, 6th grade



4th Honorable Mention
Emma-Leigh
 Crestwood Middle School
 Mrs. Klug's class, 6th grade



5th Honorable Mention
Emma-Leigh
 Crestwood Middle School
 Mrs. Klug's class, 6th grade



6th Honorable Mention
Noah
 Mona Shores Middle School
 Ms. Helsen's class, 6th grade

FAST FACT: 17% of nicoTEAM students believe "vaping" is proven to be safer than smoking regular cigarettes

Thank you to our generous prize donors!

CDV5 Foundation
 X-Box

Steelcase, Inc.
 iPad Mini (2)

Meijer Corporation
 BEATS by Dr. Dre (4)

Kendall College of Art & Design, Ferris State University
 Youth Art Class (2)

Frederik Meijer Gardens & Sculpture Park
 One-year Family Membership (2)

John Ball Zoo
 One-Year Household Membership (2)

Grand Rapids Public Museum
 Family 4-Pack (2)

West Michigan Whitecaps
 Family 4-Pack (2)

Kent Medical Foundation
 \$40 gift card to Celebration Cinema



7th Honorable Mention
Drey
 Wyoming Junior High, Team 21
 8th grade



8th Honorable Mention
Mariblanca
 Southwest Community Campus/Cook Arts Center
 Ms. Bouhuis' class, 7th grade



9th Honorable Mention
Perla
 Burton Middle School/LOOP
 Ms. Bronkema's class, 6th grade

KENT COUNTY MEDICAL SOCIETY ALLIANCE

Connecting
and growing
for a healthier
Kent County.



heartbeat

KCMSA



MESSAGE FROM THE PRESIDENT

It is truly an honor to take the helm of this dynamic organization. The Alliance has made tremendous strides this past year under the leadership of Karen Begrow, and it is my hope to continue her good work. Not only is our membership up, with one of the largest in the nation, but we have rebranded ourselves by creating a uniform and consistent look that reflects our energy for the community. You will see this in all our publications, on our Facebook page, and our redesigned website.

By the time this reaches your mailboxes, our health forum, Opioid Awareness for Parents and Guardians, will have taken place. This educational event was focused on prevention, and targeted parents of middle and high school students. We hope to continue to work on the Opioid Epidemic in the community, as well as our collaboration with the Families Against Narcotics - Grand Rapids chapter.

As we slow down for the summer, we will be taking time to lay the groundwork for the coming year, and gear up for the 2018 Dose of Generosity Charity Event. We are excited to be fundraising this year for the West Michigan Center for Arts + Technology and the Equest Center for Therapeutic Riding. Please save the date, Saturday, March 3, 2018 at The Harris Building downtown for a memorable evening in our medical community!

Alexis Boyden

Alexis Boyden
KCMSA President

summer calendar

- 6/5 MSMS Alliance Meeting**
9:30-11am MSMS HQ | East Lansing
- 6/11-13 AMA Alliance Meeting**
Park Hyatt | Chicago
- 6/17 Social: School's Out
for Summer Party**
Tiede Home | Lowell
- 6/20 Book Club**
noon Schuler's | Kentwood
- 6/30 Membership Fees Due**
Member Challenge ends!
- August TBD Gourmet Club:**
6pm Torch Lake
Jennifer & Dennis Bruce
Cottage | Rapid City
- August 22 Time & Talent:**
9:30am-12:30pm S.H.O.E.S.
In The Image | GR

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

KCMSA Foundation Update

Mini-Grant Awards

Sept 2016-April 2017

Over \$13,000 in mini-grants have been awarded to area nonprofit organizations that provide health education, medical services or supplies, or promote social welfare.

Children's Healing Center \$3000
Playbased equipment to serve special needs children with weak immune systems.

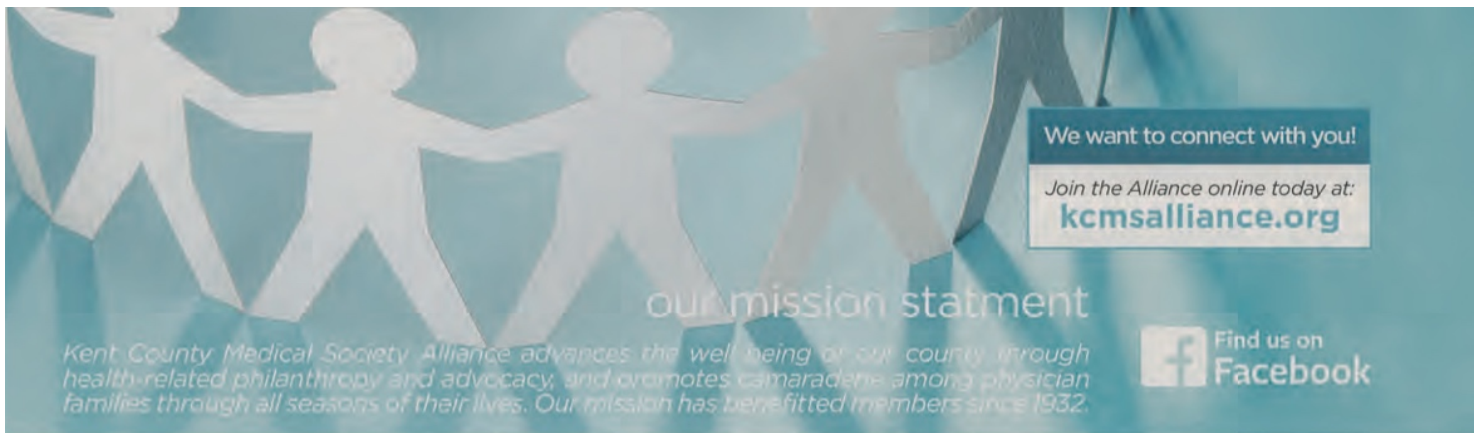
Healthy Homes Coalition of West Michigan \$2,575
Fire safety education, smoke detectors & carbon monoxide alarms for 400 households with children.

Kent Education Foundation \$2,500
Transportation for disadvantaged youth to participate in health career job shadow experiences.

Safe Haven Ministries \$1,150
Funds to purchase an AED for a shelter that provides emergency housing to victims of domestic abuse.

West Michigan Center for Arts + Technology \$2000
Emergency funds for students facing obstacles that could affect their ability to continue schooling.

HQ Runaway & Homeless Youth Drop-in Center \$2,000
Basic needs supplies such items as: clean undergarments, basic hygiene supplies, OTC medical supplies.



Kent County Medical Society Alliance advances the well being of our county through health-related philanthropy and advocacy, and promotes camaraderie among physician families through all seasons of their lives. Our mission has benefitted members since 1932.

Find us on
Facebook

Events Recap winter | spring 2017



MSMSA: Legislative Day
Members from around the state gathered in Lansing to meet with Michigan legislators and briefly discuss issues concerning the opioid epidemic, school vaccinations, and Maintenance of Certification for physicians.



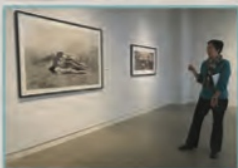
Time & Talent: Valentine's
Members brightened the spaces and created cookies for guests at the Ronald McDonald House of West Michigan.



Health Promotion: Irish Jig
The weather didn't stop hearty Alliance members from running in the Spectrum Health fundraiser to support colorectal cancer research.



Social: The Lazy Susan
Alliance members tried out a new spot for lunch. Great food (pickle soup!) and conversation is always a hit with Alliance members.



Social: Tapas & Art Tour
Alliance member and Art Historian, Andrea Maison, gave a thoughtfully guided tour for members through the evocative exhibit, "US IS THEM" at UICA.



Philanthropy: YWCA Open Circle Luncheon
Keynote speaker, Elizabeth Smart shared her powerful story of survival and resilience. The Alliance was proud to captain 3 tables in support of the work of YWCA in our community.



Philanthropy: Healing Center of Grand Rapids
Members toured the facility of this recent KCM- SA Foundation mini grant recipient that provides a healthy safe space for children with suppressed immune systems.



Philanthropy: Judge Gardner's Closet
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.



Annual Luncheon | April 18 | University Club of Grand Rapids
LEFT: MSMSA President Donna Lake swearing in the 2017-2018 Officers of the Alliance. MIDDLE: New Board members. RIGHT: Andrea Haidle with Judge Gardner.

2017 | 2018 kcmsa board of directors

Executive Committee

(Officers of the Alliance)

President Alexis Boyden
President-elect Susan Jebson
Immediate Past-President Karen Begrow
Recording Secretary Louise Eastman
Corresponding Secretary Andrea Haidle
Treasurer/Directory Printing Christine Pfennig
Assistant Treasurer Judy Sopeland
Parliamentarian Nancy Fody

Standing Committees

Legislative Chair Tracy Anderson
Nominating Chair Karen Begrow
Bylaws Revision Chairs Marianne Delavan
Archivist Karen Begrow
Membership & Newcomers Chair Barb Hart
Member Communications Chair Alexis Boyden
Website Deb Shumaker
Social Media Eileen Brader
Branding & Design Jennifer Bruce
Charitable Fund Committee Chair Andrea Maison
Health Promotions Chair Dee Lenters
Young Alliance Chair Jennifer Peterson Boyle

BY RALPH LEVY, OF COUNSEL
DICKINSON WRIGHT PLLC | GUEST CONTRIBUTOR

LAW

So You Want to ‘Make Partner’: A Word of Warning to Junior Professionals, Watch What You Wish For

Group medical and dental practices often look to expand their practices by hiring additional professionals, typically those with less experience than the equity owners of the practice group. Invariably, both the group practice and the potential new hire will insist on an employment agreement that will provide the practice group with protection that the junior professional will continue to provide services to the group during a specified time period and that will assure the professional of payment for providing services.

In addition, the potential new hire will request that the employment agreement provide for the opportunity to “make partner” within a specified time period after the date of hire. This initial time period before the newly employed professional is considered for equity participation is typically viewed as a probationary period during which the parties will see if the relationship is a “good fit”. The group practice will accede to the junior professional’s request for equity participation after a limited time period of employment in order to align the incentives of the professional with that of the practice and also to facilitate in business succession of the practice group such that the group (or the junior professional) can pay the more senior equity owners for their equity interests in the practice as they retire. So far, so good?

By focusing on the business aspects of the employment relationship and possible equity participation, the tax aspects of the arrangement may be overlooked by the practice group and are generally ignored by the professional who is being hired. For example, the practice group owners and

the junior professional are generally aware of the various payroll taxes (Medicare, Social Security and state and federal unemployment taxes) that apply during the initial phase of the employment agreement during which the professional is an employee but not an equity owner. During this time period, regardless of the structure of the practice for federal tax purposes (i.e., PC vs PLLC), the group practice as employer pays the “employer side” of payroll taxes and the employee pays the “employee side” of payroll taxes via tax withholdings. For example, the group practice and the employed professional will each pay old age, survivors and disability insurance (OASDI, or Social Security) taxes of 6.2% of compensation paid to the junior professional up to an annually specified cap (\$127,200 for 2017). In addition, the group practice and the employed professional will each pay hospital insurance (Medicare) taxes of 1.45% of compensation paid to the junior professional (not capped).

However, depending on how the group practice is organized for federal tax purposes, the parties

may overlook the federal tax consequences when the employed professional makes partner of the group practice, particularly as to payroll taxes for practices organized as a professional limited liability company (PLLC) or a professional limited liability partnership (PLLP). Specifically, subject to an exception for certain income of limited partners that will be discussed below, for professionals who perform services for PLLC's or PLLP's in which they are also equity owners, all compensation received by the professionals from the group practice will be subject to self-employment tax. For a junior professional being paid \$100,000 in annual compensation before becoming an equity owner, the junior professional will pay through federal income tax withholdings Social Security taxes of \$6,200.00 and Medicare taxes of \$1,450.00, for a total of \$7650.00 (7.65% of compensation). The group practice will pay the same amount for the employer side of these taxes. Once the junior professional makes partner of an unincorporated group practice (i.e., one taxed as a partnership for federal tax purposes), the professional will pay 15.3% in Social Security and Medicare taxes on income up to the annual Social Security income cap and 2.9% in Medicare taxes only on income above that annual limit. For the junior professional being paid \$100,000, the Social Security and Medicare taxes for which the professional is responsible will increase from \$7650 to \$15,300, double what the employed professional paid before becoming an equity owner.

This often overlooked tax consequence to making partner was addressed in recent guidance issued by the Office of Chief Counsel ("OCC") of the Internal Revenue Service on September 30, 2016. In Chief Counsel Advice 201640014, the OCC found that all of a franchisee's share of earnings from a partnership that operates several restaurants is subject to self-employment taxes when the franchisee, an individual, served as the manager, President and CEO of the partnership. In reaching this conclusion, the OCC overruled the argument of the franchisee that the income derived from the partnership should be divided into two components, one that represented an investment return on contributed capital (exempt from self-employment tax) and another as compensation for services rendered by the individual to the partnership (subject to self-employment tax).

By asserting the argument that the franchisee's income from the partnership should be split into two streams

(one subject to self-employment tax and another not subject to self-employment tax), the individual tried to distinguish the activities of the restaurant partnership from *Renkemeyer, Campbell & Weaver, LLP*, a 2011 Tax Court case in which the Tax Court determined that even though the attorneys who provided legal services for a law firm that was operated as a partnership were limited partners of the law firm partnership, their income from the partnership was subject to self-employment tax.

The CCA found that for the same reasons adopted in the *Renkemeyer* case, all of the individual franchisee's income from the restaurant partnership was subject to self-employment income and not just the guaranteed payments made by the partnership to the individual who was the principal owner of the partnership.

Despite the franchisee's delegation of a portion of the services required by the partnership to operate the franchised restaurants to an executive management team, the individual's entire distributive share of the partnership income should be treated as compensation for services rendered by the individual as president, chief executive officer and manager of the partnership. As a result, the income paid to the individual was

not exempt from self-employment income tax under IRC §1402(a)(13) (exemption of limited partner's distributive share of income).

The main lesson to be learned from the CCA and from the *Renkemeyer* case is that before finalizing an employment agreement with a professional group practice that is organized as a PLLC or a PLLP, the professional should insist on an increase in compensation upon being admitted as an equity owner of the practice to compensate for the increase in self-employment and other payroll taxes. Otherwise, the professional's take home compensation may actually decrease as a result of "making partner". Hence, the title of this article ... "Watch what you wish for..."

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MSU COLLEGE OF HUMAN MEDICINE



Angela Thompson-Busch, MD, PhD
Assistant Dean, Michigan State
University College of Human
Medicine Grand Rapids Campus

MSU Match Day Success

MSU-CHM

We are pleased to report that 200 MSU College of Human Medicine students landed residency placements through the National Residency Matching Program (NRMP), Supplemental Offer and Acceptance Program/Post Match and appointments outside of NRMP (Military Match and Advanced/Independent Matches).

The top six specialty placements for MSU College of Human Medicine students in rank order include:

- **Family Medicine**
38 graduates, 19 %
- **General Surgery**
23 graduates, 11.5%
- **Internal Medicine**
23 graduates, 11.5%
- **Emergency Medicine**
20 graduates, 10.0%
- **Pediatrics**
19 graduates, 9.5%
- **Obstetrics-Gynecology**
14 graduates, 7.0%

Our top specialty placement, family medicine with 19 percent, exceeds findings in a recent study that ranked the College of Human Medicine among the top medical schools in the country to graduate students who chose family medicine as a career.

The Journal of Family Medicine study found that, in 2015, just over 13 percent of the school's graduates

entered family medicine residency programs, well above the national average of about 8 percent for all MD-granting schools.

Of the 134 schools in the country that confer MD degrees, the College of Human Medicine was 15th in the nation in graduating family physicians. Eighty-five students, representing 42.5 percent of the overall Class of 2017 are entering a primary care residency (i.e., family medicine, internal medicine, medicine/pediatrics and pediatrics) and 79 seniors will remain in Michigan for their residency training programs.

HOST AN ORNAMENT TREE



BEAUTIFUL ORNAMENTS FIGHT THE UGLINESS OF HUMAN TRAFFICKING

Beautify your office this holiday season by hosting a WAR, Int'l Ornament Tree. Sales of these gorgeous hand-blown glass ornaments provide support for programs of WAR, Int'l that fight human trafficking.

Email: party@warinternational.org for information

KENT COUNTY HEALTH DEPARTMENT

Mark Hall, MD, MPH
and Brian Hartl, MPH

Physicians Play Key Role in Eliminating Child Lead Exposure

A study by the Public Health Institute (PHI) recently published in Pediatrics revealed the potential that one third of children in the United States who are exposed to lead are undiagnosed due to the lack of blood lead level (BLL) testing.

Researchers at PHI's California Environmental Health Tracking Program estimated the number of lead-exposed children using data from the National Health and Nutrition Examination Survey (NHANES). For every state, elevated blood lead level (EBLL, defined as 10 µg/dL and higher) prevalence in children aged 12 months to 5 years was calculated from NHANES data

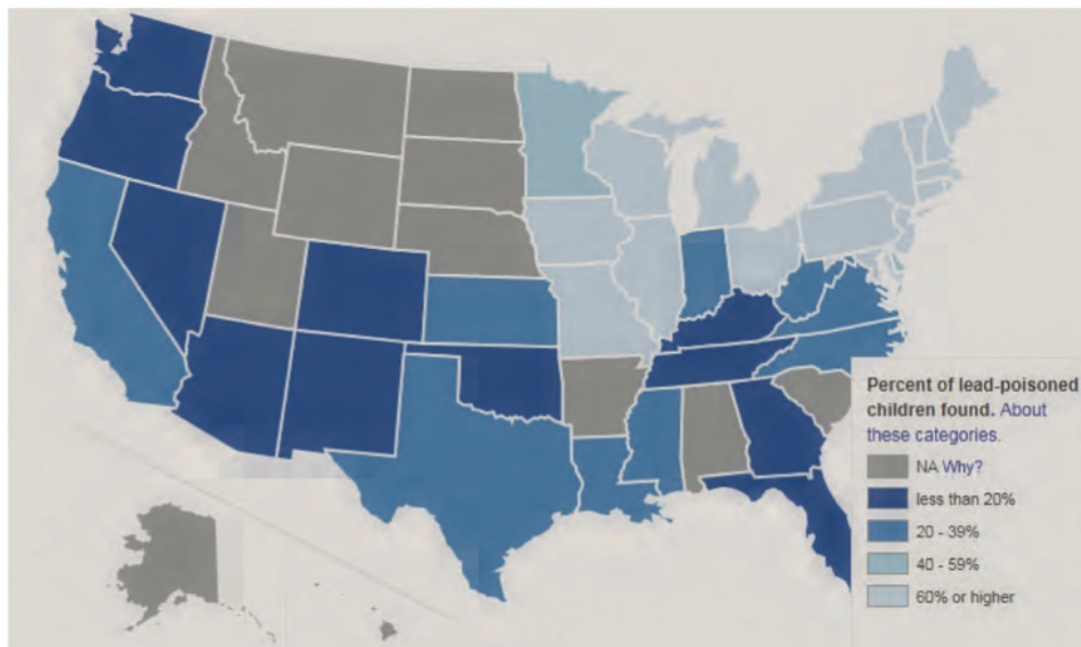
from 1999-2010. The prevalence estimates were compared to EBLL cases reported to the Centers for Disease Control and Prevention (CDC) during this period to assess potential gaps in diagnosing children at risk for lead poisoning (Figure 1).

CONTINUED ON PAGE 34

KCHD

FIGURE 1

Percent of lead poisoned children identified by state



KENT COUNTY HEALTH DEPARTMENT CONTINUED FROM PAGE 33

Eric Roberts, MD, PhD, pediatrician and co-principal investigator of the California Environmental Health Tracking Program, stated, "As long as the current system of lead testing is in place, large numbers of children will continue to be poisoned and no one will know about it. These findings suggest that physicians need to be much more aggressive in testing the blood lead levels of children in their care, and be prepared to counsel parents and guardians on actions that can be taken if their child tests positive."

While Michigan performed well compared to other states, identifying 60% or more of lead-poisoned children, there is room for improvement and we can start with changes in testing practices here in Kent County. Data from the Michigan Department of Health and Human Services (MDHHS) revealed that 19% of children 0 to 5 years of age in Kent County were tested for lead in 2015, the last year for which compiled data is available. While not all regions of the county are at high risk for lead exposure, testing results from children living in the city of Grand Rapids show that we can do better.

The MDHHS screening plan has historically called for universal, annual testing of one and two-year-old children living in high-risk communities including the city of Grand Rapids. In 2015, 57% of children one and two years of age in Grand Rapids (3,391) were tested and 376 (11%) had a BLL of 5.0 µg/dL or higher, showing an increase from 2014 (8.2%). In the 49507 zip code, 66% of children in this age group were tested and 162 (15.4%) had elevated blood lead levels. Overall, 49507 had the highest number of children 0-5 years of age with EBLL of any zip code in the entire state, and one out of three children who should have been tested for lead in this high-risk zip code were not checked.

After a decade of reducing childhood lead poisoning in Grand Rapids, the increase in 2015 serves notice that we must remain diligent in our prevention efforts. While primary prevention strategies such as testing environments for lead prior to occupancy will reduce exposures to lead, there are many barriers to making this a reality. In November 2016, the State of Michigan's Child Lead Poisoning Elimination Board released its

"Roadmap to Eliminating Child Lead Exposure." Testing children for elevated blood lead is the first key area addressed. Because the only way to truly eliminate child lead exposure is to better understand the actual prevalence and incidence of lead and then target well-defined, high-risk areas to provide a comprehensive, targeted remediation approach, the Roadmap makes the following recommendations:

- 100% of children are tested for lead poisoning at 9 to 12 months and at 24 to 36 months of age. Confirmation of a capillary EBLL should occur within 1 month by a venous blood sample.
- If universal testing is not feasible at the current time, every effort should be taken to test all children living in high-risk zip codes in the City of Grand Rapids (49503, 49504 and 49507).
- Families of children identified with an EBLL of 5.0 µg/dL or higher should be referred to the local organizations for assistance with case management and environmental remediation. In Kent County, referrals should be made to the following organizations:


Healthy Homes Coalition of West Michigan

1545 Buchanan Ave SW Ste #2
Grand Rapids, Michigan 49507-1650
(616) 241-3300

Kent County Health Department Lead Poisoning Prevention and Case Management

700 Fuller Avenue NE
Grand Rapids, MI 49503
(616) 632-7063

In order to further investigate the issue of lead locally, the Kent County Board of Commissioners has formed a lead task force consisting of more than a dozen community leaders, health experts and housing specialists. The task force meets on the third Wednesday of each month at 1:00 PM in the Kent County Board of Commissioners chambers. To find out more about the State of Michigan's Roadmap to Eliminating Child Lead Exposure, visit https://www.michigan.gov/documents/snyder/CLPEB_Report-Final_542618_7.pdf

		<h1>Notifiable Disease Report</h1>	
Kent County Health Department 700 Fuller N.E. Grand Rapids, Michigan 49503 www.accesskent.com/health		Communicable Disease Section Phone (616) 632-7228 Fax (616) 632-7085	<h2>March, 2017</h2>
		Notifiable diseases reported for Kent County residents through end of month listed above.	
DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2017	Through March 2012-2016
AIDS	0	1	7
HIV	0	10	N/A
CAMPYLOBACTER	4	21	14
CHICKEN POX ^a	1	3	8
CHLAMYDIA	358	1038	903
CRYPTOSPORIDIOSIS	1	5	3
Shiga Toxin Producing E. Coli	0	0	2
GIARDIASIS	5	15	18
GONORRHEA	68	278	176
H. INFLUENZAE DISEASE, INV	1	1	2
HEPATITIS A	1	1	0
HEPATITIS B (Acute)	0	0	2
HEPATITIS C (Acute)	0	1	1
HEPATITIS C (Chronic/Unknown)	8	29	79
INFLUENZA-LIKE ILLNESS ^b	9822	25920	20086
LEGIONELLOSIS	1	1	2
LYME DISEASE	0	0	0
MENINGITIS, ASEPTIC	0	3	5
MENINGITIS, BACTERIAL, OTHER ^c	1	4	2
MENINGOCOCCAL DISEASE, INV	0	0	0
MUMPS	1	1	0
PERTUSSIS	0	6	1
SALMONELLOSIS	6	13	11
SHIGELLOSIS	0	1	6
STREP, GRP A, INV	8	16	11
STREP PNEUMO, INV	6	16	15
SYPHILIS (Primary & Secondary)	1	8	2
TUBERCULOSIS	0	2	3
WEST NILE VIRUS	0	0	0
NOTIFIABLE DISEASES OF LOW FREQUENCY			
DISEASE	NUMBER REPORTED Cumulative 2017	DISEASE	NUMBER REPORTED Cumulative 2017
Malaria	1		
Kawasaki Syndrome	1		
Listeriosis	2		
<p>a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.</p> <p>b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools.</p> <p>c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN <i>H. influenzae</i>, <i>N. meningitidis</i>, or <i>S. pneumoniae</i>.</p> <p>Except for Chickenpox & Influenza-Like Illness, only confirmed cases (as defined by National Surveillance Case Definitions: http://www.cdc.gov/nndss/script/casedefDefault.aspx) are included.</p> <p>Reports are considered provisional and subject to updating when more specific information becomes available.</p>			



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

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IV League Breakfast

Retired Members of the KCMS and KCOA gathered for a casual breakfast in early May. KCMS President, Herman C. Sullivan, MD, in his official Ivy League gear, welcomed the Doctors and guests.

