A Salute to Magen

Myron S. Magen joined national and state health care professionals, policy makers and legislators to debate the future of nation's health care at a special conference held in his honor in June.

The two-day conference, held at the MSU Wharton Center, was designed with a three-pronged focus by COM faculty and staff as well as outside consultants.

"We wanted to provide an event that appropriately celebrates Dean Magen's distinguished career and his 20-year legacy as leader of the college," said Sandra Kilbourn, chairperson of the retirement committee and director of Continuing Medical Education. "We also wanted to bring into focus the parameters of the health care dilemma we face in this country and present possible solutions to national and state audiences."

Two videotaped roundtable discussions gave conference participants an opportunity to analyze the burgeoning health care crisis, both in the state of Michigan and across the country. Tim Skubick, senior capitol correspondent and host of "Off the Record," a weekly television program that examines state government issues, moderated both days of conference discussion. WSKAR, MSU's public broadcasting affiliate, will edit the tape and produce two television programs from it to air this fall.

One, an hour-long program, will include segments from the discussion of national health care issues to be distributed to public broadcasting stations across the country. A second half-hour program based on the state discussion will be aired in Michigan.

The conference also gave the many friends and colleagues of Dean and Mrs. Ruth Magen an opportunity to thank them for their unswerving efforts to see MSU-COM evolve into the established institution it is today. "I think it entirely appropriate that we gather here today to celebrate Dr. Magen's career as dean with a national conference on the future of health care for he has shaped a major sector of that future for many of us," said former MSU President Edgar Harden, in his remarks to open the first day of conference.

"For more than 20 years, Mike Magen has stood as a giant in implementing the principles of osteopathic medical education. When he came to lead the nation's first publicly-assisted osteopathic college, the first to be located at a major university, he came committed to an agenda of excellence, an agenda he has fulfilled."

The first day of the conference concluded with a dinner in Magen's honor held at the Kellogg Center. The evening program, moderated by state Rep. Lynn Jordahl, 59th district, included presentations to the dean from the White House, the state senate, the university, the American Osteopathic Association, the Michigan Association of Osteopathic Physicians and Surgeons, continued on page 7

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Magen Educational Fund Established

The family, friends and colleagues of Dean Myron S. Magen have contributed more than $100,000 to a newly established educational fund in his honor.

The Byron S. Magen Medical Education Fund will provide funding to support creativity in medical education, increase research in the field and fund training in medical education research methodology.

Applicants to the fund must be affiliated with MSU-COM and should demonstrate an interest in medical education. Each applicant's written proposal will be evaluated yearly by a committee appointed by the COM dean. All applications are due by April 1 of each year and should be sent to the dean's office.

For information about contributing to the Magen Medical Education Fund contact Sandra Kilbourn at the Office of Continuing Medical Education, A306 East Fee Hall, East Lansing, Mich 48824-1316 or call (517) 353-9714.
The Future of Health Care

Around the Nation

“Health Care: Its Future,” a special two-day conference held in honor of retiring Dean Myron S. Magen, began, appropriately, with a glimpse into what lies ahead.

Russell C. Coile, Jr., author of *The New Medicine*, gave a road map for tomorrow by predicting what he foresees as the major health care trends of the next decade and the next century. These trends, he added, are developing during a time of great change as American policy makers, health professionals and the public determine how best to distribute the nation’s $650 billion investment in health care.

“If there may be a theme for the decade that lies ahead for health care in the 1990s, it is that we are moving into a decade of choices,” said Coile, who was given the keynote address at the first day of the conference. The choices lie in the realms of health care investment, programs, policy and access. Many of these choices, however, will be affected—possibly dictated—by emerging demographic, economic and medical trends.

“Inevitably, I believe that it is the timing of the population more than any other single factor which is going to be driving the overall level of health spending in the 1990s,” said Coile. He predicted that by the end of the decade, the elderly will have increased to nearly 25 percent of the population, pushing health care spending into the trillions of dollars.

The growth of the elderly population will influence another trend—the increase in demand for health and hospital services. Coile remarked that the 1980s saw a 20 percent decrease in demand and use rate of hospital services, causing a dramatic market shift that closed 345 hospitals in the past five years. However, the aging of the population and other factors will cause this situation to reverse with a greater demand for hospital services. He estimates that with this demand, a larger portion of the health care dollar will be devoted to providing these services.

At the same time, more of the younger population, particularly families, will seek ambulatory care facilities for their health care. “One day care—it’ll fit into our bus schedules, it’ll be painless and practically bloodless. Exactly what we consumers would prefer,” said Coile.

The changes in patients and their needs will impact the hospital-physician relationship. Coile foresees that the 10 percent of physicians who work full-time in hospitals will double. He predicted that the future will hold a restructuring of the relationship, with physicians being brought in closer alignment with hospitals, yet still being able to maintain their clinical and economic freedom. He heralded the “highly integrated health and medical care delivery system” seen at Henry Ford Health System and the Kaiser Foundation as emerging models for this future relationship.

Russell C. Coile, Jr., president of The Health Forecasting Group, shares his predictions for future trends in health care.

Coile said that the additional new forms of medical practice, including corporate medicine, loom on the horizon. More physicians are working for groups or health maintenance organizations. This trend is supported, he said, by the fact these practice environments offer a stable income for new physicians facing educational debt. Groups also fare better financially than solo practices because they tend to attract more patients. A question for the future is who will own these groups—physicians, the hospitals or an integrated health organization.

Debates on these trends and other factors will impact whether a national health policy evolves in this country and what form it will take, commented Coile. However, the public, like its policy makers, needs to reach a consensus before any action can be taken.

“Our American consumers, if they had a choice—if we could vote tomorrow, would really like to see two things fundamentally emerge in the future’s health care system—one, that it have zero defects, and that it be free,” said Coile.

Hammering out a health care plan that policy makers can sell, physicians can provide and the public will accept will take three to five more years of “noisy debate,” said Coile. He urged the conference faculty participating in the afternoon’s round table to take this opportunity to look at the experiments and the new directions that are possible for system.

“This program that you’ve established here is certainly a national model and an inspiration both to osteopathy as well as to medical education,” concluded Coile. “I have a suspicion that in this state, and indeed in this room, many of the...best hopes and visions for what’s possible for health and medical care can be found.”

Honored guests, Dean Magen and his wife Ruth, listen to the conference discussion.
The Future of Health Care

Within the State

"What the future holds is change. The status quo is not an option," said Spencer Johnson in his keynote address, opening the second day of the special conference, "Health Care: Its Future."

Described by new COM Dean Douglas Wood as "eminently qualified to speak to us on the future of health care in Michigan," Johnson, who is the president of the Michigan Hospital Association, brought the national discussion of the first day of the conference to the state level.

To put the state's current situation in context, Johnson provided a statistical snapshot of Michigan's population, economy, and health care system. From there, he shared his thoughts on the steps that need to be taken to assure the future of health care. These steps, he said, involve two parallel sets of change.

"One is the evolution of the organization and delivery of health care," Johnson said. "The other is that important but elusive thing...the evolution of public policy affecting the future of health care."

As on the national level, many of the steps toward change in Michigan are based on the complexion of the health care needs in the state and their future trends. For example:

- Of the 9.2 million people in Michigan's population, 2 million people are covered by Medicare or Medicaid, 4.5 million by Blue Cross/Blue Shield, 1.6 million by other insurers and about 1 million are uninsured.
- Michigan hospitals provide $1 million a day in uncompensated care for uninsured and the underinsured people, or $370 million a year.
- Since 1980, 24 Michigan hospitals have closed, a trend that Johnson predicts will continue.

- Health care providers in Michigan pay the highest rates in the country, if not the world, for medical liability insurance. Johnson calls this "unconscionable."
- The current shortage of professionals in health care and allied fields will worsen in the state.
- Health expenditures in Michigan are about $25 billion a year. By the year 2000, Johnson said estimates are that the cost will reach $50 billion a year.
- In Michigan, about 25 percent of services at hospitals are outpatient services. By the year 2000, this percentage will have increased to more than 50 percent. Between 80-90 percent of surgery in Michigan is done on a ambulatory basis.
- Hospital admissions are down dramatically while outpatient activity is going up. At the same time, the people admitted into hospitals are much sicker and the cost of treating them is increasing.
- Michigan's population will not increase from its present 9.2 million but it will move around within the state. Johnson foresees a migration to Grand Rapids and Traverse City.
- As in the rest of the country, Michigan's population will age but no significant effects of the aging will be felt until 2010. At the same time, Michigan will see a declining birth rate and a longer life expectancy among its citizens.
- As the employment of the state changes, particularly as workers leave the high-paying, high-benefits auto industry for the typically lower-paying, no-benefits service industry, the number of Michigan's uninsured continues to grow.
- Michigan did not have a job growth during 1989-1990.

These trends, said Johnson, demonstrate the growing market demand for a new system of organization and delivery of health care. In his view, health care will almost surely be organized along regional lines.

"Health care is a local product, delivered one patient at a time. You can't get out of the local environment in terms of delivery," said Johnson. "Maybe you can talk about national financing but you can't talk about national delivery."

Additionally, the regional system he foresees would integrate hospitals, ambulatory care, ancillary services and the many other types of health care facilities, along with "the total integration of the physician component."

"Providers should maintain a central role in whatever system evolves in the next decade," said Johnson, who, along with Russell Colie, sees a closer alignment between physicians and hospitals in the future.

Other features of the future health care system would include a single pricing system and total treatment protocols. Ideally, Johnson and his organization will be working to ensure that the system will provide comprehensive and continual services universally at an affordable, fair price.

To reach these goals will require "transformational leaders" which Johnson defines as "individuals capable of creatively destroying and re-tooling social institutions."

"Dean Magen, in his career, chose to be a transformational leader. The opportunity is now yours," said Johnson, who urged the conference participants to join Magen and be leaders in the health care debate and solution in Michigan.
Talk Around the Table

MSU-COM hosted a special conference in June on the future of health care across the nation and within the state. Two roundtable discussions were a key component of the conference, bringing together a faculty of representatives from the spectrum of institutions and professions with a stake in the future of health care. From the wide variety of topics discussed, a few major points are summarized here:

On The Health Care Problem

"We provide the best health care in the world to the individual but have the loudest health care system because we don't have one," said Murray Goldstein, assistant U.S. surgeon general. "Right now, we have a system that allows you to participate based on your ability to pay," said Earl Nelson, of the Michigan Department of Education. "There ought to be a system—that is basic as a citizen of the United States—that ensures you are able to get health care."

On Malpractice Reform

"Malpractice is a real tear in this State," said Julie Dixon, a Michigan primary care physician who provides "treatment care in a rural practice. This war is not unreasonable. According to Spencer Johnson, president of the Michigan Hospital Association, Michigan's physicians pay the highest malpractice rates in country, if not the world. The conference participants suggested a variety of defenses against the high cost of malpractice. John Freyman, a professor of family medicine at the University of Connecticut Health Center, urged physicians to protect themselves through better communication with their patients. "If you talk to your patients, if you teach them why you are doing something and what the options are—sure, there's a chance you're going to get sued, but it's a pretty small one."

State Senator John Schwarz argued that legal reform is needed to alter the threat of Michigan malpractice. "If you want to do something about the cost of medical malpractice, come down hard on the Michigan Trial Lawyers Association. That's what you do about malpractice," he said emphatically.

On a national level, Russell Coile, president of the Health Forecasting Group, called upon federal legislators to address the issue uniformly across the country. "We need fundamental malpractice reform," he said. "It should be federal...to overcome the limitations of state legislatures which are dominated by trial lawyers."

On Prim "C"are

"The number of primary care physicians continues to go down as the incentives to continue primary care go down," said William Andelson, of the Detroit Osteopathic Hospital Association. He added that not one primary care physician has opened a solo practice in Detroit in the past five years. Spencer Johnson agreed. "We're not turning out an adequate number of physicians who have the motivation to provide [primary care]." He added that over the last four years, the number of filled primary care residencies in Michigan has declined 22 percent compared with non-primary care residencies.

Participants of both the national and state round tables acknowledged, however, that despite their shrinking numbers, the role of the primary care physician will gain more importance as patients grow to depend on them as the "gatekeepers" of their care.

On Medical Education

Discussion on the need for primary care physicians frequently leads to questions about reform in medical education, particularly osteopathic medical education which traditionally graduates substantial numbers of primary care physicians. Assistant Surgeon General Goldstein questioned Dean Magen on whether he sees a trend developing in osteopathic medical students to forego primary care for specialty training.

Dean Magen explained that although current statistics do bear this out, osteopathic graduates do tend to enter the specialties related to primary care—internal medicine, general pediatrics and family practice. More worrisome, however, is where D.O. graduates attain this training. "More D.O. students are going into M.D. graduate programs," he said.

Magen went on to more clearly define the difficult obstacles osteopathic medical students must face when continued on page 5

Conference Faculty - National Round Table

Russell C. Coile, Jr., president of the Health Forecasting Group and author of The New Medicine.

Julie Dixon, D.O., COM '85, a private practice physician in Traverse City and director of medical services for the Grand Traverse Band of Ottawa and Chippewa Indians on the Peshawbestown Reservation.

John Freyman, M.D., professor of family medicine at the University of Connecticut Health Center and president emeritus of the National Fund for Medical Education.

Murray Goldstein, D.O., assistant surgeon general, and Public Health Service Director of the National Institute of Neurological Disorders and Stroke at the National Institutes of Health.

Russell Mawby, Ph.D., chairman of the board and chief executive officer of the W.K. Kellogg Foundation.

Earl Nelson, director of the Office of Minority Equity in Postsecondary Education at the Michigan Department of Education and former state representative and senator.

William Sederburg, Ph.D., vice president for public policy at Public Sector Consultants and former state senator.

Alvin Tarlov, M.D., professor of medicine at Tufts University, professor of health promotion at Harvard University and former president of The Henry J. Kaiser Family Foundation.

Hollis Turnham, J.D., Michigan's long term care ombudsman for Citizens for Better Care.

Gail Warden, president and chief executive officer of the Henry Ford Health System.
deciding whether to choose primary care. High education debt, complex medicine, stress and long hours all work against new physician’s interest in following this field. And the present reimbursement does little to brighten the picture.

“The reimbursement system mitigates against the movement of students into primary care,” said Magen.

Coile noted that although current trends show movement into the specialties, it is a short-term trend and, in order to give us the extended and expanded supply of physicians for the future, Coile said.

Russell Mawby, chairman of the board of the Kellogg Foundation, said that reforms in medical education and practice could attract more new physicians into primary care rather than specialty fields and should be considered. He suggested reforms in the medical school admissions process, changing the types of role models students have available in medical school, bringing more residents to depleted areas and changing the compensation system when the new physicians enter the work force.

Gail Warden, president of the Henry Ford Health System, added that eventually the health care system would have to begin to consider forgiving medical education debts in order to ensure “a steady stream of physicians coming into the organization.”

Former state Senator William Sederburg argued that physician training is an area where state governments can have significant impact. He suggested putting ties on the state money given to medical schools to ensure that an adequate number of students proceed to primary care.

Mawby agreed. “Somehow, our institutes of higher education have to become more responsive to serving the needs of the society that supports them,” he said.

Goldstein, however, cautioned that establishing rules on the number of primary care physicians in universities must graduate would be unenforceable and possibly counterproductive to the needs of future decades.

Coile argued that the present shortage of primary care physicians is changing. “The hottest competition in the medical marketplace for graduate medical residents today is for those in family practice. Kaiser, Henry Ford, the Harvard Community Health Plan, every managed care plan in the country is competing actively for primary care physicians who will be the gatekeepers and case managers of tomorrow.”

On the Physician Shortage

“We have no method presently acceptable to measure the need for the number of physicians,” said Dr. Goldstein.

Alvin Tarlov, a professor at Tufts and Harvard Universities, added that whether there are too many or too few, physicians are grossly misdistributed around the country. “It is shameful that in a country of plenty [medically speaking], that there is a shortage of health care in pockets across the country. But to think that increasing the number of physicians is going to solve that problem, is fallacious.”

Tarlov continued that often it is the new physician’s sense of culture, adventure and altruism that is called upon to encourage them to go to underserved areas, usually at their own expense. “All of these things suggest that we ought to bring back the National Health Service Corps until we solve this problem.”

On Solutions to the Health Care Crisis

Johnson argued that solving Michigan’s health care problems will involve sacrifices by people who can afford care to assist those who cannot.

“We’re going to have to take some money from the eight million Michigan people who have ‘Class A’ coverage to give something to the one million people who don’t. You have to change the system.”

“For example,” he continued. “If you have co-pays and deductibles for the eight million [insured] Michiganders, that might create a pool of money where you buy the insurance policy for the one million [uninsured]. You don’t give them second class care, you give them equal access.”

Hollis Turnham, of the Citizens for Better Care, pointed out that poll after national poll suggests that taxpayers would support this type of proposal to finance the system.

As for the national organization of the health care delivery system, Tarlov envisions a geographical system where health care providers are responsible for a defined population of people.

“Until we move from the individual reimbursement system to a more collective enterprise and fix the accountability of a group of doctors and hospitals and other providers to a group of patients, we’re not going to move much,” Tarlov said. He explained that a single payer system would be needed to support this geographic delivery organization. The payer would buy comprehensive health services and the providers and the recipients in each area would decide how to portion the services and the resources.

Coile supported this idea, saying that such a system could keep cost down and keep quality high.
Conference Sponsors

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A plaque with a relief of Dean Magen was presented to him during a dinner held in his honor. The plaque will be displayed on the first floor of East Fee Hall.

PERSONAL CONTRIBUTIONS

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Sandra Kilbourn, director of the office of Continuing Medical Education, was chairperson of the dean’s retirement committee responsible for organizing and presenting the conference.

Dr. Jack Kinsinger
Mrs. A. Midfield and Adelaide Koester
Mrs. Claire Rober
Dr. and Mrs. Edgar Kornhauser
Mr. and Mrs. David Kornhauser
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Mr. James G. Lyon and
Dr. Carol K. Lyon
Dr. J. Justin McCormick
Dr. Frank J. McDowell
Dr. and Mrs. Walter Mill
Magen Salute continued from page 1

the Michigan Osteopathic College Foundation and the MSU
COM Alumni Association. Magen also received the Walter F.
Patenge Medal of Public Service from former MSU President
Harden. A special plaque with a relief of the dean, made
under the auspices of Kilbourn, Ruth Magen and the retire-
ment committee, was also presented to the dean. This plaque
will be displayed on the first floor of East Fee Hall.

Along with the presentations and awards, others shared
their thoughts on how the dean’s leadership has affected them
and their careers. Murray Goldstein, assistant surgeon general
and director of the National Institute of Neurological
Disorders and Stroke gave a personal tribute to the dean.
Magen also listened as Bernard Kay, chairperson of depart-
ment of pediatrics, and Julie Dixon, COM ’83, described how
his 20 years of dedication has impacted the Lansing commu-
nity and the students of the college. The moving program
ended on a personal note with the Magen’s grandchildren giv-
ing the family’s own thanks to the dean and his wife.

The second day of the conference focused on health care
issues specific to Michigan. In his opening remarks, Eugene
Oliveri, president of MAOP&S, urged both the audience and
the participants to look to each other for the solutions needed
to improve the state’s health care system.

“We must together work to open the channels of communi-
cation, identify common needs, pool our abilities and
resources and move toward a common goal,” Oliveri said.

Bringing people from so many diverse fields to openly dis-
cuss many of the contentious health care issues has helped
bridge gaps in communication, commented Douglas Wood,
who began his tenure as the new dean of COM on July 1.
Dean Magen’s career made sure that osteopathic medicine
would have a seat at the discussion table. Now it’s up to us to
ensure that we not only participate, but that we take a leader-
ship role in improving future of our nation’s health care,”
Wood said.

Faculty News

Kusum Kumar, an associate professor of pathology, has
been awarded nearly $300,000 in a five-year grant from the
National Institutes of Health to support her project “RNA in
Postischemic Brain.”

In a separate effort, Kumar and her colleague from COM
Technical Services, Mark Hodgins, recently participated in
“The Workshop on Interactive Video in Health Education”
held at the University of Utah, Salt Lake City. Their demon-
stration was titled “The Use of Interactive Videodisc Programs
for Pathology Laboratory Cases.”

John A. Papadiero, professor in the Department
of Community Health Science, was recently appointed as the
college’s representative to the newly formed Association of
Directors of Academic Geriatric Programs. Papadiero also
presented a paper on “A Process for Integrating Geriatrics into
an Acute Care Hospital System” at the annual meeting of the
American Geriatrics Society in Chicago.

J. Justin McCormick, associate dean of research and co-
director of the MSU Carcinogenesis Laboratory, has received a
$21,000 continuation grant from the NIH National Center for
Research Resources. The funding will maintain support for
biomedical research initiated by COM faculty.

Alumni News

LeRoy Caudill, COM ’85, finished his residency in emer-
gency medicine at Detroit’s Mt. Carmel Hospital in 1989. He
now serves as a director of department of emergency
medicine at Winchester, Virginia’s Medical Center, a 350-bed
facility with 40,000 emergency visits per year. Caudill holds
positions on several other panels in his area including board
member of the Virginia ACEP and emergency medicine com-
mittee, medical director for the Winchester-Frederick county
emergency medical services, chairman of the Lord Fairfax
EMS medical control board and member of the Winchester
Medical Center prehospital and emergency room committees.
Caudill and his wife live in the Shenandoah Valley with their
daughter Allyson and their twin sons.

Glenn V. Dregansky, COM ’81, was recently awarded
membership in the American College of Physicians
Executives. Dregansky serves as vice president for medical
affairs/medical director for Central Michigan Community
Hospital in Mt. Pleasant.

Elsia Ginter, COM ’86, and her husband Bernardo
Villanueva, announce the birth of their third son, Eli Brandon,
on July 9, 1991. Ginter and her family live in East Lansing
and she has relocated her family practice office to Haslett.

David Z. Levine, COM ‘88, completed his family practice
residency at MSU-COM in June and is currently working full-
time in the Occupation Health Program associated with
Ingham Medical Center. His article on reflex sympathetic dys-
trophy will appear in an August issue of Postgraduate
Magazine. A previous article authored by Levine on intersti-
tial cystitis, which appeared in the same publication in July
1990, was awarded first prize by the Osteopathic General
Practitioners of Michigan in the annual competition for scien-
tific papers.

Levine plans to leave Michigan soon for a long sail on his
34’ sloop to the Caribbean through the Panama Canal, up the
coast of Central America to the Sea of Cortez and on to the
west coast of America. Once docked back in his home state
of Washington, Levine hopes to set up a practice.

John E. Tower, COM ’85, has completed a three-year fel-
lowship in rheumatology at Wayne State University School of
Medicine. He finished his work with the presentation of
research in the area of immunologic abnormalities in high risk
pregnancy and rheumatic diseases. Tower also recently pre-
sented a poster at the regional meeting of the American
College of Rheumatology titled “Levels of Lymphocyte
Binding Antibodies Correlate with Anti-phospholipid
Antibodies in Lupus Anticoagulant Sera.” He is joining the
practice of Todd C. Gould, D.O., in Rochester Hills and will
serve as a staff physician at William Beaumont Hospital-Troy.

MSU Alumni Weekend
October 18-19, 1991
CONTINUING MEDICAL EDUCATION

Tutorial on Level II Manual Medicine Technique: Above Diaphragm
October 7-11, 1991

This course presents examination, analysis and treatment of the upper extremities, cervicothoracic spine, thoracic cage, throat and jaw. Postural/structural concepts are expanded into functional and integrative analysis in terms of respiratory, circulatory, neurologic and fascial models. This course has a limited enrollment due to the heavy clinical orientation. Faculty includes Edward G. Stiles, D.O., F.A.A.O., chairperson. Prerequisites include "Principles of Manual Medicine" and "Tutorial on Level I Muscle Energy Techniques" ("Tutorial on Direct Action Thrust Techniques" recommended but not required.) Enrollment is limited. 40 hours Category I credit. Sponsored by MSU College of Osteopathic Medicine. Cost is $1,200; physicians in training $800. Includes continental breakfast and lunch daily.

Tutorial on Level II Craniosacral Technique
October 9-13, 1991

This course is designed to review in detail cranial anatomy; to review specific corrective techniques for complex articular restrictions; to learn soft tissue corrective techniques for membranous strain patterns; to discuss special problems including TMJ, pediatric problems, entrapment syndromes, functional anatomy, treatment procedures. Faculty includes Barbara Briner, D.O., chairperson. "Principles of Manual Medicine" and "Level I Craniosacral Technique" are prerequisites. Limited enrollment. 40 hours AOAM Category I credit. Sponsored by MSU College of Osteopathic Medicine. Cost is $1,000; physicians in training $500. Includes continental breakfast, lunch, and course materials.

Communique Editor:
Patricia Shea

Graph Editor:
Stephanie Swift

Come for the Conference—Come for the Fun!

The annual Alumni Scientific Seminar, scheduled for October 18-19, 1991, promises to provide both a stimulating exchange of current medical knowledge on geriatric medicine and exciting college football as the MSU Spartans host the Minnesota Golden Gophers.

The weekend kicks off on Friday evening, October 18, with an alumni reception held at the Hannah Ballroom, 4750 S. Hagadorn Road. All alumni are welcome to enjoy the food, dancing and fun starting at 7 p.m. ($25 a couple, $15 for singles).

The conference, "Clinical Challenges in the Geriatric Patient" begins at 7 a.m. Saturday, October 19, at the Kellogg Center. Conference speakers will cover a range of topics affecting the elderly including normal sleep patterns, prevention and detection of gastrointestinal neoplasms, dementia, anemia and recent developments in geriatrics. Registration is $75.00 for COM alumni, $100 for non-members and $25 for interns and residents. Course credit is 4 hours of AOAM Category I credit.

The football game begins at 1 p.m., following the conference lunch ($8 per person). Game tickets are now $20. Guests and spouses are welcome to attend all activities for the same prices.

Contact the CME office, (517) 333-9714 for further information. "Hope to see you all there!"