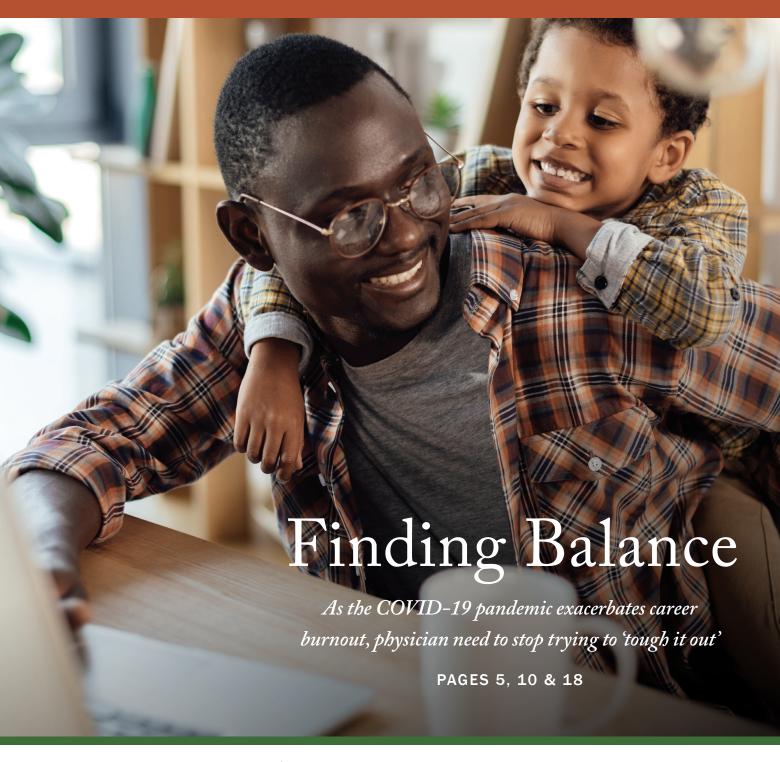
THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION

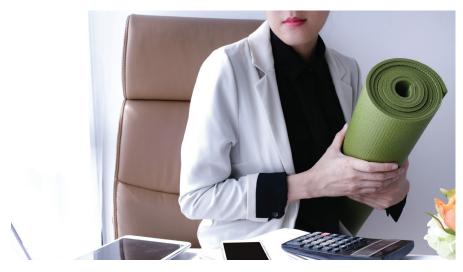
FALL 2021

– Serving Physicians in Kent, Ottawa, Barry, Ionia and Montcalm counties –



FALL 2021 • Vol. 106, No. 3

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Pandemic-induced burnout is on the rise, fueled by a combination of confinement, greater family care responsibilities and a longer workday. Pursuing interests and developing talents can improve physician wellness and enhance career longevity in this extraordinary era of burnout.

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Cover Photo

As physicians you take risks every single day, just by showing up to do your job. You endure an increased risk and burden upon yourself and family during this time. Thank you for showing up every day. In a prolonged pandemic, that is a stress that most will never understand. Be well!

CONTRIBUTORS

- 20 **Kent County** Health Department
- 24 Kent Medical Foundation
- 26 Alliance Heartbeat

GET INVOLVED:

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



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Contributions or gifts to the Michigan State Medical Society (MSMS) and Kent County Medical Society (KCMS) are not tax deductible as charitable contributions for federal income tax purposes. However, a portion of your dues may be tax deductible as ordinary and necessary business expenses.

MSMS estimates that 12.6% of your 2022 dues will be nondeductible as this portion is allocable to lobbying as defined by law. If you pay for your 2022 MSMS dues prior to December 31, 2021, you may deduct up to 87.4% of that as a business expense.



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REMINDER Prompt payment of your dues is greatly appreciated!

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ONLINE CALENDAR

GET THE LATEST INFORMATION ON KCMS EVENTS Please check out the events page at www.kcms.org.

NOVEMBER 8, 2021

KCMS/KCOA LEGISLATIVE COMMITTEE MEETING Virtual Event │ Noon

Register at kcmsoffice@kcms.org

JANUARY 13, 2022

KCMS ANNUAL MEETING OF MEMBERS Location to be determined | 6:30pm

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



Remember Your 2022 Dues Payment!

Your continued membership in KCMS enables our Boards to continue work to improve health care in our communities. 2022 dues are due by December 31. Prompt payment of your 2022 dues is greatly appreciated!

If you renew your KCMS and MSMS dues before November 30, you will earn a \$100 CME discount on MSMS CME programs.

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MSMS ALTERNATE DELEGATES TO JANUARY 2022

John H. Beernink, MD Michelle M. Condon, MD Sandy K. Dettmann, MD John B. O'Donnell, MD



Gerald Lee. MD 2021 KCMS President

Take It Personally

During my career I have felt the pressure of more work being expected without increased pay. It is chipping away a little bit at a time, but has added up through the years. More time devoted to work in the office often leads to taking time from our family. This causes a work/ personal life imbalance. If this stress of balancing personal life were not enough, along came the pandemic where health care as a whole has been pushed to the maximum. This pressure can take away some of the fun of what we do.

Physician burnout is

common and the pressures

only seem to increase.

I encourage all of us to

self-examine and watch our

partners and friends. Take

a periodic pulse check on

yourself and your colleagues

and help each other

to navigate the struggles

of medicine.

Throughout the years, I have heard a lot of talk about physicians' well being but have felt little improvement in those directions. Hospital systems have even developed

a department related to this, but it often feels like the bottom line comes back to money and "do more for less." Recently we had Physician Suicide Prevention/ Awareness Day. Specific individuals come to mind-a resident from when I was in Detroit, a gynecologist and a vascular surgeon from Grand Rapids during my career. These individuals are not just a statistic, but they make it very personal. Physician suicide is six times the rate of the general public. I think it is very common to see physicians on antidepressants, to leave medicine due to frustration or take it out on our families.

Physician burnout is common and the pressures only seem to increase.

I encourage all of us to self-examine and watch our partners and friends. Take a periodic pulse check on yourself and your colleagues and help each other to navigate the struggles of medicine. I encourage people to become involved with a physician fulfillment office or encourage office activities. I have seen an office picnic, concerts, or Christmas party do miracles for morale. A treat in the office brings a smile to everyone. Don't

> remain silent. Don't "tough it out," instead consider counselling or medications if you are struggling.

> Pursue hobbies. Time away from the office is critical to take care of yourself so you are better able to care for others. This time can be with family, but also needs to include what you enjoy-travel, a cottage, golf, fishing, etc. Sometimes it feels like we don't have time for this, but I would argue this may be just as important as anything else we do to get us ready to care

> Let's keep in mind why we went into medicine, as I do not feel there is another field where we can help others as much.

Regardless of saving a life or helping someone reduce risk factors, or simply giving comfort through a difficult time, we can do in a way others cannot. Support each other and if you have suggestions on how your medical society can help, please let us know.

FALL 2021

Legislative Advocacy Issues

Kent County Medical Society Legislative Chair, Jayne E. Courts, MD, represented KCMS and MSMS on Senate Bills 597 and 598 at the Senate Government Operations Committee.

Scope of Practice Update

To proactively address "scope creep," MSMS created Michigan for Advancing Collaborative Care Teams (MiACCT). This coalition of partner organizations will focus on the value of physician-led health care teams and the importance of medical school education in delivering quality, cost-effective care. Activities such as direct legislative and executive lobbying, coordinated lobby days, and a monthly e-newsletter for legislators and their staff will be key components of the initiative. Public-facing resources and communications, including earned media, will be deployed to generate legislative and public support for physician-led health care teams as well.

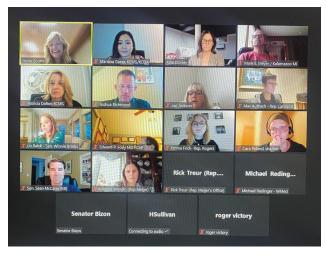
Current Status: While the bill which would have originally allowed certified registered nurse anesthetists to practice independently is now behind us, new scoperelated legislation is expected to be introduced this fall which would allow for full independent practice for nurse practitioners. MSMS will share additional information as it becomes available when the bill is introduced.

Prior Authorization Reform

Senate Bill 247

The prior authorization process diverts valuable resources away from direct patient care, can delay the start or continuation of necessary treatment, and can negatively impact patient health outcomes. Over the course of the last two years, MSMS has worked closely with the legislature, regulators, and stakeholders on ways to streamline, standardize and make the prior authorization process more transparent, clinically appropriate, and evidence based. To support this effort, MSMS also created the Health Can't Wait coalition, which is a coalition of over fifty patient advocacy and health care organizations dedicated to reforming the prior authorization process.

Current Status: Senate Bill 247 unanimously passed the Senate in late-April and is now under consideration



Javne E. Courts, MD (upper left corner), leads the September 13 Legislative Meeting with physicians and legislators from Kent, Ottawa, and Kalamazoo counties.

by the House Health Policy Committee. As a top strategic priority of MSMS and the Health Can't Wait (HCW) coalition, efforts were focused on the passage of this important piece of legislation. In addition, a Health Can't Wait Lobby Day is planned for Thursday, October 14.

Click for additional information: SB 247.

Behavioral Health Integration

House Bills 4925-4929/Senate Bills 597 and 598

Both the House and Senate recently introduced proposals that would overhaul Michigan's mental health system. While both proposals essentially eliminate prepaid inpatient health plans (PIHPs), the Senate plan relies more on shifting that layer of managed care to private insurers, while the House plan is more so a "feefor-service" model that attempts to allow individuals to choose the care they want with the state more directly picking up the cost.

Current Status

Senate Bill 597-598 was expected to receive a hearing in the Senate Government Operations Committee in September. MSMS will continue working with the bill sponsor and other stakeholders towards sensible changes. A hearing has not been scheduled at this time for House Bills 4925-4929.

Click for additional information: HBs 4925, 4926, 4927, 4928, and 4929. SBs 597 and 598.

Filter First

Senate Bill 184 and 185

Testing drinking water sources in schools is slow and costly. Students are more effectively protected by proactively installing filtered drinking water stations that reduce lead and other impurities. Senate Bills 184 and 185 provide for clean drinking water in schools and child care centers and create requirements for installations of filtration systems. A proposed supplemental budget allocation of \$55 million would provide for the installation of filtered drinking water stations in all Michigan public schools.

Current Status

The bi-partisan bill package has been referred to the Senate Environmental Quality Committee and is currently awaiting a hearing. MSMS supports this legislation.

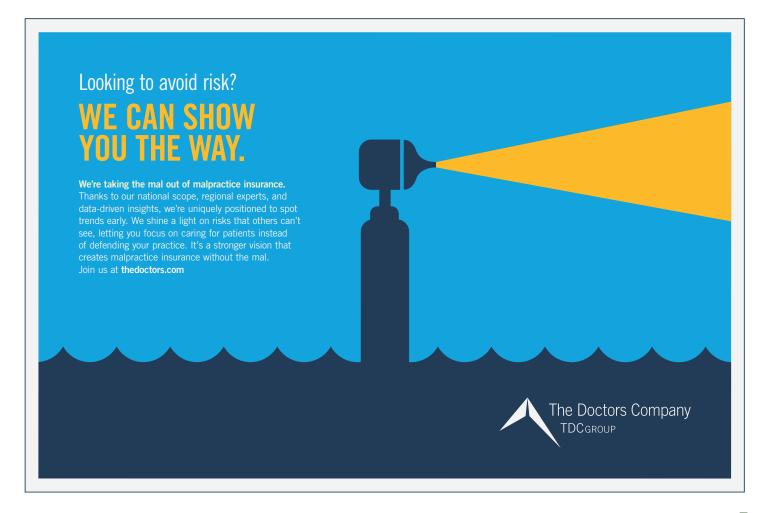
Click for additional information: SBs 184 and 185.

Telehealth

Reimbursement and Coverage Parity for Telehealth Services

To ensure continuity of care and minimize the spread of COVID-19, physicians quickly adopted telehealth during the pandemic. Payers also temporarily removed some of the regulatory and administrative barriers that were limiting telehealth use and payment of telehealth services, including payment at in-person rates during the public health crisis; however, payments are now reverting to pre-pandemic rates. MSMS believes the time is right to make these equitable policies permanent given that telehealth is, and will continue to be, an effective method of health care delivery.

CONTINUED ON PAGE 9



In Memoriam

GEORGE CAROTHERS, DO

Dr. George "Tom" Carothers passed away on August 9, 2021. He graduated from Michigan State University and earned his osteopathic degree from Kirksville College of Osteopathic Medicine. Dr. Carothers completed his internship and residency in general surgery from Detroit Osteopathic Hospital and specialized in urological surgery at Martin Place East in Madison Heights, Michigan. He was an associate professor at Michigan State University College of Medicine and founder of Michigan Urological Clinic. Dr. George Carothers was a member of the Kent County Medical Society since 1994.

THOMAS B. DAVIS, MD

Dr. Thomas Davis passed away on July 13, 2021. He received his medical degree from Marquette University Medical School. After completing his residency in anesthesiology at the University of Iowa Hospital, Dr. Davis received a research appointment to the National Institutes of Health (NIH) and National Heart Institute/ Walter Reed Army Medical Center in Washington D.C. He served as President, Chief Executive Officer and Chief of Anesthesiology with Associated Anesthesiologists of Grand Rapids at Blodgett Memorial for 26 years and was instrumental in establishing the Western Michigan Outpatient Surgical Center. Dr. Thomas Davis was a member of the Kent County Medical Society since 1963.

WILLIAM R. FLANARY, MD

Dr. William Rodney "Rod" Flanary passed away on September 22, 2021. He received his BS degree from Purdue University and his MD from Indiana University

School of Medicine. Dr. Flanary's internal medicine internship and residency training were performed at Butterworth Hospital in Grand Rapids. His private practice spanned 25 years in Grand Rapids and was then followed by 12 years at the Purdue University Student Health Center in West Lafayette, IN. Dr. William Flanary was a member of the Kent County Medical Society from 1978 to 1999.

WILLIAM J. FOLEY, III, MD

Dr. William Foley passed away on July 11, 2021. He graduated from Centre College of Kentucky and received his medical degree from University of Kentucky Medical School. Dr. Foley completed his internship and residency in internal medicine at Blodgett Memorial Medical Center. He practiced internal medicine at East Paris Associates PC for 40 years. Dr. William Foley was a member of the Kent County Medical Society since 1979.

ROBERT S. ROOD, MD

Dr. Robert Rood passed away on September 3, 2021. He graduated from Michigan State University and earned his medical degree from Michigan State University School of Medicine. Dr. Rood completed his internal medicine internship and residency at Blodgett/St. Mary's in Grand Rapids and completed a fellowship at the Joslin Clinic, earning a specialty in diabetology. His professional life would be dedicated to the study, research, and treatment of diabetes. Dr. Rood served as a board member for the American Diabetes Association for many years and mentored many health care professionals in the area of diabetes. Dr. Robert Rood was a member of the Kent County Medical Society since 1978.

Member Benefit: Referring Your Practice

Maintaining an up-to-date referral guide helps the KCMS/KCOA office in referring your practice and communicating with you. Please watch for new update forms that will be mailed to you soon. We kindly ask that you complete and return the forms to the KCMS/KCOA office at your earliest convenience.

The West Michigan Doctors Referral Guide, at www.westmichigandoctors.com will be updated immediately and will be accessible via both the KCMS and KCOA websites. If you have any questions or if you wish to update your information via phone, please call our office at (616) 458-4157.

LEGISLATIVE ADVOCACY ISSUES

CONTINUED FROM PAGE 7

A Telehealth Advisory Task Force has been created and West Michigan physicians are involved.

Current Status

MSMS has drafted a model bill requiring insurers to cover and reimburse telehealth services the same as if the service were provided in-person and the bill is expected to be introduced in the House in the coming weeks.

Out-of-State Telehealth Expansion Update

House Bill 4355 would allow out-of-state doctors to treat Michigan patients via telemedicine without a Michigan license or oversight regulations under certain conditions.

Current Status

House Bill 4355 narrowly passed the House on March 24, 2021 and is now under consideration by the Senate Health Policy & Human Services Committee. A hearing has not been scheduled at this time.

Click for additional information: HB 4355.

COVID-19

House Bill 4471

House Bill 4471 would create the Informed Consent in the Workplace Act, which would "prohibit discrimination against an employee or volunteer who declines or has not received certain vaccinations, including for COVID-19. An employer also could not require the employee or volunteer to wear a mask in the workplace or disclose to the public that the employee or volunteer has declined or not received a vaccination." The bill also would prohibit employers from requiring vaccinations against the flu, tetanus, diphtheria or pertussis, and employees could sue and collect damages against an employer who violates this proposed law.

Current Status

The House Workforce, Trades, and Talent Committee recently held a hearing on House Bill 4471 in which MSMS submitted a card of opposition to the bill. There are several other organizations that oppose the bill.

Click for additional information: HB 4471.

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KCMS Members Lead MSMS **Foundation Panel Discussion**

Peter Knoester, MD, Lisa Lowery, MD, and Khan Nedd, MD, participated in an MSMS Monday Night Medicine Series on Health Disparities and Health Equity on Monday, October 4. The physicians led the discussion on "Then When You Know Better, Do Better"-Next Step in the Journey of Dismantling Systemic Racism Within Health Care and Beyond.

The MSMS Foundation Monday Night Medicine Series focuses on one of the Michigan State Medical Society's Organizational Strategic Issues-Health Disparities and Health Equity. The next session will be held on Monday, November 1.

MSMS MONDAY NIGHT MEDICINE SERIES

Monday, November 1

Topic

AMA Strategic Plan to Advance Health Equity

Speakers

Gerald Harmon, MD, President, American Medical Association

Aletha Maybank, MD, MPH, Chief Health Equity Officer, SVP

REGISTER TODAY!

For more information and to register for the MSMS Monday Night Medicine Series, visit this link.

VARNUM'S **HEALTH CARE LEGAL TEAM**



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Charyn K. Hain



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Managing Stress and Burnout

A new program is offering Michigan physicians and health care providers with the resources they need to meet the demands of their personal and professional lives.

In an effort to better serve and support clinicians struggling with stress, burnout and the effects of COVID-19, the Michigan State Medical Society (MSMS) has launched SafeHaven™, a comprehensive and confidential physician and health care provider well-being program offering clinicians with the resources and support they need to address career fatigue and behavioral health concerns.

"Physician burnout has been a growing problem for years now and that's only been exacerbated by the COVID-19 pandemic," said Kevin McFatridge, chief operating officer of MSMS. "The fact is, we need to do a better job of caring for our physicians, nurses, physician assistants and all health care providers so that they in turn can continue to provide excellent quality care for Michigan's patients-that's what SafeHaven™ is all about. Our hope is this new resource will go a long way towards relieving our overly burdened provider community and ultimately help them rediscover the meaning, joy and purpose in practicing medicine."

SafeHaven™, which is implemented in partnership with VITAL WorkLife, provides a host of discreet and confidential set of tools and resources they can access to stay well, avoid burnout, and connect to their purpose without the fear of undue repercussions to their medical license.

"Most who work in health care do not see themselves as heroes and don't do well seeking help for themselves, instead focusing on the needs of others in their care." said Terri Babineau, MD, CMO of SafeHaven™. "Being only human, health care workers need the opportunity to seek help for mental health reasons without fear of harm to their career. The SafeHaven™ Program offers necessary mental health resources that are truly confidential and actually support health care workers."

RESOURCES

SafeHaven™ resources are available to providers and their families and include the following:

- In-the-moment telephonic support, available 24/7.
- Counseling sessions.
- Peer coaching.
- Legal and financial consultations and resources, available 24/7.
- WorkLife Concierge—a virtual assistant to help with tasks, available 24/7.
- VITAL WorkLife App providing mobile access to SafeHaven™ resources.

For more information about SafeHaven™, visit MSMS.org/SafeHaven.

REDUCING PRIOR AUTHORIZATION BUREAUCRACY

Regional Societies, MSMS Partner for Lobby Day 2021

As part of Lobby Day 2021, West Michigan physicians are encouraged to email, write or call their lawmaker regarding the harmful delays caused by Prior Authorization.

MSMS Engage makes it easy to reach out to your state representative:

- 1. Simply click here.
- 2. Enter your ZIP code.
- **3.** Use the prepared letter or write your own. A sample letter is available at right.

Senate Bill 247

In addition to the Prior Authorizations bill information shown in the Legislative Update on Page 6, Senate Bill 247 details are listed below:. Senate Bill 247 would reform the prior authorization process to do the following:

- Requires an insurer to make available, by January 1, 2023, a standardized electronic prior authorization request transaction process.
- · Requires prior authorization requirements to be based on peerreviewed clinical review criteria.

CONTINUED ON PAGE 13

Dear Representative,

I need you to help me do better for my patients, and you can do that by passing Senate Bill 247.

With far too much regularity, insurance company prior authorization bureaucracy and red tape is coming between me and the patients I serve. And these delays are much more than a simple inconvenience. They're costing our patients their health, quality of life and sometimes even their lives.

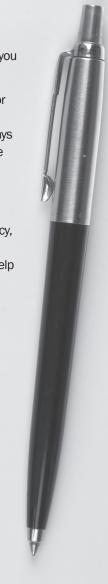
SB 247 would go a long way towards reining in these devastating practices by introducing new transparency, fairness, and clinical validity requirements into the process. They are common-sense reforms that will help to that ensure that providers like me can deliver the care we know our patients need when they need it.

Because the unfortunate fact is, for many patients across the state, health really can't wait. Every day, patients across Michigan continue their battles with illness and disease, including life-threatening conditions. For many of these patients, every dayeven every hour-matters.

These patients deserve better from our health care system, and Senate Bill 247 is an opportunity to deliver just that.

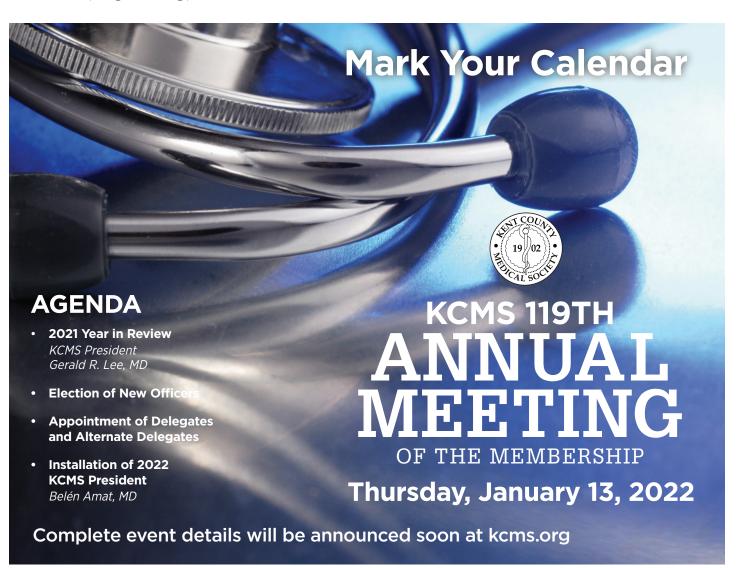
I ask that you consider what's best for Michigan's ailing patients and work to pass Senate Bill 247.

Sincerely, Physician(s) or Group signature



SENATE BILL 247 CONTINUED FROM PAGE 12

- Require an insurer to post on its website if it implemented a new prior authorization requirement or restriction or amended an existing requirement or restriction, with respect to any benefit under a health benefit plan.
- · Requires an insurer or its designee utilization review organization to notify, on issuing a medical benefit denial, the health professional and insured or enrollee of certain information, including the right to appeal the adverse determination, and require an appeal of the denial to be reviewed by a health professional.
- · Prohibits an insurer or its designee utilization review organization from affirming the denial of an appeal unless the appeal was reviewed by a licensed physician.
- · For urgent requests, the prior authorization is considered granted if the insurer fails to act within 72 hours of the original submission. For non-urgent requests, the prior authorization is considered granted if the insurer fails to act within 7 business days of the original submission.
- · Requires an insurer to adopt a program that promotes the modification of prior authorization requirements of certain prescription drugs, medical care, or related benefits, based on the performance of the health care providers with respect to adherence to nationally recognized evidence-based medical guidelines and other quality criteria (i.e., gold carding.)



HEALTH Prior Authorization **CAN'T WAIT** History and Statistics

Health Can't Wait is a coalition of patients, physicians, and health care providers dedicated to putting Michigan patients first and ending delays in patients' access to health care. (See list of coalition members on next page.)

he original purpose of programs such as prior authorization and step therapy was to screen for appropriateness of hospital admissions, high-cost procedures, and newer, high-cost specialty drugs for which the risks, benefits, and overall value are still being evaluated.

More recently, prior authorizations and step therapy have expanded at a quick rate to include even common procedures and established generic products (e.g., topical corticosteroids, sulfonylureas for diabetes, oral antineoplastic drugs for cancer, etc.).

> 86% of physicians report prior authorization burdens have increased over the last five years.

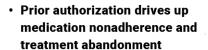
Physicians and other health care professionals simply want to make the best use of their time, training, and passion, which is caring for patients, not jumping through administrative hoops that often delay and impede appropriate treatment.



- · On average, 33 prior authorizations per physician per week.
- Physicians and their staff spend an average of almost two business days each week completing prior authorizations.
- · 30% of physicians have staff who work exclusively on prior authorization.

This unwarranted intrusion into medical decision-making and the clinician-patient relationship causes real problems for patients and adds waste to the health care system.

- · Prior authorization hamstrings treatment and diminishes health
 - » 90% of physicians report prior authorization has a somewhat or significantly negative impact on clinical outcomes.
 - >> Prescription prior authorization implementation for medications to treat diabetes, depression, schizophrenia, and bipolar disorder has been associated with worsening disease status.
 - » 24% of physicians report prior authorization has led to a serious adverse event.
 - » 16% of physicians report prior authorization has led to a patient's hospitalization.



- » 37% of prescriptions rejected at the pharmacy are abandoned, never to be picked up by patients.
- >> 74% of physicians report prior authorizations can at least sometimes lead to treatment abandonment



- · Prior authorization results in onerous and needless insurance company bureaucracy and costs
 - >> The US consumes far more of its health expenditures on administrative tasks than virtually any other country in the world; prior authorization requests contribute greatly to these costs that are borne by health professionals and health plans.
 - » Of 8.1 million Medicare Part D prior authorization requests for medications in 2017, 35% were initially rejected, but 73% of appealed denials were overturned by the plan itself, Suggesting that many initial denials of coverage are inappropriate.

Prior Authorization Reform



Clinical Validity

Prior authorization requirements should be based on accurate and up-to-date clinical criteria. Sensible reform must ensure that the clinical review criteria used by insurers and their designee review organizations are properly vetted, incorporate evidencebased guidelines, and are free of conflict of interest.

- » Prohibit a financial stake in the outcome of prior authorization decisions.
- >> Ensure clinical review criteria are based on a clinically accurate foundation and inclusive of the needs of atypical patient populations and diagnoses.
- >> Encourage innovative alternatives which allow for the modification of prior authorization requirements based on the performance of health care providers with respect to adherence to evidence-based medical guidelines or other quality criteria (e.g., gold carding).
- >> Require that adverse determinations be made by a physician and appeals of such decisions be reviewed by a physician actively practicing in the same specialty as the service provided.



Timeliness and Efficiency

In a 2019 survey conducted by the American Medical Association, 91% of physician respondents reported patient care delays due to prior authorization.

Prior authorization processes can ultimately delay or alter a course of treatment or acquisition of medication, which in turn, can impact patient health care outcomes. Sensible reform must ensure that urgent and non-urgent prior authorization requests are responded to in a timely manner.

- >> Establish a clear timeline for insurers to respond to prior authorization requests and specify the circumstances under which that request would be considered granted by an insurer.
- >> Expedite the process for urgent requests.
- >> Establish a response timeline for health care providers and insurers when additional information is necessary.
- >> Ensure the availability of a standardized electronic prior authorization request transaction process utilizing an internet webpage, patient portal, or similar electronic, internet, and web-based system.
- » Require that an authorization is valid for minimum time period or the duration of the prescribed/ordered course of treatment, whichever is longer.



Transparency and Fairness

To ensure transparency and fairness, information regarding services and medications that require prior authorization must be easy to find and readily available. Patients and treating physicians and/or providers require timely access to information to ensure the best treatment plan and avoid any unexpected hurdles.

- Set standards and provide more transparency over how prior authorization is utilized.
- >> Ensure prior authorization requirements are accessible and searchable on the insurer's public website. They also must be described in detail, written in easily understandable language, and readily available to the patient and health care provider hen purchasing a product and/ or making care decisions.
- >> Ensure relevant data regarding prior authorization approvals and denials rates are publicly available.
- » Require insurers, upon issuing a denial, to notify the health professional and insured/enrollee of the reasons for the denial and include related evidencebased criteria.

Health Can't Wait is a coalition of patients, physicians, and health care providers dedicated to putting Michigan patients first and ending delays in patients' access to health care:

Allergy and Asthma Network American Autoimmune Related Diseases Association American Cancer Society Cancer Action Network American College of Cardiology, Michigan Chapter American College of Physicians, Michigan Chapter American Diabetes Association American Medical Association APTA Michigan

Berrien County Medical Society Calhoun County Cancer Control

Epilepsy Foundation of Michigan Genesee County Medical Society Hemophilia Foundation of Michigan Henry Ford Medical Group

Ingham County Medical Society Jackson County Medical Society Kent County Medical Society
Macomb County Medical Society MI Academy of Family Physicians

MI Bioscience MI Chapter American Academy of

Pediatrics MI Coalition for Affordable

Prescriptions MI Council For Maternal &

MI Podiatric Medical Association MI Psychiatric Society MI Radiological Society

MI Rheumatism Society MI Society of Anesthesiologists

MI Society of Eye Physicians and

MI Society of Hematology & Oncology MI Society of Interventional Pain Physicians

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UNIFIED - HIV Health and Beyond Washtenaw County Medical Society Wayne County Medical Society of Southeast Michigan

www.healthcantwait.org

2022 CPT Code Set Available

The American Medical Association (AMA) recently announced that it has released the 2022 Current Procedural Terminology (CPT) code set. The update to the code set:

- Identifies a series of 15 vaccine-specific codes that are the model for efficiently reporting and tracking immunizations and administrative services against the coronavirus (SARS-CoV-2).
- Aids in accurate coding and reporting of COVID-19 vaccines and administration services, the AMA offers a vaccine code finder resource to help identify the appropriate CPT code combination for the type and dose of COVID-19 vaccine provided to each patient.
- Includes an appendix for simple access to all codes for COVID-19 vaccine reporting.

CHANGES TO THE CPT CODE SET

COVID-19 vaccine and administration codes are among 405 editorial changes in the 2022 CPT code set, including 249 new codes, 63 deletions and 93 revisions. The CPT code set continues to see growth in new and novel areas of medicine with 43% of editorial changes tied to new technology services described in Category III CPT codes and the continued expansion of the Proprietary Laboratory Analyses (PLA) section of the CPT code set.

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New CPT codes to report therapeutic remote monitoring include numbers:

- 98975
- 98980
- 98976
- 98981
- 98977

Codes created in 2020 to expand on the remote physiologic monitoring codes include numbers:

- 99453
- 99457
- 99454
- 99458

A new appendix in the 2022 CPT code set provides a taxonomy for digital medicine services that supports increased awareness and understanding of approaches to patient care through the multifaceted digital medicine services available for reporting in the CPT code set.

PURCHASING THE CPT PROFESSIONAL 2022 CODEBOOK

The 2022 CPT Professional Codebook is available at the AMA Storefront on Amazon. The 2022 CPT codes and descriptors can be imported straight into existing healthcare software solution using the downloadable CPT 2022 Data File. The file contains the updated code set's complete descriptor package, including official descriptors for consumers and physicians, and the complete official CPT coding guidelines.

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NOVEMBER 8, 2021

KCMS/KCOA LEGISLATIVE COMMITTEE MEETING

Virtual Event | Noon

Register at kcmsoffice@kcms.org

NOVEMBER 9, 2021

WMOA WOMEN'S HEALTH INTERFACE

Trillium Events & Catering | 6PM

17246 Van Wagoner Road, Spring Lake

Register at https://osteopathicfoundation.org/wmoa/

Free to members. \$50 non-members.

Dinner/Presentation: 2 AOA Category 1-A CME Credits

NOVEMBER 15, 2021

VIRTUAL MOA ANNUAL AUTUMN SCIENTIFIC CONVENTION

Register at www.domoa.org

The Michigan Osteopathic Association has cancelled the in-person Autumn CME event (originally scheduled for October 29-31) and will transition to a virtual platform offering 23 AOA Category 1-A credits or 23 AMA PRA Category 1 Credits ™, on Monday, November 15.

Member Benefit: Referring Your Practice

Maintaining an up-to-date referral guide helps the KCMS/KCOA office in referring your practice and communicating with you. Please watch for new update forms that will be mailed to you soon. We kindly ask that you complete and return the forms to the KCMS/KCOA office at your earliest convenience.

The West Michigan Doctors Referral Guide, at www.westmichigandoctors.com will be updated immediately and will be accessible via both the KCMS and KCOA websites. If you have any questions or if you wish to update your information via phone, please call our office at (616) 458-4157.



Adam Wolfe, DO 2021 KCOA President. **Board of Directors**

Changing Colors

And just like that, we welcome another fall season to West Michigan.

The changing colors and cooler temperatures provide a peaceful distraction-almost forcing us to pause, look and enjoy. These familiar sights and sounds create a needed distraction and welcome change from some of the negativity we are faced with these days. It has been hard to escape the inundation from news and other media sources that physicians are exposed to on a daily, seemingly hourly basis. Our patients have continued to seek our counsel and support as they navigate these challenging waters themselves. In many ways this has been a very challenging couple of years, but in others it has continued to be very rewarding.

Our profession has physicians facing stressful conditions that stem from crushing levels of student debt, office management/oversight, the challenges of a digital workplace, administrative burden of practice and payers, while staying focused on providing the best patient care possible. Add into that equation raising children, nurturing important social relationships, and other responsibilities in home and personal life. It continues to become increasingly difficult to focus on the most important things in our lives as physicians.

How can these incredible issues not contribute to stress and burnout?

Physicians are encouraged to reduce stress in our lives in a number of ways:

- Taking time off or planning to take time away
- · Taking breaks during the day for mindfulness
- Exercising consistently
- Focus on excellent nutrition
- Attempting to end work at reasonable hours
- · Turning down additional responsibilities by "saying no"

I enjoy the distraction of family, friends and spending time doing something new. I look forward to a time when the KCOA members can enjoy in-person meetings. While the pandemic has challenged our routine comfort with meetings, the KCOA Board remains focused on collaborating with the MOA and AOA and other physicianled organizations to address and challenge issues that adversely affect patient care and physician practices.

We also continue to support our members' efforts in treating patients and their families. West Michigan is enriched with community outreach programs for physicians, patients, and public health entities to provide care in the community. In the past year, I have been involved with the Mel Trotter Ministries Community Partners Medical Clinic. This initiative for the clinic is supported by local health partners in University of Michigan Health-West, Spectrum Health, Mercy Health, Grand Valley State University and Michigan State University. The clinic helps to increase access to care for individuals experiencing homelessness in the greater Grand Rapids area. The clinic provides a resource for care and recovery, as well as to connect guests with a primary care home for ongoing care.

I encourage you to continue to look for ways to use your amazing gifts and skills as physicians to continue to improve the lives of the community members which we serve. I continue to be so amazed with the care provided in Kent County. Please remain intentional to care for one another as well during these challenging times - I am certain this will pay off in the future. I continue to be honored to serve as your KCOA President, and as always, please never hesitate to reach out if you have any questions for me of for the KCOA Board.

-Adam

In Memoriam

GEORGE CAROTHERS, DO

Dr. George "Tom" Carothers passed away on August 9, 2021. He graduated from Michigan State University and earned his osteopathic degree from Kirksville College of Osteopathic Medicine. Dr. Carothers completed his internship and residency in general surgery from Detroit Osteopathic Hospital and specialized in urological surgery at Martin Place East in Madison Heights, Michigan. He was an associate professor at Michigan State University College of Medicine and founder of Michigan Urological Clinic.



Tax Deductibility of Your Dues as a **Business Expense**

Kent County Osteopathic Association estimates

that 1% of your 2022 paid membership dues will be nondeductible as this portion is related to lobbying (as defined by law). If you pay your 2022 KCOA dues prior to December 31, 2021, you may deduct up to 99% of that amount as a business expense.



REMINDER

Prompt payment of your KCMS dues is greatly appreciated!





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DR. STEPHANIE KLOOSTRA, D.D.S., PRESIDENT

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Nirali Bora, MD **Kent County Health Department**

COMMUNITY COLLABORATION

Medical Director Providing Free Transportation to COVID-19 Vaccine Appointments

By Nirali Bora, MD; Patricia Draper, BS PEM; Brian Hartl, MPH; and Mike Fortman, BA

As of September 24, 2021, Kent County was averaging 218 confirmed cases of COVID-19 infection every day. While these current numbers are not at the levels observed during previous surges, the emergence of the Delta variant along with loosened restrictions related to prevention measures (e.g. masking in high-risk settings, limits on gatherings) potentially set the stage for cases to continue to rise.

> In the face of this surge, vaccination remains the best means of building a break wall against the rising tide of infection.

> COVID-19 vaccines are readily available throughout the community. Service providers, including hospitals, primary care offices, health departments, and pharmacies have worked hard to reduce barriers and improve vaccine access.

> With the collaboration and efforts of many organizations throughout the summer, the percentage of those in Kent County who are fully vaccinated has increased from 50% to 65.1%. Steady progress has been made in delivering vaccine to Kent County's racial and ethnic populations. Although there is still much work to be done, each dose delivered provides valuable protection to those who have been most severely impacted by COVID-19 since the beginning of the pandemic.



VACCINATION RATES INCREASE

- · From June through September 15, the percent of African American individuals aged 16 and older who have received at least 1 dose of vaccine increased from 42.8% to 51.2%
- From June through September 15, the percent of Hispanic/Latinx individuals aged 16 and older who have received at least 1 dose of vaccine increased from 40.7% to 50.5%.
- In terms of geography, only 4 census tracts report fewer than 50% of the population 16 and older who have received at least dose. These census tracts are within the city limits of Grand Rapids.

Transportation should never be a barrier to receiving a COVID-19 vaccine. Through the hard work of many community organizations involved in the Community COVID-19 Vaccine Planning (CCVP) Transportation Workgroup, the Kent County Health Department (KCHD) has collaborated with community transit providers and partners to provide rides to vaccination appointments at no cost to the rider. The transit providers in contract with KCHD are reimbursed through COVID-19 response funds.

Accessing Free Transportation

There are several ways to access free vaccination transportation in Kent County:

2-1-1

United Way's 2-1-1 is the central intake for requests for rides. After an individual makes an appointment, they can call 2-1-1 with the date and time, and 2-1-1 will schedule the ride with one of our transit partners to and from the vaccination appointment. The 2-1-1 call specialist will ensure the transit service's vehicles can meet the caller's accessibility needs.

THE RAPID

The Rapid is offering free bus passes to and from vaccination appointments. A pass is needed for each time the bus is boarded, so if a patient has transfers between the starting point and the vaccination appointment, they need a pass for each change to and from their appointment. Please contact:

Bill Kirk

bkirk@ridetherapid.org

GO!BUS PASSES

KCHD has a supply of Go!Bus passes for registered riders seeking vaccination. Organizations making vaccination appointments for patients may coordinate receipt of the passes by contacting:

Pat Draper

patricia.draper@kentcountymi.gov

KCHD considers any appointment in which a COVID-19 vaccination is given—well child check, health maintenance exam, prenatal care visit, dialysis—to be eligible for the free ride. This transportation assistance service will be available until September 30, 2022 or until funds are exhausted. For more information contact Pat Draper at patricia.draper@ kentcountymi.gov.

Transportation should never be a barrier to receiving a COVID-19 vaccine!

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Notifiable Disease Report

Kent County Health Department 700 Fuller N.E.

Grand Rapids, Michigan 49503 www.accesskent.com/health

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

August 2021

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

www.accesskent.com/nealth		residents thi	ough end of month listed above.
DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
DIOLAGE	This Month	Cumulative 2021	Through August 2016-2020
AIDS	3	8	8
HIV	6	22	N/A
CAMPYLOBACTER	8	56	63
CHICKEN POX ^a	0	7	12
CHLAMYDIA	330	2556	2453
CRYPTOSPORIDIOSIS	0	9	13
Shiga Toxin Producing E. Coli	0	9	13
GIARDIASIS	2	12	17
GONORRHEA	159	1300	839
H. INFLUENZAE DISEASE, INV	0	3	5
HEPATITIS A	0	0	1
HEPATITIS B (Acute)	0	0	0
HEPATITIS C (Acute)	0	2	3
HEPATITIS C (Chronic/Unknown)	0	83	156
INFLUENZA-LIKE ILLNESS ^b	0	6	27327
LEGIONELLOSIS	3	12	3
LYME DISEASE	1	19	8
MENINGITIS, ASEPTIC	0	4	8
MENINGITIS, BACTERIAL, OTHER ^c	1	9	8
MENINGOCOCCAL DISEASE, INV	0	0	0
MUMPS	0	0	0
PERTUSSIS	0	0	7
SALMONELLOSIS	2	24	43
SHIGELLOSIS	2	12	14
STREP, GRP A, INV	1	13	16
STREP PNEUMO, INV	3	12	33
SYPHILIS (Primary & Secondary)	0	0	2
TUBERCULOSIS	1	5	6
WEST NILE VIRUS	0	0	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2021	DISEASE	NUMBER REPORTED Cumulative 2021
Kawasaki Syndrome	1	Toxic Shock	0
Carbapenemase Producing CRE	2	Cyclosporiasis	1
Streptococcal Toxic Shock	0	Malaria	1
Guillain-Barre Syndrome	0	Listeriosis	0
Vibriosis-Non Cholera	0	Shingles	34

- 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

Except for Chickenpox, Campylobacter, Cryptosporidiosis, Shiga-Toxin Producing E. Coli, Salmonellosis, Shigellosis & Influenza-Like Illness, only confirmed cases (as defined by National Surveillance Case Definitions: http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx) are included. Reports are considered provisional and subject to updating when more specific information becomes available.





Brian Janssen 2021 Kent Medical Foundation, Board Chair

Doing Good Feels Good

Communities across West Michigan have been affected by the medical and economic fallout from COVID-19.

> During these challenging eighteen months, the Kent Medical Foundation Board of Trustees continued their efforts to assist non-profits who help the patients and neighbors of our community. These partners are clinics and organizations who provide critical health care and other health-related services to those who need them the most.

In 2020 and early 2021, our Board supported project-based grants and unrestricted support to be sure local clinics had critical personal protection equipment and resources for their staff. New grants

were made for nonprofit partners to enhance maximum flexibility to respond to the pandemic and patient needs.

The KMF Board responded proactively to community need and were prompt in decision making and responded to nonprofits organizations.

We thank you, the generous donors who have contributed to the Kent Medical Foundation, allowing your support to help so many others. We are grateful for your continued support.

2021 GRANT RECIPIENTS









KCMS & KCOA Diversity and Inclusion Series



SHARE YOUR HOLIDAY WISHES

WHILE HELPING THE KENT MEDICAL FOUNDATION RAISE FUNDS TO SUPPORT COMMUNITY PROGRAMS

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 www.kcms.org/kmf or simply scan this QR code.

QUESTIONS?

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



Please return to: Kent Medical Foundation | 233 East Fulton, Suite 224 | Grand Rapids, MI 49503 Contributions are tax deductible.





Holiday Card CAMPAIGN

IN GRATITUDE

THANK YOU TO OUR DONORS FOR ALLOWING THE KENT MEDICAL FOUNDATION BOARD THE OPPORTUNITY TO SUPPORT COMMUNITY PROGRAMS. THE FOLLOWING GRANTS WERE MADE TO DATE IN 2021:

Autism Support of Kent County \$300

KMF supported the annual community awareness walk coordinated by the Autism Support of Kent County (ASK) organization, a local resource for education and support of families and individuals on the autism spectrum.

Exodus Place \$1,000

Exodus Place is a resource for men who are in the fight of their life against homelessness, addiction, and financial instability. Program assists in rapid re-housing, rehabilitation and personal development for anyone facing hardship.

Feeding America West Michigan \$2,500

This grant enables Feeding America to distribute nutrition-education packets in Kent County schools to encourage healthy diets and nutrition. Packets contain books, activity sheets, cutting boards, pencils, erasers, stickers to provide children with the means and confidence to make healthy food choices.

KCMS & KCOA Diversity and Inclusion Series \$2,000

Kent Medical Foundation supports the important, continued discussions on diversity and inclusion topics for physicians and office teams.

KCMS Alliance \$250

Sponsorship of the Lab Coats and Libations event raising funds and awareness for the Kent County Medical Society Alliance Foundation and their support for many local organizations and programs.

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.

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KENT COUNTY MEDICAL SOCIETY ALLIANCE

and growing

eartoeat



SUHAIR MUALLEM

MESSAGE FROM THE CO-PRESIDENTS

We are looking forward to a more normal year. Already things are beginning to happen—a Pool Party and a ranch visit to name a few. People getting together outdoors—but able to see each other's faces again!

We hope you can join us for some of this year's events. Our premier event will be our oft postponed Lab Coats and Libations celebration at the WMCAT facility in Grand Rapids on November 4. This is a fundraiser for the KCMSA Foundation, our 501(c3) charitable arm that provides grants to worthy nonprofits in the community.

Our grants target projects that impact the health and well-being of the Grand Rapids area. Sponsorships and tickets are still available. See below for more information.

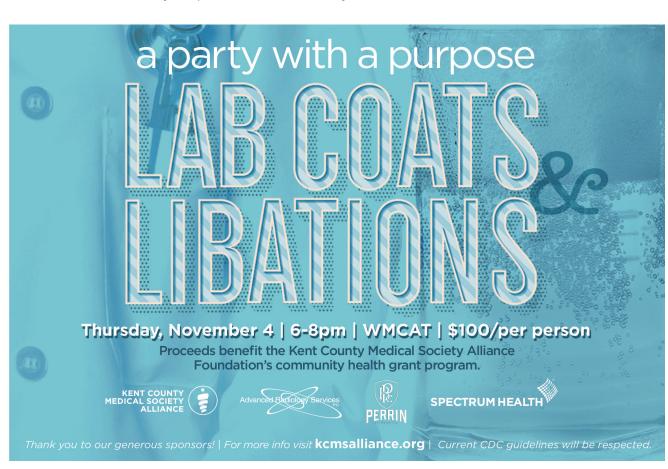
We hope to see you at one of our in-person happenings soon,

M. Suhry

Suhair Muallem and Nancy Fody. KCMSA Co-Presidents



NANCY FODY



Facebook

KCMS Alliance Event Recap summer 2021

August 22

Physician Family Day Pool Party

Prospective and current members celebrated Physician Family Day with a day of swimming at the Vitaz's pool and a catered buffet from Luna GR.



August 24

Old Board/New Board meeting

The Alliance Board met at the Muallem's lake house to flesh out plans for the coming year.

August 27

Hope Network 1 in 5 Marathon for Mental Health

Members volunteered at a water station at Millennium Park for the event.

September 7

Membership Meeting | Roanoke Ranch

Members toured Roanoke Ranch, a faithbased, non-profit organization in Lowell, whose mission is to help at-risk youth gain confidence and self-esteem through working with horses, before our fall kickoff meeting.

September 14

Book Club: "Braiding Sweetgrass" by Robin Wall Kimmerer

Members toured the GRAM exhibit "An Interwoven Legacy: The Black Ash Basketry of Kelly Church and Cherish Parrish" and lunched in Rosa Parks Circle.







KENT COUNTY

and growing Kent County.

leartoeat

fall calendar

November 4 Lab Coats & Libations | WMCAT

Join us for a beer tasting with Perrin Brewing. We will learn about the history and science of brewing, and all will go home with their own Perrin pint glass. You will also enjoy appetizers, live music, and a short live auction and small silent auction. All proceeds from this event will go to the KCMSA Foundation which provides grants for local nonprofit organizations that the meet health needs in our community.

Email foundation.president@kcmsalliance.org for sponsorship information. Buy tickets on Eventbrite.

December **Peanut Butter Collection**

We will be collecting jars of peanut butter for Feeding America in December. See details on our Facebook page.

December 1 **FUNdraiser: Dine at Olive's Restaurant**

A percentage of proceeds from lunch and dinner will go to our Foundation this day. Mention the KCMS Alliance when you get your bill.

Follow Us!



INSTAGRAM @kcmsalliance



FACEBOOK @kcmsalliance



www.kcmsalliance.org

Foundation Spotlight

Grant applications are due:

- October 15, 2021
- February 15, 2022
- April 15, 2022

See http://www.kcmsalliance. org/what-we-dophilanthropy/ foundation/to learn more about our Foundation and applying for grants.

2021 1 2022 kcmsa foundation board of directors

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