KCMS KCOA

Bulletin

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

LATE FALL 2016

Fall Gatherings

Members celebrate fall in Grand Rapids

MORE INSIGHT

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AFFILIATED AGENCIES
Kent County Medical Society Alliance
Kent Medical Foundation

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Contents

Cover Photos

KCMS and KCOA members attended social events this fall — including ArtPrize Sneak Peek, IV League Breakfast and Physician Burnout seminar.

CONTRIBUTORS

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.us.

Welcome New Members

NEW ACTIVE MEMBERS

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In Memoriam

DOUGLAS C. DALY, MD

Dr. Douglas Daly passed away on October 15, 2016. Dr. Daly was a graduate of Bates College and earned his medical degree in 1976 from the University of Connecticut. He completed a residency in Obstetrics and Gynecology at St. Francis Hospital in Hartford, CT in 1980 and a fellowship in Reproductive Endocrinology and Infertility at the University of Connecticut in 1982. Dr. Daly established Grand Rapids Fertility and IVF, PC in 1991 and co-founded the Women's Health Center of West Michigan in 2008. Dr. Daly joined the Kent County Medical Society in 1991.

PAUL G. SCHUTT, MD

Dr. Paul Schutt passed away on October 8, 2016. Dr. Schutt was a graduate of Calvin College and received his medical degree from Wayne State University College of Medicine in Detroit in 1963. He completed an internship at Blodgett Memorial Hospital before serving in the U.S. Navy from 1964 to 1966. After his time in service, Dr. Schutt completed his residency in Orthopedic Surgery at Henry Ford Hospital in Detroit in 1970. Dr. Schutt joined the Kent County Medical Society in 1970.

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KCMS MEETINGS OF INTEREST

THURSDAY, JANUARY 5, 2017
BRAINSTORMING SESSION
Masonic Center, 4th Floor Dining Room | 6:30 PM
233 East Fulton, Grand Rapids 49503

JANUARY 12, 2017
KCMS ANNUAL MEETING
Watermark Country Club | 6:30 PM

FEBRUARY 13, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

APRIL 10, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

MAY 6-7, 2017
MICHIGAN STATE MEDICAL SOCIETY HOUSE OF DELEGATES
Amway Grand Plaza, Grand Rapids

JUNE 12, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

SEPTEMBER 11, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

NOVEMBER 13, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

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

History Mystery

Thanks to Dr. Kenneth VanderKolk for providing insight and information on the photos shown in the last Bulletin. Dr. VanderKolk shared the following are all Unit Q and can be found in Dr. Merrill Wells' papers at Grand Rapids Public Museum.








WWI OFFICERS

Still a Mystery

The KCMS is looking for your help. KCMS Staff has been producing an electronic archive of the KCMS to preserve the Society's history. During the process, many photos have been found. Can you identify the KCMS Members in these photos? Please contact the KCMS office at (616) 458-4157 to share your insight.

1.

2.

Jayne Courts, MD
2016 KCMS President,
Board of Directors

PRESIDENT'S MESSAGE

Physician Burnout

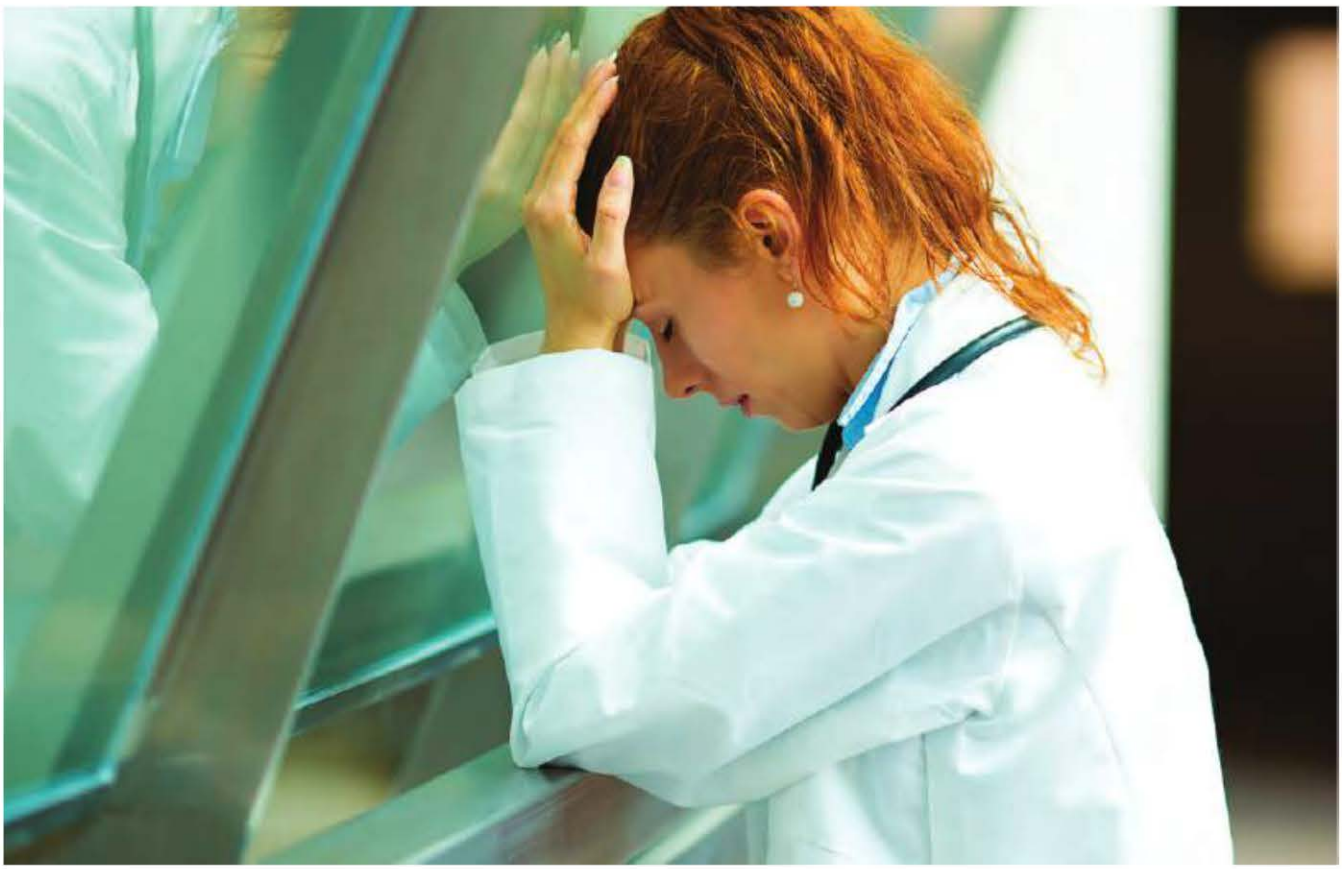
Physician burnout is in the news. The statistics are grim, and articles abound on the subject. An editorial in the Journal of General Internal Medicine notes that burnout rates range from 30-65% across medical specialties with the highest rates experienced by those at the front line of care, such as emergency medicine and general internal medicine.[1] Based on these statistics, nearly one of every two physicians will experience burnout at some time during his or her career. And the burnout rates seem to be getting worse.[2]

Hospitals and ambulatory practices are struggling to recruit and retain physicians as they increasingly leave their careers for early retirement or other employment opportunities. We have a looming physician shortage, and we must act to stem the hemorrhagic leak from our profession. As physicians, we are trained to be "superheroes" in a sense — independent, all-knowing, and sacrificial with our time and our energy. Underneath all of that training, however, we are decidedly human. We are particularly vulnerable to burnout because of those very qualities that help us be effective physicians, especially our desire to make a difference by helping other people.

Burnout has been variably defined but usually includes words and phrases such as fatigue, exhaustion, anhedonia, loss of motivation, feelings of detachment, loss of a sense of purpose, weary indifference, lack of engagement, chronic indecisiveness, and withdrawal. In an article written by psychoanalyst Josh Cohen, he states that burnout didn't become a recognized diagnosis until 1974, when the German-born, American psychologist Herbert Freudenberger applied the term to the increasing number of cases he encountered of "physical or mental collapse caused by overwork or stress." The relationship to stress and anxiety is crucial as it distinguishes burnout from simple exhaustion (such as exhaustion from running a long race).[3]

In burnout, the state of exhaustion combines with the intense need for a state of completion coupled with the strong sense that completion cannot be attained — at least not successfully. There is always a sense that some demand cannot be met, and another demand awaits in the wings with total indifference to the other demands, hovering expectantly as the next immediate need to be triaged in the task "to do" list.

While burnout may seem to be a fairly new problem, this problem was recognized in the ancient world. In the biblical book of Ecclesiastes, King Solomon (the Teacher) opens with the following: "Meaningless: Meaningless!" says the Teacher. "Utterly meaningless! Everything is meaningless." What do people gain from all their labors at which they toil under the sun?[4]



Burnout was diagnosed by Galen, a physician in the second century. Like Hippocrates, Galen believed that all physical and mental ailments could be traced to the relative balance of the four humours — blood, yellow bile, black bile, and phlegm. Galen felt that a build up of black bile slowed the body's circulation and clogged up the brain's pathways, bringing about lethargy, torpor, weariness, sluggishness, and melancholy.[5] This condition was not linked to the stresses of modern life until 1869 when the American neurologist George Beard published, *Neurasthenia, or nervous exhaustion,* identifying neurasthenia as an illness endemic to the pace and challenges of modern industrial life.[6] Burnout became a recognized diagnosis in 1974.[3]

A quick glance at various media sources shows that burnout is not just a physician issue. Our society seems to be in a state of perpetual burnout across the life continuum — children are burnt out with exams, adolescents are burnt out with the constant barrage of social media, couples are burnt out by a lack of time to develop their relationships, parents are burnt out juggling the demands of parenthood and work life, families are burnt out by overcommitted schedules, and professionals are burnt out trying to balance the demands of their work life and their home life in a culture of chronic overwork. Physicians, however, are particularly susceptible to burnout as they have been trained to be strong, independent, and invulnerable.

CONTINUED ON PAGE 10

Burnout Hurts Us All

In the book, *Healing Physician Burnout,* author Quint Studer lists nine ways that burnout hurts patients and organizational performance:

1. Physician burnout threatens patient safety.
2. Burnout can hurt clinical outcomes.
3. Burnout can also harm patient perception of care.
4. Burnout can drive up an organization's recruitment and retention costs.
5. Burnout harms physician productivity and drives up organizational operating costs.
6. Burnout makes episodes of incivility more likely.
7. Burnout leads to malpractice litigation.
8. Burnout blocks change initiatives from moving through the organization.
9. Finally, burnout dulls the passion and purpose that drives physicians and results in great care.[9]

BURNOUT CONTINUED FROM PAGE 9

As Sandeep Jauhar, MD, PhD, writes, "American doctors are suffering from a collective malaise. We strove, made sacrifices — and for what? For many of us, the job has become only that — a job."[7]

Our job is not the only thing that overstimulates our mind. Electronic communication and social media dominate our daily lives in an unprecedented and transformative fashion. The consequences remain unclear, but we have moved into an age with an overloaded nervous system. As Josh Cohen eloquently surmises, "The burnt-out case of today belongs to a culture without an off switch."[3]

WHY SHOULD WE CARE?

Stress-related illnesses are thought to account for up to 70% of primary care visits.[8] Physician burnout affects staff and the quality of patient care. And physician burnout can lead to an increased risk of suicide.[9]

The Kent County Medical Society recently partnered with Metro Health University, Michigan Osteopathic Association, Kent County Osteopathic Association, Blue Cross Blue Shield, Spectrum Health, and Kent Medical Foundation to offer an evening program devoted to this timely topic. The presenter was Roger P. Smith, MD, an Obstetrician-Gynecologist who is a nationally known speaker about this topic. He shared several points about recognizing burnout and combating stress.

Stress-related illnesses are thought to account for up to 70% of primary care visits.[8] Physician burnout affects staff and the quality of patient care. And physician burnout can lead to an increased risk of suicide.[9]

He started his presentation with this comment: Reality is the leading cause of stress — for those who can deal with it! In other words, stress is always present and can have some positive aspects. Stress can be energizing, and stress in manageable amounts can lead to resilience, stamina, and improved performance. Too little stress can lead to low performance and boredom, while too much stress can lead to low performance and burnout. The goal is to have a stress level that leads to optimum performance.

Dr. Smith noted that stress does not equal burnout. Stress is a reaction to a specific situation (with three types: acute — such as an emergency, chronic — such as occupational stress, and traumatic — such as post-traumatic stress disorder, or PTSD). Burnout is a complex reaction to ongoing stress.

When assessing a situation, balance is needed between demands (actual and perceived) and capabilities (actual and perceived). Imbalance on either end of the "teeter-totter" leads to stress.

We operate within one of four quadrants: low control/low demand, low control/high demand, high control/low demand, and high control/high demand. While physicians are used to working in the high control/high demand quadrant, changes in health care have increasing pushed physicians into the low control/high demand quadrant. Operating in the low control/high demand quadrant tends to cause "toxic stress."

Managing Burnout

Nationally known expert Roger P. Smith, MD, offered these strategies for personal management of burnout:

1. **Reduce its effects** — try rest and relaxation, health and fitness, personal coping strategies, and social support
2. **Deal with sources** — be realistic and establish priorities, use time management, lobby for change, and use assertiveness
3. **Improve your attitude** — look for the good, highlight the positive, and reflect and take control
4. **Let things go** — water bottle example — Even a small water bottle can become a 50# weight when carried over time. Letting it go can be transformative!

Self-Evaluation of Burnout

In his presentation, Dr. Smith referred to the Maslach Burnout Inventory (MBI) as the gold standard for assessing burnout. The MBI is a 22-item inventory that emphasizes three dimensions — Emotional exhaustion, Cynicism, and Ineffectiveness/Lack of efficacy. Dr. Smith summarized the survey with these ten questions for self-evaluation of burnout:

1. Do you have anhedonia?
2. Do you manifest cynicism?
3. Is your work affecting your family?
4. Do you dread going to work?
5. Are you easily annoyed?
6. Do you envy those who are happy?
7. Do you no longer care about performance?
8. Do you have fatigue/low energy?
9. Are you bored?
10. Are you depressed before the work week?

MANAGING STRESS

Dr. Smith offered these strategies for personal management of stress:

1. **Alter it** — use problem solving, direct communication, and time management
2. **Avoid it** — try to delegate or walk away, and know your limits. You want to avoid "freezing up!"
   Try to STOP — Stand back, Take stock of the situation, Overview (look at the big picture), and Procedures/Processes (apply them)
3. **Accept it** — build resistance and change your perceptions

Dr. Smith stated that there are no predictive models for who will experience burnout, although past behavior predicts future behavior.

He finished his presentation with these suggestions to avoid or to treat stress:

1. **Take mini-breaks** — even ten-minute breaks can be beneficial — relax and close your eyes
2. **Separate home and work environments** — do not go home with "homework"
3. **Get help with tasks** — at home and at work
4. **Set realistic goals** — at home and at work
5. **Set priorities** (remember, be realistic)
6. **Pay yourself** — enjoy hobbies

Dr. Smith closed with this insightful slide: Smokey Bear says, "Only you can prevent burnout!"[8]

In the book, *Don't Sweat the Small Stuff . . . and It's All Small Stuff,* there is a chapter entitled, "Remind Yourself that When You Die, Your 'In Basket' Won't Be Empty." I often recall this chapter title as a reality check on my desire to have everything done for even a few minutes. I remember this book as being a "good read," and a quick review of the chapter titles is intriguing: "Spend a Moment Every Day Thinking of Someone to Thank," "Set Aside Quiet Time, Every Day," "Choose Your Battles Wisely," and "Live This Day as if It Were Your Last. It Might Be!"[10] Sighing, I replace the book on my shelf. I hope to read it again soon — when I find time in my schedule.

Obstacles to Reducing Stress

Roger P. Smith, MD, an Obstetrician-Gynecologist who is a nationally known speaker on physician burnout shared these potential obstacles to reducing stress:

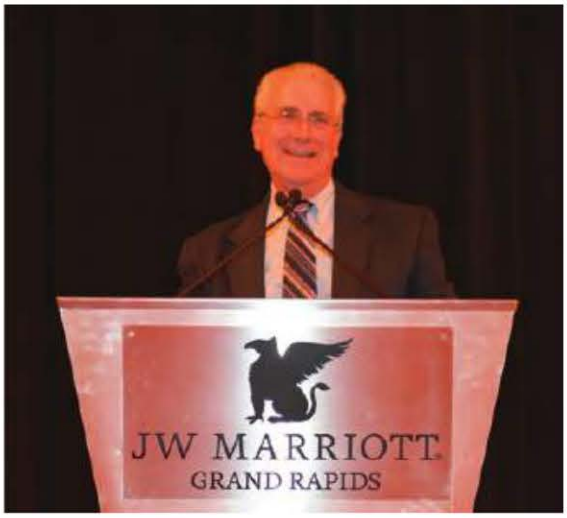
1. Holding onto perfectionism
2. Isolation
3. Overcommitment
4. Undiagnosed addictions — addictions to acceptance, reward, appreciation, and/or substances
5. Being financially overextended

RESOURCES

1. Linzer M., et al. "10 Bold Steps To Prevent Burnout In General Internal Medicine." *J Gen Intern Med,* 2014;29:18-20.
2. Peckham, C. "Physician Burnout: It Just Keeps Getting Worse." *Medscape Physician Lifestyle Report,* January 26, 2015.
3. Cohen, J. "Minds Turned To Ash." *The Economist 1843 magazine,* August/ September, 2016.
4. Holy Bible, *NIV version,* Ecclesiastes 1:2-3.
5. Galen. As quoted in Robson, D. "The reasons why exhaustion and burnout are so common." *BBC Future,* July 22, 2016, on-line reference, accessed on October 29, 2016, at http://www.bbc.com/future/story/20160721-the-reasons-why-exhaustion-and-burnout-are-so-common.
6. Beard, G. "Neurasthenia, or nervous exhaustion." Boston Medical and Surgical Journal, 1869(3):217-221. As referenced in Taylor, R. E. "Death of neurasthenia and its psychological reincarnation: A study of neurasthenia at the National Hospital for the Relief and Cure of the Paralysed and Epileptic, Queen Square, London, 1870-1932" *Brit J of Psychiatry,* December 2001;179(6):550-557.
7. Jauhar, S. "Why Doctors Are Sick of Their Profession." *The Wall Street Journal,* August 29, 2014.
8. Smith, RP. *Physician Burnout*. Oral presentation, Grand Rapids, MI, October 18, 2016.
9. Studer, Q. *Healing Physician Burnout.* Pensacola: Fire Starter Publishing, 2015:55-69,82-86.
10. Carlson, R. *Don't Sweat the Small Stuff . . . and It's All Small Stuff.* New York: Hyperion, 1997:19-20.

This resource provides a good summary of Dr. Smith's presentation: Smith, RP. "Strategies For Maintaining Resilience To The Burnout Threat." *OBG Management,* October 2016;28(10):17-23.

Physician Burnout Special Event



Roger P. Smith, MD shared how to recognize early warning signs of burnout and how to prevent, manage, de-escalate it.

It is no secret that today's physicians are facing challenges of regulations, time, insurance changes employment obligations and more — all while trying to serve patients and families.

The Kent County Osteopathic Association and Kent County Medical Society, in partnership with Metro University, Metro Health Hospital, Spectrum Health, Blue Cross Blue Shield of Michigan/Blue Care Network and the Kent Medical Foundation, hosted a special event addressing the subject of Physician Burnout. More than 150 attending and resident physicians and guests gathered for the event on October 18 at the JW Marriott, featuring, Roger P. Smith, MD, a speaker who has shared his insights at various physician groups across the county with the important issue of physician burnout — which is becoming common throughout the medical field. Special thanks to event sponsors and attendees.

Jeffrey Postlewaite, DO, Floyd Wilson, Jr., and Herman Sullivan, MD

Vegas Coleman, MD

David Reiffler, MD; Elizabeth Henry, MD; Larry Gerbens, MD

Sandra Dettmann, MD and Gene Soechtig, DO

Megan Edison, MD was asked to be a guest speaker at the Alaska State Medical Association House of Delegates meeting, in Anchorage, to address the Maintenance of Certification issue. Dr. Edison spoke to the Delegates in early October, urging them to join the fight against Maintenance of Certification.

Maintenance of Certification

Today, already-licensed Michigan physicians are subjected to redundant, expensive, and low-value Maintenance of Certification procedures. Doctors spend tens of thousands of dollars and ridiculous amounts of time on bureaucratic red tape that add zero value to their patients, and drive up the price of health care for everyone.

HOW DO MAINTENANCE OF CERTIFICATION REQUIREMENTS HURT MICHIGAN PHYSICIANS?

Highly trained, already-licensed Michigan physicians' number one focus is their patients, but MOC red tape gets in the way of that relationship and in some cases actually ends life-long doctor-patient relationships.

Maintenance of Certification is an out-of-state scheme that drives up the cost of health care while limiting physicians' time with their patients.

SIGN THE PETITION

Visit the Michigan State Medical Society website, msms.org, to learn more and sign a Right2Care petition.

Physicians already maintain education requirements to keep their licenses to practice medicine and have the right to deliver high quality health care to their patients. Onerous and expensive insurance company policies shouldn't stand in their way.

Physicians are already required by Michigan law to complete 150 hours of continuing medical education credits as a condition of relicensure every three years.

Doug Mack MD and wife, Maryvonne, left.
Clifton Ferguson, MD, below.

IV League Breakfast

Retired Members of the Kent County Medical Society and Kent County Osteopathic Association gathered for the second IV League Breakfast. The IV League is a gathering of retired members of both societies with a goal to simply reconnect. Spouses are always welcome. The event was held in September at the Grand Rapids Masonic Center building and allowed for a walking tour of nearby ArtPrize venues.

James Mitton, DO

Albert Dugan, MD and wife, Jeane.

Norman Keller, DO and Bob Hydrick, MD.

Henry Guzzo, MD

Dr. Emily SanDiego

Art Prize Sneak Peek

On September 19, over 100 KCMS and KCOA Members enjoyed a sneak peek of ArtPrize while visiting with friends and colleagues at EVE.

Join Us

KCOA MEETINGS OF INTEREST

FEBRUARY 13, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

APRIL 10, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

APRIL 15-22, 2017
NATIONAL OSTEOPATHIC MEDICINE WEEK

MAY 18-21, 2017
SPRING SCIENTIFIC CONVENTION AND MICHIGAN OSTEOPATHIC ASSOCIATION HOUSE OF DELEGATES
Southfield, Michigan

JUNE 12, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

SEPTEMBER 11, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

NOVEMBER 13, 2017
KCMS/KCOA LEGISLATIVE COMMITTEE LUNCHEON
Masonic Center, 4th Floor | Noon

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.us

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Norman Keller, DO
Edward Lee, DO
Gary Marsiglia, DO
Jeffrey Postlewaite, DO
Karlin Sevensma, DO
Jeffrey Stevens, DO
Adam Wolfe, DO
John Wolfe, DO

Jennifer Hemingway, DO
KCOA President,
Board of Directors

PRESIDENT'S MESSAGE

Reflecting on 2016 Efforts

Hello Osteopathic Colleagues. The KCOA Board of Directors wanted to remind you of their efforts in 2016 and share how your dues dollars are being utilized.

EDUCATION

The Kent County Osteopathic Association (KCOA) partnered with the Kent County Medical Society (KCMS) and other sponsors to host a valuable continuing medical educating event on October 10 addressing Physician Burnout. Information in this Bulletin issue is pertinent for physicians to share with colleagues in helping physicians, resident physicians and medical students with stress and career satisfaction.

The initiative was sparked by Jeffrey Postlewaite, DO and the Metro University to educate physicians about managing symptoms of burnout and stress. Dr. Postlewaite serves as the Director of Medical Education and is the Designated Institutional Official for Metro Health Hospital. The program was successful and welcomed many physicians who are in the early stages of their careers as well as established physicians.

SCHOLARSHIP SUPPORT

The KCOA Board is investigating the creation of Scholarship/Grant Programs to provide scholarships to medical students from our community. The KCOA grants may complement those established in other Osteopathic programs and/or may be directly granted. The Board is reviewing options and welcomes members input and feedback.

LEADERSHIP OPPORTUNITIES WITH THE KCOA

The KCOA has openings in two areas for 2017. Please consider representing your Osteopathic colleagues in the following areas to be the change that you want to see in our Association.

LEGISLATIVE COMMITTEE

As a reminder, the KCOA and the KCMS co-host a Legislative Luncheon enabling physicians to meet with local representatives on various topics. There are 4-5 luncheons a year. If you have an interest in serving on this committee, please contact the KCMS/KCOA office for details.

KCOA BOARD OF DIRECTORS

Join other Board Members, 4-6 times per year to provide guidance and stewardship of KCOA activities, events, and goals. While the investment of time is brief, the leadership is critical for the KCOA Members.

Finally, please check out the KCOA Members in photos of the joint events held this year with the KCMS members: IV League Breakfast for retired members; the ArtPrize Sneak Peek Social event and the Continuing Medical Education event on Physician Burnout.

Your KCOA Board looks forward to additional projects in 2017. Thank you for your continued membership and support of our Association.

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 Friday, December 2 will be included in the 2016 Holiday Card, which will be mailed Monday, December 5. 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 222
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.

KENT MEDICAL FOUNDATION

Fall is the Season of Giving

The Kent Medical Foundation is hosting its Annual Holiday Greeting Card project. Physician practices, families and friends can share Season's Greetings with one another in this joint effort with the KCMS Members and the KCMS Alliance Members. See the details on page 22. The deadline is Friday, December 2.

The Kent Medical Foundation Board has contributed to various projects over the years. A long-time project of health education is the nicoTeam program in partnership with the DeVos Family Foundation. In planning for some upcoming transition, the DeVos Family Foundation staff has asked the KCMS Staff and Kent Medical Foundation to oversee the administrative coordination of the anti-tobacco message with local schools. The team will work with the Cheri DeVos Foundation in working with art teachers in local middle schools on and poster artwork and messaging contest allowing middle school students to communicate to their peers on the hazards of tobacco use.

Kathleen Howard, MD
2016 Kent Medical Foundation, Board Chair

The 2017 contest planning is underway with KCMS staff meeting with local art teachers on the details of the events. A juried poster presentation will be held in March and a contest will be held in April. If you'd like to learn more about this effort, please contact the KCMS office.

SHARE YOUR STORY
If you are proud of the work you do for a health-related non-profit effort, please share your story with the KCMS Staff. In appreciation for your work, the Kent Medical Foundation, a KCMS partner, will honor the physician volunteer with a donation to the non-profit charity. Share your story or the story of a physician at 616-458-4157.

Kopchick volunteers, provides care to poor in Jamaica

John Kopchick, MD serves as Medical Director Emeritus with Jamaica Missions USA. As a member of the mission team (and now, extended family), he stays in a Jamaican hotel along the coast of south central Jamaica.

Coordinating their volunteer work through the Jamaican government's Ministry of Health, the team provides encouragement and care in the areas of medicine, dentistry, education, and physical therapy. The Jamaican people served are predominantly subsistence farmers who live in St. Elizabeth Parish, one of the poorest areas in Jamaica visited infrequently by doctors. Trained as a urologist, Dr. Kopchick has volunteered since 1989; treating medical problems including hypertension, diabetes mellitus, osteoarthritis, parasitic and fungal infections, among others.

KENT COUNTY MEDICAL SOCIETY ALLIANCE heartbeat

Connecting and growing for a healthier Kent County.

MESSAGE FROM THE PRESIDENT

The Kent County Medical Society Alliance has a long time tradition of fundraising for community charities. In 1990 we launched our first large fundraising effort with one focus being on assisting the creation of the YWCA Nurse Examiner's Program. The NEP in Grand Rapids provides necessary forensic examinations to adolescent victims of sexual assault and is a national model for this type of care. Coming full circle, over 25 years later the YWCA NEP again asked us for financial support, this time to update spaces for children and their parents while receiving services at the Nurse Examiner's Program. Our January 2016 Dose of Generosity fundraising event raised enough money to provide a comfortable, calming environment and was also able to additionally gift a specialized culposcope for young children. Along with other Alliance members, I was most gratified to see our hard work come to fruition by attending a tour of the newly remodeled YWCA on October 13. Proud cannot describe my feelings that day!

Everywhere you look around our city you will see countless ways in which the hard work of our Alliance has benefitted the community. Our financial contribution to the YWCA NEP is only one example of an Alliance fundraising tradition working to improve the health and well-being of our community.

We are not all work and no play, however. Check out the following photos of Alliance members enjoying social activities. I invite you to join us—make the Alliance your connection to community and to camaraderie.

Karen Begrow
KCMSA President

We want to connect with you!

Join the Alliance online today at:
kcmsalliance.org/join-menu

October 13
West Michigan YWCA Nurse Examiner's Program
KCMSA exam room unveiling & dedication

Kent County Medical Society Alliance Event Recap | summer | fall 2016

Alliance events are open to all prospective members in our medical community. Visit our calendar at **kcmsalliance.org/events** *to see our detailed schedule of current events and connect with us!*

May
Fundraiser: Stomp Out Stigma
This Annual Mental Health Foundation event was well attended by KCMSA members who walked & donated over $1,200 in support of taking the stigma out of mental illness.

May
Health Promotion: Reeds Lake Run/Walk
Member Dee Lenters invited running coach Katrina Parmelee-Peters to guide & motivate, while the rest enjoyed the 4.2 mile walk around East Grand Rapids' most scenic trail.

May
Young Alliance: Kickoff
A guided tour of the Ada Village Fire Station brought together young families. Taking turns spraying the fire hose was a hit with the preschoolers in attendance!

June
Michigan State Medical Society Alliance: Meeting
East Lansing
Updates from state leadership & the MSMS CEO were followed by our AMAA HAP Award presentation teaching other Michigan County Alliances how to implement an "Auction with a Twist" charity event. Following the meeting, members from across the state became better aquainted during a tour of MSU's Eli and Edythe Broad Art Museum.

June
Social Event: Fairy Garden Creation
Fairies were happy over the summer with the fun gardens created for them at Koetsier's Greenhouse.

June
Young Alliance: Red, White & Blue Playdate
Patriotic fun with new friends at Manhattan Park. Special thanks to Karen Begrow for the organizing the festivities!

July
Health Promotion: Discovering Your Confidence, Health & Beauty
Members were inspired by Amy Start's story, Rachel Williams of Lorde Beauty's tips, & member Dee Lenters' easy, at-home exercises.

July | Young Alliance: Family Picnic
Members, spouses and children gathered for a fun (albeit, hot!) afternoon at Ada Township Park for outdoor play and a Yesterdog buffet spread. It wonderful to meet new members and their families!

our mission statment

Kent County Medical Society Alliance advances the well being of our county through health-related philanthropy and advocacy, and promotes camaraderie among physician families through all seasons of their lives. Our mission has benefitted members since 1932.

July
Gourmet Club:
Pure Michigan
A large group of Alliance members made a trek to Lake Leelanau to enjoy a gourmet feast celebrating "Pure Michigan." Many thanks to Tom and Christine Pfennig for sharing their lovely cottage!

August
Gourmet Club:
West Coast Cuisine
Many thanks to Jim and Marianne Delavan for hosting at their lovely cottage.

September
Young Alliance:
Hangar Tour & Picnic
Little ones had the experience of a lifetime visiting a private plane hangar at the Gerald R. Ford Airport.

September
MSMS Alliance: Meeting
An exchange of ideas between County Alliance representatives was followed by a VIP behind-the-scenes tour of MSU's Breslin Center.

September
Social Event:
ArtPrize Tour & Musing
Lunch at Founder's Brewery followed by an exclusive docent-guided ArtPrize trolley tour had record attendance.

September
Book Club:
My Brilliant Friend
by Elena Ferrante
Members enjoyed lunch and good company as they discussed this Neapolitan Novel, Book One.

October
Fundraiser:
FarmRaiser Pick-up
Thanks again to those who participated in this successful fundraiser. Look for another opportunity to contribute next Spring.

October
Social Event:
Members Who Wine
Many thanks to all who participated in the donation of items to Safe Haven Ministries Domestic Violence Shelter. Hats off to Julie McCorry for hosting.

October
AMA North Central Alliance: Leadership Development Conference
Alexis Boyden & Jennifer Bruce learned about building member connections and the opioid epidemic.

October
Book Club: Dreamland
by Sam Quines
Addiction specialist and KCMSA member Dr. Sandy Dettmann shared her experience healing those in our community who are dealing with opioid addiction.

October
Health Promotion:
Beginning Yoga
Dee Lenters hosted while Rebecca Vredenburg taught members how to be present in a busy world.

November
Fundraiser:
Sip & Style Event
Members & friends enjoyed a full day of styling tips and shopping. Special thanks to Leigh's for donating 10% of revenue to the Alliance.

BY BILLEE LIGHTVOET WARD AND ROSE WILLIS[1],
DICKINSON WRIGHT PLLC | GUEST CONTRIBUTORS

Have You Implemented the Notice and Other Requirements Under the Section 1557 Final Rule?

Section 1557 of the Affordable Care Act prohibits discrimination in health coverage on the basis of race, color, national origin, sex, age, or disability. Recently, the Department of Health and Human Services (HHS) issued a Final Rule implementing Section 1557.

The Final Rule, many provisions of which went into effect on July 18, 2016, clarifies and expands the non-discrimination requirements under Section 1557, and requires "covered entities" to have complied with certain additional requirements by October 16, 2016. This means that hospitals, physician practices and other healthcare providers who receive federal financial assistance (as defined under the Rule and discussed below) should immediately take action to comply with these requirements if they have not already done so.

WHO IS COVERED BY SECTION 1557?

Section 1557 applies to entities that receive "federal financial assistance" including: (a) any entity operating a health program or activity that receives funds from HHS; (b) Federal and State Health Insurance Marketplaces; and (c) employee health benefit programs that receive funds from HHS. Although Medicare Part B is specifically excluded from the definition of "federal financial assistance" for purposes of Section 1557, the receipt of Medicaid reimbursement, Meaningful Use Payments and other federal payments do qualify, so hospitals, physician practices, and other healthcare providers who receive such funds are subject to the requirements of the Final Rule. Those requirements are summarized below.

The Final Rule requires covered entities to post notices, taglines and other statements relating to non-discrimination. Additionally, covered entities with 15 or more employees must adopt a grievance procedure and designate a responsible employee to coordinate grievances.

WHAT DOES SECTION 1557 REQUIRE OF COVERED ENTITIES?

Among other things, the Final Rule requires covered entities to post notices, taglines and other statements relating to non-discrimination. Additionally, covered entities with 15 or more employees must adopt a grievance procedure and designate a responsible employee to coordinate grievances. The various requirements are discussed in a bit more detail below.

Notice Statement

The Final Rule requires covered entities to post a Notice informing patients of Non-Discrimination and Accessibility Requirements. The Notice must be posted in a visible font size in the following three locations:

- (i) In significant publications and significant communications targeted to beneficiaries, enrollees, applicants, and members of the public, *except for significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures;*
- (ii) In conspicuous physical locations where the entity interacts with the public; and
- (iii) In a conspicuous location on the covered entity's Web site, accessible from the home page of the covered entity's Web site.

The Office of Civil Rights has approved a form of Notice which can be found at: http://www.hhs.gov/sites/default/files/sample-ce-notice-english.pdf. This is a useful tool, but should be tailored to incorporate information specific to the covered entity.

Language Assistance for those with limited English proficiency

The Final Rule contains various requirements intended to provide for meaningful access to health programs for those with limited English proficiency. Steps required of covered entities in this regard include the following:

- **(i) Taglines.** Covered entities must post "Taglines" to inform individuals with limited English proficiency of the availability of language assistance services. The required Tagline must be posted in the top 15 languages spoken by individuals with limited English proficiency in the State. In Michigan, those languages include:
  - *Spanish*
  - *Arabic*
  - *Chinese*
  - *Syriac*
  - *Vietnamese*
  - *Albanian*
  - *Korean*
  - *Bengali*
  - *Polish*
  - *German*
  - *Italian*
  - *Japanese*
  - *Russian*
  - *Serbo-Croatian*
  - *Tagalog*

  While the Tagline itself is not required to be posted in English, when translated to English, it effectively states: "Proficiency of Language Assistance Services ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-xxx-xxx-xxxx."

Translated versions of the Tagline in the various languages are available at: http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html. These Taglines must be posted in the same three areas as the Notice discussed above.

- **(ii) Interpreters.** Discrimination on the basis of national origin has been interpreted to include language barriers. Therefore, covered entities must take reasonable steps to provide "meaningful access" to individuals with limited English proficiency who are "likely to be encountered." To this end, the regulations require that covered entities provide qualified interpreters free of charge for individuals with limited proficiency in English. The interpreter may not be an accompanying adult or minor child unless an emergency involving imminent threat exists. The interpreter may also not be a staff member unless they are qualified as an interpreter.

- **(iii) Vital Documents.** Covered entities must comply with provisions of Title VI that require "vital documents" to be translated into languages frequently encountered by the covered entity. Whether a document is "vital" depends upon the importance of the program, information, encounter, or service involved, and the consequence to the limited English proficiency person if the information in question is not provided accurately or in a timely manner. For purposes of this requirement, HHS has set forth a safe harbor. Vital documents must be translated for each eligible limited-English proficiency language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered by the entity. Translation of other documents, if needed, can be provided verbally. If there are fewer than 50 persons in a language group that reaches the 5% trigger, the covered entity is not required to translate vital documents but must provide written notice to such group (in the primary language of the group) of the right to receive competent oral interpretation of those written materials at no charge.

Postings in Small Sized Publications Communications

Section 1557 requires covered entities to post certain information in significant publications and significant communications that are small-sized, such as postcards and trifold brochures. The required information includes the following:

- The Tagline described above, posted in the top 2 languages spoken by individuals with limited English proficiency in the State. In the State of Michigan, those languages include Spanish and Arabic; and
- A brief Statement of Non-Discrimination as follows: "[Name of Entity] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex."

Auxiliary Aids and Services for the Disabled

The regulations require communications with individuals with disabilities to be as effective as communications with others. A covered entity must provide appropriate "auxiliary aids and services" to persons with impaired sensory, manual, or speaking skills. Any health programs or activities provided through electronic and information technology must also be made available to the disabled, unless this results in undue financial and administrative burden to the entity or fundamentally alters the nature of the health program or activity. Finally, buildings must be accessible to disabled persons; although this last requirement has less of a practical effect since most entities covered by Section 1557 are already covered under the Americans with Disability Act which imposes similar standards.

Grievance Procedure/Coordinator

If a covered entity employs 15 or more employees, it must adopt a grievance procedure and designate a responsible employee to act as the grievance coordinator (this could be the same person as the person who acts as the entity's compliance officer or compliance coordinator). A sample grievance procedure has been developed by OCR and can be found here: http://www.hhs.gov/sites/default/files/section-1557-sample-grievance-procedure.pdf

CONTINUED ON PAGE 31

ATTENTION RETIRED MEMBERS!

JOIN US IN 2017

A social breakfast gathering for the IV League

No agenda. No tasks. Just an opportunity for the KCMS and KCOA to host retired members.
A great chance to connect with soon to fly snow birds, and catch up!

Are you watching for IV League get-togethers?

The KCMS and KCOA host two social events for retired members (one in the spring and one in the fall).
Watch for 2017 dates in the next Bulletin.

For More Information

Please contact the KCMS/KCOA office at 616.458.4157.

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The Final Rule helps to clarify some of the existing requirements that existed under Section 1557, but requires careful review and interpretation to determine whether, and to what extent, it applies to a given entity. Entities covered by this rule are generally required to have implemented the requirements no later than October 16, 2016 except that the Final Rule permits such covered entities to exhaust their stock of current, hardcopy Notice and Tagline publications before printing new publications.

[1] *Billee Lightvoet Ward and Rose Willis are attorneys with Dickinson Wright PLLC's healthcare practice group. They specialize in healthcare law and general business matters. They gratefully acknowledge the assistance of their colleague, Timothy Cary, in the preparation of this article.*

Tax Deductibility of Your Dues as a Business Expense

In addition to the many tangible membership benefits, including preservation of our nation-leading tort reforms, the upside of paying dues to your professional association is that a large portion may be included as a deduction in your federal business taxes.

This year, 98 percent of your Kent County Medical Society dues may be included as an itemized business tax deduction on your federal income tax form. Michigan State Medical Society reports that 92 percent of your Michigan State Medical Society dues may be used as an itemized business tax deduction.

Consult with your tax advisor to determine exactly how to include your professional dues as a deduction on your IRS tax forms.

REMINDER

PROMPT PAYMENT OF YOUR KCMS DUES IS GREATLY APPRECIATED!

MSU COLLEGE OF HUMAN MEDICINE

Innovative Learning

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

Michigan State University College of Human Medicine welcomed 177 new medical students at our White Coat Ceremony in Grand Rapids, on August 28, 2016. This celebration matriculated a class of students who will learn medicine in a new way that has never been taught before. Of the 177, 86 percent are Michigan residents, 58 percent are women, and 24 percent identify their race as being underrepresented in medicine.

This is the inaugural class of the new Shared Discovery Curriculum which incorporates many evidence-based learning techniques including elaboration, learning with others, authentic and specific feedback, mentoring and coaching, engagement in a challenging but supportive environments, and learning within a social context of collaboration.

Over their first eight weeks of medical school, these students prepared themselves to start working in a primary care clinic for two one-half days a week where they room patients, perform medication reconciliation, take vital signs and give immunizations. They spend the rest of the week learning basic science, social science and clinical medicine concomitantly through a novel approach.

Each week the topic focuses on a chief complaint, for example blood pressure concerns. During that week they will learn about the anatomy, biochemistry, physiology, pharmacology, histology, microbiology and pathology related to blood pressure concerns while seeing patients in the office and discussing the social and ethical issues that arise with blood pressure management.

Students have been divided into four learning societies to create a safe place for elaborating their knowledge. Each society is named for someone who made educational advancements in our country: Jane Addams is a woman who led the country in social reform during the early 1900s; John Dewey lived in a similar time and believed that people learned best by "doing"; Justin Smith Morrill advocated for higher education and championed the Land Grant Act allowing public land and funds to be used to develop colleges, like Michigan State University, for working class people; and Daniel Hale Williams, an African-American surgeon who championed the start of nursing schools and was the first to represent his race in the American College of Surgeons.

Feel free to visit http://curriculum.chm.msu.edu/ for more information on our Shared Discovery Curriculum.

Our learning societies are further separated into six teams per learning society, with two or three faculty and seven or eight students per team. Thus far, both the students and the faculty are working hard, yet enjoying the experience of this new way of teaching and learning medicine.

Feel free to visit http://curriculum.chm.msu.edu/ for more information on our Shared Discovery Curriculum.

Mark Hall, MD, MPH
and Brian Hartl, MPH

KENT COUNTY HEALTH DEPARTMENT

Does that Old Sweater Still Fit?

Recently, I was pulling out my fall and winter clothing that my wife makes me pack away for the summer in anticipation of the upcoming cold weather. As I was sorting through, I came across a sweater that I had completely forgotten about. While I'm not a fashionista by any means, it's always nice to have another option in the closet to choose from while getting ready for work in the morning.

Before I put in into rotation, however, I tried it on to make sure it still fit and confirmed with my wife to ensure that it was not too out of date and she would still approve of me walking out the door. She gave her approval and it is now part of my weekly wardrobe. Over that past few years in the public health world, mumps has been the piece of clothing that we have forgotten about. Once you encounter it, you may not know what to do with it, but upon further investigation you soon realize that knowing the appropriate steps to prevent and control this disease, once thought to be "out of style," must become part of your normal routine.

Reports of mumps have been rare in Kent County. From 2006 to 2009, one case of mumps was reported each year. No cases were reported between 2010 and 2015. To date in 2016, seven (7) probable and confirmed cases have been reported to the Kent County Health Department.

The mumps vaccine was licensed in the United States in December 1967. In 1977, the Advisory Committee on Immunization Practices (ACIP) recommended routine mumps vaccination for all children greater to or equal to 12 months of age. That same year, the introduction of Measles-Mumps-Rubella (MMR) vaccine facilitated compliance with mumps vaccination in young children. Due to a shift in peak incidence from 5-9 year olds to 10-19 year olds, APIC recommended a second dose of MMR vaccine be administered to children 4-6 years of age in 1989. In 1968, a total of 152,209 were reported to the Nationally Notifiable Disease Surveillance System (NNDSS). By 1993, the number of reported cases had decreased by 99% to 1,692. Since then, mumps cases have fluctuated from roughly a few hundred to a few thousand each year in the United States. This fluctuation is mainly attributed to the periodic occurrence of outbreaks, most of which are associated with congregate settings like college campuses.

Reports of mumps have been rare in Kent County. From 2006 to 2009, one case of mumps was reported each year. No cases were reported between 2010 and 2015. To date in 2016, seven (7) probable and confirmed cases have been reported to the Kent County Health Department. Four of these

CONTINUED ON PAGE 34

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cases were associated with two clusters that occurred on college campuses and the others were spontaneous cases that occurred in the community. The CDC's surveillance case definition for mumps was updated in 2012 and further delineated differences in probable and confirmed cases. Prior to 2012, any patient with clinical symptoms and laboratory evidence of mumps infection was considered to be a confirmed case. The 2012 case definition stipulated that confirmed cases have symptoms and laboratory confirmation of mumps virus with reverse transcription polymerase chain reaction (RT-PCR) or culture. Those with symptoms and a positive test for serum anti-mumps immunoglobulin M (IgM) antibody were deemed probable cases.

PROBABLE

- Acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another more likely diagnosis, in:
  - *A person with a positive test for serum anti-mumps immunoglobulin M (IgM) antibody, OR*
  - *A person with epidemiologic linkage to another probable or confirmed case or linkage to a group/community defined by public health during an outbreak of mumps.*

CONFIRMED

- A positive mumps laboratory confirmation for mumps virus with reverse transcription polymerase chain reaction (RT-PCR) or culture in a patient with an acute illness characterized by any of the following:
  - *Acute parotitis or other salivary gland swelling, lasting at least 2 days*
  - *Aseptic meningitis*
  - *Encephalitis*
  - *Hearing loss*
  - *Orchitis*
  - *Oophoritis*
  - *Mastitis*
  - *Pancreatitis*

Because laboratory confirmation is the determining factor in the case classification of mumps infection, it is critical that health care providers are aware of the appropriate specimen collection procedures for patients who are suspected of having mumps. Serum and buccal swabs should be collected as soon as possible upon suspicion of mumps disease. For serum specimens, collect 7–10 ml of blood in a red-top or serum-separator tube (SST) Buccal swab specimens are obtained by massaging the parotid gland area for 30 seconds prior to swabbing the area around Stensen's duct. A commercial product designed for the collection of throat specimens or a flocked polyester fiber swab can be used. Synthetic swabs are preferred over cotton swabs. Flocked synthetic swabs appear to be more absorbent and elute samples more efficiently. Processing the swabs within 24 hours of collection will enhance the sensitivity of both the RT-PCR and virus isolation techniques.

In order to prevent the spread of infection, it is imperative that appropriate control measures are implemented after a probable or confirmed case of mumps has been identified. These include:

- Respiratory isolation for 5 days after the onset of parotitis.
- Susceptible contacts (those without documented vaccination or immunity) should be excluded from school or the workplace until the 25th day after exposure if other susceptible individuals are present. In school settings, students may return to school once they receive vaccination.
- Healthcare personnel without evidence of immunity who have unprotected exposure to a patient with mumps should be excluded from the 12th day after the first exposure through the 25th day after the last exposure.

Like that forgotten sweater that is part of my weekly wardrobe, it appears that mumps investigations may be part of the routine for public health in the immediate future. Local physicians can assist in these investigations by recognizing the symptoms of mumps, obtaining the appropriate clinical specimens and implementing proper prevention and control measures among patients and their contacts. Kent County Health Department Communicable Disease staff are available to assist in management of suspected cases of mumps by calling 616-632-7287.

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
Fax (616) 632-7085

September, 2016

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

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2016	Through September 2011-2015
AIDS	0	9	19
HIV	0	28	N/A
CAMPYLOBACTER	8	71	64
CHICKEN POX[a]	1	15	15
CHLAMYDIA	288	2577	2756
CRYPTOSPORIDIOSIS	4	31	14
Shiga Toxin Producing E. Coli	3	16	12
GIARDIASIS	3	31	55
GONORRHEA	64	510	537
H. INFLUENZAE DISEASE, INV	2	10	5
HEPATITIS A	0	0	2
HEPATITIS B (Acute)	0	2	2
HEPATITIS C (Acute)	0	0	1
HEPATITIS C (Chronic/Unknown)	16	243	220
INFLUENZA-LIKE ILLNESS[b]	3068	30395	34430
LEGIONELLOSIS	1	4	7
LYME DISEASE	1	3	3
MENINGITIS, ASEPTIC	6	15	24
MENINGITIS, BACTERIAL, OTHER[c]	1	16	10
MENINGOCOCCAL DISEASE, INV	0	0	1
MUMPS	1	3	0
PERTUSSIS	3	10	9
SALMONELLOSIS	6	49	48
SHIGELLOSIS	2	46	8
STREP, GRP A, INV	3	25	25
STREP PNEUMO, INV	5	37	34
SYPHILIS (Primary & Secondary)	2	18	7
TUBERCULOSIS	1	12	11
WEST NILE VIRUS	2	2	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2016	DISEASE	NUMBER REPORTED Cumulative 2016
Kawasaki Syndrome	2	Dengue Fever	1
Toxic Shock Syndrome	2	Malaria	3
Hemolytic Uremic Syndrome	1	Syphilis - Congenital	2
Guillain-Barre Syndrome	2	Rickettsial - Spotted Fever	1
Typhoid Fever	1		

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*.

Except for Chickenpox & 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.

KCHD

KCMS
KCOA

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Kent County Medical Society
Kent County Osteopathic Association
233 East Fulton, Suite 222
Grand Rapids, MI 49503