



Bulletin

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION FALL 2023

— *Serving Physicians in Kent, Ottawa, Barry, Ionia, Montcalm, and Kalamazoo counties* —



CREATING A CULTURE OF WELLBEING

Learning to balance our personal and professional lives to rediscover the joy in practicing medicine.

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BULLETIN

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A Special Note

The Editorial Committee is grateful to William Sanders, DO, MS for his tremendous work on this issue. He has provided various resources for physicians and our patients to assist in maintaining joy in our profession and suggestions that inspire a healthy balance in our work and personal lives.

KCMS

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Having the right work-life balance can reduce stress for medical professionals as well as increase on-the-job focus, resulting in high job satisfaction and career success, healthier patients—and a healthier provider.

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In Memoriam – WEST MICHIGAN

JESS J. DEYOUNG, MD

Doctor Jess DeYoung passed away on Tuesday, June 27, 2023. He attended and graduated from Calvin College with a degree in pre-med. He attended the University of Michigan, earning his medical degree in 1953. Dr. DeYoung opened his first practice in Hesperia, Michigan before joining the United States Army where he served as a Flight Surgeon. After his honorable discharge, he returned to his hometown of Fremont where he doctored, delivered, and cared for many patients over the next 35 years.

DONALD E. HARRELL, MD

Doctor Donald Harrell passed away on April 18, 2023. He graduated from Lawton High School, Michigan State University with a degree in Zoology, and University of Michigan Medical School. Dr. Harrell practiced as a family practice physician providing medical care for over 40 years to the Kalamazoo community.

RICHARD R. MCCONNELL, MD

Doctor Richard McConnell passed away on June 6, 2023. He graduated from Mt. Pleasant Sacred Heart High School in 1949 and attended the University of Notre Dame on a Naval ROTC scholarship, graduating in 1953. After serving as a First Lieutenant in the United States Marine Corps and then working for Dow Chemical in Bay City, Dr. McConnell graduated from the University of Michigan Medical School in 1960 and worked as a physician for Kalamazoo Radiology from 1964 until his retirement in 1996.

DAVID A. MILKO, MD

Doctor David Milko passed away on June 22, 2023. He attended Michigan State University and University of Michigan Medical School. He completed his medical internship and residency at the University of Virginia in Charlottesville, VA. Dr. Milko was a Captain in the US Navy serving as a Medical Officer aboard CVA John F. Kennedy and at Paris Island, S.C. He served as an ear, nose, and throat (ENT)

physician in Kalamazoo and was a founding physician of HealthCare Midwest, at Bronson and Borgess hospitals and the surrounding communities.

EDMUNDO UTANES SANCHEZ, MD

Doctor Edmundo Utanes Sanchez passed away on December 17, 2022. He earned his medical degree from the University of Santo Tomas in Manila in 1958. He returned to his hometown of Uson and served as the Medical Public Health Officer and later moved to the U.S. to complete his residencies in Pediatrics in Washington, DC, and General Surgery in Bronx, New York. Dr. Utanes Sanchez began his practice in Tawas City, MI and then settled in Saugatuck/Douglas in 1975. He devoted himself to caring for thousands of patients in the lakeshore community for nearly 40 years.



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KCMS MEETINGS OF INTEREST

ONLINE CALENDAR

GET THE LATEST INFORMATION ON KCMS EVENTS

Please check out the events page at www.kcms.org.

SEPTEMBER 18, 2023

WEST MICHIGAN COUNTIES' LEGISLATIVE COMMITTEE MEETING

Noon | Virtual meeting

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



Get a Dog



Adam J. Rush, MD
2023 KCMS President

In planning for this issue of the Bulletin, the focus has been on alternatives to stress and burnout felt by many of our physician and nursing colleagues. We have busy work schedules and family responsibilities, and our self-care suffers.

I share an office with my wife, Dr. Shana Rush. Her practice (pediatric neuropsychology) and my own (PM&R) recently recruited a CMO—Chief Morale Officer. Her name's RENLY, and she's a Facility Dog from PAWS With a Cause. She's only been here for seven months but she's extraordinarily popular with patients—RENLY gets Thursdays off and now my patients don't want Thursday appointments.

PAWS is best known for their Assistance Dogs, which they give free to persons with disabilities. All the dogs have the same training program for the first year. Then they're placed in specialized one-year programs for various types of Assistance Dogs (service, hearing, seizure response, and autism), Facility Dogs, or occasionally law enforcement.

RENLY's so smart that they almost kept her for their breeding program. However, she's so outgoing and friendly that she became a Facility Dog. In addition to healthcare facilities, Facility Dogs are placed with schools, residential care facilities, senior living homes, and funeral homes.

According to PAWS CEO Michele Suchovsky:

Facility Dogs are working dogs specifically trained to help multiple people in facilities like schools, hospitals, and public service buildings. Unlike Assistance Dogs that serve one person, Facility Dogs work with a handler to serve multiple people who need social interaction, recovery



RENLY with Raelynn (a happy patient).

motivation, comfort, and/or a feeling of safety... in difficult emotional situations.

So, RENLY spent the second year of her life learning to be relaxed, calm, and cheerful in a variety of social situations. Like all PAWS dogs, she even spent four months in prison. A dog so mellow and cheerful that they help people in prison and funeral homes to be less stressed? Why don't you have one at your practice?

The final stage of training for any PAWS dog is on the job. Since her first day,

CONTINUED ON PAGE 7

GET A DOG CONTINUED FROM PAGE 6

RENLY’s demonstrated a gift for soothing stressed patients, especially children. She would have been a great mother; I’ve seen RENLY calm down several hyperactive children simultaneously and leave their bemused mothers saying, “I’ve got to get a dog!” During the first three months after we got her, PAWS taught us how to teach RENLY specific tricks such as snuggling patients for injections and persuading reluctant patients to cooperate with a physical exam. At least one patient has already signed up for a PAWS Autism Dog. One mother, a pediatric RN herself, asked, “Why doesn’t every office have one?”

She’s also good for employee morale. It’s good to take

a quick break to pet RENLY or to play catch with her in the hallway. Going for a short walk outside with her isn’t a chore, it’s a chance to stretch our legs and get some fresh air.

She’s fun to have around the house, too. She has a lot of personality, she has charming quirks, and she’s so smart and well-trained that it’s like living with Lassie. And, of course, she gets us up and outside without allowing any excuses for Michigan weather.

I’m pretty sure that we all tell our patients to foster healthy relationships, get more exercise, and spend more time outdoors. We should take our own advice.

One mother, a pediatric RN herself, asked, “Why doesn’t every office have one?”

LEARN MORE

If you wish to learn more about RENLY, visit: grandriverrehab.com/renly or rushpedsneuropsych.com/renly

Check out PAWS at: pawswithacause.org



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AMA Shares Update on Recovery Plan for Physician's



By Rose Ramirez, MD

Michigan Delegate to the American Medical Association

Bobby Mukkamala, MD, Immediate Past Chair of the American Medical Association (AMA) Board of Trustees and former President of the Michigan State Medical Society (MSMS) shared a recent update of the [AMA Recovery Plan for America's Physicians](#). The Recovery Plan outlines a five-point strategy to strengthen the physician workforce, recover from the trauma of the pandemic, and improve health care delivery. The Plan includes:

- **Supporting telehealth** to maintain gains in coverage and payment – The AMA is advocating to make pandemic telehealth changes permanent.
- **Reforming Medicare payments** to promote thriving physician practices and innovation – Medicare payments are stagnant and not keeping up with inflation. In 2023, physicians are facing a negative 4.4 percent update. The AMA is looking for a permanent solution that offers fewer administrative burdens and financial stability for all practices.
- **Stopping scope creep** that threatens patient safety – Fighting and defeating scope expansion efforts is a priority. AMA messaging stresses that people deserve physician-led team-based care. Also, included on the AMA's legislative agenda is transparency of credentials and truth-in-advertising.
- **Fixing prior authorization** to reduce the burden on practices and minimize dangerous care delays for patients – The AMA is using Michigan's and other states' successes in addressing prior authorization (PA) reform to help advance change at the federal level. The data continues to show PA delays care and increases administrative burdens. Legislation, Improving Seniors' Timely Access to Care Act, as well as proposed rules are currently being considered at the federal level.
- **Reducing physician burnout** and addressing the stigma around mental health – There is a need to eliminate stigma related to burnout and mental

health concerns. The AMA is taking a multi-pronged approach including committing to reduce moral injury, advocating to improve electronic health records and reduce administrative hassles, creating education and tools, and collaborating with state medical societies and health systems to accelerate the spread of evidence-based solutions. Additionally, the AMA successfully advocated for the passage of the Dr. Lorna Breen Health Care Provider Protection Act at the federal level. This Act bolsters the mental health infrastructure supporting physicians and other health professionals by establishing: (1) Grants for health professionals to help create evidence-based strategies to reduce burnout and the associated secondary mental health conditions related to job stress. (2) A national campaign to encourage health professionals to prioritize their mental health and to use available mental and behavioral health services. (3) Grants for employee education and peer-support programming.

On the telehealth front, MSMS worked to draft [House Bill 4131 \(Liberati\)](#) which implements reimbursement parity between in person and telehealth patient visits. Regarding Medicaid, [AMA on sustainable reforms](#) to Medicare reimbursement. Defending scope of practice has been and will continue to be the leading policy fight for MSMS. [Senate Bill 279 \(Irwin\)](#) which allows nurse practitioners to practice independently continues to be addressed. MSMS drafted [House Bill 4472 \(Farhat\)](#) which protects patients by requiring physicians to lead our health care teams under state law. Additionally, prior authorization reform has been signed into law in Michigan. The reforms took effect on June 1, 2023.

Visit the [AMA's Recovery Plan for America's Physicians](#) website to learn more about the initiative. Visit the [AMA's Recovery Plan for America's Physicians](#) website to learn more about the initiative.

Doctor Who

Meet Diana Nordlund, DO, JD, FACEP

Editor's Note: Doctor Who... this new section of the Bulletin highlights other members as an introduction to their interests and leadership in medicine.

Dr. Diana Nordlund combines a full-time career in emergency medicine with an active career as an attorney in Grand Rapids. She is an entertaining speaker on legal medicine and frequently presents both at the state and national level. Attending one of her talks is not a passive experience! The past few years she has stepped up as a passionate advocate for physician issues and patient care in Lansing.



Dr. Diana Nordlund

She received her medical degree from A.T. Still University School of Osteopathic Medicine in Kirksville, Missouri

and is Board Certified by the American Osteopathic Association Board of Emergency Medicine.

Dr. Diana Nordlund practices with Emergency Care Specialists at Corewell Health and as the ECS Corporate Compliance Officer. She has practiced since 2010. Dr. Nordlund has also practiced law with Henn Lesperance, PLC, and Nordlund Hulverson, PLC.

She is the immediate Past President of the Michigan College of Emergency Physicians (MCEP) and has chaired the MCEP Legislative Committee. Nationally, she is active in the American College of Emergency Physicians (ACEP), chairing ACEP's Medical Legal Committee and the EM Reproductive Health and Patient Safety Task Force. She is on the ACEP Council and serves on multiple committees including the State Legislative Committee. Dr. Nordlund has testified at the state level numerous times.

She is a member of the clinical faculty at Michigan State University College of Human Medicine in Grand Rapids. The University of Maryland honored her with its Outstanding Contributions to Emergency Medicine Education Award in 2023.

Dr. Nordlund continues to represent regional issues while serving on the Legislative Committee for West Michigan County Medical Societies including Kent, Ottawa, Barry, Ionia/Montcalm, Kalamazoo Counties.



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Rediscovering *Joy* in Medicine

Extended work hours, sleep deprivation, increasingly hostile work environments, excessive regulatory demands, and anxiety over litigious patients—the list goes on. But despite these enormous challenges, it's possible to take control of your wellbeing to create a happier, more balanced personal and professional life.

On September 17, we will observe Physician Suicide Awareness Day. The day is dedicated to honoring the memory of colleagues who have died by suicide and to continue to raise awareness and discussion on how to prevent it. It also serves as a reminder that suicide can affect us, our friends, and our colleagues. As that day approaches, it is appropriate to continue to ask the question of why physicians are more prone to death from suicide as compared to others. Furthermore, we should learn more about what can be done to change this tragic outcome. When a physician dies, it affects countless lives in our community including patients, family, friends, colleagues, and the list goes on. Physicians make our

communities safer and better places to live. They often serve as transformative representatives and leaders in our communities representing health, vitality, hope, and justice.

First, some of the bad news and statistics. Today we know that an estimated 300-400 physicians die by suicide in the U.S. per year. Depending on the study referenced, physicians routinely lead or are in the top three professions that have the highest suicide rate followed by Dentists, Police Officers, and Veterinarians. Physician suicide is generally caused by

CONTINUED ON PAGE 11

the convergence of multiple factors—the most common being untreated or inadequately managed mental health conditions. Physicians who took their lives were less likely to be receiving mental health treatment compared with non-physicians who took their lives, even though depression was found to be a significant risk factor at approximately the same rate in both groups. The suicide rate among male physicians is 1.41 times higher than the general male population. Among female physicians, the relative risk was even more alarming at 2.27 times greater than the general female population. The risk of suicide increases further when physicians are self-medicated. Furthermore, approximately 1 in 10 medical students, 1 in 4 interns, and 1 in 16 practicing physicians report some degree of suicidal ideation. The general population often wonders why a physician would be at high risk for suicide and/or depression since they are seemingly intelligent, financially stable, and respected.

While the reason for the increased risk of suicide and depression are complicated, we've known about the high rate since at least 1858 when it was first reported in the United Kingdom. One hundred and sixty years later, we are still struggling to understand the full root-cause because suicide is unnecessarily a taboo topic. We know that approximately one million Americans lose their doctors to suicide annually. We know that when physicians experience life stressors, especially work stress, they struggle emotionally and mentally because often many physicians have worked towards becoming and identified as a physician since a young age. Physicians have often worked tirelessly to train and serve the community selflessly and when personal or professional life situations don't go well, they can be affected deeply in an emotionally negative manner.

ENDING THE CYCLE OF SUFFERING

Many articles are available that discuss contributing factors to physician suicide. One strong risk factor is not only mental illness, but more importantly, untreated mental illness. The physician's personality is often consistent with being competitive, driven, relentless, selfless, compassionate, and proud. Physicians have often been trained to sacrifice their own wellbeing to serve patients who are suffering. They often spend years learning to sacrifice time with family and friends, their own health, and hobbies to serve their patients and community. Unfortunately, this pattern of trained behavior, combined with their competitive personality, often continues into their careers and physician wellness is not considered as important as serving patients and the community. This must change in the training of future physicians to end the cycle of physician suffering and suicide. Research is irrefutable that physicians provide high quality patient care when they are rested and well—physically, mentally, and emotionally.

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Support is Only a Call or Click Away

988 Suicide & Crisis Lifeline

Call or Text 988
988lifeline.org

The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices.

Crisis Text Line

Text HOME to 741741
crisistextline.org

Crisis Text Line provides free, 24/7, high-quality text-based mental health support and crisis intervention by empowering a community of trained volunteers to support people in their moments of need.

Pine Rest Christian Mental Health Services

(616) 455-9200 or (800) 678-5500
TTY: (616) 281-6446
300 68th St. SE, Grand Rapids, MI 49548
PineRest.org

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National Domestic Violence Hotline

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TTY: (800) 787-3224
Text START to 88788
thehotline.org

Trained expert advocates are available 24/7 to provide confidential support to anyone experiencing domestic violence or seeking resources and information. Help is available in Spanish and other languages.

JOY IN MEDICINE CONTINUED FROM PAGE 11

We are also learning a lot more about the effects of mental illness and physician “burnout.” While I don’t particularly like the term burnout because the term seems to indicate some type of character flaw in the physician, the term does accurately describe what happens in today’s current medical system which often overburdens physicians with unrealistic expectations.

“Physicians are remarkable and resilient and the same mental process that cause physicians to be vulnerable to depression, burnout, and suicide also allows them to be phenomenally successful overcoming these challenges ...”

Physicians routinely are expected to work extended hours, endure sleep deprivation, work in increasingly hostile workplace environments, experience a declining societal stature, endure excessive documentation and regulatory demands, deal with anxiety over litigious patients, function with inflexible poorly designed electronic health records, manage insurance company preemption of clinical decisions, deal with a general feeling of increasing powerlessness, deal with shame and stigma, bear loneliness and isolation, function despite total exhaustion, confront bullying, manage ethical dilemmas, function in assembly-line medicine, accept non-compete clauses, cope with contractual stress, accept limited time to establish meaningful doctor-patient relationships, deescalate increasingly hostile patients, manage irrational patient expectations on outcomes, etc. The list is seemingly endless, but there is good news. Physicians can take control of their personal and professional lives and enjoy both, despite those challenges.

Physicians are remarkable and resilient and the same mental process that cause physicians to be vulnerable to depression, burnout, and suicide also allows them to be phenomenally successful overcoming these challenges if provided the appropriate resources, guidance, mentorship, and/or behavioral healthcare. Developing a mental illness, burnout, or suicidal ideation is not a character flaw. It is much more likely a result of multiple factors. Physician recovery from mental illness or burnout is not only possible with treatment but expected. Physicians are extremely intelligent and care deeply about a lot of issues. When circumstances are not going well, physicians are prone to ruminate and overanalyze



situations. A basic premise of psychology is that our thoughts lead to our feelings. If someone focuses on something negative it will lead us to feeling negative, sad, bad, or depressed. Physicians work within a complex medical system with complicated medical problems and often must endure bad outcomes, regulations, and policies. It’s no wonder physicians are prone to becoming depressed, burned out, and have suicidal ideations. Physicians are often extraordinarily caring and empathic humans, and when they persevere on these negative issues, and it leads them to feel badly.

NO SUBSTITUTE FOR PROFESSIONAL SUPPORT

When they feel bad, their pride may get the best of them and they may try to heal themselves instead of feeling like a burden to others with their mental health and emotional challenges. Subsequently, physicians may self-treat their mood, anxiety, or stress with medications, alcohol, or substances with tragic results. However, with the appropriate support, physicians can use that perseverative, focused, ruminative thought process to improve their mindset, to think differently about situations and focus on the positive. Learning to focus on the positive and

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JOY IN MEDICINE CONTINUED FROM PAGE 12

things we have control over leads to feelings of empowerment, fulfillment, joy, and happiness. There is a fun ED Talk on positive psychology that describes this extremely well. When you have a few extra minutes, I would strongly recommend “The Happy Secret to Better Work” by Shawn Achor (https://www.ted.com/talks/shawn_achor_the_happy_secret_to_better_work). In his presentation, Shawn discusses how positive psychology skills can change how we view our environment and will lead us to ultimately become happier and more fulfilled in life. Another evidenced-based and humorous TED Talk by Dr. Kelly McGonigal discusses how to better conceptualize and manage stress (https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend). Kelly describes the science behind how we view stress, and its effects on our bodies and mind. Both videos offer quick tips on how to improve mood and mindset. While these quick videos are helpful, they do not substitute the comprehensive treatment a physician can experience with the support of a professional behavioral health provider. It is extremely important for physicians experiencing mental health difficulties to seek treatment with a professional to get an accurate diagnosis and an appropriate treatment plan.

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Corewell Health Hospital System

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spectrumhealth.org

Butterworth Campus Emergency Room

(616) 391-1774

100 Michigan St. NE, Grand Rapids, MI 49503

Helen DeVos Children's Hospital Emergency Room

(616) 267-1090

100 Michigan St. NE, Grand Rapids, MI 49503

Blodgett Campus Emergency Room

(616) 774-7444

1840 Wealthy St. SE, Grand Rapids, MI 49506

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JOY IN MEDICINE CONTINUED FROM PAGE 13

Finally, there are many aspects of their lives that physicians can take control of to improve their wellness. However, the best opportunity for improving physician wellness and eliminating burnout is for our medical system to identify changes in the health care delivery system that can be improved to better support physicians. We must continue to advocate for these system changes. This would include, at a minimum, the flexibility and time in schedules for physicians and their families to get behavioral health care. We must identify confidential mental health treatment programs for physicians and their families. The medical system should continue to work on evaluating the work environment to provide support and efficiency for medical practice. The efficiencies should include eliminating any unnecessary tasks, improving electronic health record systems, and having adequate support staff. There are many more opportunities for medical system improvements documented in the literature. While improvements in medical systems are the best way to improve physician wellness, there are also numerous opportunities for physicians to address their own wellness.

The list of references, resources, future reading and watching are listed on the KCMS and KCOA Websites. Your recommendations are always welcome.

William Sanders, DO, MS

Pine Rest Vice President and Chief Medical Officer; Pine Rest/Michigan State University Forensic Psychiatry Fellowship Director; Designated Institutional Officer; MSU Assistant Professor; Board Certified Forensic and Adult Psychiatrist

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uofmhealthwest.org/emergency

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Call 988 then Press 1

Text: 838255

Chat online: militarycrisisline.net

veteranscrisisline.net

If you're a veteran in crisis or concerned about one, the Veterans Crisis Line is a free, confidential resource that connects you to a real person specially trained to support veterans. Access free, confidential support 24/7.

National Sexual Assault Hotline

(800) 656-HOPE (4673)

rainn.org

Connect with a trained staff member from a sexual assault service provider in your area that offers access to a range of free services. Crisis chat support is available at online.rainn.org. Free help 24/7.



Strategies to Improve Your Wellbeing



Physicians should consider addressing their own wellness by:

1

Evaluate a typical week and reduce or eliminate non-essential tasks and then prioritize the remaining tasks into doable lists. Often physicians will work harder and longer rather than prioritizing and cutting out non-essential tasks.

2

Complete a periodic assessment and realignment of goals, skills, and work passions.

3

It is imperative to **pay special attention to sleep**. The goal should be 7-8 hours of sleep per night. Also, physicians should reeducate themselves on the topic of good sleep hygiene and implement those practices.

4

Incorporate enjoyable “timeouts” to improve moral and thought clarity. These breaks can include mindfulness activities, meditation, humor, relaxation, physical activity, stretching, yoga, etc.

5

Make sure you **have a good support network** you trust and will give you supportive yet direct and honest feedback. Examples of support could include dedicated family time, supervision groups, meeting with mentors, having a counselor, or life coach.

6

Regular breaks from work are essential for “recharging.” Physicians should invest in regular vacations and routinely use all vacation time. This time can be used to self-reflect, attend to personal needs, and realign goals and expectations.

7

Optimize meaning in your work and focus on your role as a healer, expert, teacher, researcher. Physicians who spend less than 20% of their time in meaningful activities are at a higher risk of burnout.

CONTINUED ON PAGE 17

STRATEGIES TO IMPROVE YOUR WELLBEING

CONTINUED FROM PAGE 16

- 8 **Avoid over commitment and only say “yes” with intention.** Physicians should engage in activities that are meaningful to their values and goals. Setting limits is healthy and necessary.
- 9 **Get moving.** Physicians who follow the Center for Disease Control guidelines for physical activity were less likely to have burnout and more likely to have a high quality of life.
- 10 **Building, maintaining, and nurturing relationships leads to a greater quality of life.** Social support builds resiliency in all of us. Finding a peer group can be the key to a longer, more fulfilling, and joyful life.
- 11 **Invest in a hobby, travel, or checking items off your bucket list.** Physicians often spend many years sacrificing and delaying gratification. It is important to avoid this and start living!



- 12 **Start a gratitude diary or journal.** The simple act of starting each day acknowledging 3 things you're grateful for can change the way our brains think, and we begin to scan our environment for things that make us happy or things for which we are truly grateful.
- 13 **Work towards finding work and home life harmony.** Sometimes it will require reducing work hours or seeking a new place of employment. It can affect your salary and the number of patients you see, but it does help. This list is not exhaustive, but it demonstrates that there is a lot we as physicians have control over and we do have the opportunity in many situations to improve our lives.

Symposium for Primary Care Medicine



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Wellness Lifelines

Whether you're in crisis, or just beginning to struggle with burnout or depression, seeking help and support is the first step toward recovery.

PHYSICIAN SUPPORT

Physician Support Line

physiciansupportline.com

(888) 409-0141

The Physician Support Line consists of psychiatrists helping U.S. physicians and medical students navigate the many intersections of personal and professional life. This support is free and confidential.

PeerRxMed

peerrxmed.com

A free, peer-supported program designed to support clinicians with peer-to-peer support by signing up with a buddy and receiving weekly nudges to check in with each other, along with weekly supportive thoughts for contemplation or conversation during stressful times.

PRACTICE ENVIRONMENT

Patient Communication: Build Authentic Communication Even on the Busy Days

www.thehappyemd.com/prevent-physician-burnout-doctor-patient-communication-tools-hub

This resource has four tools to help you find more satisfaction and connection even in the midst of the whirlwind.

National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

nam.edu/compendium-of-key-resources-for-improving-clinician-well-being

Leadership of the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine represent the osteopathic profession on the Action Collaborative on Clinician Well-Being and Resilience and the NAM Working Group on Navigating the Impacts of COVID-19 on Clinician Well-Being. The NAM Collaborative offers a Resource Compendium for Health Care Worker Well-Being. This collection of resources highlights strategies and tools that health care leaders and workers can use across practice settings to take action toward decreasing burnout and improving clinician well-being.

WORK/LIFE BALANCE

Get Home Sooner

www.thehappyemd.com/prevent-physician-burnout-get-home-sooner-hub

This resource contains six doctor-tested tools for your practice and electronic medical record efficiency.

Life Balance Library

www.thehappyemd.com/prevent-physician-burnout-life-balance-tools-hub

Take back your life with six tools to health you create more life balance.

WELLNESS AND BURNOUT

Avoid Burnout and Build Resilience

youtube.com/watch?v=LcJoHAp6ZgU

Gaurav Agarwal, MD, Assistant Professor of Psychiatry and Behavioral Sciences and Medical Education, Northwestern Feinberg School of Medicine, discusses how to move beyond the prevention of burn-out to promote resilience, well-being, and joy.

Accreditation Council for Graduate Medical Education (ACGME)

dl.acgme.org/pages/well-being-tools-resources

The AOA is one of seven member organizations of the ACGME. The AOA nominates individuals to serve on the ACGME Board of Directors and 22 ACGME Review and Recognition Committees. The ACGME has tools and resources on well-being on its online education portal, Learn at ACGME. Resources are designed for both the individual and system-wide practice. Some resources are open access; others are free but require a free Learn at ACGME account; and a select few are proprietary. The After a Suicide Toolkit is an important resource for Program Directors should a suicide occur within a residency or fellowship program.

Video: Medical Student Well-being: Don't Forget About Us

www.acponline.org/meetings-courses/acp-courses-recordings/acp-leadership-academy/acp-leadership-academy-webinars/medical-student-well-being-dont-forget-about-us-0

In this playback webinar, Micah Beachy, DO, FACP, discusses the importance of well-being for medical students and shares strategies for maintaining it while in school and throughout training.

Video: Doctor & Medical Student Burnout

youtube.com/watch?v=xCokacnY2Sc&feature=youtu.be

DOs and osteopathic medical students share encouraging words for their colleagues battling physician burnout.

Research article: The role of extracurricular activities and lectures in mitigating medical student burnout

jom.osteopathic.org/abstract/the-role-of-extracurricular-activities-and-lectures-in-mitigating-medical-student-burnout/

This research study, published in the Journal of Osteopathic Medicine, examines the importance of understanding what drives burnout on the individual level.

Burnout Basics Library

www.thehappyemd.com/prevent-physician-burnout-burnout-basics-hub

This resource provides eight ways to educate yourself on stress management and simple tools to recognize and prevent burn-out.

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WELLNESS LIFELINES

CONTINUED FROM PAGE 18

Compassion Satisfaction and Fatigue Test

practicenotes.org/vol10_n3/stamm.pdf

This self-test helps you estimate your compassion status: How much at risk you are of burn-out and compassion fatigue and the degree of satisfaction you are helping others.

Mind-Body Skills Training for Resilience, Effectiveness, and Mindfulness (STREAM)

mind-bodyhealth.osu.edu

STREAM is an innovative online education program for health professionals to learn and practice skills that will help both personally and professionally, including becoming more resilient in stressful times, more clinically effective in helping patients, and more mindful in your daily life.

Article: My victory over burnout: How leading a sustainable life changed everything for me

thedo.osteopathic.org/2020/01/my-victory-over-burnout-how-leading-a-sustainable-life-changed-everything-for-me

ONLINE ASSESSMENT TOOLS

Princeton U Matter Wellness Self-Assessment

umatter.princeton.edu/sites/g/files/toruqf2181/files/media/princeton-umatter-wellness-self-assessment.pdf

The Princeton U Matter Wellness Self-Assessment is a self-assessment tool for individual-level self-reflection and goal setting. You can use this self-assessment tool to determine the areas of wellness (emotional, environmental, intellectual, occupational, physical, social, and spiritual) where you are thriving and those that may need greater attention.

Well-being Assessment

<https://www.takingcharge.csh.umn.edu/wellbeing-assessment>

This assessment can help you determine where you are in each aspect of well-being and point to areas to consider making changes.

Depression Test

screening.mhanational.org/screening-tools/depression

This assessment tool can assist in determining if you are depressed or just feeling sad. Feeling sad is a normal human experience but feeling too much sadness can cause distress and life problems.

Evaluating Your Well-Being

wellmd.stanford.edu/self-assessment.html

The Professional Fulfillment scale assesses the degree of intrinsic positive reward derived from our work, including happiness, meaningfulness, contribution, self-worth, satisfaction, and feeling in control when dealing with difficult problems at work.

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COLLABORATION



Mind, Body, Spirit

Wellness is the balance of a physician's emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental health. These 8 Dimensions of Wellness align with the approach to mind, body, and spirit:

Emotional Wellness

Emotional wellness inspires self-care, relaxation, stress reduction, and inner strength development. It is vital to be attentive to both positive and negative feelings and be able to handle these emotions. Emotional wellness also includes the ability to learn and grow from experiences. Emotional well-being encourages autonomy and proper decision-making skills. It is an integral part of overall wellness. Emotional wellness allows you to accept how you are feeling. Once you accept your feelings, you can begin to understand why you feel that way and decide how you would like to act in response to those feelings. Being emotionally well grants you the power to express feelings without any constraints. In turn, you will be able to enjoy emotional expression and be capable of forming

supportive and interdependent relationships with others. To begin the route to emotional wellness, you must never forget to be optimistic. Optimism allows you to greet all positive and negative emotions with a confident attitude that will enable you to learn from your mistakes. Once you have mastered emotional wellness, you will experience life a little differently. Your life will be more balanced, and you will develop a deep sense of awareness.

Financial Wellness

Financial wellness involves our relationship with money, skills to manage resources to live within our means, making informed financial decisions and investments, setting realistic goals, and learning to prepare for

CONTINUED ON PAGE 21

short-term and long-term needs or emergencies. This dimension includes awareness that everyone's financial values, needs, and circumstances are unique.

Social Wellness

Social wellness focuses on connecting with your community and the people around you, which includes being aware of your own social and cultural background as a bridge to understand the diversity and depth present in other backgrounds. This dimension requires good communication skills and encourages connecting with and contributing to your communities, establishing supportive social networks with families, friends, and colleagues, developing meaningful relationships, and creating safe and inclusive spaces.

Spiritual Wellness

Spiritual wellness involves seeking and having a meaning and purpose in life and participating in activities consistent with one's beliefs and values. It is more than prayer and believing in a higher being. Spirituality can be represented in many ways, for example, through relaxation or religion. A spiritually healthy person seeks harmony with the universe, expresses compassion towards others, and practices gratitude and self-reflection. Spiritual health means knowing which resources to use to cope with issues that come up in everyday life. When we integrate spiritual wellness practices, we are able to connect in mind, body, and soul.

Occupational Wellness

Occupational wellness prepares for and participates in work that provides personal satisfaction and life enrichment consistent with one's values, goals, and lifestyle. It involves utilizing one's gifts, skills, and talents to gain purpose, happiness, and enrichment in life. It focuses on enjoying your occupational endeavors and appreciating your contributions.

Physical Wellness

Physical wellness involves the physical aspects of life necessary to keep yourself in top condition. A combination of beneficial physical activities/exercise and healthy eating habits can assist you with developing optimal physical health. The elemental components of physical wellness include building muscular and cardiovascular strength and endurance, plus flexibility. Physical wellness is also concerned with developing personal responsibility

for your healthcare, such as caring for minor illnesses and knowing when professional medical attention is needed. Developing physical wellness empowers you to monitor your vital signs and understand your body's warning signs. You will understand and appreciate the relationship between sound nutrition and how your body performs. The physical benefits of looking good and feeling terrific most often lead to the benefits of enhanced self-esteem, self-control, determination, and a sense of direction.

Environmental Wellness

Environmental wellness inspires us to live a respectful lifestyle of our surroundings. It involves understanding the dynamic relationship between the environment and people and recognizing that we are responsible for the quality of the air, water, and earth surrounding us and that social, natural, and built environments affect our health and well-being. Our environment and how we feel about the environment can play a significant role in our lives. Examples of our environment include our social environment (i.e., bullying, fat talk, and racism), our natural environment (i.e., air, nature, and climate), and our built environment (i.e., proximity to resources and living conditions). Small ways to improve your environmental well-being are:

- Seek or accept help and support from others when needed.
- Employ gratitude in your life to strengthen relationships with family and friends.
- Practice being mindful and increasing your awareness. Using meditation can help with becoming mindful and raising your awareness.

Intellectual Wellness

Intellectual wellness involves having an open mind when you encounter new ideas and continuing to expand your knowledge. It encourages active participation in mentally stimulating and creative activities (scholastic, cultural and community activities). It is the ability to think critically, reason objectively, make responsible decisions, and explore new ideas and different points of view. It emphasizes lifelong learning and inspires curiosity.

Source: Creating A Healthier Life A Step-By-Step Guide To Wellness, Substance Abuse and Mental Health Services Association, 2016

Road to Wellness

Physician burnout, which often begins in medical school, can deepen into depression if left untreated. Learn how to recognize the signs early on.

The World Health Organization has defined burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” It is characterized by three dimensions:

1. Feelings of energy depletion or exhaustion.
2. Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job.
3. Reduced professional efficacy.

Source: *Burn-out an “occupational phenomenon:” International Classification of Diseases*

Signs of Physical and Emotional Exhaustion

“I feel burned out from my work”

- Chronic fatigue includes lack of energy, feeling tired most of the time leading to emotional exhaustion, feeling drained and depleted.
- Insomnia, in its early stages, is having trouble falling asleep or staying asleep, leading to a continual nightly ordeal.
- Forgetfulness/impaired concentration and attention includes lack of focus and mild forgetfulness leading to the inability to get work done, resulting in a pile-up of tasks and responsibilities.
- Physical symptoms include chest pain, heart palpitations, gastrointestinal pain, dizziness, fainting, and/or headaches.
- Increased illnesses arise when the body is drained, which causes the immune system to weaken, making one more vulnerable to infections, colds, flu, and other immune-related medical problems.
- Loss of appetite, starting as not feeling hungry to skipping a few meals and advancing to loss of appetite and significant weight loss.
- Anxiety begins with early mild symptoms of tension, worry, and edginess which advances to serious anxiety that interferes with working productively and causes problems in personal life.
- Early stages of depression include feeling mildly sad, occasional hopelessness, and feelings of guilt and worthlessness that advance to feeling trapped and severely depressed.

- Anger initially begins with interpersonal tension and irritability and later results in outbursts and serious arguments at home and in the workplace.

There are many signs of burnout. Listed below are just a few that will help you begin to recognize if you are approaching or have approached that “burnout” threshold.

Signs of Cynicism and Detachment (Depersonalization)

“I really don’t care what happens to my patients”

- Loss of enjoyment initially seems mild, such as not wanting to go to work or being eager to leave, and extends to all areas of life, including time spent with family and friends.
- Pessimism first presents as negative self-talk and/or moving from glass half-full to glass half-empty and advances to trust issues with coworkers and family.
- Isolation initially begins as mild resistance to socializing (i.e., not wanting to go out to lunch) and advances to becoming angry when someone speaks to you.
- Detachment is a general sense of feeling disconnected from others or one’s environment and advances to removing oneself emotionally and physically from the job and other responsibilities.

Signs of Ineffectiveness and Lack of Accomplishment

“I have not accomplished many worthwhile things in this job”

- Feelings of apathy and hopelessness are similar to depression and pessimism listed above, present as a general sense that nothing is going right and worsening to the feeling of “what is the point?”
- Increased irritability often stems from feeling ineffective, unimportant, and useless and an increasing sense that one cannot do things efficiently or effectively as once done, which can initially destroy relationships and eventually careers.
- Lack of productivity and poor performance occur when, despite long hours, chronic stress prevents one from being as productive as once was, leading to incomplete projects and an ever-growing to-do list.

Harmonizing Aging

The Timeless Power of Social Engagement and Recreation

By Shirward PUNCHES, President
Council on Aging of Kent County

As the sands of time continue to shape our journey, the essence of what truly matters becomes clear. Amid the graceful embrace of aging, the significance of staying socially engaged and participating in recreational activities cannot be overstated. These endeavors are not just leisurely pursuits; they are the keystones to a rich and fulfilling third chapter of our life, one that nourishes every facet of well-being.

NURTURING THE HEART: THE ROLE OF SOCIAL ENGAGEMENT

After years of practice, physicians possess a wealth of wisdom and experience, garnered from years of healing and guiding patients. Yet, the path to well-being is illuminated not just by medical insight, but by human connection. The camaraderie of friends, the laughter shared with peers, and the warmth of familial bonds are the elixirs that counteract the effects of isolation. Studies have shown that people who remain socially active experience reduced rates of depression and anxiety. By immersing themselves in meaningful interactions, aging physicians can insulate themselves against the emotional toll of solitude and unlock the potential for a brighter, more resilient spirit.

ELEVATING THE SOUL: THE ESSENCE OF RECREATIONAL ACTIVITIES

Recreation is not a frivolous pursuit but a testament to the art of embracing life's essence. The design of our canvas for planning post-practice time is vast, inviting middle aged and older physicians to paint it with the hues of personal passions and curiosities. Engaging in activities that spark joy—whether it's revisiting a beloved hobby like pickleball, embarking on an artistic journey, or exploring the great outdoors—rekindling the spirit. Recreation is not bound by age; it is a gateway to vitality that transcends time. By pursuing activities that inspire and be a challenge, we can unlock reservoirs of resilience that serve as invaluable assets in navigating the golden years.



THE SCIENCE OF FLOURISHING: UNVEILING THE RESEARCH

Contemporary research is affirming what wisdom has long whispered—social engagement and recreation are potent elixirs for well-being. Here's a glimpse into the scientific tapestry:

- **Emotional Resilience:** Active participation in social circles fosters emotional resilience, offering a shield against the vulnerability that can accompany aging. Shared experiences and laughter knit the threads of joy and support, bolstering mental health.
- **Physical Harmony:** Engaging in recreational activities, whether a stroll in nature or an invigorating dance class, nurtures physical vitality. These activities enhance cardiovascular health, mobility, and overall wellness, affirming the interconnectedness of body and spirit.
- **Cognitive Enrichment:** Keeping the mind engaged through intellectual pursuits and lively interactions contributes to cognitive well-being. The pursuit of knowledge and new experiences is a testament to the brain's remarkable adaptability.
- **Life Satisfaction:** Social engagement and recreation weave a fabric of contentment in the tapestry of senior living. The infusion of purpose and meaning elevates overall life satisfaction, transforming the twilight years into a vibrant symphony of experiences.

EMBRACE THE SYMPHONY OF SENIOR LIVING

The journey ahead is a symphony awaiting your unique and inspiring melody. Social engagement and recreation are the notes that harmonize with the wisdom accumulated over the years. By staying connected, laughing heartily, and pursuing passions with fervor, we are more able to craft a life of substance and fulfillment. In navigating this remarkable phase, remember that the bonds formed and the experiences you relish are the treasures that enrich your well-being—proof that the voyage of life is as rewarding in our older years as it has been in practicing years.

Learn more about the Council on Aging of Kent County at www.coakc.org or <https://www.facebook.com/COAKC>.



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ONLINE CALENDAR

GET THE LATEST INFORMATION ON KCOA EVENTS

Please check out the events page at www.kcoa-mi.org.

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Noon | Virtual meeting

OCTOBER 27-29, 2023

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Amway Grand Plaza, Grand Rapids

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Physicians Supporting One Another



William Sanders, DO
2023 KCOA President,
Board of Directors

Dear Colleagues,

It is an honor and privilege to write my first article as the Kent County Osteopathic President. I am especially excited as a board-certified psychiatrist to write on the topic of physician wellness.

Like many of you, I am proud to serve our West Michigan community as an osteopathic physician. As I reflect on physician wellness, I recall being inspired to become a physician at a very young age by observing and admiring the care, compassion, and power of healing my own pediatrician and primary care physicians demonstrated routinely.

Like my experience, many physicians often thought as a child "I want to be a doctor when I grow up." They subsequently started and endured a challenging yet meaningful long academic journey to achieve their goal of becoming a physician. The incredible journey involved long hours studying, shadowing, working, rounding, serving, sacrificing, volunteering, etc. all while achieving and maintaining excellent performance throughout. There is an enormous sense of pride many physicians rightfully experience upon finishing their incredible academic and training journey and beginning to independently provide healing care to patients and serving selflessly in their community. Physicians often don't think of what they do as a job or a career, it is much more of a calling. This calling to serve those in need becomes part of their identity and despite the

emotional, physical, mental, and financial burden of their lengthy journey, studies demonstrate that physicians on average go on to enjoy their lives and an above average life expectancy. Furthermore, research routinely demonstrates that physicians have a decreased mortality from all causes except...suicide.

When a physician dies, it affects countless lives in our community including patients, family, friends, colleagues, and the list goes on.

On September 17, we will observe Physician Suicide Awareness Day. The day is dedicated to honoring the memory of colleagues who have died by suicide and to continue to raise awareness and discussion on how to prevent it. It also serves as a reminder that suicide can affect us, our friends, and our colleagues. As that day approaches, it is appropriate to continue to ask the question of why physicians are more prone to death from suicide as compared to others. Furthermore, we should learn more about what can be done to change this tragic outcome. When a physician dies, it affects countless lives in our community including patients, family, friends, colleagues, and the list goes on. Physicians make our communities safer and better places to live. They often serve as transformative representatives and leaders in our communities representing health, vitality, hope, and justice.

CONTINUED ON PAGE 26

PHYSICIANS SUPPORTING ONE ANOTHER CONTINUED FROM PAGE 25

You can see on the Physician Wellness resources, beginning on page 10, the statistics we read about our physician colleagues. I have provided some resources for my colleagues and hope they are helpful.

I am honored to serve you as the president to the KCOA. I look forward to listening and learning how I can best advocate for you and our great profession. I know we will respectfully remember, acknowledge, and learn from those physicians we have tragically lost to mental illness, and in particular suicide, as we approach September 17 and Physician Suicide Awareness Day. We have learned a lot recently from scientific studies and research about mental illness, burnout, and suicide. We have a much better understanding of the causes, diagnoses, and effective treatments. Although there is much room for improvement, the stigma surrounding mental illness has improved significantly in the recent past and I am hopeful that physicians have a growing comfort level with seeking mental health treatment.

Physicians that are mentally and physically well benefit our families, friends, and community in immeasurable ways. I hope in my role I can help advocate for continued medical system changes to support all physicians in West Michigan. I believe we can find immense joy in practicing medicine with the appropriate resources and support for physicians. We have provided a list of resources available with this article should you, your family member, colleague, friend, neighbor, etc. experience difficulties with mental health. If for some reason you do not feel comfortable reaching out to one of these resources call me. I will be happy to talk with you and assist you with finding help. Together let's support each other and serve our patients and community with not only kindness and compassion, but also with meaning and joy.

Sincerely and thoughtfully,
Bill
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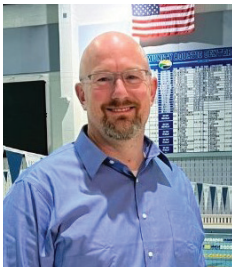


Jayne E. Courts, MD
2023 Kent Medical
Foundation, Board Chair

A Life Saver for West Michigan Children

The Kent Medical Foundation (KMF) is the philanthropic arm (and hands and feet) of Kent County Medical Society (KCMS). KMF provides grant funding for health-related programs in our community. KCMS partners with physicians from surrounding counties to provide support and a stronger voice for West Michigan.

West Michigan is home to many dedicated physicians who give to their communities by providing excellent health care and by giving in other ways. The KMF Board recognizes the community-based volunteer work that our physicians provide in organizations that promote health with an article in the Bulletin and a donation (\$250) to the physician's chosen cause.



Dr. Bryan Huffman

The physician volunteer being recognized in this issue lives and works in Ottawa County. The President of the Ottawa County Medical Society, Bryan Huffman, MD, plans to swim across Lake Michigan and other bodies of water to raise funds for swim lessons for children through

the Holland Aquatic Center (HAC). Water safety for West Michigan children is critical since drowning is one of the top ten causes of death for children in West Michigan.

An accomplished Michigan Lakeshore Aquatics Masters Swimmer, he successfully swam across the English Channel in October, 2022. The English Channel is about 22 miles across, a tough swim that took 12 hours and 19 minutes to complete. The Lake Michigan swim is estimated to take a little over 25 hours to complete. Only nine people have successfully swum across Lake Michigan.

Dr. Bryan Huffman had hoped to raise awareness of water safety and to make swim lessons accessible for children by fundraising for scholarships. He had hoped to raise

\$12,000 so that all children had access to affordable swim lessons. Bryan's Big Lake Swim would give hundreds of children free swim lessons.

Unfortunately, his journey was halted in the process. Huffman explained to the Detroit Free Press that a ruptured hydraulic line caused the support boat to lose steering. "With the currents, cold from waiting, and limping boat, I decided it was time to stop," he added, noting that he was exhausted and needed some intravenous fluids, but unbowed. "Thanks for following the journey."

With an exhausting and disappointed weekend behind him, Dr. Huffman returned to the office the next afternoon. He surpassed his fundraising goal and raised more than

\$25,000 for the Holland Aquatic Center for children needing swim lessons.

SUPPORT BRYAN'S FUTURE SWIMS

If you would like to learn more or donate to support Bryan's future swims, please visit

<https://hollandaquatic.org/big-lake-swim/>

Bryan has other swimming plans. He plans to swim the 20 Bridges Swim in New York City on September 28. After his New York swim, he hopes to swim

across the other Great Lakes and the Catalina Channel in California over the next three years. With each swim, he hopes to raise enough money so that every child who comes to Holland Aquatic Center to learn to swim can have affordable swim lessons.



KENT MEDICAL FOUNDATION

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Contribute to this annual campaign and your name will be listed among other donors who have helped make the annual Holiday Card possible!

CONTRIBUTIONS

Holiday Card Campaign Gifts received by November 28 will be included in the annual Holiday Card, which will be mailed the first week in December. You can contribute in two ways:

CHECK

Please make check payable to Kent Medical Foundation. Complete donor form at right and mail to:

Kent Medical Foundation
233 East Fulton, Suite 224
Grand Rapids, MI 49503



ONLINE VIA PAYPAL

Go to kentmedicalfoundation.org or simply scan this QR code.

QUESTIONS?

Please contact the Kent Medical Foundation at 616-458-4157.



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

DONOR REGISTRATION

YES! Count me/us in to continue the mission to assist The Kent Medical Foundation in community outreach endeavors and health promotion projects. Please find my/our check enclosed for the following amount (contribution amounts are NOT disclosed on the card):

\$1,000 \$750 \$500 \$250 \$100 \$_____ Please keep my donation anonymous.

Please print your name(s) below exactly as you would like to be presented on the Holiday Card insert.

Name(s): _____

Address: _____

Email: _____ Phone: _____

Please return to: Kent Medical Foundation | 233 East Fulton, Suite 224 | Grand Rapids, MI 49503

Contributions are tax deductible.



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

THANK YOU FOR YOUR SUPPORT IN GRATITUDE

Thank you to our donors for allowing the Kent Medical Foundation Board of Trustees the opportunity to support community programs. The following grants were made to date in 2023:

Calvin HEALTH Camp

This unique, five-day camp on Calvin University's campus for girls ages 9-15 years who are living in low socioeconomic and diverse racial backgrounds in Grand Rapids. Using faculty and health professionals for instruction, the camp promotes health by introducing participants to basic health concepts including the importance of nutrition, exercise, reproductive health, maintaining mental health and self-esteem, addressing anxiety, chronic diseases, social factors of health, genetics, and cancer. A grant in the amount of \$5,500 was made.

Grand Rapids Children's Museum

The recent pandemic forced a closing of all events for the Grand Rapids Children's Museum. A grant from the Kent Medical Foundation allowed for the GRCM to host two events, focusing on access for families with children on the Autism spectrum. Families were able to benefit from a limited-capacity visit to appreciate a calmer museum setting. A grant in the amount of \$2,500 was made.

Hand 2 Hand

Hand2Hand exists because a hungry child hurts, and the weekend is one of the most vulnerable times for a child who experiences food insecurity. Hand2Hand partners with local churches and schools to feed children in West Michigan who have been identified as being at risk of weekend food insecurity. Since 2008, Hand2Hand has provided students with weekend meals. They feed more than 10,327 students in 273 schools in Allegan, Barry, Kent, Mason, Muskegon, Newaygo, Ottawa and VanBuren Counties. A grant in the amount of \$3,000 was made.

Physician Volunteerism Grants

The following physicians were recognized for their donation of time and leadership to local non-profits. KMF Board grants \$250 to West Michigan health-related charities that physician members choose to share their free time and guidance. Grants of \$250 were made to the following organizations in 2023:

- **Holland Aquatic Center in honor of Bryan Huffman, MD**
- **PAWS with a Cause in honor of A.J. Rush, MD**

Jayne E. Courts, MD
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Ryan Duffy, JD
Trustee

The Trustees of the Kent Medical Foundation Board know there is competition for your generosity. It is hoped that you will continue to support the efforts of the Kent Medical Foundation and its grant-making efforts. Thank You!

The Kent Medical Foundation welcomes grant applications from local non-profits and health organizations that work to improve the health and wellbeing of our community. Contact Executive Director for more information and granting timelines at patricia@kcms.org.



heartbeat

MESSAGE FROM THE PRESIDENT

My husband and I met in high school (and we have the prom pictures to prove it!), so I witnessed and rode shotgun on his journey through college, medical school, residency and finding his place in private practice. Because my father is also a doctor, I was very confident I understood the life of a physician's family.

And yet! I continuously find myself surprised by the reality. I am deeply proud of my husband's work, and I am clear eyed about the many sacrifices he has made to achieve his success (and our comfortable life). His time with us is joyful and intentional and rich, but there is so little of it. We know that work in the medical field has become harder over the last several decades, and everyone feels the squeeze.

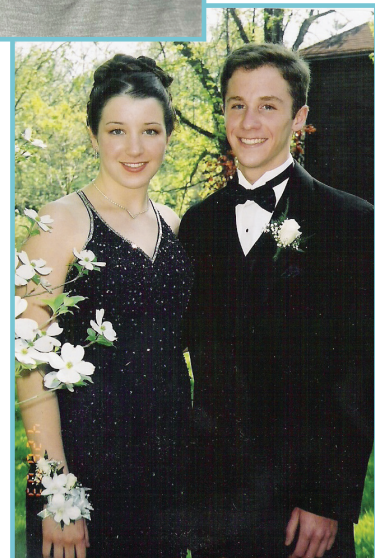
Doctors are exhausted, stressed, burned out (especially after COVID), and they can't just leave all that at the hospital or in the clinic. Those hard feelings, being torn between the good work of their vocation and the stifling pressure and lack of sleep, seeps into their time at home. Understanding how to support him, my three boys, and myself has taken time, patience,

and the support of good friends who know exactly what I'm going through. This is why I joined The Alliance.

The group understands my experiences, and the relationships I've built with younger members and older members provides opportunities for support, mentorship, joy and hope. We learn together, we serve together, and we have fun! If you or someone you know is looking for a community like this, encourage them to explore The Alliance. You won't regret it!

Sincerely,

President



Alliance President Laura Kozminski, and her husband, Dr. Michael Kozminski, at their high school prom (2003).

Follow Us!



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www.kcmsalliance.org

Who can join The Alliance?

We are the spouses and partners of physicians (in training, practice and retirement), including M.D.s, D.O.s, medical students, interns, residents and fellows. You may also join if your physician spouse has died. You can join with an individual membership, or you can join as a couple!

WHAT DO I GET WITH MY MEMBERSHIP?

Camaraderie & Support

We support physician families at all stages of life. You will receive invitations to join our fun, social gatherings that we hope you'll attend! We also help you celebrate your exciting milestones, mourn life's hardships, and provide support in any other way we can. When you have a need, please reach out!

Community Engagement

Several times a year we tour area non-profits that work to meet the health needs of our community. This is an incredible way to get behind-the-scenes access and learn more about inspiring work happening in West Michigan. We also do several hands-on volunteer projects throughout the year, and our charitable Foundation provides opportunities to give back to our community through our mini-grant program. The Alliance is a great way to learn about our community and get involved!

Education

As members of physician families, we are invested in the work of medicine, even if we aren't practitioners ourselves. KCMSA holds special educational events, raises awareness about important issues, and we advocate for the health and well-being of our vulnerable neighbors during our annual legislative action day. Members receive our mailed Heartbeat newsletters & emailed Pulse updates.

Join Today!
Visit kcmsalliance.org/join-now

Our program year begins in September. We look forward to seeing you!



Alliance members enjoying our book club, Trivia Night Fundraiser, spring luncheon, and service event at Kids Food Basket. These are just some of our many events last year.



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

Firearm Safety

There was no “how-to” guide to follow on the night of February 13, 2023, when a gunman opened fire on our Michigan State University main campus killing three students and injuring an additional five. It took a moment for the shock to set in, then the leadership of our College of Human Medicine went into action lining up support services for students, faculty, and staff.

At the same time, our student group who advocates for gun safety through our chapter of [Scrubs Addressing the Firearms Epidemic \(SAFE\)](#) went into action. They

called the Senior Associate Dean of Academic Affairs that night and encouraged our leadership to contact every medical student by phone and ensure that they were OK physically and emotionally. They were right to recommend that, and we did it. By noon the following day, we had reached every medical student. But then what? Then, we waited for the grieving to set in.

We held support groups, provided food and safe spaces, cancelled classes, locked the building and office suites at the Secchia Center, attended didactic sessions on the grieving process, and found various ways to support student advocacy. Pine Rest Christian Mental Health Services provided valuable psychiatric resources to anyone in need of support. Dean Sousa lead a [town hall](#) and sent [messages](#). Dr. Mona Hanna-Attisha wrote a compelling [op-ed](#). At some point, I think we also remembered to allow ourselves to grieve in our own ways, and some continue to do so.

Firearms are the number one cause of death in children and teens in the United States. As future physicians, SAFE is committed to protecting the health and well-being of our patients through the elimination the U.S. firearm epidemic through education, research, and policy reform. They are doing remarkable work including introducing educational content about firearms safety into our medical school curriculum.

SPARTAN STRONG. It is a cool slogan that I had hoped to never use for this purpose. As a medical community, we really need to come together and solve this epidemic.

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- Appeals of RAC, Medicare, Medicaid & Other Third Party Payor Claim Denials & Overpayment Demands
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- Health Care Billing & Reimbursement



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Candida Auris: An Emerging Threat in Our Healthcare Landscape



Nirali Bora, MD
Kent County
Health Department
Medical Director

Emily Kilmartin, MA; Cathy Armstrong, RN; Nirali Bora, MD

In March 2023, the Centers for Disease Control and Prevention (CDC) issued a press release identifying the fungus strain *Candida auris* (*C. auris*) as an emerging public health threat. This highly transmissible and often drug-resistant fungus had caused outbreaks in healthcare facilities.

With its ability to survive on surfaces for extended periods and cause invasive infections with high mortality rates, *C. auris* has become an urgent area of concern. The first case of *C. auris* was identified in Michigan in 2021 and in a Kent County resident in a local facility in May 2023.

Understanding *Candida Auris*

C. auris was first identified in Japan in 2009. Since its discovery, the pathogenic fungus has spread to over a dozen countries, with its first reporting in the United States occurring in 2016. This pathogenic fungus primarily affects vulnerable individuals with compromised immune systems by targeting the bloodstream, ears, wounds, and other mucosal surfaces. Patients in nursing homes and long-term care facilities are at greatest risk for infection, particularly individuals with indwelling devices such as ventilators. For patients with an invasive *C. auris* infection affecting the blood, heart, or brain, the infection has a mortality rate between 30% and 40%.

Antimicrobial resistance presents a challenge in combatting the spread of *C. auris*. Common antifungal treatments for *Candida* infections are ineffective, as common strains of *C. auris* are typically resistant to one or more classes of antifungal medications while some strains of *C. auris* are resistant to all three classes.



***Candida auris* can survive on moist and dry surfaces for extended periods, resulting in high transmission rates within healthcare facilities.**

C. auris can be misidentified when traditional laboratory methods are used for yeast identification. This can cause the use of inappropriate antifungal therapies further contributing to the development of increasingly resistant fungal strains.

C. auris can persist in hospital rooms and adapt to various environmental conditions. The fungus can survive on moist and dry surfaces for extended periods, resulting in high transmission rates within healthcare facilities. *C. auris* can colonize on patients' skin and spread to bed rails, bed curtains, and counter surfaces, where it can survive for up to a month.

CONTINUED ON PAGE 34

Surveillance Trends

Since *C. auris* was made nationally notifiable in 2018, the number of *C. auris* infections has been steadily on the rise. Reported surveillance has identified over a 50% increase in confirmed clinical cases since 2019 (Fig. 1). Clinical cases are patients detected to have *C. auris* through a clinical specimen (typically blood, urine, or tissue) collected for diagnosis or disease treatment during the course of care.

Health departments have increased screening efforts to identify colonized patients without clinical signs of illness. The growth in screening volume led to an increase in confirmed screening cases in 2021 (Fig. 1). Screening cases are patients detected to have *C. auris* through a swab, typically collected from the skin, nares, rectum, or external body sites, for surveillance purposes. Though screening case numbers have increased by over 500% from 2019 to 2022, these numbers are still likely under reported, as not all healthcare facilities participate in screening at-risk patients.

In Michigan, the first confirmed clinical case of *C. auris* was reported in 2021. The number of cases has increased in the past two years, with 33 clinical cases reported in 2022 and 57 clinical cases reported so far this year through July 25, 2023. Through screening efforts, 100 cases were detected in Michigan in 2022, and 120 screening cases have been confirmed through July 25, 2023. Most cases identified within the past 12 months were reported from Detroit City and Oakland health departments. Figure 2 shows the most recent 10-month surveillance

FIGURE 1

Candida Auris Surveillance Trends in the United States

Number of clinical and screening *C. auris* cases reported in the U.S. from 2019-2023. Screening cases for 2023 are not represented in this figure.

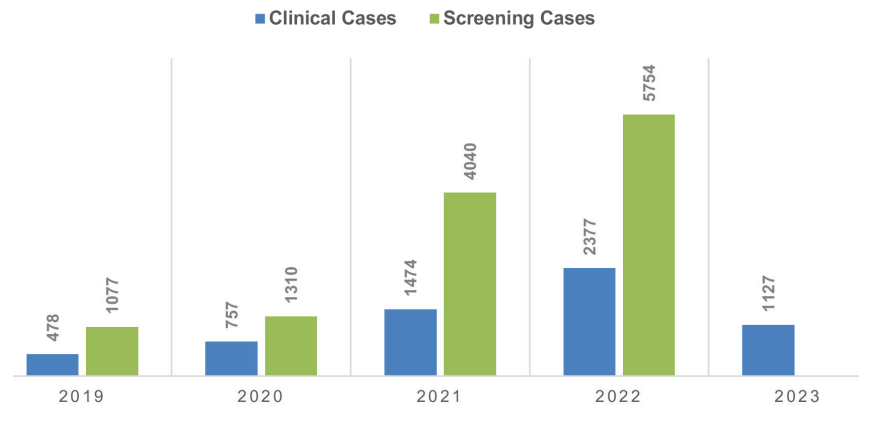
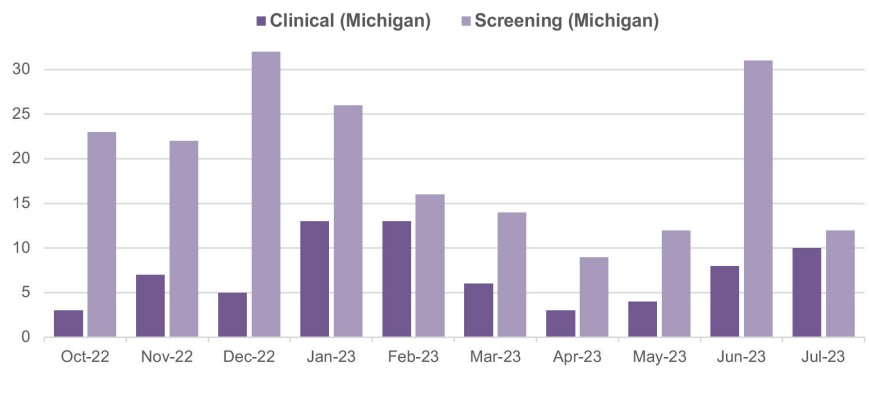


FIGURE 2

Candida Auris Surveillance Trends in Michigan

Number of clinical and screening *C. auris* cases reported in Michigan from October 2022 to July 2023.



data collected in Michigan.

In Kent County, the first confirmed clinical case associated with a stay in a local facility was in May 2023. The first screening case was reported in June 2023.

Significance

Long-term acute care facilities and acute care hospitals have been

most impacted by the spread of *C. auris* in the United States. The CDC has released guidance for the recommended methods of infection control and prevention in healthcare facilities ([Infection Prevention and Control](#)). Further development of effective disinfectant and infection control strategies is ongoing.

CONTINUED ON PAGE 35



CANDIDA AURIS CONTINUED FROM PAGE 34

Kent County Health Department investigates all reported clinical and screening cases. Case investigators work closely with the state health department to provide guidance for serial testing and recommendations for control measures at affected healthcare facilities. To remain up to date with the emergence of *C. auris* in Michigan, surveillance data can be found through [MDHHS](#).

In Michigan, the first confirmed clinical case of *C. auris* was reported in 2021. The number of cases has increased in the past two years, with 33 clinical cases reported in 2022 and 57 clinical cases reported so far this year through July 25, 2023. Through screening efforts, 100 cases were detected in Michigan in 2022, and 120 screening cases have been confirmed through July 25, 2023. Most cases identified within the past 12 months were reported from Detroit City and Oakland health departments. Figure 2 shows the most recent 10-month surveillance data collected in Michigan.

In Kent County, the first confirmed clinical case associated with a stay in a local facility was in May 2023. The first screening case was reported in June 2023.

Resources

- Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System, Weekly Tables of Infectious Disease Data. Atlanta, GA. CDC Division of Health Informatics and Surveillance. <https://www.cdc.gov/nndss/data-statistics/index.html>
- General Information about Candida auris | Candida auris | Fungal Diseases | CDC. (n.d.). <https://www.cdc.gov/fungal/candida-auris/candida-auris-qanda.html>
- Infection Prevention and Control for Candida auris | Candida auris | Fungal Diseases | CDC. (n.d.). <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>
- Ku, T., Walraven, C. J., & Lee, S. S. (2018). Candida auris: Disinfectants and Implications for Infection Control. *Frontiers in Microbiology*, 9. <https://doi.org/10.3389/fmicb.2018.00726>
- MDHHS, (2023, July 10). Michigan Candida Auris Surveillance Updates. *Healthcare Associated Infections*. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/HAI-SHARP/MDROs/Candida-auris-Surveillance-Updates_42423.pdf?rev=c8a8577ef92a4cdc8e92970b6c131628&hash=D9CCE3E6BA4E27B4221266AFA62CCAD8
- MDHHS, CD-CRE Case Reporting and Investigation Guidance. (2023, January 4). MDHHS. <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/HAI-SHARP/CRE/CP-CRE-Reporting-and-Investigation-Guide-2023-01-04-2023.pdf?rev=97a0028510904b8ea70e9cfc88bef7e8&hash=958C62C1B3C101BAD235873E3C6C468B>
- Tracking Candida auris | Candida auris | Fungal Diseases | CDC. (n.d.). <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

Notifiable Disease Report

Kent County Health Department
700 Fuller N.E.
Grand Rapids, Michigan 49503

Communicable Disease Section
Phone (616) 632-7228
Fax (616) 632-7085

June 2023

DISEASE	NUMBER REPORTED		5 YR MEDIAN CUMULATIVE JUNE 2018-2022
	This Month	Cumulative YTD 2023	
AIDS	0	3	4
HIV	2	15	14
CAMPYLOBACTER	11	56	36
CHICKEN POX ^a	2	22	5
CHLAMYDIA	264	1834	1830
CRYPTOSPORIDIOSIS	5	15	8
CORONAVIRUS NOVEL, COVID-19	223	10473	NA
Shiga Toxin Producing E. Coli	2	10	11
GIARDIASIS	1	7	10
GONORRHEA	84	628	646
H. INFLUENZAE DISEASE, INV	0	5	3
HEPATITIS A	0	2	1
HEPATITIS B (Acute)	1	2	0
HEPATITIS C (Acute)	2	2	2
HEPATITIS C (Chronic/Unknown)	7	50	75
INFLUENZA-LIKE ILLNESS ^b	573	10336	16380
LEGIONELLOSIS	1	7	8
LYME DISEASE	16	22	4
MENINGITIS, ASEPTIC	0	3	1
MENINGITIS, BACTERIAL, OTHER ^c	2	10	6
MENINGOCOCCAL DISEASE, INV	0	0	0
MUMPS	0	0	0
PERTUSSIS	0	0	2
SALMONELLOSIS	7	32	30
SHIGELLOSIS	1	3	9
STREP, GRP A, INV	10	67	12
STREP PNEUMO, INV	2	37	20
SYPHILIS (Congenital)	0	1	1
SYPHILIS (Primary & Secondary)	2	29	20
TUBERCULOSIS	2	10	5
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2023	DISEASE	NUMBER REPORTED Cumulative 2023
CANDIDA AURIS	2	MALARIA	4
CARBAPENEMASE PRODUCING CRE	4	MULTISYSTEM INFLAMMATORY SYNDROME	0
GUILLAIN-BARRE SYNDROME	0	SHINGLES	55
HISTOPLASMOSIS	6	STREPTOCOCCAL TOXIC SHOCK	1
KAWASKI SYNDROME	0	TOXIC SHOCK	0

a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included. b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools. These numbers are currently under a health department review process. c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN H. influenzae, N. meningitidis, or S. pneumoniae. Except for **Chickenpox, Campylobacter, Coronavirus, Cryptosporidiosis, Shiga-Toxin Producing E. Coli, Salmonellosis, Shigellosis & Influenza-Like Illness**, only confirmed cases (as defined by National Surveillance Case Definitions) are included. Reports are considered provisional and subject to updating when more specific information becomes available.