

Catching Family Fun

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BULLETIN

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Contents



Doctors and families share in the excitement of West Michigan baseball.

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OCTOBER 4, 2024

UPDATES ON WELLNESS FOR YOUR MEDICAL PRACTICE - MOA AND MSMS

8:45am-4:45pm | MOA Headquarters
Okemos, MI

OCTOBER 28, 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.

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In Memoriam

R. PAUL CLODFELDER, MD

R. Paul Clodfelder, MD, passed away on July 16, 2024. Paul was born in 1936, in Lebanon, Illinois. He attended Washington University in St. Louis for his undergraduate degree and then earned his medical degree from Vanderbilt University. He served in the U.S. Army Medical Corps in Ft. Knox, Kentucky.

He served as President of the Kent County Medical Society in 1998. He was involved in and served as a Delegate and Resolution author for the Michigan State Medical Society House of Delegates. He advocated on medical legislative issues on the KCMS Legislative Committee. He served as the first medical director of Grand Valley State University's Physician Assistant Studies (PAS) program. Its student society RPC is named for him, using his initials. Dr. Clodfelder served as the Butterworth Hospital Chief of Staff and the Chairman of the Department of

Internal Medicine. He was also an internist at Cherry Health where, upon his retirement, he volunteered as a governing board member which involved working on legislative issues and client services. He helped launch the Cherry Health Foundation.

JON P. COWAN, MD

Jon Philip Cowan, MD was born in 1943. He attended Kalamazoo College and University of Michigan Medical School and Anesthesia Program. He served two years at the Camp Lejeune Naval Hospital, followed by his 37-year career at Blodgett Hospital. Dr. Cowan always felt privileged to be partnered with exceptional anesthesiologists in a respected medical community. An important part of Jon's life was his 25-year short term medical missions participation in Honduras. Upon retirement, Dr. Cowan received the Distinguished Physicians award from Spectrum Health. He passed away on August 18, 2024.

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IN MEMORIAM CONTINUED FROM PAGE 5

RAYMOND FULLER, MD

Raymond E. Fuller, MD was born in Ohio in 1927. He graduated from Capital University in Columbus with a degree in biology in 1949 and entered The Ohio State University College of Medicine in 1950, matriculating in 1954.

Doctor Fuller completed his internship at Blodgett Memorial Hospital in 1956. During the Korean War era, He served as a Captain in the US Army Medical Corp in New Orleans. He completed his residency in internal medicine at Henry Ford Hospital in Detroit; and then moved to Grand Rapids.

In the 1960s, Ray specialized in cardiology and began to introduce new diagnostic techniques to detect heart disease. He became a Fellow of the American College of Physicians and served as President of the Michigan Heart Association. After Ray retired from practice in 1997. He was awarded the Distinguished Physician Society from Spectrum Health in 2010, and as Distinguished Physician Emeritus in 2019. Dr. Fuller passed away on July 15, 2024.

DONALD G. GERARD, MD

Dr. Donald Gordon Gerard was born in 1930 and his family moved to Grand Rapids, where he graduated from South High School in 1948. He attended Grand Rapids Junior College prior to entering the US Army in 1953, achieving the rank of 1st Lieutenant. He was a member of the 101st Airborne Division, serving out of Camp Breckinridge and Hawaii training bases. After leaving the service, he attended Calvin College, the University of Michigan and Medical School at Wayne State University.

He returned to Grand Rapids, completed his internship at Butterworth Hospital. He then moved to Lowell where he started a long career of service as a Family Practice Physician. He served as the team doctor

of the football team, served as the team physician for the wrestling team, and served on the Lowell School board. He worked and volunteered at Cornerstone University and Clinica Santa Maria. Dr. Gerard died on August 18, 2024.

ERIK KOOYER, MD

Erik Kooyer, MD was born in 1966. He was a compassionate, empathetic listener and he loved connecting with people—those he knew well, and those he did not. Possessing a special penchant for language, he dabbled in Dutch, Portuguese, Catalan, Italian, German, Greek and Latin. He was fluent in Spanish, however, and Spain held a special place in his heart.

Dr. Kooyer grew up in the Creston neighborhood, and attended Calvin College, graduated from Michigan State University's College of Human Medicine, and completed an internal medicine and pediatrics residency at Spectrum Health in Grand Rapids. He eventually moved back to Grand Rapids to work for the Veterans Administration and Trinity Health. Dr. Kooyer passed away on June 30, 2024.

JOHN C. RIENSTRA, MD

John Calvin Rienstra, MD passed away on August 6, 2024. He was born in 1937. He grew up in New York and Muskegon Heights. He enrolled at Calvin College and joined the pre-med program. He attended Wayne State University medical school and decided to become a surgeon. After his residency, he was drafted and served for 2 years in the Air Force in North Carolina during the Vietnam War.

Dr. Rienstra practiced surgery in Grand Rapids for the next 50 years. He also volunteered in Mexico and overseas in Africa.

PRESIDENT'S MESSAGE



Warren F. Lanphear, MD, FACEP
2024 KCMS President

Defining a Home Run

A typical summer in Michigan includes surprises in heat waves, rainy days and those perfect “Chamber of Commerce” days. August 22 was one of those perfect weather day and evening to enjoy the Night out at the West Michigan Whitecaps.

Many physician families attended the joint event with the Kent County Osteopathic Association members. We welcomed guests who were looking forward to a night out with their family, catching up with friends, and the hope of an exciting game. Optimism was shown by the kids who arrived with their own mitts to catch those foul balls.

While the final score could have been better, many KCMS and KCOA members and families enjoyed a great night at the West Michigan Whitecaps. I hope you enjoy seeing the photos from the evening.

A baseball game demonstrates the importance of teamwork and the connectivity of team members.



Dr. Brian and Kim LeCleir.

CONTINUED ON PAGE 8



Dr. Howard and Mary Beadner and grandchildren enjoy the ballgame.

DEFINING A HOME RUN CONTINUED FROM PAGE 7



KCMS/KCOA Volunteers Amy Tzintzun and Mariana Garza, with Gema Garza.

As a partner in our profession, KCMS is committed to providing connection, education and fun opportunities for members and families. As we consider our colleagues who are struggling with the stress of our profession, events such as this provide opportunities to connect with other physician friends and experience a family-oriented event to wrap up the season.

Catch More of the Action

For more photos from the KCMS and KCOA Night at the Ballpark, please see page 14.

While balancing the obligations of work, home and family, we all can use support. As a reminder, we may not always hit a homerun, but the bigger goal is to keep the ball in play—which provides the entertainment and anticipation of a game, and life. Whether an at-bat produces strikes, foul balls or home runs—the tension of competition, losses, wins, and even failures are what make it all an exciting event.

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KCMS and your colleagues are there to help us all play the game. While we look forward to crisp weather and falling leaves, let's be committed to the organizations that support our profession. Take advantage of educational opportunities, both on-demand and in-person. Sit in on the Legislative meetings with our elected officials who want to hear your thoughts on timely topics. Your continued membership is important so that we can provide even more services. Suggestions and ideas are always welcome!



KCMS President Warren Lanphear MD enjoys the evening with wife Mary and son Jack Lanphear, MD.



Your Dues at Work

We appreciate your membership and welcome your comments and input. You will be seeing your 2025 dues notice soon.

The 2024 Dues are tax-deductible as follows:

- KCMS: 97%
- MSMS: 79.5%

KCMS Board of Directors, Committee and Delegation volunteer on behalf of ALL KCMS Members and their practices in the following areas. Members are welcome to join any of these areas to utilize their leadership talent and/or learn more about how physicians' voices can be heard to shape the practice of medicine.

SEATS AT THE LEGISLATIVE TABLE

The practice of medicine continues to change rapidly. From legislative and regulatory issues to state and local ordinances, external forces impact the education and practice of our profession daily. When exposed gaps in the health care system are highlighted, there are opportunities for new messages and ways to address them. Physicians need to work collectively with health care colleagues, administrators and elected leaders to achieve a more effective and equitable system.

WORK WITH DOCTORS FROM ALL OVER MICHIGAN

The Michigan State Medical Society Annual House of Delegates meeting will be held in Lansing on May 3, 2025 and will be a one-day gathering.

COMMUNICATION AND ALERTS

- **Quarterly *Bulletin* magazine:** Provided to West Michigan physician members. Printed version provided by request.
- **Quarterly E-News alerts:** Provided electronically to share CME and/or social opportunities.
- **Advocacy alerts and advocacy opportunities:** Year-round alerts for members provided electronically.

To learn more about these opportunities, or if you have other questions, contact Patricia Dalton, MPA, MA, Executive Director at patricia@kcms.org or (616) 560-5336.



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WILLIAM SANDERS, DO, MS

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

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

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

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

First, some of the bad news and statistics. Today we know that an estimated 300-400 physicians die by suicide in the U.S. per year. Depending on the study referenced, physicians routinely lead or are in the top three professions that have the highest suicide rate followed by Dentists, Police Officers, and Veterinarians. Physician suicide is generally caused by the convergence of multiple factors—the most common being untreated or inadequately managed mental health conditions. Physicians who took their lives were less likely to be receiving mental health treatment compared with non-physicians who took their lives, even though depression was

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



found to be a significant risk factor at approximately the same rate in both groups. The suicide rate among male physicians is 1.41 times higher than the general male population. Among female physicians, the relative risk was even more alarming at 2.27 times greater than the general female population. The risk of suicide increases further when physicians are self-medicated. Furthermore, approximately 1 in 10 medical students, 1 in 4 interns, and 1 in 16 practicing physicians report some degree of suicidal ideation. The general population often wonders why a physician would be at high risk for suicide and/or depression since they are seemingly intelligent, financially stable, and respected.

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

ENDING THE CYCLE OF SUFFERING

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

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

Physicians routinely are expected to work extended hours, endure sleep deprivation, work in increasingly hostile workplace environments, experience a declining societal stature, endure excessive documentation and regulatory demands, deal with anxiety over litigious patients, function with inflexible poorly designed electronic health records, manage insurance company preemption of clinical decisions, deal with a general feeling of increasing powerlessness, deal with shame and stigma,

bear loneliness and isolation, function despite total exhaustion, confront bullying, manage ethical dilemmas, function in assembly-line medicine, accept non-compete clauses, cope with contractual stress, accept limited time to establish meaningful doctor-patient relationships, deescalate increasingly hostile patients, manage irrational patient expectations on outcomes, etc. The list is seemingly endless, but there is good news. Physicians can take control of their personal and professional lives and enjoy both, despite those challenges.

Physicians are remarkable and resilient and the same mental process that cause physicians to be vulnerable to depression, burnout, and suicide also allows them to be phenomenally successful overcoming these challenges if provided the appropriate resources, guidance, mentorship, and/or behavioral healthcare. Developing a mental illness, burnout, or suicidal ideation is not a character flaw. It is much more likely a result of multiple factors. Physician recovery from mental illness or burnout is not only possible with treatment but expected. Physicians are extremely intelligent and care deeply about a lot of issues. When circumstances are not going well, physicians are prone to ruminate and overanalyze situations. A basic premise of psychology is that our thoughts lead to our feelings. If someone focuses on something negative it will lead us to feeling negative, sad, bad, or depressed. Physicians work within a complex medical system with complicated medical problems and often must endure bad outcomes, regulations, and policies. It's no wonder physicians are prone to becoming depressed, burned out, and have suicidal ideations. Physicians are often extraordinarily caring and empathic humans, and when they perseverate on these negative issues, it leads them to feel badly.

NO SUBSTITUTE FOR PROFESSIONAL SUPPORT

When they feel bad, their pride may get the best of them and they may try to heal themselves instead of feeling like a burden to others with their mental health and emotional challenges. Subsequently, physicians may self-treat their mood, anxiety, or stress with medications, alcohol, or substances with tragic results. However, with the appropriate support, physicians can use that perseverative, focused, ruminative thought process to improve their mindset, to think differently about situations and focus on the positive. Learning to focus on the positive and things we have control over leads to feelings of empowerment, fulfillment, joy, and happiness. There is a fun TED Talk on positive psychology that describes this extremely well. When you have a few extra minutes, I would strongly recommend "The Happy Secret to Better Work" by Shawn Achor (https://www.ted.com/talks/shawn_achor_the_happy_secret_to_better_work). In his presentation, Shawn discusses how positive psychology skills can change how we view our environment and will lead us to ultimately become happier and more fulfilled in life. Another evidenced-based and humorous TED Talk by Dr. Kelly McGonigal discusses how to better conceptualize and manage stress (https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend). Kelly describes the science behind how we view stress, and its effects on our bodies and mind. Both videos offer



quick tips on how to improve mood and mindset. While these quick videos are helpful, they do not substitute the comprehensive treatment a physician can experience with the support of a professional behavioral health provider. It is extremely important for physicians experiencing mental health difficulties to seek treatment with a professional to get an accurate diagnosis and an appropriate treatment plan.

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

Support is Only a Call or Click Away

National Physician Suicide Awareness Day – September 17th

<https://npsaday.org/>

This website is intended for awareness-building and informational purposes only. If you or someone you know is struggling or in crisis, call or text 988 or chat 988lifeline.org.

988 Suicide & Crisis Lifeline

Call or Text 988

<https://www.988lifeline.org>

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



Physician Support Line

1 (888) 409-0141

Open 7 days a week, 8:00AM - 1:00AM ET
Psychiatrists helping physician colleagues and medical students navigate the many intersections of our personal and professional lives. Free & Confidential. No appointment necessary.

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

Available 24/7

Lifeline assists people in immediate crisis with a skilled, trained crisis worker who will listen to the problems they are experiencing and will connect them to local mental health services. All calls are confidential and free.

Crisis Text Line

Text HOME to 741741

Available 24/7

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

National Domestic Violence Hotline

(800) 799-SAFE (7233)

Text START to 88788

thehotline.org

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

Veterans Crisis Line

Call 988 then Press 1

Text: 838255

Chat online: militarycrisisline.net
veteranscrisisline.net

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

National Sexual Assault Hotline

(800) 656-HOPE (4673)

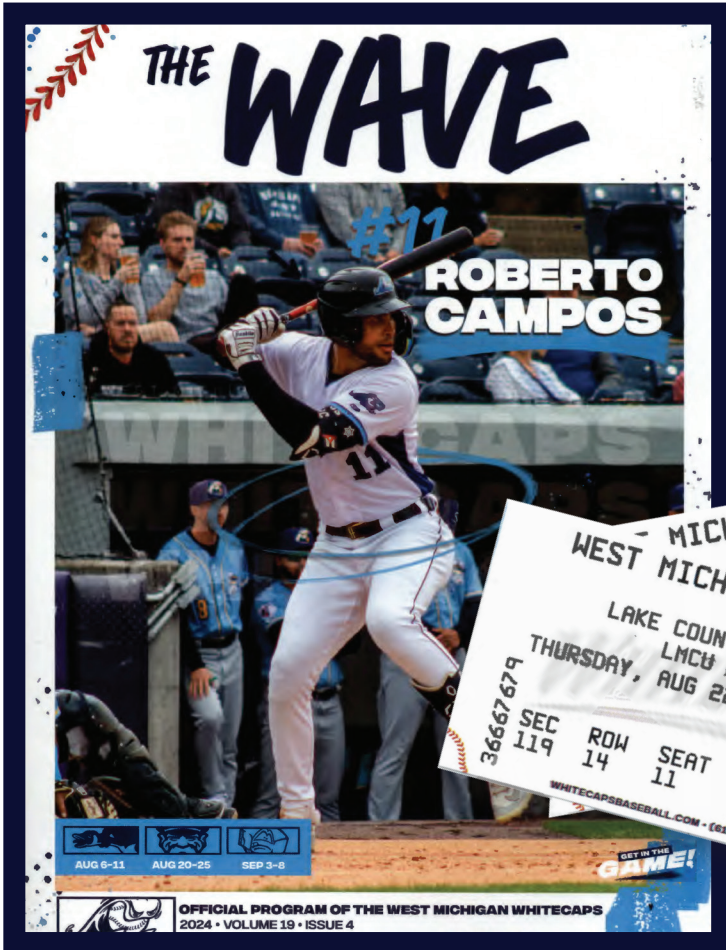
rainn.org

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



An Opportunity to Unwind

KCMS and KCOA friends and family enjoyed all of the elements of a night out at the ballgame: BBQ, ice cream, field games and fireworks!



CONTINUED ON PAGE 15





Legislative Committee

Take a seat at the table and join the final 2024 meeting of the West Michigan Multi-County Medical Societies Legislative Committee.

Monday, October 28 | Noon | Zoom

Contact Patricia Dalton to receive the Zoom link.

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COLLABORATION

CPT Codes Distinguish Avian Influenza Vaccines



The American Medical Association (AMA) recently announced an editorial update to [Current Procedural Terminology \(CPT®\)](#), the leading medical terminology code set for describing health care procedures and services, that includes a newly assigned provisional CPT code for vaccines to protect patients against the H5N8 strain of avian influenza (bird flu).

The provisional CPT code is effective for use on the condition the H5N8 Influenza virus vaccine candidates receive emergency use authorization from the U.S. Food and Drug Administration (FDA). The AMA is publishing the CPT code update to ensure electronic systems across the U.S. health care system are prepared in advance for the potential FDA authorization.

“The new CPT code is a vital preparatory step in response to the potential danger to humans from a highly infectious avian influenza disease,” said AMA President Bruce A. Scott, M.D. “A CPT code that clinically distinguishes the avian influenza vaccine allows for data-driven tracking, reporting and analysis that supports planning, preparedness, and allocation of vaccines in case a public health response is needed for avian flu prevention.”

PRODUCT CODE

For quick reference, the new product code assigned to H5N8 influenza virus vaccines is:

- **90695** Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted for intramuscular use.

The new CPT code for H5N8 influenza virus vaccines should be used with one of the following administration codes to report the work counseling patients or caregivers, administering the vaccine, and updating the medical record.

CHILDREN ADMINISTRATION CODE

For children (through 18 years of age) the administration codes are:

- **90460** Immunization administration

through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.

- **90461** Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered.

ADULTS ADMINISTRATION CODE

For adults the administration codes are:

- **90471** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid).
- **90472** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid).

Changes to the CPT code set are considered through an open editorial process managed by the CPT Editorial Panel that collects broad input from the health care community and beyond to ensure CPT content reflects the coding demands of digital health, precision medicine, augmented intelligence, and other aspects of a modern health care system. This rigorous editorial process keeps the CPT code set current with contemporary medical science and technology so it can fulfill its vital role as the trusted language of medicine today and the code to its future.

Questions on CPT coding and content should be directed to the [CPT Network](#), the authoritative source for CPT coding answers.

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OCTOBER 4, 2024

UPDATES ON WELLNESS FOR YOUR MEDICAL PRACTICE - MOA AND MSMS

8:45am-4:45pm | MOA Headquarters
Okemos, MI

OCTOBER 25-27, 2024

MICHIGAN OSTEOPATHIC ASSOCIATION AUTUMN CONFERENCE

L.V. Eberhard Center | Grand Rapids, MI

OCTOBER 28, 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

Reinvesting in YOU

Once again, that summer went fast! I hope that you and your family had time to share in West Michigan's sun and fun.

As our busy family manages the new routine of school schedules, calendars of sports and extracurricular events and of course, synchronization of all of these elements to carve out rejuvenation time with those we love.

On September 17, we are reminded as physicians to reconsider how we and our colleagues are dealing with our stress. In this Bulletin, you will see a reprint of an article I wrote last year in showing how many resources are available to help our profession in preventing physician suicide. I am always available to discuss this topic with any physician or group to continue to help our colleagues cope with mounting stress as we care for our patients.

A positive addition to my work is my connection with KCOA Members. I want to highlight two of our long-term KCOA Leaders who have been committed to the Osteopathic professional and the fellowship of our Association.

NORMAN KELLER, DO

Dr. Keller has been a member of the KCOA since early in his career in Grand Rapids and continuing after his retirement in 2002. As a Family Physician he was dedicated to our Association, then known as the Kent County Association of Osteopathic Physicians and Surgeons. He has always been involved, engaged in new ideas and passionate



Ed Lee, DO and Norman Keller DO

about meeting with colleagues. We are fortunate to have his continued leadership.

EDWARD LEE, DO

The KCOA has been fortunate to have Dr. Ed Lee as a leader in the MOA House of Delegates. For more than 30 years of his career, Ed has participated in meetings of the House, representing Osteopathic colleagues in West Michigan. We appreciate his commitment to the Osteopathic medicine profession and advocacy for physicians of West Michigan

Finally, the Michigan Osteopathic Association is once again hosting a West Michigan Autumn CME Conference, a great opportunity for education and connecting with friends.

MICHIGAN OSTEOPATHIC ASSOCIATION



NEW LOCATION

MOA Annual Autumn Conference

October 25-27, 2024 | L.V. Eberhard Center
301 West Fulton Street, Grand Rapids, MI 49504
25 AOA Category 1-A Credits Approved.



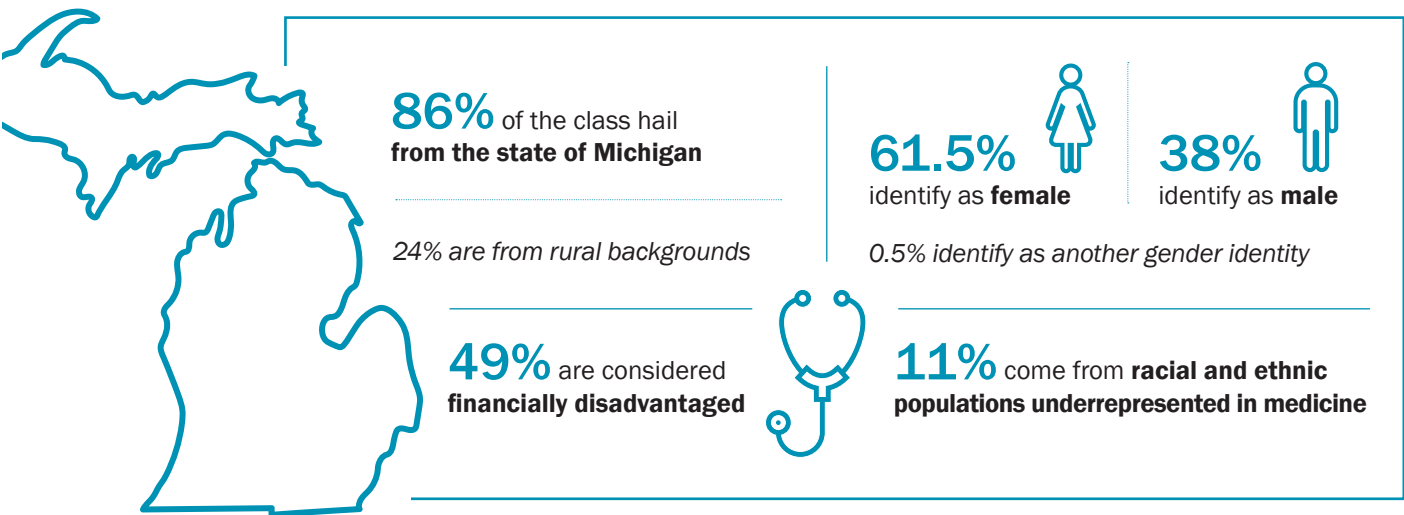
Angela Thompson-Busch, MD, PhD
Community Assistant Dean,
Grand Rapids Campus
Michigan State University
College of Human Medicine

New Beginnings

Michigan State University College of Human Medicine welcomed 190 new medical students—the Class of 2028—at a White Coat Ceremony held on Saturday, August 17 at DeVos Performance Hall,

Ninety-five students will spend the next two years on the East Lansing campus and 95 will be in Grand Rapids.

The incoming class was accepted from a pool of 7,582 applications. True to our mission and philosophy, we continue to educate medical students who are looking to care for with the medically underserved. Other notables about these students:



We are always very proud and appreciative of the diversity of our students.

In other news, Michigan State University's previous executive vice president of health sciences, Norman Beauchamp, MD, MHS, has taken a new position at Georgetown University. We wish Dr. Beauchamp the best in his new role. MSU President Kevin Guskiewicz has appointed our dean, Aron Sousa, MD, as executive dean for MSU health colleges and has convened a team of faculty to assess the structure and levels of leadership needed for our three health colleges which include the Colleges of Human Medicine, Osteopathic Medicine, and Nursing.



heartbeat

What is the 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!

Who can join?

We welcome the spouses and partners of medical students, residents, practicing physicians, retired physicians, and deceased physicians. Our goals are to connect and grow through camaraderie, education, philanthropy and community engagement. We are always accepting new members! If you or someone you know is interested, please visit kcmsalliance.org/why-join.

KCMSA Foundation Grants

*The KCMSA Foundation Board was able to fund **\$37,796.45** in mini-grants in the 2023-2024 fiscal year!*

2024 | 2025

kcmsa board of directors

Co-Presidents. *Blesie Beaumier, Eileen Brader,
Sue Muallem, Nancy Fody*
Immediate Past President *Laura Kozminski*
Recording Secretary. *Andrea Maison*
Treasurer. *Amylynn Buchach*
Treasurer Elect. *Jennifer Baguley*
Corresponding Secretary *Vicky Varlotta-Chung*

kcmsa Calendar

Alliance Book Club

The Alliance Book Club meets on the 3rd Tuesday monthly at Schuler Books on 28th Street in Grand Rapids. All readers are welcome.

October 15, 2024

The River We Remember
by William Kent Krueger

November 19, 2024

Martyr *by Kaveh Akbar*

December 17, 2024

Remarkably Bright Creatures
by Shelby Van Pelt

Fall Focus

On October 16, Michigan State Medical Society Alliance will be hosting the 2024 Fall Focus event at KVCC Culinary Campus in Kalamazoo. MSMSA takes a culinary journey of Blue Zones—where people live the longest and are the healthiest. Learn how to prepare dishes with a local flare that distinguishes these longest-lived communities. This demonstration will serve delicious, nutritious dishes and increase our awareness of these inspiring communities, the research that discovered them and the culinary take-aways associated with social determinants of health. Seating is limited. Don't miss it.

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YOUTUBE
www.kcmsalliance.org

Event Recap spring/summer 2023



Whitecaps Game with KCMS & KCOA

Batter up! KCMSA joined KCMS and KCOA at a Whitecaps game, on August 22, 2024.

KCMSA Spring Luncheon

The KCMSA Spring luncheon was held at Noco Provisions, on May 7, 2024. Our guest speaker Katie VanEck of Enriched Living. After Ms. VanEck's message, a delicious lunch and door prizes, new KCMSA officers were installed.



AMAA Annual Meeting

KCMSA members attended the AMA Alliance Annual Meeting May 31-June 2, 2024, in Nashville, Tennessee.

Michigan State Medical Society Alliance Annual Meeting

MSMSA met for its Annual Meeting May 3-4, 2024, in Grand Blanc.



KENT MEDICAL FOUNDATION



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

Inspiration and Teamwork

I recently enjoyed watching the Summer Olympics in Paris. I particularly enjoyed watching the human interest stories about the dreams, hours of training, other sacrifices, and support of friends and family that led to that moment in the Olympian's athletic journey.

I was inspired and motivated to find or renew my purpose and to work harder toward a goal as I watched the Olympics. I was reminded that every person's journey is not always "successful"—at least as society tends to define success. There are winners and losers, there is joy and heartbreak, and there is triumph and tragedy. I was also reminded that participating in the journey, and finding joy in the journey, is part of living life.

I have also been inspired recently by people who live in the West Michigan area and the causes they support. One inspirational person is Dr. Bryan Huffman, an ophthalmologist who resides in Ottawa County. KMF recently supported and acknowledged Dr. Huffman when he attempted to swim across Lake Michigan (KCMS/KCOA Bulletin, Fall, 2023). We live in the Great Lakes State, and we are surrounded by bodies of water—streams, rivers, small lakes, and large lakes. Yet many people in the State of Michigan do not know how to swim, and many tragic drownings occur each year.

Dr. Bryan Huffman is trying to have each child in the state learn how to swim—to be "drown proofed." In an effort to raise money to support free swimming lessons for each child in Michigan, Dr. Huffman trains year round for open water swims. He recently became the first Michigander to swim the open water Triple Crown when he successfully swam California's Santa Catalina Channel in mid-August.

The Triple Crown is a marathon swimming challenge consisting of three historically

important swims. Dr. Huffman began his Triple Crown journey when he swam the 22-mile English Channel in October, 2022. He successfully swam the 20 Bridges (29-mile) swim of Manhattan Island in New York in 2023. And he completed the Triple Crown in August when he successfully swam California's Santa Catalina Channel, a 20-mile swim against strong currents that required a 16-hour swim in the dark. One other rule for marathon swimming is that wet suits are not allowed because they provide floatation and thermal protection.

Congratulations, Dr. Huffman! Thank you for inspiring all of us!

As I read the article about Dr. Huffman's accomplishment in MLive (Wynder, Ehren. MLive. On-line resource. Published August 13, 2024, 1:40 pm. Accessed on-line on September 11, 2024.), I reflected on a few sentences in the article:

"Per the rules of the Marathon Swim Federation and Channel Swimming Association, Huffman had to begin the swim on shore and clear the channel under his own power. He cannot exit the water or be held afloat by any means during the swim.

Support staff can give him food and water during the swim, but he must continue to tread water and not touch the boat at all."

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TEAMWORK CONTINUED FROM PAGE 22

“Huffman also attributed his Santa Catalina victory to his support crew, which included his Masters swim coach Mike Daley and friend Paul Brinks, as well as his wife Stacy and their two sons, Quinten and Barrett.

‘It’s not just me when I’m doing it,’ he said. ‘I’m doing the swim solo, but it takes a whole team to get me across.’”

I noted that support staff are available for physical sustenance and moral support. As Dr. Huffman is quoted in the article, “I’m doing the swim solo, but it takes a whole team to get me across.”

It Takes a Team

KMF offers us the opportunity to support other people and causes with some financial support and acknowledgement. These gifts can provide the training “boost” that may be needed to provide financial sustenance and moral support for an inspirational person or cause.

If you have been inspired by a physician, another health care provider, or a health-related cause in our community, please consider giving to KMF so that we can continue our support of health-related causes in our community. You can give financially in several ways: online, e-mail, mail,



KENT MEDICAL FOUNDATION HOLIDAY CARD CAMPAIGN

and/or through our Annual KMF Holiday Card Campaign, our traditional annual (and only) fundraiser.

Please scan the QR code to support the annual KMF Holiday Card Campaign.

You may also give in other ways: suggesting an inspirational person or cause for KMF to support, giving some

of your time by joining the KMF Board (time commitment of 4 meetings/year), and/or sharing your financial gifts. We can inspire each other and can continue to inspire others with the gifts of our time and talents. Please give to KMF so that we may continue this important work on behalf of the Kent County community. We are a community-based team focused on health!



Scott D. Alfree
Practice Team Chair



Staci DeRegnaucourt



Ronald G. DeWaard



Jordan C. Giles



Charyn K. Hain



Yvonne George



Zachary J. Meyer



Elizabeth Wells Skaggs



Sarah L. Wixson



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- Antitrust Issues
- Patient Care Issues
- Quality Assurance and Risk Management
- All Aspects of Health Care Intellectual Property and Market Strategies

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KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

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 kentmedicalfoundation.org or simply scan this QR code.

QUESTIONS?

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



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

DONOR REGISTRATION

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

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

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

Name(s): _____

Address: _____

Email: _____ Phone: _____

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

Contributions are tax deductible.



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

THANK YOU FOR YOUR SUPPORT IN GRATITUDE

Thank you to our donors for allowing the Kent Medical Foundation Board of Trustees the opportunity to support community programs. The following grants were made to date in 2024:

Calvin HEALTH Camp for Boys

This unique, five-day camp on Calvin University's campus for West Michigan boys who are living in low socioeconomic and diverse racial backgrounds in Grand Rapids. Many parents who participated in the West Michigan girls' camp asked that Health Education And Leadership Training for a Hopeful future (HEALTH) Camp be expanded to meet the needs of their young boys as well. In response, a pilot camp for boys was launched. The camp promotes health by introducing participants to basic health concepts including the importance of nutrition, exercise, reproductive health, maintaining mental health and self-esteem, addressing anxiety, chronic diseases, social factors of health, genetics, and cancer. A grant in the amount of \$3,200 was made by the Kent Medical Foundation.

Grand Rapids Children's Museum

The Grand Rapids Children's Museum partnered with Autism Support of Kent County and the Down Syndrome Association of West Michigan to open the museum to families with neurodivergent needs. Each quarter, special nights are reserved for access by families with children who have Autism Spectrum Disorder (ASD), Down syndrome, or other neurodivergent needs. With support by grants, these reserved evenings are offered at no cost to these attending families. A grant in the amount of \$7,500 was made by the Kent Medical Foundation.

Hand 2 Hand

Hand2Hand exists because a hungry child hurts, and the weekend is one of the most vulnerable times for a child who experiences food insecurity. Hand2Hand partners a local church with a local school to feed children in the West Michigan region who have been identified as being at risk of weekend food insecurity. Since 2008, Hand2Hand has been students with weekend meals. They feed more than 12,600 students in 280 schools in Allegan, Barry, Kent, Mason, Muskegon, Newaygo, Ottawa and VanBuren Counties. A grant in the amount of \$3,000 was made by Kent Medical Foundation.

Physician Volunteer Recognition Grants

Jayne E. Courts, MD was awarded the Distinguished Alumni Recognition by Thornapple Kellogg Alumni Association. She was recognized for her many years of volunteering with the Thornapple Kellogg Annual Career Fair, where she discusses various careers to consider in a future role in the medical field. A \$250 grant was made in her honor to the Thornapple Kellogg Alumni Association.

Jayne E. Courts, MD
President

Paul Nicholson
Vice President

Alexis Boyden
Secretary/Treasurer

Jennifer Baguley
Trustee

Ryan Duffy, JD
Trustee

Brian Janssen
Trustee/Past President

Warren Lanphear, MD
Trustee

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

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



Nirali Bora, MD
Kent County
Health Department
Medical Director

Taking Action to Support Suicide Prevention

Brian Hartl, MPH, Nirali Bora, MD, MPH and Rachel Paddinge

Suicide is a serious public health concern in the United States.¹ In 2021, it was the cause of death for over 48,100 people, making it the 11th leading cause of death overall.¹

Suicide was the second leading cause of death for the 10–14-year and 25–34-year age groups and the third leading cause of death for the 15–24-year age group.¹ Age-adjusted suicide death rates in the U.S. have generally increased since 2000. In Kent County, the number of suicide deaths have increased since the first year of the pandemic in 2020, when deaths decreased to 63 (Figure 1). In 2023, there were 99 confirmed suicide deaths in Kent County, which ranks as the highest number in the past 10 years.

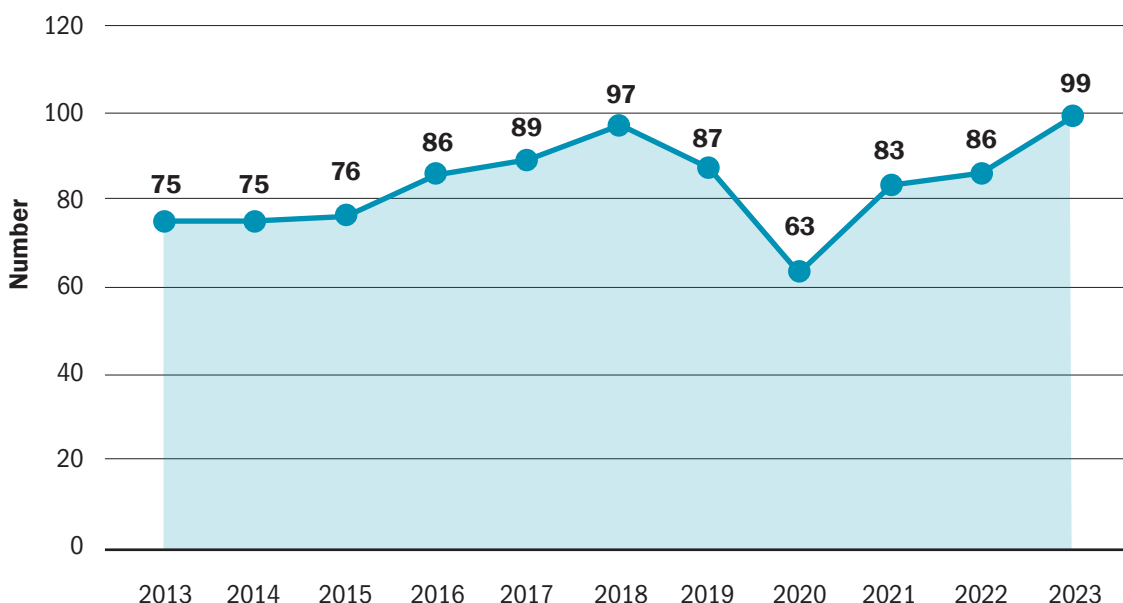
DESCRIPTIVE EPIDEMIOLOGY OF KENT COUNTY SUICIDE DEATHS


Suicide statistics vary between demographics, including sex, age group, and racial/ethnic group.

- **Seventy-seven (77%) of all suicide deaths in Kent County in 2023 occurred in males.** The male suicide death rate was 3.3 times higher than the female suicide death rate in 2023, resulting in the highest suicide rate

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FIGURE 1
Suicide Trends in Kent County





Because of the long-standing relationships between physicians and their patients, primary care settings present an opportunity for suicide prevention efforts.

TAKING ACTION CONTINUED FROM PAGE 26

gap between males and females since 2017. Despite a higher suicide rate, males were less likely to report experiencing issues with their mental health.

- In 2023, **the average age of suicide death for females was 37 years, while the average age of suicide death for males was 45 years.** Over a quarter of females who died by suicide in 2023 were less than 20 years old while twenty percent (20%) of males who died by suicide in 2023 were over the age of 65.
- While most suicide deaths occur among Kent County's White population, suicide rates among **Black and Hispanic populations have doubled since 2020.** In addition, the Black population of Kent County was the only racial category in 2023 where the percentage of female suicide deaths was higher than the percentage of male suicide deaths. Black female suicide deaths accounted for over half of all Black suicide deaths and almost 25% of all female suicide deaths.

FACTORS CONTRIBUTING TO SUICIDE

A 2018 Morbidity and Mortality Weekly Report summarized circumstances contributing to suicide in the United States. The report indicated that 46% of all those who died by suicide in 2015 had a known mental health condition,

and about half of those with mental health conditions who died by suicide were not in treatment at the time of their death.² About half of all Americans who died by suicide in 2015 experienced various life stressors, such as physical health problems, financial issues, or intimate partner problems, before their suicide.

HOW PHYSICIANS CAN TAKE ACTION³

Because of the long-standing relationships between physicians and their patients, primary care settings present an opportunity for suicide prevention efforts. **Fifty percent of people who died by suicide visited a healthcare provider in the previous month and were more likely to have seen a primary care provider (PCP).**⁴ In the primary care setting, a comprehensive approach can support suicide prevention.

- Establish protocols for screening, assessment, intervention, and referral
- Train all staff in suicide care practices and protocols, including safety planning and lethal means counseling
- Follow up with at-risk patients by phone between visits.
- Provide information on the [National Suicide Prevention Lifeline \(988\) crisis line](#) and local resources like the Behavioral Health Crisis Center which has someone available 24/7 at (616) 336-3909.

¹ National Institute of Mental Health. (2024). *Suicide*.

² Stone D., et al. (2018). Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015. *Morbidity and Mortality Weekly Report* 2018.

³ Suicide Prevention Resource Center, <https://sprc.org/settings/primary-care/>

⁴ Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., . . . Solberg, L. I. (2014). Health care contacts in the year before suicide death. *Journal of General Internal Medicine*, 29(6), 870–877.



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

**July
2024**

DISEASE	C=Confirmed P=Probable S=Suspect U=Unknown	This Month	July Cumulative YTD 2024	2019-2023 5 Year Median
		CAMPYLOBACTER	C,P	19
CANDIDA AURIS	C	0	1	0
CARBAPENEMASE PRODUCING ORGANISM	C	0	5	1
CHICKEN POX ^a	C,P	1	8	7
CHLAMYDIA	C,P,S,U	295	1890	2112
CRYPTOSPORIDIOSIS	C,P	6	14	9
CORONAVIRUS NOVEL, COVID-19	C,P,S	697	5192	11291
HIV	C	3	22	17
SHIGA TOXIN PRODUCING E. COLI	C,P,S	4	24	13
GIARDIASIS	C,P	11	27	15
GONORRHEA	C,P,S,U	92	632	742
H. INFLUENZAE DISEASE, INV	C,P	0	7	4
HEPATITIS A	C	0	0	2
HEPATITIS B (Acute)	C	0	0	0
HEPATITIS C (Acute)	C	1	2	2
HEPATITIS C (Chronic/Unknown)	C	10	29	66
HISTOPLASMOSIS	C,P	3	23	22
INFLUENZA-LIKE ILLNESS ^b	C,P,S	20	11803	10347
LEGIONELLOSIS	C	2	11	9
LYME DISEASE	C,P,S	33	89	26
MENINGITIS, ASEPTIC	C	2	5	4
MENINGITIS, BACTERIAL, OTHER ^c	C	0	2	9
MENINGOCOCCAL DISEASE, INV	C,P,S	0	0	0
MUMPS	C,P,S	0	0	0
PERTUSSIS	C,P	2	4	0
SALMONELLOSIS	C,P	14	54	39
SHIGELLOSIS	C,P	4	21	11
STREP, GRP A, INV	C	8	51	14
STREP PNEUMO, INV	C,P	2	60	20
STREPTOCOCCAL TOXIC SHOCK	C,P	1	1	0
SYPHILIS (Congenital)	C,P,S	0	2	1
SYPHILIS (Primary & Secondary)	C,P,S	8	35	31
TOXIC SHOCK	C,P	0	0	0
TUBERCULOSIS	C	1	8	5
WEST NILE VIRUS	C,P	0	0	0
YERSINIA ENTERITIS	C,P	1	8	5

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 Centers for Disease Control and Prevention surveillance case definitions.



**WISHING ALL OF OUR AMAZING DOCTORS
A WONDERFUL FALL SEASON FILLED
WITH WARMTH AND RENEWAL.**

May you continue to inspire and care with strength and compassion!