



Bulletin

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

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



Shaping the Future of Medicine

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BULLETIN



Brian Stork, MD, Region 8 Director and Muskegon County Medical Society Member, addresses Michigan House of Delegates.

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Cover Photos

West Michigan Delegates participating in the 2024 MSMS House of Delegates also featured on the cover are:

On left: KCMS Delegates, Sonia Samant, MD and David Whalen, MD

Top right: Amit Ghose, MD (Ingham County) and Antonia Henry, MD, KCMS Board Secretary and Delegate

Middle right: KCMS Members, Phil Wise, MD, Speaker of the House and Jayne Courts, MD, MSMS Board Secretary, and MSMS President, M. Salim Siddiqui, MD, PhD

Bottom right: Vice Speaker of the House, Bryan Huffman, MD (Ottawa County) and Phil Wise, MD, Speaker of the House.

GET INVOLVED:

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

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In Memoriam

Please join the KCMS and Kent Medical Foundation Boards in extending our heartfelt condolences to the family of Dr. David Hammond.

David E. Hammond, MD passed away on May 2, 2024. Doctor Hammond graduated Pennfield High School



David E. Hammond, MD

as Salutatorian of his class, received a bachelor's degree from Olivet College, a master's degree from the University of Michigan, and ultimately received his medical degree from Michigan State University's College of Human Medicine. He completed an internship at Bronson and Borgess Hospital in Kalamazoo, followed by a Dermatology Residency at Mayo

Clinic in Rochester, Minnesota. He returned to West Michigan to establish Grand Rapids Dermatology, his solo practice that he maintained for 40 years.

He was a passionate care provider in the community who also dedicated his time to serving several medical organizations throughout his career. He was an advocate for improving patient health and was an active member of the Kent County Medical Society and Michigan State Medical Society.

He served on the Kent County Medical Society's Board of Directors, serving as Board Treasurer, and as KCMS President. He also served on the Kent Medical Foundation Board of Directors and the KCMS' Delegation to the MSMS House of Delegates where he wrote Resolutions to improve medical care for patients and policies to assist Michigan physicians.

Dr. Hammond was a member of the Kent County Medical Society since 1999.



COME ON OUT TO THE BALLGAME!

KCMS & KCOA

NIGHT AT THE BALLPARK

Thursday, August 22, 2024

LMCU BALLPARK | COMSTOCK PARK, MI

West Michigan Whitecaps vs Lake County Captains

SCAN OR CLICK
BELOW TO RSVP



Join families from other West Michigan Medical Societies as the West Michigan Whitecaps take on the Lake County Captains! Enjoy a complimentary, pre-game BBQ supper. Mealttime begins when the gates open at 5:15pm and lasts until the first pitch at 6:35pm. Stay late for post-game fireworks!

PLEASE RSVP BY AUGUST 15

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KCMS MEETINGS OF INTEREST

ONLINE CALENDAR

GET THE LATEST INFORMATION ON KCMS EVENTS

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

AUGUST 22, 2024

WEST MICHIGAN DOCTORS AND DONOR NIGHT AT THE WHITECAPS

SEPTEMBER 9, 2024

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE
 Noon | Virtual meeting

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.

Visit us

For event details, check out our website kcms.org



PRESIDENT'S MESSAGE



Warren F. Lanphear, MD, FACEP
2024 KCMS President

Connections and Action

What a busy early spring the KCMS has had! The KCMS Board of Directors have worked hard on behalf of their Members and have had some fun and social time along the way. If you did not have the opportunity to join in on the multiple events, there will be other opportunities for your involvement.

West Michigan Physicians represented YOU!

Greetings Kent, Ottawa, Barry, Muskegon, Kalamazoo, Calhoun, Hillsdale, Grand Traverse County Delegations!

Congratulations to our West side Delegates on a successful and collegial 2024 House of Delegates. West Michigan and neighboring counties were well represented in Reference Committees

The West Michigan Delegation participated in the Michigan State Medical Society House of Delegates meeting. This year's meeting

was held for one day in Lansing and was the first-ever abbreviated format for the House of Delegates. A total of 42 Resolutions were submitted to MSMS prior to March 1. These were then distributed to the five Reference Committees. Prior to the meeting, MSMS hosted on-line Reference Committee meetings, allowing Delegates and Alternate Delegates to provide on-line reactions and testimony regarding the 2024 Resolutions. Kent, Ottawa and Barry County Delegates were very visible and involved. I appreciate the time and interest of all who participated on the webinar calls.

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Amit Ghose, MD, Ingham County Medical Society Member and former Board President addresses the Delegates.



Bryan Huffman, MD, Ottawa CMS President, discusses Resolutions. KCMS and MSMS Board Member, Jayne Courts MD, Shirley Green, Muskegon CMS Executive Director and Yousef Hamati, MD, Muskegon CMS Delegate listen on.

CONNECTIONS AND ACTION

CONTINUED FROM PAGE 6

The decisions of the six Reference Committees were shared in the annual Results of Reference Committees. Delegations could address these at the Saturday morning meeting of the House.

Thank you to our many regional Delegates for their participation! KCMS Member and Speaker of the House, Dr. Phil Wise, and OCMS President and Vice-Speaker, Dr. Bryan Huffman, set a clear standard for decorum, and debates on the House floor.

Longtime Member and Delegate, Dr. Phillip Wise has announced that he will be running for the office of MSMS President-Elect at the 2025 House of Delegates. We wish him luck in his campaign and look forward to another House meeting in 2025.

Regional Directors' Update for 2024 House of Delegates

The West Michigan Region held a Regional Directors meeting prior to the 2024 House of Delegates meeting. This hybrid gathering encompassed Region 5 (Barry, Allegan, Calhoun, Kalamazoo) and Region 8 (Kent, Ottawa, Muskegon, Montcalm). Attendees heard from President-Elect candidates Brian Stork, MD (Muskegon County, Region 8 Director) and Amit Ghose, MD (Ingham County). The Delegates and Alternate Delegates also took time to caucus on the 2024 Resolutions prior to the House meeting.

CONTINUED ON PAGE 8

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MSMS House of Delegates meets.

CONNECTIONS AND ACTION

CONTINUED FROM PAGE 7

Mix and Mingle

One of my goals for my role as KCMS President, is to provide more face-to-face connection with our colleagues in the Kent County Osteopathic Association and our hospital systems. The initial Mix and Mingle social event was held at the Bistro Bella Vita downtown. While downtown Grand Rapids was very busy we had a great group of friends and their guests. It was nice to meet new friends who I hope will attend again in the future.

Our next social event for Kent, Ottawa, Barry County Members as well as members of the Kent County Osteopathic Association and Donors and Friends of the Kent Medical Foundation will be held on Thursday, August 22, 2024 at the West Michigan Whitecaps Park for dinner and a game, followed by fireworks. Details are included on the flyer presented in the issue. Bring the family and connect with other physician friends!

MEMBER BENEFIT

Pain Management: Treatment Options and Legal Responsibilities

Many physicians from our Region took part in the inaugural multi-county medical society ZOOM webinar on May 22. We hope the information was helpful to you and that you saw the benefit of your Membership and involvement with this free educational event. Attendees received 3 CME credits to satisfy the LARA requirements.

If you have an interest in more events such as this, please feel free to share your topic requests with me or other Members of the Board, or Patricia Dalton at patricia@kcms.org.

Thank You, West Michigan Delegates

Special thanks to the following individuals who participated this year's Delegates to the Kent, Ottawa and Barry County Medical Societies and to their respective Specialty Society Delegation.

Megan Edison, MD led the Kent, Ottawa and Barry Delegations in collaboration with other West Michigan Medical Society Delegations. Kent and Ottawa County Resolutions on Water Safety, Newborn Eye Exams, and Controlled Substance Prescriptions passed without any concerns or amendments! Thank you all!

KENT COUNTY DELEGATION

Anita Avery, MD	Karen Leavitt, MD
Michelle M. Condon, MD	Tudor Moldovan, MD
Megan Edison, MD	Rose Ramirez, MD
Androni Henry, MD	Sonia Samant, MD
Antonia Henry, MD	David W. Whalen, MD
Warren Lanphear, MD	Phillip G. Wise, MD

SPECIALTY SOCIETY DELEGATES FROM WEST MICHIGAN

Patrick Droste, MD
MI Eye Physicians & Surgeons (Kent)

Edward Fody, MD
MI Pathology (Kent/Ottawa)

Christopher Betzle, MD
MI Orthopaedic Society (Kalamazoo)

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Scott Abela, DO	Daniel Johnston, MD
Katherine Mills, MD	

MUSKEGON COUNTY DELEGATION

Wayne Fuller, MD	Yousif Hamati, MD
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OTTAWA COUNTY DELEGATION

Bryan Huffman, MD	Andrew Cureton, MD
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Meet New MSMS President-Elect

Dr. Amit Ghose has over 35 years of clinical experience in three countries on three continents. He has witnessed challenges



Amit Ghose, MD

based by patients and healthcare providers. Whether practicing in clinics or urban hospitals, he has dedicated his career to improving access, quality, and equity. Has worked as an advocate and has been engaged with legislators to advocate for policies that prioritize preventive care, mental health services and physician well-being. He's been involved with MDPAC for over 10 years serving as the Chair for 2020-2023. During that time, he was focused on increasing donations, and raising the amount of funds. He continues to be a strong proponent of MDPAC.

Dr. Ghose has served on the Ingham County Medical Society Board of Directors and served as President. He has served

Whether practicing in clinics or urban hospitals, Dr. Ghose has dedicated his career to improving access, quality, and equity.

nine years on the MSMS Board of Directors, working on various efforts: the campaigns to reform prior authorization, nullify healthcare tax, expand Medicaid within the state and increase funds for residency programs. He has served as an MSMS Delegate to the AMA in 2022 after serving four years as an Alternate Delegate. He served on the task force to rewrite the Bylaws of the AMA International Medical Graduate section.

His vision for MSMS includes his interest in increasing grassroots, involvement of members and individual and group memberships by explaining the value of organized medicine. Congratulations Dr. Ghose.



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- Accreditation, Licensing, Certification

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



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MICHIGAN DELEGATES SHAPE THE FUTURE OF HEALTH CARE

The Annual Meeting of the Michigan State Medical Society House of Delegates was held on May 11, 2024, at the Crowne Plaza Lansing West in Lansing. As the policy-making body of the MSMS, the House of Delegates is comprised of County and Specialty Medical Society delegates and alternate delegates. This year's one-day, in-person meeting included the MSMS Board of Directors and 210 delegates from across the state.

A total of 42 resolutions were reviewed by the full House. This is the new policy adopted as a result of the Reference Committee testimony and review, as well as any additional testimony at the meeting.

Visit the msms.org website for additional information and history of the resolutions as well as the result of Board Action Reports and a list of those resolutions referred to the MSMS Board for further study.



REFERENCE COMMITTEE C Internal Affairs, Bylaws, and Rules

05-24 - Medical Student Section Representation

RESOLVED: That Section 12.10 of the MSMS Bylaws be amended as follows:

12.10 COMPOSITION—The House of Delegates shall be composed of members elected by the component societies, a delegate from each recognized specialty society, a delegate from the Resident and Fellow Section, one delegate from the Organized Medical Staff Section, a delegate from the Young Physicians Section, a delegate from the International Medical Graduates Section and a total of 7 student delegates and 7 student alternate delegates from the MSMS Medical Student Section, corresponding to 1 delegate and 1 alternate delegate from each of the 7 medical schools in the state of Michigan. These student delegates and alternate delegates must be members of the MSMS Medical Student Section.

22-24 - Restructure Student Dues Assessment

RESOLVED: That the MSMS Bylaws be amended as follows:

2.60 STUDENTS (MEDICAL STUDENT SECTION) - Medical students may become members of the State Medical Society through a component society or directly through the MSMS Medical Students Section. Except as provided in Section 12.10 of these Bylaws, they may not vote or hold office. They may be appointed to MSMS committees as student members. State Society dues shall be set proposed by the Board of Directors to cover administrative costs of membership except in the first year of membership and approved by the House of Delegates. Component dues for students shall be determined at the local level.

42-24 - Lost Direction

RESOLVED: That MSMS clearly state that its goals are to enhance physician's well-being both personally and professionally, to improve the physician's ability to provide health care, to counter threats that interfere with a physician's ability to provide patient care, and to help advance medicine and medical care.

REFERENCE COMMITTEE D Public Health

03-24 - Partnership with Mental Health Providers and Law Enforcement

RESOLVED: That MSMS provide education to the public on the importance of mental health providers accompanying law enforcement officers on calls responding to mental health crises; and be it further

RESOLVED: That MSMS encourages law enforcement agencies in the state of Michigan to incorporate mental health providers on calls regarding mental health crises.

04-24 - Plastic Surgery Medical Tourism

RESOLVED: That MSMS recognizes that medical tourism for cosmetic surgery is an increasingly popular phenomenon amongst Michigan residents and is associated with both risks and complications for the patient; and be it further

RESOLVED: MSMS make a concerted effort to inform the Michigan public about the dangers and risks of medical tourism for cosmetic surgery.

08-24 - Universal Newborn Eye Screening

RESOLVED: That MSMS support initiatives for Universal Photographic Newborn Eye Screening in the State of Michigan; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage our AMA to endorse Universal Photographic Newborn Screening as a national practice for newborn children.

09-24 - Support for Water Safety

RESOLVED: That MSMS adopt the following policy supporting water safety in Michigan:

MSMS supports (1) early childhood swim lessons for every child in Michigan with the goal of “drown-proofing” the children of our state; (2) the availability of basic water rescue equipment at all public beaches including throw rings and life-jackets; (3) the presence of lifeguards at public beaches in Michigan; and (4) legislative efforts to protect entities that hire lifeguards from liability in a manner similar to good Samaritan laws; and be it further

RESOLVED: That MSMS provide visible support to the efforts of other groups that are working to further MSMS stated policy on water safety issues in Michigan. This support would include vocal support of efforts to improve water safety and adding our support to these groups at legislative hearings in Lansing regarding water safety.

15-24 - Perinatal Mental Health and Substance Use Disorder Services

RESOLVED: That MSMS will support improvements in mental health and substance use disorder services during the pregnancy and postpartum period including access to non-pharmacotherapy, pharmacotherapy, outpatient services and inpatient psychiatric and medical services; and it be further

RESOLVED: That MSMS will advocate for inclusive private and public insurance

coverage of, and sufficient payment for, all mental health services during pregnancy and the postpartum period; and it be further

RESOLVED: That MSMS will advocate for evidence-based, non-punitive, screening and treatment of mental health and substance use disorders as the standard of care during pregnancy and the postpartum period; and be it further

RESOLVED: That MSMS will encourage the expansion of mental health and substance use disorder treatment facilities that provide care during pregnancy and the postpartum period for those in need of inpatient and intensive outpatient disease management, including facilities that enable them to bring their minor children.

17-24 - No-cost Reproductive Planning for Michigan Users

RESOLVED: That MSMS seek the collaboration of the Michigan Department of Health and Human Services and all Michigan health care services and health insurers to comply with the requirements of the Affordable Care Act as amended and provide comprehensive contraceptive issues, processes, and products as approved by the United States Food and Drug Administration to all pregnancy capable persons in Michigan at no cost, funded via the Title X funds available to the state for this purpose and all other funds available for similar purpose.

32-24 - HPV Vaccination

RESOLVED: That MSMS encourage and support efforts by the Michigan Legislature, Michigan Department of Health and Human Services, and the Michigan State Board of Education to bolster statewide public education on the benefits of HPV vaccine in reducing not only cervical cancer risk in females, but also oropharyngeal cancer risk in both females and males; and be it further

RESOLVED: That MSMS support efforts to increase the rate of HPV vaccination uptake among children and adults up to the age of 45 of all genders.

36-24 - Free Menstrual Products in Public Schools

RESOLVED: That MSMS encourage all Michigan school districts, other public schools, and chartered nonpublic schools that enrolls girls in grades 6-12 to provide

free tampon and pad products to those students; and be it further

RESOLVED: That MSMS encourage each district or school to provide tampon and pad products to students below grade 6 and to inform students where the products are kept in the school.

37-24 - Access to Fentanyl Strips

RESOLVED: That MSMS support programs that work to increase access to and education for use of fentanyl test strips; and be it further

RESOLVED: That MSMS encourages inclusion of fentanyl testing strips in save-a-life/harm reduction boxes; and be it further

RESOLVED: That MSMS encourages that save-a-life/harm reduction boxes be available 24/7 in every Michigan county in accessible locations for individuals with substance use disorders to test their substances and make an informed decision about using that substance in order to reduce overdose deaths in Michigan.

REFERENCE COMMITTEE B Legislation

06-24 - Release of Sensitive Information

RESOLVED: That MSMS supports the imposition of a reasonable time period before certain sensitive health information is required to be released to patients to prevent unnecessary emotional and physical harm or stress to patients from receiving such information without the benefit of a discussion with their physician or other health care practitioner; and be it further;

RESOLVED: That MSMS actively identify and work with partners, including patient advocacy groups, to draft legislation that establishes a reasonable time before certain sensitive health information is released in order to 1) protect patients from harm, and 2) avoid potential for federally stipulated monetary penalties to providers who are considered to be in violation of the information blocking provision of the 21st Century Cures Act; and be it further

RESOLVED: That MSMS continues to update and provide educational resources for physicians and their practices to help them maintain compliance with the 21st Century Cures Act.

07-24 - Physician Rights and Responsibilities Regarding Collaboration with Non-Physician Practitioners

RESOLVED: That MSMS update existing policy, “Standards for Collaborative Agreements,” to recognize that the decision to collaborate must be made voluntarily, not as a condition of employment, and with a formal collaborative practice agreement; and be it further

RESOLVED: That MSMS support legislation or regulation to ensure that the employers of nonphysician practitioners have the financial and administrative responsibility to provide work and staffing conditions that offer (1) a safe level of collaboration in the independent medical judgment of the collaborative physician and (2) timely and safe level of oversight in the independent medical judgment of on-site physicians who may be asked to verify with or without attestation to medical acts of the nonphysician practitioner; and be it further

RESOLVED: That MSMS seek and support legislation regarding physicians with no active collaborative agreement(s), regardless of employment arrangement, that requires the following:

1. That on-site physicians may verify a medical task performed by a nonphysician practitioner provided that the verifying physician is present for key portions of any patient care task or procedure verified (similar to the standards for the verification of resident physician care).
2. That on-site physicians may only attest, through signature or other written documentation, to tasks, procedures, and elements of patient care that they have verified.
3. That the attestation of tasks, procedures, and patient care notes for patients whom the physician has not seen and a request from the employer that a physician attest to care that the physician has not participated in may constitute a breach of ethics or contract on the part of the employer.
4. That, to ensure a safe level of patient care provided by nonphysician

practitioners, on-site physicians who formally agree to be available for verification or attestation of medical acts by nonphysician practitioners (1) have adequate time set aside from other professional responsibilities and duties to perform the verification and attestation function as determined by the respective physician’s independent medical judgment and (2) receive adequate compensation to account for the loss of individual productivity and lost revenue due to the verification and attestation functions; and be it further

RESOLVED: That MSMS seek and support legislation on behalf of physicians with one or more active collaborative agreements, regardless of employment arrangement, requires the following:

1. That physicians be allowed to fully participate in the recruitment, selection, hiring, performance evaluation and firing decisions regarding the nonphysician practitioner.
2. That, to ensure a safe level of patient care provided by nonphysician practitioners, physicians engaged in collaborative agreement (1) have adequate time set aside from other professional responsibilities and duties to perform the collaborative function as determined by the respective physician’s independent medical judgment and (2) receive adequate compensation to account for the loss of individual productivity and lost revenue due to the collaborative function.

14-24 - Alternative Physician Licensure Pathways

RESOLVED: That MSMS will engage in communications with policy makers when proposals arise related to alternative licensing pathways to ensure adequate training, supervision by physicians, external funding for training, and credentialing opportunities. MSMS will monitor national efforts related to alternative licensing pathways and share recommendations with policy makers as appropriate.

19-24 - Addressing the Unregulated Body Brokerage Industry

RESOLVED: That MSMS support federal and state legislation aimed at tracking what becomes of donors’ bodies or body parts within the body broker industry to

ensure they are handled with dignity and returned to their loved ones after cremation.; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to collaborate with appropriate organizations, including but not limited to government agencies and professional organizations, to advocate for state and federal legislation that will provide the oversight and authority over body broker entities that receive donated human bodies and body parts for education and research.

20-24 - Repeal Laws and Mandates Related to Breast Cancer Management

RESOLVED: That MSMS supports repeal of MCL 333.17013, “Alternative methods of treatment of breast cancer; duty of physician to inform patient; standardized written summary or brochure; form; civil action.”



01-24 - Guaranteed Access to Subcutaneous Immune Globulin Therapy

RESOLVED: That MSMS affirms the decision to administer subcutaneous versus intravenous immune globulin in the treatment of immune globulin deficiency should be left to the discretion of the patient and their physician and not to the patient’s insurer; and be it further

RESOLVED: That MSMS opposes insurers limiting access to indicated therapy that would be the safest, most effective, and most convenient option for treatment of immune globulin deficiency; and be it further

RESOLVED: That MSMS opposes insurers requiring patients to first undergo intravenous immune globulin therapy and only be allowed to receive subcutaneous immune globulin therapy after first suffering debilitating and potentially dangerous side effects; and be it further

RESOLVED: That MSMS affirms the decision to proceed with subcutaneous versus intravenous immune globulin therapy should be a choice made by the patient

and their physician without third party interference.

10-24 - Abortion is Healthcare

RESOLVED: That MSMS replace existing policy, “Abortion as a Medical Procedure” to read as follows:

Abortion is healthcare. MSMS opposes limitations on access to evidence-based reproductive health services.

11-24 - Insurance Coverage of Abortion

RESOLVED: That MSMS replace existing policies, “Medicaid Funding” and “Insurance Coverage,” with a single policy to read as follows:

MSMS recognizes that abortion is healthcare, and as such, that public and private health insurance should include abortion care as a covered benefit.

12-24 - Oppose the Criminalization of Self-Managed Abortion

RESOLVED: That MSMS adopts AMA policy H-5.980, “Oppose the Criminalization of Self-Managed Abortion.”

13-24 – Shield Laws - Protecting Access to Care

RESOLVED: That MSMS opposes criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions, the termination of medical liability coverage or clinical privileges,

against patients, patient advocates, patients’ families, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services (including abortion care) and gender-affirming care; and be it further

RESOLVED: That MSMS opposes extradition of patients and healthcare providers based upon accusations of providing or receiving health care (including care related to self-managed abortion, other abortion care, and gender-affirming care) that is legal in Michigan; and be it further

RESOLVED: That MSMS will advocate for legal protections for patients who cross state lines to receive health care (including care related to self-managed abortion, other abortion care, or gender-affirming care), or who receive medications for abortion or gender-affirming care from across

state lines, and will advocate for legal protections for those that provide, support, or refer patients to these services; and be it further

RESOLVED: That MSMS will advocate for legal protections for medical trainees and physicians who cross state lines to receive education in, or deliver, reproductive health care (including abortion care) and gender-affirming care.

29-24 - Impact of Patient Nonadherence on Quality Scores

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to study the issue of patients and parents not adhering to primary care physicians’ recommendations such as preventive screening and vaccinations resulting in a deficiency of quality metrics by primary care physicians for which the physicians are penalized and identify equitable and actionable solutions.

40-24 - Over-The-Counter Access to Medication Abortion

RESOLVED: That MSMS will support reducing barriers to accessing mifepristone, including the elimination of Risk Evaluation and Mitigation Strategies (REMS) restrictions on the use of mifepristone.

41-24 - Reproductive Health Insurance Coverage

RESOLVED: That MSMS supports established definitions of infertility, etiologies of infertility, and evidence-based medicine recommended by the American Society for Reproductive Medicine and American College of Obstetrics and Gynecology for insurance coverage of fertility treatment and preservation.



02-24 - Anti-Racism Training for Medical Students and Medical Residents

RESOLVED: That the Michigan State Medical Society (MSMS) make a concerted effort to require that Michigan medical schools and residency programs include

anti-racism training for medical students and residents.

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to make a concerted effort to require that the Liaison Committee on Medical Education and the Accreditation Council on Graduate Medical Education require, rather than encourage, anti-racism training for medical students and medical residents.

18-24 – Advancing Acute Care at Home

RESOLVED: That MSMS advocate for passage of federal legislation that provides permanence to the Centers for Medicare and Medicaid Services acute care at home model; and be it further

RESOLVED: That MSMS identify state-level barriers to implementing and expanding acute care at home, and be it further

RESOLVED: That MSMS, in coordination with other acute care at home advocacy groups, work to address any concerns of state regulators; and be it further

RESOLVED: That MSMS engage with allied health organizations to share perspectives and address concerns about the benefits and challenges of acute care at home.

26-24 - Controlled Substance Prescription Transfer Between Pharmacies

RESOLVED: That MSMS work with interested organizations within Michigan to assure pharmacy compliance with the United States Drug Enforcement Administration’s regulations regarding transfer of electronic prescriptions for controlled substances between pharmacies.

35-24 - Language Modules for Medical Students in Michigan

RESOLVED: That MSMS recommend medical schools in Michigan expose students to patients who do not speak English well during the pre-clinical and clinical training and teach students about the importance of removing linguistic barriers in patient care.

AMA Adopts New Prior Authorization Reform Policies

The American Medical Association (AMA) released Information regarding the Annual House of Delegates' approval of policies aimed at fighting for greater insurer accountability and transparency against the backdrop of proliferating, onerous prior authorization requirements that are delaying and denying necessary care for patients and adding administrative burdens for physicians.

Policies adopted by the House of Delegates address the need for greater oversight of health insurers' use of prior authorization controls on patient access to care. The new policies include:

INSURER ACCOUNTABILITY WHEN PRIOR AUTHORIZATION HARMS PATIENTS

Health plans continue to inappropriately impose bureaucratic prior authorization policies that conflict with evidence-based clinical practices, jeopardize quality care, and harm patients. In response, the AMA will advocate for increased legal accountability of health insurers when prior authorization harms patients.

[Surveys of physicians](#) have consistently found that excessive authorization controls required by health insurers persistently lead to serious harm when necessary medical care is delayed, denied, or disrupted. Investigations by the [inspector general's office](#) of the Health and Human Services Department and [Kaiser Family Foundation](#) into prior authorization by Medicare Advantage plans strongly suggest that insurers are denying medically necessary health care.

The AMA will also work to ensure that increased legal accountability of insurers is not precluded by clauses in beneficiary contracts that may require pre-dispute arbitration for prior authorization determinations or place limitations on class action.

TRANSPARENCY FOR PRIOR AUTHORIZATION DENIALS

When access to care is denied by a health insurer, patients and physicians should be able to understand the justification for the coverage decision. However, prior authorization programs imposed by health insurers include extensive denial processes that are notoriously opaque, complex, and inconsistent. In response to



the need for improved transparency, the AMA will continue working to ensure health insurers provide prior authorization notifications with detailed explanations regarding the rationale for denying access to care.

New AMA policy outlines basic information requirements for prior authorization denial letters that include a detailed explanation of denial reasoning, access to policies or rules cited as part of the denial, information needed to approve the treatment, and a list of covered alternative treatments.

While additional information in denial letters is needed, the AMA will also continue its work to support real-time prescription benefit tools (RTBTs) that allow physicians access to patient drug coverage information at the point of care in their electronic health records. RTBTs can streamline access to care and avoid unexpected delays and denials by confirming insurer-approved care or providing therapeutically-equivalent alternative treatments that do not require the insurer's prior authorization.

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KCOA MEETINGS OF INTEREST

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GET THE LATEST INFORMATION ON KCOA EVENTS

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

AUGUST 22, 2024

**WEST MICHIGAN DOCTORS AND DONOR
NIGHT AT THE WHITECAPS**

SEPTEMBER 9, 2024

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

Noon | Virtual meeting

OCTOBER 28, 2024

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

Noon | Virtual meeting

In Memoriam

STEPHEN FRIEDL, DO

Stephen F. Friedl, passed away peacefully on May 29, 2024. Steve was born on October 20, 1959. He graduated from East Kentwood High School where he excelled in tennis and academics. He attended Aquinas College and then medical school at Michigan State University, College of Osteopathic Medicine, graduating in 1989. Steve went on to complete a five-year surgical residency at Metropolitan Health Hospital (University of Michigan Health West).

He continued to call Metropolitan Hospital home for the remainder of his distinguished career, nearly 30 years. As the Director of Surgical Residency Training and Chief of General Surgery, Steve took great pride in mentoring young surgeons. He excelled in leadership positions, ultimately becoming a fellow of the American College of Osteopathic Surgeons (ACOS).

Dr. Friedl's legacy is marked by his integrity, kindness, and unwavering dedication to his family and career.

PRESIDENT'S MESSAGE



William Sanders, DO
2024 KCOA President,
Board of Directors

Engaging Locally and Statewide

Happy Summer! By the time you see this edition of the Bulletin, you may be launching your summer plans.

The KCOA Board of Directors has joined forces in a couple of social opportunities with the Kent County Medical Society, Ottawa County Medical Society for social Mix and Mingle opportunities where members and their guest can socialize with other colleagues in a casual manner. The first of such events was held on May 9 at Bistro Bella Vita. Another event being planned is for the physician and family at the West Michigan Whitecaps. Please see page 2 for more information on the August 22 event at LMCU Ballpark.

In addition, a small group of Kent County Osteopathic Association Delegates were able to participate in the Michigan Osteopathic Association House of Delegates. As always, Delegates walked away from the hybrid meeting experience, fortune to have participated and energized as to the new information and sound direction.

Finally, as a convenient way to meet your LARA CME required education, the KCOA has joined with the KCMS and other Medical Societies to provide free education for KCOA Members as a Member Benefit. Hopefully, you were able to attend the May 22 on Pain Management: Treatment Options and Legal Responsibilities. More than 185 physicians in Michigan attended the inaugural multi-county medical society ZOOM webinar. Attendees received 3 CME credits to satisfy the LARA requirements. We were happy to include the KCOA physicians.

I look forward to seeing you soon at the Whitecaps game or at a social event in the fall. Thank you to our Delegates for their hard work and interest in serving as well as your KCOA Board.



Emily K. Hurst, DO
FACOI President

New President of MOA installed

Dr. Emily Hurst attended Iowa State University where she received a Bachelor of Science in Psychology and Biology. She then attended medical school at Des Moines University where she received her D.O. degree. Dr. Hurst is the Medical Director for the Canterbury on the Lake Retirement Community, Program Director for the Detroit Wayne County Health Authority, eICU Intensivist and eICU Medical Director for Avera Health Systems eCare Services, Intensivist for the Henry Ford Health System and Geriatric Intensivist for IMPACT. Dr. Hurst is also a member of Michigan State University's Clinical Faculty.

MOA Passes Resolutions at House of Delegates

The following Resolutions were Adopted at the April 28, 2024 MOA House of Delegates Meeting:

RESOLUTION 2024-A

Advocating for Osteopathic Physician Representation in Media Spaces

RESOLVED: That the Michigan Osteopathic Association (MOA) advocate for its continued representation of osteopathic physicians in media, including but not limited to television shows, documentaries, podcasts, social media platforms, and news outlets; and be it further

RESOLVED: That the MOA continue to collaborate with media and entertainment industry stakeholders, professional associations, and content creators to actively seek out opportunities to feature DOs in their programming and reporting, highlighting their unique perspective, expertise, and contributions to healthcare to facilitate greater visibility and recognition of osteopathic physicians and, be it further

RESOLVED: That the MOA independently and in collaboration with the American Osteopathic Association promote education for members about engagement with media opportunities, including social media, and how to serve as ambassadors for osteopathic medicine, through sharing their stories, insights, and expertise to educate and inspire audiences across various media platforms.

RESOLUTION 2024-B

Expanding Naloxone Availability and Accessibility: Promoting Emergency Use in Communities

RESOLVED: That MOA advocate to the Michigan State legislature to consider the implementation of a steady funding program for community programs to increase the accessibility of naloxone and other opioid reversal agent or antagonist coming to market 4 through federal, state, and local channels; and

RESOLVED: That the MOA submit this resolution to the American Osteopathic Association for consideration to implement such programs across additional states.

Thank You to Our Delegates

Thank you to the following KCOA Delegates representing West Michigan Osteopathic Physicians were appreciated for their time and participation:

- **Craig H. Bethune, DO**
- **Brad Clegg, DO**
- **Edward Lee, DO**
- **William Sanders, DO**
- **Adam T. Wolfe, DO**

RESOLUTION 2024-C

Supporting the Rights of Residents to Unionize

RESOLVED: That the Michigan Osteopathic Association supports the right of residents to form and join labor unions to advocate for their interests; and be it further

RESOLVED: That the Michigan Osteopathic Association encourages all residency programs within the state to engage in constructive dialogue with their residents regarding their concerns and to respect the rights of residents to organize and collectively bargain; and, be it further

RESOLVED: That the Michigan Osteopathic Association pledges to actively advocate for policies at the state and national level that support the rights of residents to unionize in order to promote fair and equitable working conditions in medical training programs; and be it further

RESOLVED: That copies of this resolution shall be transmitted to all residency programs in Michigan, the American Osteopathic Association, relevant state and federal legislators, and other stakeholders involved in graduate medical education.

CONTINUED ON PAGE 18

RESOLUTION 2024-D

Increasing Mental Health Crisis Training For Emergency Medicine (EM) Physicians

RESOLVED: That the Michigan Osteopathic Association (MOA) advocates to the relevant stakeholders for greater emphasis on psychiatric emergencies in residency, more questions on the EM board exams, practicing de-escalation techniques in required monitored simulations, and provide continuing medical education courses on psychiatric emergencies for residents in emergency medicine residency programs across the state; and, be it further

RESOLVED: That the MOA encourages residency program directors and administrators to prioritize the development and implementation of psychiatric de-escalation training initiatives that are evidence-based, interactive, and tailored to the unique needs and challenges of emergency medicine practice; and be it further

RESOLVED: That the MOA urges support residency training programs in the identification of resources, training materials, and expert faculty to facilitate the delivery of effective de-escalation training to residents; and be it further

RESOLVED: That the MOA encourages ongoing evaluation and assessment of de-escalation training programs to ensure their effectiveness, relevance, and alignment with best practices in emergency medicine education.

RESOLUTION 2024-E

Eliminating Discrimination Against Residents Pursuing Osteopathic Board Certifications

RESOLVED: That the Michigan Osteopathic Association (MOA) advocates for the elimination of expectations or pressures on osteopathic residents within residency programs to pursue allopathic board certifications; and, be it further

RESOLVED: That the MOA encourages residency programs to recognize and respect the unique training and qualifications of osteopathic physicians, including their ability to practice osteopathic principles and OMT in the delivery of patient care; and, be it further

RESOLVED: That the MOA urges residency program directors and administrators to foster an inclusive and supportive environment that values and promotes the distinctiveness of osteopathic medicine, without imposing unnecessary requirements, financial burden, or expectations related to allopathic board certifications; and, be it further

RESOLVED: That the MOA commits to advocating for policies and guidelines at the state and national level that uphold the integrity and autonomy of osteopathic residency training programs and the osteopathic medical profession as a whole.

RESOLUTION 2024-H

Administrative Regions

Be It **RESOLVED**, that the current five-region structure be reduced to a four-region structure.

Be It **RESOLVED**, that the following components will be included in the following regions:

- Region 1: Tri-County Osteopathic Medical Association (formerly Wayne, Oakland, and Macomb Osteopathic Medical Associations)
- Region 2: Ingham, Southeastern, and Southwest
- Region 3: Saginaw, Eastern, Genesee, Kent, and Western
- Region 4: Northern

Be It **RESOLVED**, that Board seats will be reduced from 13 to 12, for the Association year 2024-2025, and thereafter, including representation as follows:

- Region 1: 2 members (Trustee or officer)
- Region 2: 1 member (Trustee or officer)
- Region 3: 1 member (Trustee or officer)
- Region 4: 1 member (Trustee or officer) At-Large – 2 Trustees, serving 1-year terms At Large – 2 Trustees, serving 2-year terms (Trustee or officer)
- Student: 1 trustee
- Resident: 1 trustee

Be It **RESOLVED**, that in the transition Association years of 2024-2026, any Trustee whose term has not yet expired may continue to serve the remainder of that term. The nomination and election of At-Large Trustees for 1 and 2 year terms shall proceed as open seats occur.

CONTINUED ON PAGE 19

MOA RESOLUTIONS

CONTINUED FROM PAGE 18

RESOLUTION 2024-I

Warning the Profession and Public About the Potential Dangers of Kratom Use

RESOLVED: That the Michigan Osteopathic Association (MOA) promote learning opportunities for its members about kratom, its current accessibility and use by the public, and concerns regarding safety and efficacy or lack thereof; and, be it further

RESOLVED: That the MOA encourages the American Osteopathic Association (AOA) to write a policy statement opposing kratom being available for marketing, purchase, or prescription until such time that the FDA and other relevant regulatory agencies evaluate its safety and appropriateness for sale; and, be it further

RESOLVED, that the MOA submit a properly formatted version of this resolution to the American Osteopathic Association (AOA) for consideration at the 2024 House of Delegates.

RESOLUTION 2024-G

Ending Early School Times in Michigan

RESOLVED: That the Michigan Osteopathic Association (MOA), identify insufficient sleep and sleepiness of middle and high school students as a public health issue; and be it further

RESOLVED: That the MOA educate physicians about this public health issue in such a way that they can better inform their patients and the public about the negative health effects of inadequate sleep on adolescents; and be it further

RESOLVED: That the MOA encourage legislative efforts that provide students the opportunity for the physiologically required amount of sleep to protect the opportunity for improved scholastic performance, physical health, and mental wellbeing by requiring school start times to be no earlier than 8:30 AM.

S E R V I N G H E A L T H C A R E P R O V I D E R S F O R O V E R 3 0 Y E A R S

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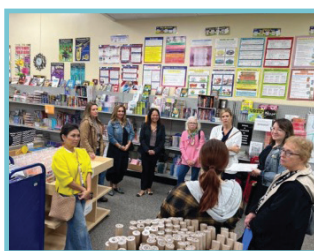
MESSAGE FROM THE PRESIDENT

Our 2023-2024 program year was full of opportunities to gather socially, provide service to our community, and learn about important issues affecting the health and wellbeing of residents in our area. Here is a recap of our season:

What is the Alliance?

We are the spouses and partners of local physicians (including medical students, residents, interns, fellows, practicing and retired physicians).

We are committed to creating social events that build camaraderie among local physician families, advocating and educating about medical issues impacting our neighbors, and giving generously to improve the health and wellbeing of the West Michigan community. *We are a very active Alliance, and hold events all year long. Please learn more and join at kcmsalliance.org.*



Touring StoreHouse

Social Gatherings

Each week, our Mahjong club met to play this fascinating, ancient Chinese game. Each month, our book club met to discuss fantastic books: Cloud Cuckoo Land, Lessons in Chemistry, The Swimmers, Old God's Time, The Latecomers, Glory Be, and Tom Lake.



Book Club

We also held a number of special events throughout the year. In September we held a kick-off luncheon in the home of one of our members. That same month we partnered with the Kalamazoo Alliance for lunch and an ArtPrize tour. In December we held our annual Holiday Open House in the home of another member. In January we visited Muskegon and toured their art museum with one of their Alliance members. In February,

CONTINUED ON PAGE 21



Cupcake Class



Trivia Night

MESSAGE FROM THE PRESIDENT

CONTINUED FROM PAGE 20

two wonderful bakers within the Alliance led a Valentine's cupcake decorating class. Our Trivia Night in April was primarily a fundraiser for our Foundation, but was also an incredibly fun opportunity to gather and have fun with spouses and friends.

Education & Advocacy

In October we attended the MSMSA Fall Focus and learned about the epidemic of gun violence in our state. In that same month, our local Alliance toured a non-profit called StoreHouse to learn about their mission to help teachers in underprivileged schools, and also their work to outfit nonprofits with free and reduced-priced goods to supply their missions. In November, members of our Alliance attended the Van Andel Institute's Lunch and Learn program about metabolism research and its impact on overall health. In March we toured another local non-profit, Revive & Thrive, where we learned about their work with patients to provide healthy meals during medical crises.

Service

We performed several service projects throughout the year.

- *In the Image S.H.O.E.S: Fitting free shoes to low income children at the start of school*
- *Grace's Table: Provided dinner for a support group for teen mothers, and also gave a car load of diapers and wipes*
- *Degage: Served lunch to the downtown homeless population*

Foundation Giving

Our Foundation meets quarterly to review grant applications. Our board carefully reviews these applications and awards grants of up to \$3000 for targeted projects. This year we gifted over \$37,000! A full list of grant recipients can be found on our website.

Submitted with appreciation,

Laura Kozminski,
KCMSA President 2022-2024



Volunteering



Muskegon Museum Tour



September Kick-off



ArtPrize Tour



KENT MEDICAL FOUNDATION



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

Planting Seeds to Cultivate Better Health in West Michigan

This spring, the KMF Board met and reviewed applications to benefit our West Michigan youth and their families. We are happy to share the support for the following projects.

CALVIN UNIVERSITY

Boys' HEALTH Camp

HEALTH is an acronym to describe Health Education and Leadership Training for a Hopeful future. The Boys' Camp aims to promote a culture of positive mental and physical health by providing holistic health education that teaches the attendees about their bodies and basic health concepts related to nutrition, exercise, reproductive health, and other topics. The Health Camp is conducted by Calvin University and has provided an educational experience for girls ages 9-15 from diverse socioeconomic and racial backgrounds since 2016. A similar program for boys ages 12-17 will be available beginning this summer in West Michigan. The camp's curriculum was crafted in response to ongoing requests from parents and families who were aware of the girls' camp benefits.

GRAND RAPIDS CHILDREN'S MUSEUM

Museum Access for Neurodivergent Youth and Families

The Grand Rapids Children's Museum has partnered with the Autism Support of Kent

County (ASK), Down Syndrome Association of West Michigan, and the Red Glasses Movement to host three Sensory Friendly events for 2024. These special nights will allow families to access to open-ended play in a calm, private setting for neurodivergent youth. The evenings in 2024 are scheduled for June 10, August 19, and November 4. Interested families may contact the Grand Rapids Children's Museum for more information. The Kent Medical Foundation has funded two of these events in the past, and the past events have received favorable reviews.

Due to the generous support of the Kent Medical Foundation by our donors, we are able to fund the aforementioned programs that benefit our community.

Lanphear Elected as New Trustee

I am also happy to report that KCMS President, Warren Lanphear, MD was elected to the Kent Medical Foundation Board of Trustees. His insight and involvement will be very helpful to our Board. Welcome Warren!

Inspire Yourself and Others by Being Curious

Greetings from the unofficial office of the Vice President of the Kent Medical Foundation. Like many in a Vice President position, I spend much time wanting to be prepared in case I am needed to tackle a particular job, or facilitate a meeting, make a presentation or in this case, share news! I do this with the reticent approval of KMF President Jayne Courts, MD. It is my honor to recognize this long-time volunteer and supporter of the Kent Medical Foundation and KCMS.



Paul Nicholson
2023-2024 Kent
Medical Foundation,
Vice President

The Kent Medical Foundation Board has honored physician members of the KCMS, KCOA and OCMS for their volunteer work in the community. A profile of the effort is shared and a grant for \$250 is made to the charity.

Recently, Dr. Courts was celebrated as the Thornapple Kellogg High School Distinguished Alumni. More than 150 of the alumni from classes from the 1940's through the 2000's, attended the annual banquet on Saturday, May 4. Pat Crum Allen, Ph.D., introduced Dr. Courts and recognized her many accomplishments throughout the years and presented the Distinguished Alumni award to Dr. Courts.

Dr. Courts said she was appreciative and humbled by the honor, addressing the audience, "No one accomplishes anything on his or her own and this award is no exception. Having supportive friends and family, colleagues and teachers is so important. I just want to thank the Thornapple Kellogg Alumni Association for honoring me with this award. I would like to thank the teachers of TK High who provided me with an excellent education foundation."

I read the Thornapple Kellogg article knowing a great deal about my Board colleague, Jayne, but what I learned was even more! What I and many had not known is that Dr. Courts quietly volunteers each year, (and has done so for decades), at the annual Page Elementary Career Fair where she excites students about the field of medicine and encourages them to try new things—many things, and to be curious about what they can be as they continue their education. In her



Jayne Courts MD is proud to carry on the family legacy of volunteering for Thornapple Kellogg school district.

acceptance speech that evening, Dr. Courts noted, "Be curious about the world around you and especially the people around you...I have learned that we usually have more in common than we have differences if we're just open to listening and learning from others," she said. "I encourage you to engage and to learn something new each day as a lifelong learner... Find your inner child and get curious. You may even inspire someone else as you learn."

In addition to her care for patients and families, her mentoring and training, and her leadership roles providing advocacy at the KCMS, MSMS and American Medical Association, Dr. Courts has taken the time to introduce students to the possibility of becoming future doctors, nurses, therapists and care givers. I have been fortunate to get to know Jayne while serving on the KMF Board. It is an honor to share this news and the news that the KMF Board will provide a gift of \$250 toward the Thornapple Kellogg Schools Alumni Association.

Congratulations Jayne on your well-deserved honor!

"Be curious about the world around you and especially the people around you...I have learned that we usually have more in common than we have differences if we're just open to listening and learning from others."



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

Congratulations Graduates

Michigan State University College of Human Medicine celebrated the Commencement of our 2024 graduates on May 4, at the Breslin Center, in East Lansing.

Nationally, matching into a residency continues to be competitive with the National Residency Matching Program (NRMP) reporting 2024 [Match Data](#) revealing that 19.2% of applicants did not match this cycle. We are proud of a greater than 98% match rate this year for our 181 Spartan MDs (100% secured a residency placement). The most popular career choices were family medicine (17.2%), emergency medicine (15.6%), internal

Commencement 2024

Click [here](#) to check out the celebration.

medicine (12.2%), psychiatry (8.9%) and diagnostic radiology (6.7%). Thirty-seven percent of the class is pursuing primary care and 51.7% will be completing their residencies in the state of Michigan.

Part of the [mission](#) of the College of Human Medicine is its commitment “to promoting diversity and inclusion in education, research, outreach, clinical service, community service, and community collaborations in alignment with the college mission to educate exemplary physicians and scholars, to discover and disseminate new knowledge, to provide service at home and abroad, and to respond to the needs of the medically underserved.” We continue to graduate an increasingly diverse medical workforce with 13% of the class identifying as Asian, 9% Black/African American, 7% Hispanic/Latino, 10% Other, 56% White and 2% not reported.

It is interesting to see trends in the match from year to year. A decade ago the field of radiation oncology was very competitive, now not so much. A few years ago, emergency medicine (EM) was quite competitive, then abruptly applications decreased because there was a prediction that we were graduating too many EM physicians. This year the decrease in residency applications went to the field of pediatrics. It seems that the main factors that drive students’ career choices are future opportunities in the field, salary, and lifestyle. We’ll have to wait and see what trends appear in the years ahead as we see how AI affects the health care. I can assure you medical students are watching.

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Public Health Concerns

Maris Brummel, MPH and Nirali Bora, MD, MPH



Nirali Bora, MD
Kent County
Health Department
Medical Director

In 2023, Kent County completed its most recent Community Health Needs Assessment (CHNA) to identify and prioritize the top public health concerns among residents.

The Affordable Care Act requires all non-profit hospitals to conduct a CHNA every three years, and the Public Health Accreditation Board (PHAB) requires local health departments to conduct a CHNA every five years. Following a CHNA, these entities work with community partners to develop community-wide implementation strategies or a Community Health Improvement Plan (CHIP) to address the priorities identified by residents. These requirements help ensure that efforts to address public health issues are based on community input and current data collected within their local service area. Since 2011, the Kent County Health Department, Corewell Health, Mary Free Bed, Pine Rest, Trinity Health, and University of Michigan Health-West have partnered together to conduct a joint CHNA in Kent County. The 2023 CHNA is the fifth assessment the health systems and health department have conducted together.

DATA COLLECTION

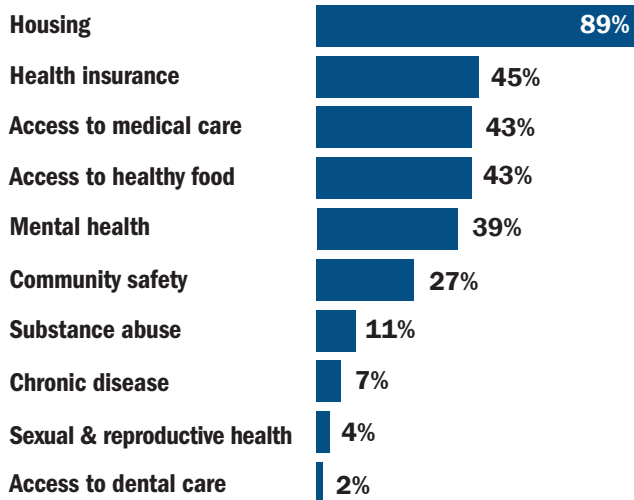
The CHNA includes a wide range of quantitative and qualitative data collected from multiple primary and secondary sources. To get a more complete picture of population health in Kent County, the CHNA includes data on the prevalence of health behaviors, chronic conditions, mortality rates, and social determinants of health. One requirement of the CHNA is to get input from “members of medically underserved, low-income, and minority populations in the community.”¹ The 2023 CHNA used community-led data collection methods to engage residents and address gaps in data for populations that are currently under-represented in existing data sources, such as LGBTQ communities, immigrants, and refugees. Community partners who serve and work closely with the priority populations were compensated to lead focus groups with members of their communities and help administer and collect surveys. More than 5,000 Kent County residents participated in the 2023 CHNA.

PRIORITIES

Nearly 60 people, including stakeholders and residents representing various sectors and communities, participated

Community Health Needs Assessment

In order to identify and prioritize top public health concerns in Kent County, more than 5,000 residents participated in the 2023 Kent County Community Health Needs Assessment (CHNA). The following are the top 10 community-identified issues.



in a review of preliminary data followed by a multi-step prioritization. Of the top 10 community-identified issues, housing, health insurance, access to medical care, and access to healthy food were among the top priorities.

USING THE CHNA

Health care professionals can use CHNA results to better understand the challenges and priorities of the patients they serve and to identify quality improvement, research, and community partnership initiatives that improve their well-being. CHNAs can also be a teaching tool for medical learners and provide professional development for physicians and health care teams. The 2023 report can be found [here](#).

¹<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>



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

**April
2024**

DISEASE	C=Confirmed P=Probable S=Suspect U=Unknown	This Month	April Cumulative YTD 2024	2019-2023 5 Year Median
CAMPYLOBACTER	C,P	7	33	28
CANDIDA AURIS	C	1	1	0
CARBAPENEMASE PRODUCING ORGANISM	C	0	3	1
CHICKEN POX ^a	C,P	2	6	4
CHLAMYDIA	C,P,S,U	296	1095	1237
CRYPTOSPORIDIOSIS	C,P	0	5	5
CORONAVIRUS NOVEL, COVID-19	C,P,S	354	3838	9618
HIV	C	5	17	11
SHIGA TOXIN PRODUCING E. COLI	C,P,S	1	11	7
GIARDIASIS	C,P	1	12	8
GONORRHEA	C,P,S,U	79	363	460
H. INFLUENZAE DISEASE, INV	C,P	1	3	2
HEPATITIS A	C	0	0	1
HEPATITIS B (Acute)	C	0	0	0
HEPATITIS C (Acute)	C	0	1	1
HEPATITIS C (Chronic/Unknown)	C	4	13	36
HISTOPLASMOSIS	C,P	2	16	12
INFLUENZA-LIKE ILLNESS ^b	C,P,S	1611	10126	8197
LEGIONELLOSIS	C	1	6	5
LYME DISEASE	C,P,S	5	7	3
MENINGITIS, ASEPTIC	C	1	3	2
MENINGITIS, BACTERIAL, OTHER ^c	C	1	2	4
MENINGOCOCCAL DISEASE, INV	C,P,S	0	0	0
MUMPS	C,P,S	0	0	0
PERTUSSIS	C,P	0	0	0
SALMONELLOSIS	C,P	7	21	17
SHIGELLOSIS	C,P	1	7	6
STREP, GRP A, INV	C	6	30	10
STREP PNEUMO, INV	C,P	5	48	15
STREPTOCOCCAL TOXIC SHOCK	C,P	0	0	0
SYPHILIS(Congenital)	C,P,S	0	2	0
SYPHILIS (Primary & Secondary)	C,P,S	3	21	19
TOXIC SHOCK	C,P	0	0	0
TUBERCULOSIS	C	1	5	3
WEST NILE VIRUS	C,P	0	0	0
YERSINIA ENTERITIS	C,P	2	6	4

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.

Lyme Disease Update

The Kent County Health Department (KCHD) noted an increase in cases of Lyme disease in 2023 and has learned of 13 cases so far this year. Michigan is not yet a high-incidence state for Lyme disease but is a Lyme-endemic area.

SHOULD PEOPLE WHO PRESENT WITH A TICK BITE RECEIVE ANTIBIOTIC PROPHYLAXIS?

- While Kent County is not yet a high-incidence or highly endemic area (3 years of high incidence are needed to make this determination), we recommend shared decision making with your patients to determine if prophylaxis with one dose of doxycycline would be beneficial.
- Prophylactic antibiotic therapy can be given to adults and children within 72 hours of removal of an identified high-risk tick bite.
- A tick bite is considered to be high-risk if it meets the following three criteria: the tick bite was from (a) an identified Ixodes spp. vector species (b) it occurred in a highly endemic area, and (c) the tick was attached for ≥ 36 hours.
- MDHHS has a tick identification tool that can be used by patients and providers: [“Got a tick? submit a pic!”](#)
- See [IDSA 2020 Guidelines](#) for more information on diagnosis and treatment.



RECOMMENDATIONS FOR CLINICIANS

- **Consider Lyme disease** in the differential diagnosis of patients who present with an erythema migrans (EM) or atypical rash and other early or later signs and symptoms whether or not a tick is found. Examples of EM rashes can be seen on this [MDHHS poster](#) and [CDC site](#).
Patients who have a typical EM lesion can be diagnosed with acute Lyme disease without laboratory testing as Lyme is endemic in Michigan.
- **Report cases of Lyme disease** to KCHD or through the Michigan Disease Surveillance System within 24 hours of diagnosis.
While laboratory test results are automatically reported, clinically diagnosed cases should be reported to KCHD by faxing a [reporting form](#) to (616) 632-7085 or calling (616) 632-7228.
- **Document the rash.** Taking pictures and/or describing the details of the rash including the largest

diameter of the rash in the electronic health record is helpful for our Communicable Disease team.

OVERVIEW, SIGNS AND SYMPTOMS

- Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted by the blacklegged tick. Most cases can be treated successfully with antibiotics. Finding and removing ticks promptly can prevent Lyme disease.
- Untreated Lyme disease can produce a wide range of symptoms. Early signs and symptoms from 3–30 days after the tick bite can include fever, fatigue, muscle and joint aches, headache, and EM rashes.
- An EM rash occurs in approximately 70–80% of infected persons, gradually expands over several days, and clears as it enlarges, resulting in a target or “bull’s-eye” appearance, though many EM rashes may not have a typical bull’s eye appearance.

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LYME DISEASE UPDATES

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- Later signs and symptoms in days and months after the bite can include severe headaches, neck stiffness, facial palsy, arthritis, Lyme carditis, and inflammation of the brain and spinal cord.

DIAGNOSIS

- Lyme disease is [diagnosed](#) based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks.
- Patients who have a typical EM lesion can be diagnosed with acute Lyme disease without laboratory diagnostic support as EM lesions are considered pathognomonic of infection in areas that are Lyme-endemic.
- Diagnostic testing of patients presenting with EM lesions is not recommended due to insensitivity of serologic assays during this acute stage of infection.
- Laboratory Testing:

In patients with 1 or more skin lesions suggestive of, but atypical for erythema migrans, IDSA suggests antibody testing performed on an acute-phase serum sample (followed by a convalescent-phase serum sample if the initial result is negative).

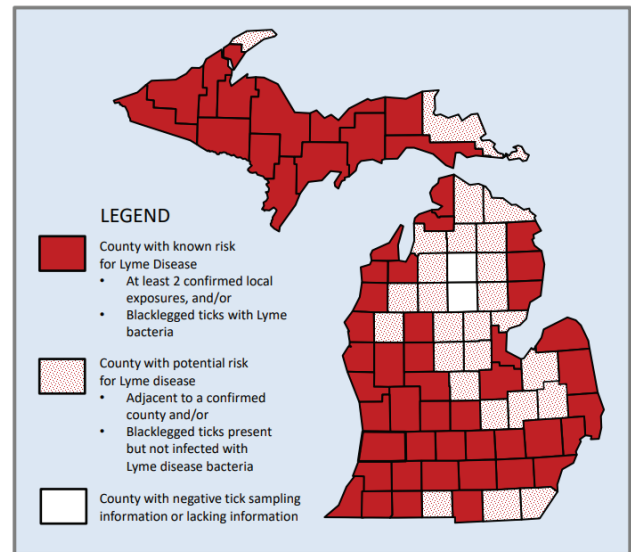
More guidance on laboratory testing and interpretation can be found here: [Suggested Reporting Language, Interpretation and Guidance Regarding Lyme Disease Serologic Test Results \(aphl.org\)](#)

*MDHHS Bureau of Laboratories offers the CDC recommended two-step testing for detection of antibodies to *Borrelia burgdorferi*. Testing for Lyme disease is available free of charge through Michigan healthcare providers for their patients.*

More information can be found here for detailed instructions on specimen requirements, shipping, and handling: [MDHHS_BOL_MOSQ_TICK_DX.pdf \(michigan.gov\)](#)

TREATMENT

Treatment regimens that reflect CDC's interpretation of the most current data for four important manifestations of Lyme disease (EM, neurologic Lyme disease, Lyme carditis, and Lyme arthritis) can be found here: [Treatment of Lyme Disease | Lyme Disease | CDC](#)



Updated March 2024



PREVENTION

- In most cases, a tick must be attached for 36–48 hours or more before the bacterium can be transmitted. If a tick is removed within 24 hours, the chances of getting Lyme disease are greatly reduced.
- Use insect repellent that contains 20–30% DEET. Do not use repellents on children less than six months of age.
- Clear high grass, brush, and leaf litter around your home.
- After playing outside, check your and your child's skin, hair, scalp, neck, under the arms and behind the ears.
- Additional resources can be found [here](#).

RESOURCES

- For questions, please contact the KCHD Communicable Disease team at (616) 632-7228
- [CDC: Lyme Disease](#)
- [MDHHS: Lyme Disease](#)
- [Ticks and Your Health, Preventing tick-borne illness in Michigan](#)
- [Suggested Reporting Language, Interpretation and Guidance Regarding Lyme Disease Serologic Test Results \(aphl.org\)](#)
- [Clinical Practice Guideline Guidelines by the Infectious Disease Society of America, American Academy of Neurology, and American College of Rheumatology, 2020 Guidelines](#)

WISHING YOU A HEALTHY, ENJOYABLE SUMMER

— KCMS AND KCOA

