



Bulletin

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION SPRING 2024

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



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BULLETIN



Warren Lanphear, MD is sworn in as the 2024 President of the Kent County Medical Society.

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Cover Photo

Doctors Jayne E. Courts,
Tudor Moldovan, Antonia
Henry and Androni Henry
at the Annual Meeting
reception.

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Learn more about the Kent County Osteopathic Association at www.kcoa-mi.org.

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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.

MAY 6, 2024

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

Noon | Virtual meeting

MAY 11, 2024

MSMS HOUSE OF DELEGATES

10am-4pm | Crown Plaza Lansing, Lansing, MI

MAY 22, 2024

PAIN MANAGEMENT: TREATMENT OPTIONS & LEGAL RESPONSIBILITIES WEBINAR

6-9pm | Multi-county virtual CME
Registration required (See page 16)

SEPTEMBER 30, 2024

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

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



PRESIDENT'S MESSAGE



Warren F. Lanphear, MD, FACEP
2024 KCMS President

KCMS Members Elect Lanphear as 2024 President

While the week of the KCMS Annual Meeting was filled with surprise snow falls within a three-day period, KCMS Members and guests were able to attend the in-person and online Annual Meeting 2024.

KCMS' 2023 President, Adam J. Rush, MD provided a review of 2023's activity with much attention on Membership, Advocacy and Legislative objectives.

Dr. Rush highlighted those members lost in 2023 and a moment of silence was offered to recognize the colleagues. New Members were introduced as well as new Resident and Medical Student Members.

Wayne County Medical Society Past President and current MSMS President, M. Salim Siddiqui, MD, PhD joined the audience (virtually) for an update of the MSMS. Dr. Siddiqui highlighted MSMS' achievements.

Dr. Warren Lanphear was installed as the 121st President of the Kent County Medical Society.



Dr. A.J. Rush is presented with the President's Award by incoming President, Warren Lanphear, MD



Dr. Jayne Courts and Richard Hodgson visit with Dr. Warren Lanphear and Mary Lanphear before the meeting begins.

Hello!

Welcome to KCMS

MEDICAL STUDENT MEMBERS

2024 MD candidates

- Katelyn de Lara
- Bridget Gongol
- Jasmanpreet Kaur
- Eneka Lamb
- Madeline Merwin
- Subah Nanda
- Amanda Schoonover
- Melina Valentin
- Sabrina Williams

2025 MD candidates

- Rana-Armaghan Ahmad
- Hannah Brown
- Deepthi Devireddy
- Katrina Elzinga
- Mary Finedore
- Alexis Hansen
- Rima Patel
- Susanna Wang

2026 MD candidates

- Camille Joy Abutin
- Travis Bell
- Caleb Weissman

NEW RESIDENT PHYSICIANS

- Zachary Beswick, MD
- Kalina Harrilal, MD
- Tudor Moldovan, MD
- Jeremy Mormol, MD
- Sonia Samant, MD
- Daniel M. Tuinstra, MD

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Thank You for Your Membership

Your membership in the Kent County Medical Society is greatly appreciated. The following practices have achieved 100% representation from their practice in membership to KCMS and MSMS. Benefits of being 100% group membership include potential group dues discounts for your practice, Practice Manager education courses, and updates to help your team with legal, billing and coding, human resources, and other topics. Whether, you are working within a small or a large practice, you may benefit.

- **Advanced Radiology Services, PC**
- **Cascade Pediatrics, LLP**
- **Centre for Plastic Surgery**
- **Corewell Health West Michigan SHMG – OB/Gyn**
- **Ear Nose and Throat Consultants, PC**
- **East Paris Internal Medicine Associates, PC**
- **Elite Plastic Surgery/Hand & Plastic Centre, PLC**
- **Forefront Dermatology – Grand Rapids**
- **Forest Hills Pediatric Associates, PC**
- **Grand Rapids Allergy, PLC**
- **Grand Rapids Ophthalmology**
- **Great Lakes Neurosurgical Associates, PC**
- **Kent Radiology, PC**
- **Michigan Pathology Specialists, PC – Michigan St**
- **Neonatal Associates, PLC**
- **Pediatric Surgeons of West MI, PC**
- **Retina Specialists of Michigan**
- **Urologic Consultants, PC**
- **Urology Associates of Grand Rapids, PC**
- **Urology Surgeons, PC**
- **Verdier Eye Center**
- **Vitreo Retinal Associates, PC**
- **West Michigan Surgical Specialists, PLC**

Mpox Health Advisory

March 8, 2024

Dear Colleagues,

Kent County Health Department (KCHD) has recently been notified of two cases of mpox. In light of this case and the 3 new cases of mpox in Genesee County, we encourage healthcare providers to remain vigilant.

If a person is suspected to have mpox, test and notify KCHD at 616-632-7228.

For more information, please see [Investigation-of-Suspect-Cases-of-Monkeypox_v2.pdf \(michigan.gov\)](#)

Signs and Symptoms:

- Consider mpox in a patient with a diffuse or localized rash who has known or suspected exposure to someone with mpox. Recent cases have been in men who have sex with men, but anyone can become infected.
- Key characteristics of the rash can be found [here](#)
- Mpox disease is characterized by:
 - Incubation period of 1-2 weeks
 - Prodrome with fever, malaise, headache, sore throat, cough, and lymphadenopathy in the neck, axillary, or inguinal areas
 - Followed by a rash
- A person is infectious from the prodrome stage through when the scabs on the skin have fallen off and a fresh layer of intact skin has formed underneath.

Testing (when a rash is present): Public health approval is not needed before testing, but please report suspected cases to KCHD.

- Wear appropriate PPE (gown, gloves, eye protection, N95)
- Use a sterile, synthetic, dry swab with plastic, wood, or thin aluminum shafts. Do not use cotton swabs.
- Collect 1 swab from each lesion, preferably from different locations on the body or lesions that differ in appearance. Vigorously swab each lesion.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container (e.g., sterile urine cups/swabs from single site can go in the same container).
- Write collection site on tube or cup. Do NOT place swab into transport media.
- Tests can be sent to commercial labs. Consider use BOL for uninsured/underinsured patients
- Testing Resources: [MPV testing basics](#)
 - [Testing Patients for Monkeypox \(cdc.gov\)](#)
 - [Guidelines for Collecting and Handling Specimens for Mpox Testing | Mpox | Poxvirus | CDC](#)

CONTINUED ON PAGE 10

- [Clinical Quick Reference](#) | [Mpox](#) | [Poxvirus](#) | [CDC](#)

Vaccination: KCHD provides free mpox vaccines by appointment

- Currently CDC is not recommending those that have been previously vaccinated to receive additional doses.
- People can call KCHD at **616-632-7200** to make an appointment.
- Other vaccine clinics can be located at www.michigan.gov/mpox

Treatment: KCHD has TPOXX for the treatment of mpox

- If your patient needs treatment, verify that your patient meets [CDC indications for treatment](#)
- If the patient meets CDC indications for treatment contact KCHD at KCHD_TPOXX@kentcountymi.gov and include your name and phone number.
- KCHD staff will reach out to you to let you know if we have TPOXX available and work with you to coordinate pick-up of the medication from KCHD at 700 Fuller.
- Treating Clinicians or their designees will be responsible for patient assessment, monitoring, and reporting information to CDC.
 - The following are **required** to be completed, retained, and/or returned to CDC:
 - [Informed Consent Form](#) **prior** to initiating tecovirimat treatment; provide a copy to the patient and retain a copy at the treating facility/institution. A copy does not need to be returned to CDC. *Only if* the signed informed consent forms cannot be maintained at the treating facility/institution and there are no other suitable means to store/retain the documents, then they may be sent to CDC within 7 calendar days of tecovirimat initiation.
 - [Register online](#) (required for new providers only) – All new providers must register as participating providers by completing the [Tecovirimat \(TPOXX\) IND Online Registry for Providers/Facilities](#) prior to providing tecovirimat treatment to the extent feasible and no later than 7 calendar days of first prescribing or administering tecovirimat.
 - Complete the electronic Patient Intake Form – this must be completed for each patient who is prescribed and treated with tecovirimat. Complete the electronic forms as soon as feasible and no later than 7 calendar days of prescribing or initial therapy. For patients who are being re-initiated on tecovirimat treatment after completing a prior tecovirimat treatment course (e.g. relapse of infection, recrudescence) a new Patient Intake form should be completed and returned to CDC.
 - Complete the electronic **Clinical Outcome Form**: patient follow up should be conducted within 3-7 calendar days of completing tecovirimat treatment and submit the electronic clinical outcome form.
- Treatment with TPOXX can begin upon receipt of the medication and after obtaining informed consent. Forms requested under the EA-IND can all be returned to CDC **after** treatment begins.



Nirali Bora, MD, MPH
Medical Director, Kent County Health Department

KCMS Committees and Boards

Kent, Ottawa, Barry County Delegates and Alternates

Delegates and Alternate Delegates from the West Michigan region to participate in MSMS House of Delegates annual meeting. Representatives are needed to submit Resolutions that can change legislation that affects physicians, office managers, practices, and the delivery of care. Delegations review local, regional and state-wide Resolutions submitted by other Delegations. Delegations caucus to review submitted Resolutions from around the state; vote for MSMS leadership and voice the opinions of physicians in West Michigan. You will enjoy participating in interesting conversations and brainstorming with colleagues to assist in growing and improving organized medicine.

Editorial Committee

This committee reviews editorial content and design of the *Bulletin*. Assist the KCMS staff with editing of the quarterly magazine, via email and phone.

Legislative Committee

The Legislative Committee allows physicians as patient advocates to educate area legislators of the effects of proposed legislation on the practice of medicine. The committee meets at Noon on Monday of selected months and welcomes involvement by elected officials. These are held virtually or via hybrid of in-person and virtual option meetings. Meetings usually are held quarterly but the committee of physicians and legislators at times may meet more frequently due to time-sensitive topics.

Membership Committee

The Membership Committee is comprised of Members from various county medical societies as well as County Executives, and MSMS staff to partner in Membership successes, goals and ideas in recruiting and retaining Members.

Kent County Medical Society Board of Directors

The Kent County Medical Society is a 501(c)6 non-profit membership organization. It 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. The KCMS Board provide leadership and direction the organization upholding its mission and vision, and providing oversight and guidance for accepting members, activities, legislative topics.

Kent Medical Foundation Board of Trustees


The Board provides leadership and direction to ensure Kent Medical Foundation (KMF) upholds its mission and vision. Leaders of this 501(c)3 non-profit organization, provide direction in staff activities, operations, grant making and advocacy.

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- Physician Group Practice Ancillary Services Integration and Contractual Joint Ventures
- Appeals of RAC, Medicare, Medicaid & Other Third Party Payor Claim Denials & Overpayment Demands
- Health Care Contractual, Corporate & Transactional Matters
- Compliance & HIPAA
- Health Care Billing & Reimbursement

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Your Voice Amplified: ANNUAL HOUSE OF DELEGATES

IN THE FIRST HALF of the 19th century, when Michigan was still a territory, the state and local medical societies were organized in order to establish standards for the education and training of those wishing to call themselves physicians and to regulate the practice of medicine. The medical societies helped lead to the development of state licensing and professional oversight. Over time, some of the initial regulatory roles of county and state societies have been assumed by the state Board of Medicine, the Joint Commission, the Federation of State Medical Boards, and boards of medical specialties. But while some of the regulatory roles may have been reduced over time, the leadership and operational structure of the organizations have not changed.

The annual MSMS House of Delegates (HOD) is a shining example of how the voices of local physicians can greatly impact medical policy at the state, and sometimes national, level. Although the actual meeting has been shortened and reformatted to more fully utilize modern technological advances, this process remains the chief mechanism by which issues can be brought by the membership to the MSMS Board and statewide policy made.

Every year, physicians from all areas of the state from the outreaches of the Upper Peninsula to downtown Detroit, from Lake Michigan to Lake Huron, and everywhere in-between meet to debate and pass resolutions that guide the decisions and directions taken by MSMS leadership. Each spring, physicians from county and specialty medical societies, as well as student, resident and organized medicine sections, can submit resolutions to address policy issues on a variety of topics. These resolutions are then assigned to one

of the following reference committees (made up of the current delegates):

- Medical Care Delivery (reimbursement issues, administrative rules and regulations)
- Legislation (advocacy issues)
- Internal Affairs, Bylaws, and Rules (structural workings of MSMS)
- Public Health (population-based factors affecting health care)
- Scientific and Educational Affairs (CME and MOC)

The reference committees receive testimony from the delegates on each of the resolutions assigned to their committee. Using that testimony, the committee members deliberate and recommend to approve, approve as amended or disapprove each resolution.

These recommendations are shared with the full delegation (the House) for consideration. The House may agree with the reference committee's recommendations, which requires no more than a vote to approve the reference committee report or an individual delegate may extract any or all of the

resolutions for further discussion on the floor. After debate on each of the extracted resolutions sometimes lengthy, sometimes passionate the House will ultimately vote on whether to approve the resolution and make new policy; disapprove the resolution or send to the MSMS Board for further review. If requested, the new policy may even be forwarded to the AMA to be advocated for by our state delegation.

So, while the practice of medicine looks vastly different than it did in the early 1900s, while practice models continue to change over time, while meetings today can be attended behind a keyboard versus around a boardroom table, the voice of the individual physician, amplified by their local representation to the state, continues to provide the backbone of medical policy-making for their peers and their patients.

The 2024 MSMS House of Delegates will take place Saturday, May 11, 2024, from 10:00 am to 4:00 pm, at the Crowne Plaza Lansing. Contact us if you wish to serve as a delegate or for more information.





From HOD Resolution to State Law

IN 2016, the Kent County Medical Society introduced an HOD resolution to make assaulting health care workers in emergency rooms a felony. The House passed this legislation and MSMS, in concert with a multitude of partners, including the Michigan Osteopathic Association, began advocating for legislation.

On December 6, 2023, Governor Gretchen Whitmer signed bipartisan bills, House Bills 4520 and 4521, to better protect health care workers on the job.

Now referred to as Public Acts 271 and 272 of 2023, the laws amend the Michigan penal code to increase the financial penalty for individuals (with the exception of patients receiving care) who assault health professionals or medical volunteers doing their jobs.

Those who assault an individual face a misdemeanor punishable by imprisonment for up to 93 days, a fine up to \$500 or both. If the individual is a health professional or medical volunteer, the financial penalty increases to up to \$1,000.

Penalties are also increased for those who assault health professionals and medical volunteers with a weapon, keeping the felony punishment to a maximum prison term of four years but doubling the maximum financial penalty from \$2,000 to \$4,000.

LINKS

[House Bill 4520](#)

[House Bill 4521](#)

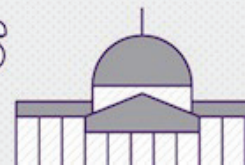
[Governor's office press release](#)



PHYSICIANS GRASSROOTS NETWORK

AS YOU probably know, because of Congressional inaction at the end of the year, a new round of devastating Medicare physician payment cuts went into effect on January 1. This 3.37% reduction came after three years of consecutive cuts to Medicare services. Thanks to the advocacy efforts from physicians, the Consolidated Appropriations Act, 2024

GRASSROOTS UPDATE



(HR 4355), will reduce Medicare Part B cuts from 3.4% to 1.7% for the remainder of 2024.

The remaining payment cut – which impacts more than 1.2 million clinicians – is the result of an arbitrary and unfair formula that requires payments under the Medicare Physician Fee Schedule (MPFS) to remain budget neutral.

The MPFS conversion factor (CF) cuts are forcing providers to make difficult decisions about the viability of participating in Medicare, which could, in turn, limit patient access to care. Medical inflation also continues to erode Medicare payments, which are failing to keep pace with the cost of providing care.

While Congress did not fully reverse

the 3.4% payment cut, the partial increase to Medicare payment rates by H.R. 4366 is a positive development that will lessen the impact of the MPFS CF cut for the remainder of the year and demonstrates bipartisan congressional support for fully fixing this flawed policy in the future.

Physicians, practice managers and healthcare advocates are encouraged to contact their representatives in Congress to add an inflationary adjustment to Medicare Part B payments and address other sources of arbitrary payment reductions harming providers and threatening patients. Your representatives need to hear directly from their constituents to understand the impact of these cuts.



Keeping Work and Life *Balanced*

BY BROOKE BUCKLEY, MD, MBA, FACS

WELLNESS is a 4 trillion-dollar global industry. In America, we work more than 10 hours longer per week than Europeans. This may be why work-life balance is high in our collective conscious. The AMA reports that 57% of physicians are working more than 71 hours each week. Increased demands of work and less balance between work and ‘life’ tie directly to the burnout epidemic. (Berg, 2019)

As physicians and care providers, we expect work to be a significant part of our life. Simultaneously, we want to have time with people we care about and hobbies and rest. Increasingly, we find ourselves in conflict between work and life; so-called work-life balance. When balance is lost in a car engine, the check engine light comes on. Thoughtful owners go to the shop and make repairs (i.e., restore balance). When balance is lost in a person, burnout happens.

Burnout has been extensively researched. It is disruptive, unhealthy, and rampant. Shanafelt and his

colleagues have outlined everything from behavioral irregularities, addiction, reduction in commitment to work, and turnover as elements related to burnout. In other words, it’s hard to cure burnout with an ongoing mismatch of work and our expectations of life. (Tait D. Shanafelt, 2017)

As it relates to balance, most can relate to the discomfort felt when there is mismatch between expectations and realities. Cognitive dissonance is the name for this mismatch. For example, if you stub your toe and it hurts, your brain wants your toe to not hurt, so you feel strong motivation to soothe your foot to go back to the expected state of ‘no pain’. In fact, we are hard-wired to try to close that gap. We have to actively try not to soothe ourselves when we are in a state of mismatch.

Work-life balance has been characterized as a goal. Popular media describes balance as some euphoric place we are all trying to reach. If it is so wonderful, why are so many of us

Without balance, our engine can only drive so far. Taking a moment to rebalance will keep you on the ‘road’ for many years to come.



struggling to get there? I would suggest that this balance we seek is so elusive because it is really a daily practice and not a goal at all. In reality, finding work-life balance is mastering the practice of closing related cognitive dissonance gaps.

To go back to the car reference, balance can be static or dynamic. Static balance is a steady state where gravity is the only acting force, much like matched weights on a scale. The Mechanical Power Transmission Association (MPTA) states “A rotating body is said to be in static balance when it’s center of gravity coincides with the axis upon which it revolves.” (Sullivan, 2010) Dynamic balance, is harder to understand and is most felt when it is out of balance. The MPTA definition essentially describes opposing forces vibrating

against each other in opposite directions causing a lack of balance. It can be much easier to identify than it is to restore.

I don’t have the answers, but I would offer that paying attention to the forces that pull against you and looking to close the gaps is a great place to start. Looking to lessen the burden of mismatched expectations can become a daily practice to realign work and life. Remove a calendar appointment, prioritize a family event, limit your patient schedule, limit expenses, make an appointment with yourself (for walking, reading, thinking, having dinner with a friend), prioritize yourself and your balance. Without balance, our engine can only drive so far. Taking a moment to rebalance will keep you on the ‘road’ for many years to come.

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BROOKE BUCKLEY, M.D., FACS, is the Chief Medical Officer at Henry Ford Wyandotte Hospital. Dr. Buckley was recently elected as Chair of the AMPAC Board of Directors.

Additional Wellness Resources:

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

PeerRxMed www.peerrxmed.com

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

www.wexnermedical.osu.edu/integrative-health/services/mind-body

Physician Support Line www.physiciansupportline.com





Pain Management: Treatment Options & Legal Responsibilities

May 22, 2024

6:00 - 9:00 pm

Zoom Webinar

Kent, Ottawa & Barry CMS Members:
Included in membership

Non-Members:
\$100

For information and to register—email KCMSoffice@kcms.org

Join us for our inaugural multi-county educational webinar featuring experts on pain management and addiction from across the state.

Completion of this webinar fulfills LARA's 3-hour requirement in the area of pain and symptom management, including the new 1-hour minimum of controlled substance prescribing training, as well as 3 hours towards the 8-hour MATE training requirement.

Upon completion of the webinar, physicians should be able to:

- Describe the use of opioids and other controlled substances.
- Identify integration of treatments.
- Describe the stigma of addiction.
- Describe alternative treatments for pain management.
- Identify ways to counsel patients on the effects and risks associated with using opioids and other controlled substances.
- Describe how to utilize the Michigan Automated Prescription System (MAPS).
- Identify state and federal laws regarding prescribing and dispensing controlled substances.
- Describe security features and proper disposal requirements for prescriptions.



Michael Danic, MD, serves as chairman of the Department of Anesthesiology at Ascension Genesys Hospital, and medical director for the Surgery Center at Health Park. Dr. Danic co-founded Ascension Genesys Hospital's Medication Assisted Treatment for Inpatient Opioid Use Disorder program (Buprenorphine team).



John Hopper, MD, is the System Department Chair for Internal Medicine at Trinity Health Ann Arbor and Livingston Hospital. His clinical work is with IHA Recovery Medicine and IHA Hospital Medicine. He is recognized as a national expert in addiction medicine.



Narasimha Gundamraj, MD, is with Pain Management Centers of Lansing and practices at Sparrow Pain Management Center in Lansing. He is board certified in Anesthesiology with added qualifications in Pain Management.

Statement of Accreditation This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Michigan State Medical Society and the Ingham County Medical Society. The Michigan State Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

AMA Credit Designation Statement The Michigan State Medical Society designates this live activity for a maximum of 3.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Proudly presented in partnership with:



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Join Us

KCOA MEETINGS OF INTEREST

APRIL 27, 2024

MOA HOUSE OF DELEGATES HYBRID MEETING

9am-2pm | MOA headquarters

More information is available at www.domoa.org

MAY 6, 2024

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

Noon | Virtual meeting

MAY 15-19, 2024

MOA 125TH ANNUAL SPRING SCIENTIFIC CONFERENCE

Somerset Inn | Troy, MI

More information available at www.domoa.org/spring

MAY 22, 2024

PAIN MANAGEMENT: TREATMENT OPTIONS & LEGAL RESPONSIBILITIES WEBINAR

6-9pm | Multi-county virtual CME

Registration required (See page 16)

SEPTEMBER 30, 2024

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

Noon | Virtual meeting

OUR MISSION:

Kent County Osteopathic Association seeks to advocate for the physicians of Kent County, advance the science and practice of osteopathic medicine, and provide an arena of osteopathic physicians to support and educate each other and their community.

Visit us

For event details, check out our website kcoa-mi.org





William Sanders, DO
2024 KCOA President,
Board of Directors

Learn, Connect, Act

There is a great deal going on for KCOA Members included in this section. We are working on social gatherings for physician couples and physician families. These will be shared as details are confirmed. One of the first meetings is the MOA House of Delegates. Kent County Osteopathic Association welcomes your involvement and Delegate positions are still available!

KCOA

2024 Michigan Osteopathic Association House of Delegates

Saturday, April 27, 2024

9am-2pm | Hybrid meeting

MOA Headquarters, 2112 University Park Drive, Okemos, MI

If you can join the meeting and wish to serve as a Delegate, please contact a member of the Board or the KCOA Executive Director, Patricia Dalton at (616) 560-5336 or patricia@kcms.org.

- Physician Burnout
- ADHD & Adderall Crisis
- Pain & Symptom Management

Register today at domoa.org/spring

Michigan Osteopathic Association 125th Annual Spring Scientific Conference

May 16-19, 2024

Somerset Inn, 2601 W. Big Beaver Rd., Troy, MI
Complimentary parking & group lodging discount available!

Session Highlights

- Osteopathic Manipulative Medicine
- Aging & Wellness
- Michigan LARA Requirements
- Women in Medicine
- Sleep Medicine
- Oral Health
- Lifestyle & Functional Medicine
- Cardiology
- Diabetes, Obesity & Medications
- Infectious Disease

MATE Act Training to Fulfill DEA Application and Renewal Process

Register at www.cmelearningcenter.com

Faculty: David Neff, DO; David Best, DO,

Pamela Lynch, LMSW, CAADC

The Michigan Osteopathic Association (MOA) and Michigan Health & Hospital Association (MHA) have teamed up to offer Medication Access and Training Expansion (MATE) Act training requirements on demand for the treatment and management of patients with opioid and other substance use disorders and to meet the Drug Enforcement Administration's (DEA) one-time, eight-hour training requirement for all DEA registered practitioners.

Effective June 27, 2023

All DEA-registered and new medical practitioners are required to attest to the completion of the training when renewing or completing an initial registration.

This course qualifies for 9.25 AOA Category 1-A Credits and 9.25 AMA PRA Category 1 Credit(s)TM.

CONTINUED ON PAGE 19

Former Member Appointed Dean at MSU

Michigan State University (MSU) has appointed Joyce deJong, DO, as Dean of the College of Osteopathic Medicine effective February 5, 2024.

Dr. deJong is a nationally recognized forensic pathologist. She joins MSU from Western Michigan University, where she has been a professor and founding Chair of the Department of



Joyce deJong, DO

Pathology at Homer Stryker M.D. School of Medicine since 2014. This role allowed her to address the pressing need for exceptional medicolegal death investigations, expand her influence on public health, and provide innovative educational experiences for future physicians. Under her visionary leadership, the department flourished, attracting top talent,

fostering collaboration, and significantly contributing to medical education and research.

Dr. deJong was previously the Medical Director of Forensic Pathology at Sparrow Hospital, where she met the challenge of overseeing a rapidly growing department serving multiple counties. Her exceptional leadership skills and dedication to quality medicolegal death investigations allowed the department to expand its reach, providing essential services to a larger population.

She has also served as a forensic pathologist for the Disaster Mortuary Operational Response Team with the U.S. Department of Health and Human Services for the past 26 years. deJong's significant contributions to disaster response and mass fatality management include deploying multiple times with the federal government to various catastrophic events, including 9/11, Hurricane Katrina, and the earthquake in Haiti, she has displayed her commitment to serving humanity in times of crisis. Her experiences in Haiti have profoundly influenced her perspective on healthcare and further solidified her dedication to promoting health equity.

As the President of the National Association of Medical Examiners, deJong made history as the first Osteopathic physician to lead this esteemed organization. This milestone achievement, highlighted during her acceptance speech, demonstrated her dedication to promoting Osteopathic principles within forensic pathology. She graduated with a Bachelor of Science in Biomedical Sciences from Grand Valley State University. She earned a Doctor of Osteopathic Medicine degree from MSU College of Osteopathic Medicine, completed her anatomic pathology residency at Grand Rapids Area Medical Education Consortium/MSU, and forensic pathology fellowship at Emory University and Fulton County Medical Examiner's Office.

Congratulations to Dr. deJong!

LEARN, CONNECT, ACT CONTINUED FROM PAGE 18

The DEA training is available for purchase in the online learning center and individual modules are also offered.

Registration Rates

MOA & MHA Members: \$149

Non-Members: \$199

Please contact MOA for rates for more than 100 providers.

CME Accreditation

The Michigan Osteopathic Association is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. The Michigan Osteopathic Association designates this program for a maximum of 9.25 AOA Category 1-A Credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity. Upon course completion, MOA will submit credits to AOA.

MyMichigan Health is accredited by the Michigan State Medical Society (MSMS) to provide continuing medical education for physicians. MyMichigan Health designates this live activity for a maximum of 9.25 AMA PRA Category 1 Credit(s)[™]. This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MyMichigan Health and Michigan Osteopathic Association. Upon course completion, an EEDS link will be provided for MD credit submission.

Physicians have the option to register for full course, that fulfills the DEA requirements, or individual modules. Take advantage of MOA and MHA discount member and group rates by registering at www.cmelearningcenter.com.



Michigan Osteopathic Association

CME Opportunities and licensing requirements

KCOA

The MOA provides CME in live and on demand formats to help physicians meet state licensing requirements. The MOA is accredited by the American Osteopathic Association to offer AOA Category 1-A continuing medical education credits and *AMA PRA Category 1 Credit(s)TM* through a MyMichigan Health Joint Providership.



MICHIGAN
OSTEOPATHIC
ASSOCIATION



MHA
Michigan Health &
Hospital Association

MATE Act Training to Fulfill DEA Application and Renewal Process

David Neff, DO; David Best, DO, Pamela Lynch, LMSW, CAADC
Meet the new 8-hour training requirement on demand!

The Michigan Osteopathic Association (MOA) and Michigan Health & Hospital Association (MHA) have teamed up to offer Medication Access and Training Expansion (MATE) Act training requirements on demand for the treatment and management of patients with opioid and other substance use disorders and to meet the Drug Enforcement Administration's (DEA) one-time, eight-hour training requirement for all DEA registered practitioners.

Effective on June 27, 2023, all DEA-registered and new medical practitioners are required to attest to the completion of the training when renewing or completing an initial registration.

This course qualifies for 9.25 AOA Category 1-A Credits and 9.25 *AMA PRA Category 1 Credit(s)TM*. The DEA training is available for purchase in the online learning center at www.cmelearningcenter.com, and individual modules are also offered.

CONTINUED ON PAGE 21

Registration Rates

MOA & MHA Members \$149

Non-Members \$199

Group discount offered for multiple providers from the same organization:

- 5-25, \$125 per Provider
- 26-50, \$100 per Provider
- 51-100, \$75 per Provider

Please contact MOA for rates for more than 100 providers.

CME Accreditation

The Michigan Osteopathic Association is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. The Michigan Osteopathic Association designates this program for a maximum of 9.25 AOA Category 1-A Credits and will report CME and specialty credits commensurate with the extent of the physician’s participation in this activity. Upon course completion, MOA will submit credits to AOA.

MyMichigan Health is accredited by the Michigan State Medical Society (MSMS) to provide continuing medical education for physicians. MyMichigan Health designates this live activity for a maximum of 9.25 *AMA PRA Category 1 Credit(s)*[™]. This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MyMichigan Health and Michigan Osteopathic Association. Upon course completion, an EEDS link will be provided for MD credit submission.

Physicians have the option to register for full course, that fulfills the DEA requirements, or individual modules. Take advantage of MOA and MHA discount member and group rates by registering at: www.cmelearningcenter.com

State Required CME

Michigan LARA Requirements for Osteopathic Physicians

License Cycle: 3-year

150 hours of continuing education in which a minimum of 60 continuing education credits must be obtained through MI LARA category 1 programs and a minimum of 40 hours of continuing education must be AOA approved.

Medical Ethics: 1-hour

Implicit Bias Training: 3-hours

Human Trafficking: One-time training

Pain and Symptom Management: 3-hours

Opioid and Controlled Substances Awareness: One-time training

Licensing requirement information at www.domoa.org/cmeinfo

Michigan Osteopathic Association Learning Center
On-Demand CME Available 24/7/365!

The MOA Learning Center provides a variety of on demand CME courses offering AOA Category 1-A and *AMA PRA Category 1-A Credit(s)*[™]. Over 200 hours of on-demand courses are available to help you meet your licensing requirements! Register for MOA on-demand CME at www.cmelearningcenter.com



heartbeat



MESSAGE FROM THE PRESIDENT

Since January, we've gathered for fun, educational events and service to the community. In January, members of the Alliance toured the Muskegon Art Museum and enjoyed lunch together. In February, we participated in a Valentine's Day cupcake decorating class. In March, we gave back to our community by serving meals to the homeless at Degage Ministries. We also toured a small but powerful nonprofit, Revive & Thrive. We learned that this organization is working to address the nutritional needs of patients undergoing treatment for a variety of conditions. It is always inspiring to learn about the creative and valuable ways that individuals and organizations meet the needs of our most vulnerable neighbors.

Sincerely,

Laura Kozminski
President

Foundation Spotlight

Our Alliance Foundation is something that makes our organization unique! Our Foundation Board has met three times this fiscal year to review grant applications and award mini-grants of up to \$3000. So far this year **we've distributed \$23,562 to local nonprofits** that meet the health needs of our community! Learn more about grant recipients and the work of our Foundation on [our website](#).



Cupcake decorating class



Muskegon Art Museum tour



Revive & Thrive tour

What is The Kent County Medical Society Alliance?

We are the spouses and partners of medical students, fellows, residents, practicing and retired physicians. We get it! The joys, the privileges, the stress and work-life balance are something we understand. **We work to support one another through all seasons of life and have fun doing it!** We engage with the community through education, advocacy, volunteer activities and philanthropy. Our Foundation is a 501c3 nonprofit that provides grants for health needs. We make a difference!

We want to connect with you!

Join the Alliance online today at:
kcmsalliance.org

 Find us on
Facebook



The graphic features the text "Trivia Night" in a large, white, stylized font on a black background. To the right, it says "KENT COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION" in white. Below this, there is a circular logo with a stylized figure and the word "FUNDRAISER". To the right of the logo are three overlapping rectangular blocks: a pink one labeled "THE CORNER BAR ROCKFORD", a yellow one labeled "THE CORNER BAR ROCKFORD", and a blue one labeled "APRIL 18 6:30-9:30PM". The background has a grid pattern and colorful squares.

You're invited

Join us for a fun, fast-paced evening of trivia and fantastic food while supporting the Kent County Medical Society Alliance Foundation's Mini-Grant Program, which provides health-related grants in the community.

TRIVIA DETAILS

Form your own team of 6-8 people | Join a team when you arrive
The competition is focused on fun and camaraderie! Trivia starts at 7pm.

TICKETS

\$75 per person | \$20 for medical students/medical residents
Each ticket includes trivia, food, one drink ticket, and access to our amazing auction! Purchase tickets at kcmsalliance.org/trivia-night-2024.

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YOUTUBE
www.kcmsalliance.org



KENT MEDICAL FOUNDATION

Thank You!



Jayne E. Courts, MD
2023-2024 Kent Medical
Foundation, Board Chair

On behalf of the Kent Medical Foundation Board of Trustees and the many individuals and organizations that are able to be helped by your generosity, thank you! We appreciate your support for the Holiday Card Campaign and your continued support of the Kent Medical Foundation and our mission to support health and wellness initiatives in West Michigan.

Anonymous

Dr. Mary Appelt

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William Beute, MD

**Dr. Christopher
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Rik and Kitty Vydareny

Janet and Jim Watkins, MD

Dr. Charles A. Wilkinson
*In loving memory
of Patricia Wilkinson*

Jerry and Kathy Wittingen

KMF Board of Trustees Welcomes Board Candidates

The Board provides leadership and direction to ensure Kent Medical Foundation (KMF) upholds its mission and vision. Leaders of this 501(c)3 non-profit organization provide direction in staff activities, operations, gift and/or grant seeking, and advocacy.

The KMF Board meets quarterly to review grant applications and discuss current business. If you have an interest in serving, please contact KMF Board President, Jayne E. Courts, MD, or Patricia Dalton at (616) 560-5336.



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

A Life Well Lived

Scholarship created in Memory of Robert W. Claytor, MD

Michigan State University College of Human Medicine featured a scholarship tribute by retired KCMS Member, Dr. Peter Lundeen and his wife, Joan, honoring a Grand Rapids physician and community leader, Robert Claytor, M.D. highlighting the decades of work of Dr. Claytor. A modified version of the original story is below.

Dr. Lundeen described his respect and admiration for Dr. Claytor’s commitment to underserved groups in the community:

“Witnessing health care disparities in the community in which I have practiced my entire professional life and seeing first-hand how the COVID-19 pandemic profoundly affected underserved groups of people in West Michigan, really opened my eyes to not only the need for but also the criticality of creating positive change,” said Dr. Lundeen. “Part of the solution needs to be improving the diversity of health care providers serving our community. Studies have shown that increasing the number of Black physicians in a community correlates with lower mortality and morbidity in communities of color.”

Dr. Robert W. Claytor was born to formerly enslaved parents in post-Civil War Virginia and was the youngest of 13 children. Dr. Claytor graduated from Meharry Medical College, a Historically Black College in 1934. Limited job opportunities in the South brought Dr. Claytor to Grand Rapids. He was the area’s third Black doctor and the first Black doctor to join the staff at Saint Mary’s Hospital. It took ten years for him to be appointed to medical staff at Butterworth, only being appointed after the intervention of his friend, Episcopal Bishop Lewis Bliss Wittimore, who was a member of Butterworth’s board of directors.

The Dr. Robert W. Claytor Memorial Endowed Scholarship will be awarded to third- and fourth-year medical students at MSU interested in primary care areas—internal medicine,

family medicine, pediatrics, or obstetrics and gynecology—who wish to practice in Grand Rapids, Michigan. Preference will be given to members of the Student National Medical Association, who have demonstrated a history of volunteer service in their community, which was important to Dr. Lundeen.



LEARN MORE

Read the full article [here](#).

Support the Dr. Robert W. Claytor Memorial Endowed Scholarship [here](#).



Dr. Lundeen chose to name his fund in honor of a physician, one who served as a role model for the goals of the scholarship.

Dr. Claytor delivered well over a thousand local babies, and is remembered for arranging long-term payment plans for patients who could not afford his care. Dr. Claytor was deeply committed to

the community beyond providing medical care. He co-founded an organization which evolved into the Grand Rapids Urban League, where he served as president from 1946 to 1949, and was a lifetime member of the local chapter of the National Association for the Advancement of Colored People. He held memberships in the Grand Rapids South Rotary, Madison Square Business Association, and Kent County Medical Society.

Helen Claytor, Dr. Claytor’s wife, was also a force for good in our community. She was the first African American president of the YWCA in 1949.

In 1967 she was elected president of the YWCA National Board of Directors. She was the first African American to hold that office, a position she held until 1973. At the 1970 National YWCA conference, she led them in adopting “the One Imperative: to thrust our collective power to the elimination of racism wherever it exists and by any means necessary.”



Nirali Bora, MD
Kent County
Health Department
Medical Director

Infant Mortality in Kent County

Marissa Brown, BSN, RN, Joann Hoganson, MSN, RN, Nirali Bora, MD, MPH

Infant mortality is defined as the death of a child before their first birthday. Disparities in infant mortality rates within a community serve as a strong indicator of the impact that societal factors have on the health of those who live within the community.

These disparities are a symptom of the deep-rooted inequities in socioeconomic development, basic living conditions, social well-being, and environmental quality that exist in a population. The US and comparable countries have seen a decrease in infant mortality rates in recent years, with the national infant mortality rate being 5.6 deaths per 1,000 live births in 2022.

The infant mortality rate in Michigan has stayed consistent over the last decade, with an infant mortality rate of 6.5 deaths per 1,000 live births, but there have been persistent racial and ethnic inequities. In 2018-2020, a Black infant was 3 times more likely to die than a White infant, a Hispanic infant was 1.6 times more likely to die than a White infant, and a Indigenous infant was 1.7 times more likely to die than a White infant. These inequities are just as prominent in Kent County, Michigan.

CAUSES OF INFANT MORTALITY

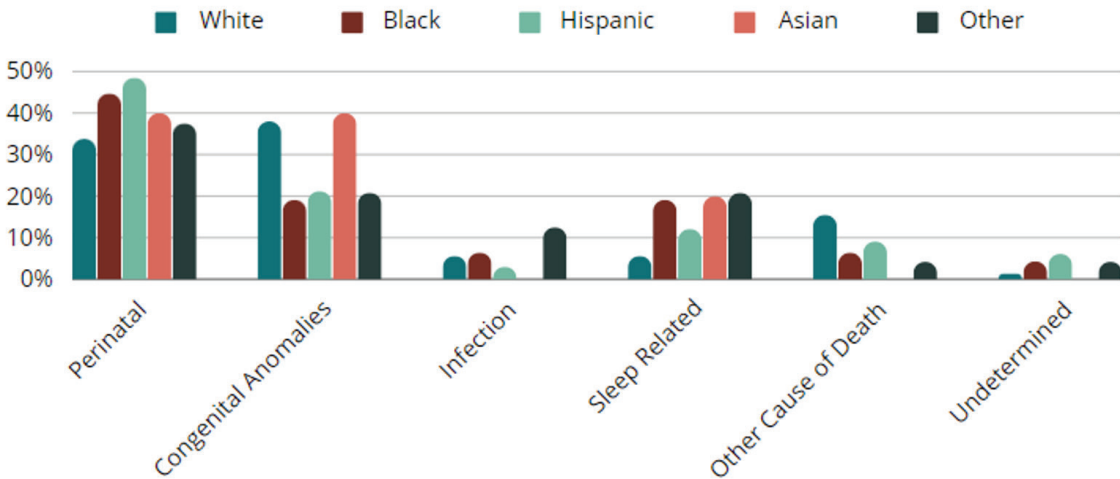
The five leading causes of infant death in 2021 in the United States were birth defects, preterm birth and low birth weight, sudden infant death syndrome, injuries, and maternal pregnancy complications. The Fetal Infant Mortality Review (FIMR) program coordinated by the Kent County Health Department reviews each infant death in Kent County to identify factors that contributed to the loss. These reviews have highlighted local social, economic, public health, educational, environmental, and safety issues that impact infant mortality. The program is a community



based, action-oriented process aimed at improving services, systems, and resources for women, infants, and families. It brings a multidisciplinary community team together to examine de-identified cases of fetal and infant deaths. Review of individual cases helps teams understand families' experiences including racism and how those experiences may have impacted maternal and child outcomes.

CONTINUED ON PAGE 27

FIGURE 1
Cause of Death by Mother’s Race and Ethnicity in 2016-2020



In 2016-2020, the FIMR program reviewed 180 cases of infant death in Kent County. The most common causes of infant and fetal death in Kent County were prematurity or perinatal issues (40%), congenital anomalies (27.8%), and unsafe sleep practices (12.8%). The breakdown of each cause of death by race and ethnicity is displayed in Figure 1. We have seen a gradual reduction in sleep related deaths in Kent County since 2021.

STRATEGIES TO REDUCE INFANT MORTALITY

Understanding the causes of death by race and ethnicity can help focus prevention efforts. Inequities in infant mortality are the result of many factors including racial discrimination, low income, lack of medical insurance and access to health care, and suboptimal residential environments. Efforts to reduce disparities in infant mortality in Kent County are multi-faceted. To achieve long-term meaningful impact on societal issues, we must all find ways that we can support and affect policy, system, environmental and cultural changes. In the short-term, we must focus our efforts on the health of Black, Hispanic and Indigenous pregnant people. This includes ensuring all pregnant people have access to excellent health care both before they become pregnant, during pregnancy, and after delivery. Along with this, we encourage the adoption and promotion of the CDC’s *Hear Her* campaign, which seeks to raise awareness of urgent maternal warning

signs during and after pregnancy and on educating the community and families of newborns on the importance of making sure every baby is placed safely to sleep. With consistent effort to address the many causes of infant mortality we hope to see continued reductions in preventable factors of fetal and infant deaths.

RESOURCES

- For further information visit www.accesskent.com/Health/Families/loss.htm or Michigan.gov/FIMR.
- Centers for Disease Control and Prevention. (2022, November 21). *Hear Her Campaign*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hearher/about-the-campaign/index.html>
- Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.
- Ely DM, Driscoll AK. Infant mortality in the United States: Provisional data from the 2022 period linked birth/infant death file. National Center for Health Statistics. Vital Statistics Rapid Release; no 33. Hyattsville, MD: National Center for Health Statistics. 2023. <https://doi.org/10.15620/cdc:133699>
- Fetal & Infant Mortality Review. The National Center for Fatality Review and Prevention. (2021, November 16).
- Jang CJ, Lee HC. A Review of Racial Disparities in Infant Mortality in the US. *Children (Basel)*. 2022;9(2):257. Published 2022 Feb 14. <https://doi.org/10.3390/children9020257>



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

January
2024

DISEASE	Case Status	This Month	Cumulative YTD 2024	Median 5 Yr. Cumulative (2019-2023)
	C=Confirmed P=Probable S=Suspect U=Unknown			
CAMPYLOBACTER	C,P	9	9	7
CANDIDA AURIS	C	0	0	0
CARBAPENEMASE PRODUCING ORGANISM	C	1	1	0
CHICKEN POX ^a	C,P	1	1	0
CHLAMYDIA	C,P,S,U	278	278	307
CRYPTOSPORIDIOSIS	C,P	2	2	1
CORONAVIRUS NOVEL, COVID-19	C,P,S	1473	1473	N/A
SHIGA TOXIN PRODUCING E. COLI	C,P,S	3	3	1
GIARDIASIS	C,P	2	2	2
GONORRHEA	C,P,S,U	101	101	142
H. INFLUENZAE DISEASE, INV	C,P	1	1	1
HEPATITIS A	C	0	0	0
HEPATITIS B (Acute)	C	0	0	0
HEPATITIS C (Acute)	C	0	0	0
HEPATITIS C (Chronic/Unknown)	C	7	7	9
HISTOPLASMOSIS	C,P	9	9	4
HIV	C	2	2	2
INFLUENZA-LIKE ILLNESS ^b	C,P,S	1142	1142	2037
LEGIONELLOSIS	C	2	2	1
LYME DISEASE	C,P,S	1	1	1
MENINGITIS, ASEPTIC	C	1	1	0
MENINGITIS, BACTERIAL, OTHER ^c	C	0	0	1
MENINGOCOCCAL DISEASE, INV	C,P,S	0	0	0
MUMPS	C,P,S	0	0	0
PERTUSSIS	C,P	0	0	0
SALMONELLOSIS	C,P	6	6	5
SHIGELLOSIS	C,P	0	0	1
STREP, GRP A, INV	C	7	7	2
STREP PNEUMO, INV	C,P	19	19	5
STREPTOCOCCAL TOXIC SHOCK	C,P	0	0	0
SYPHILIS (Congenital)	C,P,S	0	0	0
SYPHILIS (Primary & Secondary)	C,P,S	7	7	3
TOXIC SHOCK	C,P	0	0	0
TUBERCULOSIS	C	2	2	1
WEST NILE VIRUS	C,P	0	0	0
YERSINIA ENTERITIS	C,P	1	1	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. c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN H. influenzae, N. meningitidis, or S. pneumoniae. based on Council of State and Territorial Epidemiologists CDC surveillance case criteria.