



# Bulletin

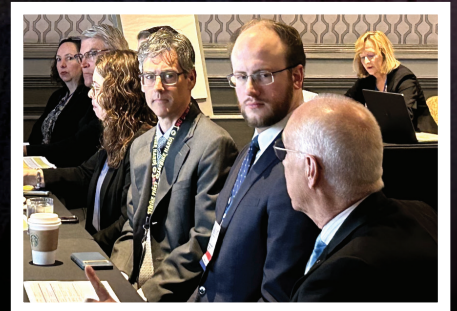
THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION SUMMER 2023

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

MICHIGAN STATE MEDICAL SOCIETY

## HOUSE of DELEGATES

PAGES 6-14



**PAGE 15**  
New Addiction Medicine Fellowship

**PAGE 17**  
Changes to Implicit Bias Training

**PAGE 20**  
Legislative Update



# Contents

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## BULLETIN

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Members of Grand Traverse-Benzie-Leelanau County, and Kent County participate in the West and Northern Michigan breakfast caucus.

## KCMS

In Memoriam 4

Meetings of Interest 5

President's Message 6

## COLLABORATION

Kalamazoo Hosts Health  
Equity Initiatives Program 16

Office Administrators: When to Use  
a Performance Improvement Plan 19

MDPAC Names New Leader 22

## KCOA

Meetings of Interest 23

President's Message 24

House of Delegates Highlights 25

## Cover Photo

Physicians from West Michigan gathered for the Michigan State Medical Society annual meeting held in Dearborn.

## CONTRIBUTORS

27 Kent Medical  
Foundation

28 Alliance Heartbeat

32 MSU - College  
of Human Medicine

33 Kent County  
Health Department

### GET INVOLVED:

Learn more about the Kent County Medical Society at [www.kcms.org](http://www.kcms.org).

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# In Memoriam

**CARL BRANDT, MD**

Dr. Carl Brandt passed away on March 8, 2023. He graduated from Hope College in 1964 and attended the University of Michigan Medical School, graduating in 1969. After completing his four-year residency at Butterworth Hospital in 1973, Dr. Brandt joined the staff and chaired both the professional standards committee and the OB/GYN department from 1986-1990. Dr. Brandt was revered as a talented obstetrician and surgeon by his peers, delivering babies in Grand Rapids, Michigan for over 30 years.

**MARTIN G. CLOHERTY, MD**

Dr. Martin Cloherty passed away on April 12, 2023. He grew up in Ireland where he attended the University of Galway earning his bachelor's degree and graduating from medical school. He emigrated to the United States in June 1966 to further pursue medical studies, eventually choosing to focus on pathology. Dr. Cloherty interned at St.

Elizabeth Hospital in Youngstown, Ohio, did his residencies at the University of Cincinnati, and earned a fellowship at Mayo Clinic in Rochester, Minnesota. Dr. Cloherty devoted nearly 30 years of his career to Butterworth Hospital and Spectrum Health in Grand Rapids. He was especially prominent in the ongoing education and training of many medical residents and technologists.

**THOMAS R. SPOONER, MD**

Dr. Thomas Spooner passed away on March 13, 2023. He was a very well-respected ENT physician for 40 years and was very devoted to his profession. He taught many medical students and surgical residents the joy of his specialty. Dr. Spooner was very proud of his service in the Navy, where he learned to fly the T-28 Trojan and earned his Naval Flight Surgeon wings. He served as the flight surgeon for the A-3 and F-4 squadron at the Naval Air Station Sanford in Orlando, FL, before being honorably discharged.

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# Join Us

KCMS MEETINGS OF INTEREST

**JULY 12, 2023**

**STATE OF MSMS ADDRESS**

More details available soon.

**SEPTEMBER 18, 2023**

**WEST MICHIGAN COUNTIES' LEGISLATIVE COMMITTEE MEETING**

Virtual meeting | Noon

**OCTOBER 11, 2023**

**STATE OF MSMS ADDRESS**

More details available soon.

**OCTOBER 30, 2023**

**WEST MICHIGAN COUNTIES' LEGISLATIVE COMMITTEE MEETING**

Virtual meeting | Noon

## OUR MISSION:

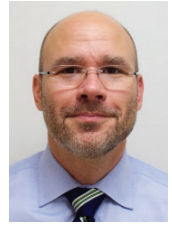
*The Kent County Medical Society is a professional association, uniting the physicians in Kent County into a mutual, neutral organization; preserving and promoting the health of the citizens of Kent County, the physician/patient relationship, the medical profession, and the interests of physicians.*

## Visit us

For event details, check out our website [kcms.org](http://kcms.org)







Adam J. Rush, MD  
2023 KCMS President

# West Michigan Physicians Gather for MSMS House of Delegates

Physicians from Kent, Ottawa, Barry, Kalamazoo, Muskegon and Grand Traverse-Benzie-Leelanau counties represented their respective county medical societies at the 2023 House of Delegates. The meeting was held in Dearborn, Michigan, where 55 Resolutions were reviewed. The following Resolutions were submitted by West Michigan regional physicians:

## Well Trained County Health Officers and Leadership

**Author:** Beth Peter, MD of Ottawa County Medical Society

*House Action: Approved as amended.*

**RESOLVED:** That MSMS support staffing county public health departments with highly qualified individuals through the processes outlined by the Department of Human Services with formal job searches and open interviews to hire qualified candidates for permanent positions; and be it further

**RESOLVED:** That MSMS advocate for the appointment of qualified individuals to county health roles in cases where normal protocols to ensure the selection of qualified candidates are not followed. This advocacy may include, but should not be limited to, letters or phone calls to the relevant county or state agencies charged with oversight.

It was brought to the Committee's attention that there may be different titles or roles in leadership at a County Health Department which could be encompassed by changing it to include those in Leadership positions along with the Health Officer role.



Cynthia Ochs, MD, of Muskegon County Medical Society giving testimony.



Dr. Warren Lanphear serves on a Reference committee.

CONTINUED ON PAGE 7



# MSMS HOUSE OF DELEGATES CONTINUED FROM PAGE 6

## Physician Antiretaliation, Due Process, and Indemnification Rights

**Author:** Leah Davis, DO of Grand Traverse-Benzie-Leelanau County Medical Society

*House Action: Approved*

**RESOLVED:** That MSMS (1) continue to assess the needs of employed physicians, ensuring autonomy in clinical decision-making and self-governance; (2) promote physician collaboration, teamwork, partnership, and leadership in emerging health care organizational structures, including but not limited to hospitals, health care systems, medical groups, insurance company networks and accountable care organizations, in order to assure and be accountable for the delivery of quality health care; (3) advocate for the rights of physicians against employer retaliation, including unfair or discriminatory termination of employment or contractual obligation for conscious objection and/or conscious refusal to participate in any activity that the physician judges to be unethical or unsafe for patients; and (4) advocate for the physician’s authority to practice medicine based on medical judgment, conscience, ethics, morals, or good faith obligation toward patients to a non-physician or corporate entity; and be it further

**RESOLVED:** That MSMS adopt policy and advocate (1) to ensure physicians on staff receive written notification when their license is being used to document supervision of non-physician practitioners; (2) that physician supervision should be explicitly defined and mutually agreed upon; (3) that advanced notice and disclosure be provided to physicians before they are hired or as soon as practicably known by provider organizations and institutions that anticipate physician supervision of non-physician practitioners as a condition for physician employment; (4) that organizations, institutions, and medical staffs that have physicians who participate in supervisory duties for non-physician practitioners have processes and procedures in place that have been developed with appropriate clinical physician input; (5) that physicians have the right to object to or refuse to allow their license to be used to document supervision of non-physician practitioners without fear of retaliation; (6) that physicians be able to report professional concerns about care provided by the non-physician practitioners to the appropriate leadership with protections against retaliation; and (7) should be indemnified at the organizations’ and institutions’ expense from malpractice claims and other litigation arising out of the supervision function.

CONTINUED ON PAGE 8

## Social Event at Ford’s Garage

West and Northern Michigan Delegates and families enjoyed an evening of laughs, new connections, and good food.



Eric Larson, MD emcees a trivia competition with West Michigan Delegates and their families.



Ottawa County Medical Society President, Bryan Huffman, MD visits with Doctors Rose Ramirez, and John vanSchagen from KCMS.





# MSMS HOUSE OF DELEGATES CONTINUED FROM PAGE 7

## Standards for Collaborative Agreements

**Author:** Leah Davis, DO of Grand Traverse-Benzie-Leelanau County Medical Society

*House Action: Approved*

**RESOLVED:** That MSMS affirms the urgency of defining standards for “collaborative agreements” with advanced practice registered nurses (APRNs) and that MSMS seek and support legislation that would require APRNs to work in a setting and perform tasks and procedures that are within the collaborating physician’s particular field of medicine, as qualified by residency training and/or board certification to perform; and be it further

**RESOLVED:** That MSMS believes physicians who enter into collaborative or practice agreements with advanced practice registered nurses (APRNs) or physician assistants (PAs) from a location outside of Michigan must be available to answer questions and directly collaborate with the non-physician practitioners, or to examine the patient, during a majority of the hours of activity of the APRN and/or PA via video conferencing; and be it further

**RESOLVED:** That MSMS supports the appropriate licensing Boards and agency investigating physicians who deliberately violate the spirit of safe collaborative medical practice with non-physicians by (1) engaging in a pattern of negligent delegation to, supervision of, or collaboration with NPPs, (2) supervising activities for which the physician is not formally trained and/or board certified, or (3) not being promptly available to communicate with the NPP and/or patient; and censure physicians who disregard collaborative requirements by aiding and abetting the unlicensed practice of medicine.

CONTINUED ON PAGE 9



Delegates meet for breakfast caucus.

## Thank You to Our Reference Committee Volunteers:

David Whalen, MD, Delegation Chair led discussion in the caucus meetings with West and Northern Michigan Delegates from neighboring counties participating in various aspects of the House of Delegates weekend. Special thanks to the following physicians who served on Reference Committees:

### KENT

- **Anita Avery, MD**  
Committee Member
- **Jayne Courts, MD**  
Board Advisor and AMA Advisor
- **Warren Lanphear, MD**  
Committee Member
- **Rose Ramirez, MD**  
Board Advisor and AMA Advisor
- **John vanSchagen, MD**  
Committee Member
- **David Whalen, MD**  
Committee Chair
- **Phillip Wise, MD**  
Board Advisor

### MUSKEGON

- **Remington Sprague, MD**  
Board Advisor
- **Brian Stork, MD**  
Board Advisor

### GRAND TRAVERSE-BENZIE-LEELANAU

- **Bradley Goodwin, MD**  
Committee Member
- **Ed Rutkowski, MD**  
Committee Member

### OTTAWA

- **Bryan Huffman, MD**  
Board Advisor

### KALAMAZOO

- **Michael Chafty, MD, JD**  
AMA Advisor





Dr. Leah Davis, of Grand Traverse County gives testimony.

## MSMS HOUSE OF DELEGATES

CONTINUED FROM PAGE 8

### Dedicated On-Site Physician Requirement for Emergency Departments

**Author:** Leah Davis, DO of Grand Traverse-Benzie-Leelanau County Medical Society  
*House Action: Approved as Amended*

**RESOLVED:** That MSMS pursue the enactment of legislation or regulation requiring all facilities in the state of Michigan that imply the provision of emergency medical care have the real-time, on-site presence of a physician, and on-site supervision of non-physician practitioners (e.g., APRNs, PAs, and CRNAs, as defined by CMS) by a licensed physician with training and experience in emergency medical care whose primary duty is dedicated to patients seeking emergency medical care in that emergency department, and be it further

**RESOLVED:** That the MSMS Delegation to the American Medical Association (AMA) ask our AMA to pursue the enactment of legislation or regulation requiring all facilities that imply the provision of emergency medical care have the real-time, on-site presence of a physician, and on-site supervision of non-physician practitioners (e.g., APRNs, PAs, and CRNAs, as defined by CMS) by a licensed physician with training and experience in emergency medical care whose primary duty is dedicated to patients seeking emergency medical care in that emergency department.

CONTINUED ON PAGE 10



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# MSMS HOUSE OF DELEGATES

CONTINUED FROM PAGE 9

## Adopting Standard Language for Discussions Regarding Scope of Practice

**Author:** Leah Davis, DO of Grand Traverse-Benzie-Leelanau County Medical Society

*House Action: Approved*

**RESOLVED:** That MSMS use the terms “unsupervised practice of medicine” in place of “independent practice of medicine” when referring to the activities of nurse practitioners, certified registered nurse anesthetists, and physician assistants; “non physician practitioner” (NPP) to describe physician assistants, nurse practitioners, and clinical nurse specialists; and “residency,” “resident,” “fellowship,” and “fellow” in discussions regarding physicians only.

## Create ICD-10 Codes for Drug and Medical Supply Shortages

**Author:** Megan Edison, MD, Kent County Medical Society

*House Action: Disapproved*

**RESOLVED:** That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with other stakeholders to create ICD-10 codes to reflect medication shortages and health care supply shortages that are impacting patient health and well being.

*The Committee believed that the Michigan Delegation to the American Medical Association could not bring this resolution forward because the American Medical Association does not create ICD-10 codes. This is the responsibility of the World Health Organization.*



PHOTO BY BRIAN STORK, MD

West Michigan Delegates preparing for the meeting.



Dr. Jayne Courts and Dr. Tudor Moldovan.

## Reducing Stigma for Treatment of Substance Use Disorder

**Author:** Megan Edison, MD, David Whalen, MD, Kent County Medical Society

*House Action: Approved*

**RESOLVED:** That MSMS advocate to require Medicaid coverage for transportation costs for all Medicaid health care services without a “carve out” for patients diagnosed with a substance use disorder who are being treated with medication for opioid use disorder; and be it further

**RESOLVED:** That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate coverage for transportation costs for all Medicaid or Medicare health care services without a “carve out” for patients diagnosed with a substance use disorder who are being treated with medication for opioid use disorder.

## Annual Deductible Payment Options

**Author:** Megan Edison, MD, Kent County Medical Society

*House Action: Approved*

**RESOLVED:** That MSMS work with the Michigan Department of Insurance and Financial Services and third-party payers to explore options for the provision of quarterly and/or monthly payments for the annual deductible amount for all patients; and be it further

**RESOLVED:** That MSMS work with the Michigan Department of Insurance and Financial Services to provide public education regarding all available payment options for health care insurance that will benefit the people of the state of Michigan.

CONTINUED ON PAGE 11





Dr. Megan Edison speaking to a Resolution.

## MSMS HOUSE OF DELEGATES

CONTINUED FROM PAGE 10

### Unnecessary Charges for Ophthalmic Medications

**Author:** Patrick J. Droste, MD, Kent County Medical Society and Michigan Eye Society  
*House Action: Approved as amended.*

**RESOLVED:** That MSMS encourage Health Institution Pharmacies (HIP) to review their current practices and modify their inpatient recommendations for eye medication dispensed in multi-use containers to be consistent with HIP outpatient practices for ophthalmic medication; and be it further

**RESOLVED:** That MSMS support that a patient who receives therapeutic ophthalmic medicine, to be used after discharge or operation, be able to take this medication, along with prescriptive instructions, with them when leaving the hospital.

*The Committee supported the concept of dispensing eye medication to patients; however, they wanted to ensure that it was for multi-use containers only. The Committee was concerned that single use containers do not contain preservatives and should not be dispensed to patients. The Committee wanted to ensure the patients left the facility with instructions on how to use the medication.*

CONTINUED ON PAGE 12

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## MSMS HOUSE OF DELEGATES CONTINUED FROM PAGE 11

### ICD-10 Coding, Site Laterality, and Denial of Claims

**Author:** Megan Edison, MD, Kent County Medical Society  
*House Action: Disapproved*

**RESOLVED:** That MSMS advocate with third party payors in the State of Michigan to reimburse insurance claims with reasonable documentation, even if site laterality is unspecified; and, be it further

**RESOLVED:** That the Michigan Delegation to the American Medical Association (AMA) advocate with the AMA to ban third party payors from denial of insurance claims for professional services based solely on lack of site laterality specification in the ICD-10 code used for billing.

*The Committee believed it is appropriate to code laterality to indicate to the health plan exactly what was completed to avoid erroneous denials in the future. Laterality is a pertinent part of the medical record.*

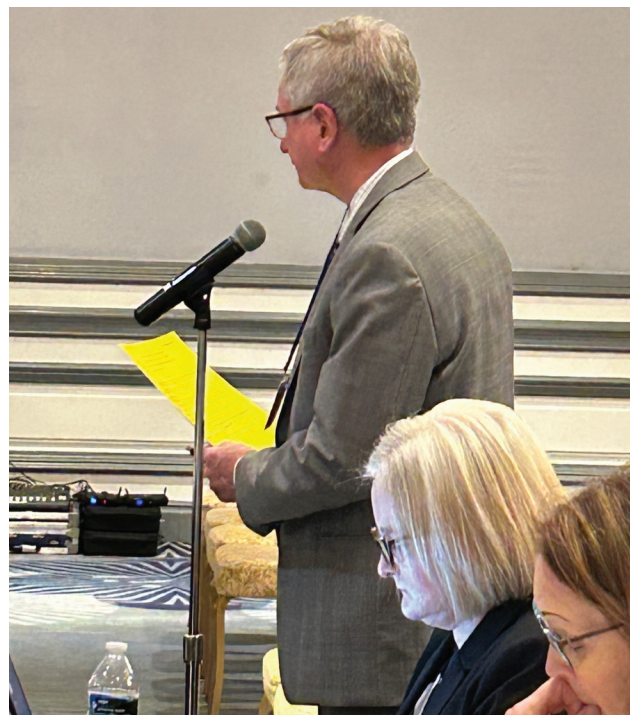
*This resolution was extracted. A motion was made to amend the resolution, but the amendment was not adopted. The House of Delegates upheld the Reference Committee's recommendation, and the resolution was disapproved.*

### New Consolidated Appropriations Act Law and Michigan CME Requirements

**Author:** Megan Edison, MD, Kent County Medical Society  
*House Action: Approved as Amended*

**RESOLVED:** That MSMS work with Michigan Department of Licensing and Regulatory Affairs to include the Consolidated Appropriations Act training requirements (once determined by the DEA and SAMHSA) in the current Michigan CME requirements for physician licensure; and be it further

**RESOLVED:** That MSMS advocate that the Consolidated Appropriations Act training requirements replace the current Michigan CME requirements for the one-time opioids training standards requirement and the ongoing three-year licensure/re-licensure cycle requirement for pain and symptom management/controlled substance prescribing.



Patrick Droste, MD giving testimony.

### Use of Artificial Intelligence in Medicine

**Author:** Megan Edison, MD, Kent County Medical Society  
*House Action: Disapproved*

**RESOLVED:** That MSMS explore the potential uses and risks of Artificial Intelligence (AI) in medicine including, but not limited to, development of diagnostic tools to augment physician delivery of health care, the use of AI in telehealth services, the application, benefits, and risks of AI to medical research, and the potential for AI to improve patient outcomes, and reports its findings.

*The Committee recommended amending the resolution. The first resolved statement was amended due to concerns heard in testimony regarding the potential risks of using AI, and that diagnoses be determined by a human physician. The second resolved was removed due to the financial implications of creating a task force.*

*This resolution was extracted. There was a motion to amend the resolution. The amendment was adopted; however, the House of Delegates ultimately voted to disapprove the resolution.*

CONTINUED ON PAGE 14



# EDUCATION UPDATE 2023

## CLICK FOR MORE INFORMATION ON:

- ◆ Grand Rounds
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# MSMS HOUSE OF DELEGATES

CONTINUED FROM PAGE 12

## Medical Education for Medication Reconciliation

**Author:** Cynthia Ochs, DO of Muskegon County Medical Society

*House Action: Approved*

**RESOLVED:** That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with Centers for Medicare and Medicaid Services and other relevant organizations to study current medication-reconciliation practices across transitions of care with dissimilar electronic health records to evaluate the impact on patient safety and quality of care, and to determine the potential need for additional medical education to ensure patient safety and quality of care related to medication errors; and be it further

**RESOLVED:** That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to work with the Accreditation Council for Graduate Medical Education to determine potential changes in graduate medical education requirements to improve medication reconciliation and to ensure improved patient safety and quality of care related to medication errors.

**RESOLVED:** That MSMS works with the Michigan Pharmacists Association for discharge and admission to extended care facility medication reconciliation.



Kalamazoo Academy of Medicine member and Region 5 Director, Mark Meyers, MD.

## Upper Peninsula Regional Director Constitution and Bylaws Amendment

**Author:** Bradley Goodwin, MD of Grand Traverse-Benzie-Leelanau County Medical Society

*House Action: Approved as amended.*

**RESOLVED:** That the MSMS Constitution Article IX, Section 1(a) be amended by addition to read as follows:

- a) Two Directors (the “Regional Directors”) from each of the nine regions depicted on Exhibit A to the Bylaws (each a “Region” and collectively the “Regions”). The Regional Directors shall be elected by those members holding membership in a county located in that Region. No more than one Regional Director may hold membership in a single county unless a region consists of a single county. One Regional Director must hold membership in a county located in the upper peninsula unless no such member is available in which case, the two Regional Directors from the lower peninsula portion of Region 9.



## MSMS Installs 165th President

The Michigan State Medical Society (MSMS) formally welcomed M. Salim Siddiqui, MD, PhD, of Wayne County, a board-certified radiation oncologist, as the 165th President of MSMS.

Doctor Siddiqui was installed as president of MSMS during the 158th annual meeting of the House of Delegates in Dearborn, MI on April 22.

Doctor Siddiqui is a graduate of the Lewis Katz School of Medicine at Temple University, and will serve a one-

year term as president of the society. He previously served as president-elect and also two terms as the Young Physician Representative to the MSMS Board of Directors, a position he was first elected to in 2015 and then again in 2017.

Doctor Siddiqui is a member of the Henry Ford Medical Group and is affiliated with Henry Ford Health. He is Past President of the Wayne County Medical Society of Southeast Michigan and currently serves on the WCMSSM Board of Directors.



# Addiction Medicine Fellowship Announced

With the addiction crisis and opioid epidemic killing more Americans than diabetes and heart disease, Trinity Health and Michigan State University have partnered to bring the second addiction medicine fellowship in Michigan to West Michigan! Drs. Cara Poland and Paul Trowbridge will be the Program Directors.

## A SUB-SPECIALTY OF PREVENTIVE MEDICINE

In 2016, addiction medicine was recognized by the ABMS as a sub-specialty of preventive medicine. The Trinity Health Grand Rapids fellowship is a 1-year ACGME-accredited fellowship. This somewhat unique fellowship pathway allows physicians from any primary board specialty to become an addiction medicine specialist—from primary care to surgical specialties—since addiction medicine is a multi-specialty subspecialty.

Rotations will be done in partnership with Cherry Health, Network 180, Dr. AJ Rush, and our county

prosecutor’s office. Learners will explore methadone clinics, outpatient-based addiction treatment, and co-occurring psychiatric illness while being the only addiction medicine program integrated with a palliative care fellowship. Fellows will work within the broader community to understand behavioral health community-based programs, including working with individuals with severe, persistent mental illness, participating in intensive outpatient programming, working with family engagement teams, and working with other community-based psychosocial treatments. They will explore the criminal-legal system, incarcerated individuals, and community correctional control through engagement with the county prosecutor’s office, focusing on understanding the various ways individuals with substance use disorders interact with the legal system.

The clinical hub for our fellows is Trinity Health Grand Rapids’ Recovery Medicine Clinic, located in the Heartside Region of Grand Rapids.



Scott D. Alfree  
Practice Team Chair



Staci DeRegnaucourt



Ronald G. DeWaard



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Doctor Theodore “Ted” Jones, Chair of the MSMS Task Force to Advance Health Equity, served as the event host.

# Kalamazoo Community Hosts Health Equity Initiatives Program

In partnership with the W.K. Kellogg Foundation, Michigan State Medical Society has hosted Health Equity Initiatives programs, this year coordinated for Kalamazoo and Traverse City.

The goals of the Kellogg Foundation include lasting and transformational change for children. Their grants and goals address three areas: Thriving Children, Working Families and Equitable Communities.

Achieving strong outcomes for children happens by connecting what families need—at home, in childcare settings, at school, at work and in their communities. The Foundation demonstrates priorities through grantmaking, impact investing, networking and convening. Their Board has a commitment to Racial Equity, Developing Leaders and Engaging Communities.

Doctor Theodore “Ted” Jones, Chair of the Michigan State Medical Society Task Force to Advance Health Equity served as meeting Host. Denise Evans served as the Keynote Speaker. Ms. Evans is a trained facilitator, public health educator, Truth Racial Healing Transformation (TRHT) Racial Healing Circles lead trainer and practitioner. She is certified in the areas of implicit bias and cultural intelligence—with decades of specialized training in health equity and social justice, community organizing, and Technologies of Participation facilitation. Denise is a content expert for the National Healthy Start Association, the National Institute for Children's Health Quality, the National Association of County & City Health Officials, and



Keynote Speaker Denise Evans.

state and local health departments on issues of equity, justice, bias, anti-oppression, belonging and inclusion. She is a two-time past chair of Spectrum Health's System Inclusion Council on Diversity, Equity, and Inclusion as well as a founding member of the Greater Grand Rapids Racial Equity Network, and the Senior Learning and Development specialist for Corewell Health.



# LARA Revises Implicit Bias Training Standards

The Michigan Department of Licensing and Regulatory Affairs (LARA) have revised the Public Health Code - General Rules pertaining to implicit bias training standards to allow asynchronous teleconference or webinars as acceptable modalities, which was previously prohibited. MSMS has been in communication with the Administration and other stakeholders to make this training more accessible to the physician and provider community.

MSMS thanks LARA for being flexible in the training requirements to allow for better access to this important training for all of Michigan's health care professionals.

As a reminder, LARA requires implicit bias training for physicians (and other health care professionals), effective June 1, 2022. The requirements apply to both new applicants, as well as, those renewing their existing licenses or registrations.

An applicant for license renewal shall have completed a minimum of one hour of implicit bias training for each year of the applicant's license or registration cycle. An applicant for new licensure, both limited and medical, shall have completed a minimum of two hours of implicit bias training within the five years immediately preceding issuance of the license or registration.

## QUESTIONS?

Click [here](#) for answers to frequently asked questions about implicit bias training and requirements.

Physicians will need to report implicit bias credits when they renew their license. Those who renewed in January 2022 needed no training. Training that was taken prior to June 1, 2021, and within the license cycle that is up for renewal, qualifies toward the requirement for renewals.

## Deadline Extended for Prescribing Update with Controlled Substances

The American Medical Association has recently shared an update with physicians on the ability to prescribe controlled substances based on telehealth patient visits that was set to expire when the COVID-19 Public Health Emergency ended on May 11, 2023. The U.S. Drug Enforcement Administration (DEA) initially issued two proposed rules establishing new policies for controlled substance prescriptions based on telehealth visits, one for buprenorphine and one for other controlled substances. The AMA weighed in on the policy with multiple arms of the Biden administration, including the DEA as well as Rahul Gupta, MD, the Director of the White House Office of National Drug Control Policy.

After receiving more than 38,000 comment letters, however, the DEA has decided to extend the same policies that have been in place during COVID for an additional 6 months, until November 11, 2023. The AMA has issued a statement welcoming this extension. To read it, click [here](#).

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# New DEA Training Requirement Takes Effect June 27

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Below is information on this new requirement:

## Who is responsible for satisfying this new training requirement?

All DEA-registered practitioners, with the exception of practitioners that are solely veterinarians.

## How will practitioners be asked to report satisfying this new training requirement?

Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form—regardless of whether a registrant is completing their initial registration application or renewing their registration—affirming that they have completed the new training requirement.

## What is the deadline for satisfying this new training requirement?

- The deadline for satisfying this new training requirement is the date of a practitioner's next scheduled DEA registration submission—regardless of whether it is an initial registration or a renewal registration—on or after June 27, 2023.
- This one-time training requirement affirmation will not be a part of future registration renewals.

## How can practitioners satisfy this new training requirement?

There are multiple ways that practitioners can satisfy this new training requirement.

- First, the following groups of practitioners are deemed to have satisfied this training:

**Group 1:** All practitioners that are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.

**Group 2:** All practitioners that graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023, and successfully completed a

comprehensive curriculum that included at least eight hours of training on:

- *Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or*
  - *Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.*
- Second, practitioners can satisfy this training by engaging in a total of eight hours of training on treatment and management of patients with opioid or other substance use disorders from the groups listed below. A few key points related to this training:
    - *The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training.*
    - *Past trainings on the treatment and management of patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received a relevant training from one of the groups listed below—prior to the enactment of this new training obligation on December 29, 2022—that training counts towards the eight-hour requirement.*
    - *Past DATA-Waived trainings count towards a DEA registrant's 8-hour training requirement.*
    - *Trainings can occur in a variety of formats, including classroom settings, seminars at professional society meetings, or virtual offerings.*

## What accredited groups may provide trainings that meet this new requirement?

- The American Society of Addiction Medicine (ASAM)
- The American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- The American Osteopathic Association (AOA), or any organizations accredited by the AOA to provide continuing medical education
- The American Dental Association (ADA)
- The American Association of Oral and Maxillofacial Surgeons (AAOMS)
- For a complete listing of accredited training groups, please visit [www.DEAdiversion.usdoj.gov](http://www.DEAdiversion.usdoj.gov).



# When Should We Use a Performance Improvement Plan with an Employee?

By Jodi Schafer, SPHR, SHRM-SCP, HRM Services  
[www.WorkWithHRM.com](http://www.WorkWithHRM.com)



**We've had several employee issues come up recently such as not completing work consistently or with quality, and also behaviors that go against policies in our Employee Handbook (e.g. attendance, being on personal calls too much at work, etc.). We are trying to address these issues while also giving the employee an opportunity to improve. We have a form called a Performance Improvement Plan (PIP), but I've never used one before and not sure if it applies to all these situations. Can you please help me understand when to use, or not use, a PIP?**

**Answer:** Let's first start by better defining what a Performance Improvement Plan, or PIP, is. A performance improvement plan is a document that communicates with an employee their job-specific challenges as related to the expected result/performance outcomes, and what training and resources will be available to support the employee as they work towards improvement. The PIP also identifies potential consequences if improvement does not occur to the level indicated and/or within the timeframe provided. While this documentation will be helpful should termination result in the future, that is not the primary goal of a PIP. Instead, the intended outcome is employee development and performance improvement, as the name indicates.

**When is using a PIP appropriate?** Typically, PIPs are used for performance/ability related deficiencies that simple coaching hasn't corrected. Ideally, the supervisor has already brought the problem to the employee's attention verbally to understand more about what might be causing the issue. If the supervisor believes there may be a skill or capacity weakness, a PIP could be a great way to formally document the issue, outline the next steps that the employee will take, and identify key metrics and timelines to assess if improvements are occurring.

**When would a PIP not be appropriate?** A performance improvement plan would not be appropriate if the issue you are addressing has no development component. For



example, using TV streaming services on the practice's computer during work hours. In this case, you could document a conversation with the employee and clarify that the behavior is a policy violation and is unacceptable. If the behavior occurs again, you move ahead with the identified consequence, which could include termination. This brings me to another situation where a PIP would not be appropriate. If the supervisor has already decided that they are ready to terminate the employee, then putting a PIP in place creates false hope and delays the inevitable. Finally, if the issue at hand is so severe that you don't want to provide the employee an opportunity to change then a PIP is not appropriate. Examples of this might include if an employee acted very aggressively toward another employee, or if they exhibited behaviors that constituted harassment, according to your policies. Both of those instances are examples of behavior issues or policy violations vs. performance issues and thus, would be more conducive to corrective action rather than a PIP.

In summary, you want to choose the right communication tool to fit the circumstances. Start by first diagnosing the type of issue the employee is experiencing. Then, determine if there is a pattern to what you are seeing, taking into consideration how severe the issue is and if there is any indication that the employee has the capacity to change. The answers to these questions will help you determine your next steps and whether a PIP is an appropriate tool to use or whether coaching or corrective action will be more effective.

## MICHIGAN LEGISLATURE

# Support Physician-Led Team-Based Health Care for Michigan Patients

On April 25, Representative Alabas Farhat introduced House Bill 4472, which is the physician-led care teams bill. The following information highlights the bill, and also shares some quick facts as to why lawmakers should preserve physician-led care. MSMS will be focusing advocacy efforts on the respective health policy committees and educating members on the ways in which physician-led health care teams are the best model for value-based care.

## Background

Patients are best served by a team-based approach to health care that provides the maximum amount of choice while ensuring that they benefit from the additional training and expertise that comes from having a physician on the team. A highly functioning health care team is the best way to serve patients, and MSMS will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals' scope of practice that may put patients at risk. Below are some of the key reasons why lawmakers should preserve physician-led care:

- In states that have passed laws expanding scope of practice for advanced practice professionals, data shows these measures have failed to improve access to care, failed to improve quality of care, and failed to reduce costs.
- Physicians work a minimum of 11 years in education and training, including four years of college, four years of medical school, and three to five years of hands-on residency training. Some physicians train for up to 20 years, depending on their specialty.

— *For the treatment and care provided by nurses, many fewer years of medical education and training are required. Nurses with the most advanced training complete just six years of education.*

- Extensive pharmacology training is integrated into every component of a physician's education, an intensity and level of training not part of an advanced practice registered nurse (APRN) or physician assistant (PA) education.
- 68% of U.S. voters say it is very important to them for a physician to be involved in diagnosis and treatment decisions. Patients want and expect a physician to be present on their care team.
- Studies from the Mayo Clinic and JAMA found nurse practitioners and physician assistants are more likely to make unnecessary referrals and imaging orders, resulting in higher costs for patients.

**Contact your lawmaker about House Bill 4472!**

Click [here](#).

## Needed Reforms

MSMS supports House Bill 4472, which requires APRNs and PAs to practice as part of a physician-led patient care team, assuming specific responsibilities within the scope of their usual professional activities. The legislation also requires APRNs and PAs to maintain appropriate collaboration and consultation, as provided

CONTINUED ON PAGE 21



## SENATE BILL 279

# MSMS: Patients Best Served By Team-Based Approach



The following is a public statement from Thomas J. Veverka, MD, Immediate Past-President of MSMS in response to the introduction of SB 279 on April 20—scope of practice expansion legislation that removes physicians from the patient care teams.

**Contact your lawmaker about Senate Bill 279!**

Click [here](#).

“Patients are best served by a team-based approach to health care that provides the maximum amount of choice while ensuring that patients benefit from the additional training and expertise that comes from having a physician on the team. Senate Bill 279, however, seeks to remove physicians from the patient care team, creating significant concerns as it relates to quality, cost and access to care.

“In states that have passed laws like Senate Bill 279, data shows these measures have failed to improve access to care, failed to improve quality of care, and failed to reduce costs. In addition, while patients overwhelmingly support having a physician involved in their care, Senate Bill 279 removes physicians from the care team and instead has the potential to create a two-tiered health care system where a patient’s zip code will determine whether a physician is involved in their care decisions.

“A highly functioning health care team is the best way to serve patients, and the Michigan State Medical Society will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals’ scope of practice that may put patients at risk.”

To read Senate Bill 279, click [here](#).

## MICHIGAN LEGISLATURE CONTINUED FROM PAGE 20

under a written practice agreement, with a patient care team physician. Under the proposed legislation, practice agreements must include:

- A process for communication, availability, and decision-making when providing medical treatment to a patient. The process must utilize the knowledge and skills of the APRN/PA and patient care team physician based on their education, training and experience.
- The duties and responsibilities of the APRN/PA and

patient care team physician.

- A provision for appropriate physician input in complex clinical cases and patient emergencies and for referrals.
- A clear statement describing the controlled substance prescriptive practices of the APRN/PA, including the controlled substances the APRN/PA is or is not authorized to prescribe.

To read House Bill 4472, click [here](#).

# Your Support is Critical

## MICHIGAN DOCTORS' POLITICAL ACTION COMMITTEE

The Michigan Doctors' Political Action Committee (MDPAC) promotes the involvement of physicians through both donating and engaging. By donating, you are helping MDPAC to support pro-medicine candidates. By engaging, you are holding our lawmakers accountable and being a voice for our organization. Click [here](#) to learn more.



## MICHIGAN OSTEOPATHIC POLITICAL ACTION COMMITTEE

The Michigan Osteopathic Political Action Committee (MOPAC) fights to elect and re-elect pro-physician candidates through direct contributions, voter education and targeted political activism. As a physician, your time and resources are limited. MOPAC is the best resource for you to learn who supports the osteopathic profession and how you can help elect candidates that represent you and your patients.



MOPAC is the political arm of the Michigan Osteopathic Association (MOA) and the sole voice of the osteopathic profession in campaigns and elections on the state level. Governed by a committee made up of osteopathic physicians, MOPAC is constantly working to increase our effectiveness in elections and strengthen the clout of the physician community.

MOPAC's political activities are funded by the voluntary contributions of MOA members above and beyond their membership dues. These contributions make it possible for MOPAC and the osteopathic profession to have significant impact in elections. By joining one of MOPAC's annual giving levels, members support our political efforts and become part of the elite network of politically active osteopathic physicians and students around the country. They receive invitations to members-only receptions, have access to insider political information, and are recognized in numerous mediums. Click [here](#) to make a donation to MOPAC.

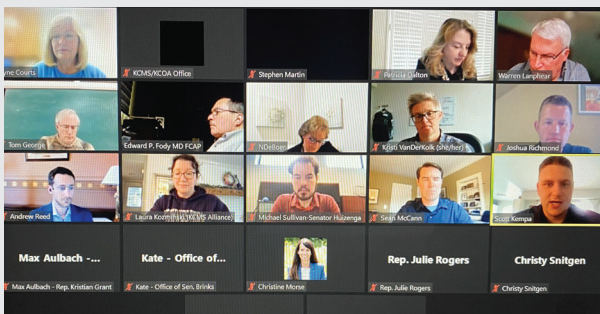


## MDPAC Names Leah Davis, DO as New Leader

Leah Davis, DO, of Grand Traverse Radiologists, PC and member of Grand Traverse-Benzie-Leelanau County Medical Society has been named to the Board of Directors of the Michigan State Medical Society.

In addition to this new role, Dr. Davis has been appointed the Chair of the Michigan Doctors' PAC (MD PAC).

During her first campaign during the House of Delegates weekend, Dr. Davis surpassed her first fundraising goal! A feat that was applauded by the House attendees!



West Michigan physicians and legislators connect for the Legislative Committee Meeting on May 8.

## West Michigan Counties Join the KCMS/KCOA Legislative Committee

Members are always welcome to participate in quarterly Legislative Meetings with regional legislators. Contact the KCOA Office at (616) 458-4157 if you would like to participate. The next committee meeting is Monday, September 18 at Noon.



## KCOA OFFICERS & DIRECTORS

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### SPEAKER OF THE HOUSE

#### OF DELEGATES MICHIGAN OSTEOPATHIC

#### ASSOCIATION

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Adam Wolfe, DO



# Join Us

KCOA MEETINGS OF INTEREST

**JUNE 15-18, 2023**

**NORTHERN MICHIGAN OSTEOPATHIC ASSOCIATION  
SUMMER CONFERENCE**

Mission Point Resort | Mackinac Island, MI

**SEPTEMBER 18, 2023**

**WEST MICHIGAN COUNTIES' LEGISLATIVE  
COMMITTEE MEETING**

Noon | Virtual meeting

**OCTOBER 27-29, 2023**

**MOA 19TH ANNUAL AUTUMN CONFERENCE**

Amway Grand Plaza, Grand Rapids

**OCTOBER 30, 2023**

**WEST MICHIGAN COUNTIES' LEGISLATIVE  
COMMITTEE MEETING**

Noon | Virtual meeting

### OUR MISSION:

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

## Visit us

For event details, check out our website [kcoa-mi.org](http://kcoa-mi.org)



## In Memoriam

### DAVID JO PRESLEY, DO

Dr. David Presley passed away on March 24, 2023. Dr. Presley attended the University of Michigan for his undergraduate degree, having graduated in 1967; he attended the Des Moines University College of Osteopathic Medicine to earn his degree in Osteopathic Medicine in 1971. He completed an Internship at Grand Rapids Osteopathic Hospital in 1972. Dr. Presley was a Life Professional member of the Michigan Osteopathic Association, having joined the MOA in 1973. He practiced Family Medicine in the Grand Rapids area prior to his retirement.



William Sanders, DO  
2023 KCOA President,  
Board of Directors



Adam Wolfe, DO  
2022 KCOA President,  
Board of Directors

# William Sanders, DO Becomes KCOA President

At a meeting with KCOA Board Members and Delegates to the MOA House of Delegates, the Presidential torch, or gavel, was passed from longtime President, Adam Wolfe, DO to me.

Dr. Wolfe served for four years as President of the Osteopathic Association. During that time, he prioritized Membership, Osteopathic education and hosted social events, allowing physicians to engage in one another's company, a high priority for physician wellness initiatives. Dr. Wolfe led the Association during the COVID-19 pandemic, working to inspire physicians and their offices with education, resources and online camaraderie to ease the pressures that physicians faced during that time.

I have been a proud KCOA member since 2018. For those of you who have not yet worked with me, or have not met me, I am a psychiatrist focusing on adult psychiatry, depression, bipolar and thought and anxiety disorders and



Dr. Adam Wolfe accepts KCOA President's Recognition Award.

other mental health crises. I am Board Certified in Adult Psychiatry by the American College of Osteopathic Neurologists and Psychiatrists and the American Board of Psychiatry and Neurology. I'm also Board Certified by the American Board of Psychiatry and Neurology in Forensic Psychiatry. I am proud to serve as Vice President and Chief Medical Officer for Pine Rest Christian Mental Health Hospital. Early in my career at Pine Rest, I was fortunate to be asked to investigate and develop a Residency Program at PRCH and am proud to report that



Dr. Wolfe passes gavel to Dr. Sanders.

the Residency Program has, as of this summer, graduated 6 classes and 59 new psychiatrists, many of whom have remained in West Michigan.

I hope to continue Dr. Wolfe's leadership with Michigan Osteopathic Association and American Osteopathic Association endeavors and enjoyed partnering with the Kent County Medical Society, where members of both organizations participated in events and benefits of membership. He also participated in the KCMS/KCOA Legislative Committee efforts to continue education for legislators on issues that affect Medicine and physicians. Thank you, Adam, for your work on behalf of the Osteopathic physician community; we look forward to seeing you in your future roles on our behalf.



# KCOA Physicians Attend House of Delegates

Kent County Osteopathic Association participated in the Michigan Osteopathic Association House of Delegates on Saturday morning, April 29, 2023. The following Resolutions were discussed, evaluated and approved by the Delegates from Michigan:

## Provision of On-site Childcare Services at MOA Annual Conventions Delegates

Submitted by MOA Council of Interns and Residents, Women of Excellence

**RESOLVED**, that the Michigan Osteopathic Association convene a task force to investigate benefits of providing on-site childcare services at the Annual MOA Spring and Autumn Conventions and present their findings to the House of Delegates in 2024; and, be it further

**RESOLVED**, that the Michigan Osteopathic Association investigate the potential financial impact of providing childcare services at the annual Spring and Autumn Conventions and present their findings at the House of Delegates in 2024.

## Reducing Burdens in the Utilization of Step Therapy

Submitted by Council of Interns and Residents

**RESOLVED**, that the MOA puts forth efforts to provide resources to its



Dr. Joanne Grzeszak.



Doctors Ed Lee, KCOA Board President Bill Sanders, Bob Joyce, and Norm Keller.

members regarding the current framework for the step therapy exemption process; and, be it further

**RESOLVED** that the Michigan Osteopathic Association advocates to state lawmakers and relevant stakeholders to improve the step therapy exception process in Michigan; and, be it further

**RESOLVED**, that the MOA advocates to the American Osteopathic Association to work with relevant stakeholders to ensure step therapy protocols are based on medical criteria and clinical guidelines developed by independent experts; and, be it further

**RESOLVED**, that the MOA advocates to the American Osteopathic Association to work with relevant stakeholders to streamline the exemption process for patients to move from step therapy.

## HOUSE OF DELEGATES HIGHLIGHTS

- Election of Trustees and Officers.
- Newly installed MOA President, Andrew Adair, DO.
- Trustee-Region 4 Kent, Adam Wolfe, DO is elected Board Member of MOA.
- Among the list of 22 nominated Osteopathic physicians from Michigan to serve as Delegates at the American Osteopathic Association is KCOA's Immediate Past President, Adam Wolfe, DO.

CONTINUED ON PAGE 26

## Improving Discharge Outcomes for Patients Experiencing Homelessness

Submitted by Council of Interns and Residents

**RESOLVED**, that the MOA encourage educational opportunities for physicians on executing holistic, cost-effective and evidence-based discharge planning while being cognisant of the unique healthcare and social needs of individuals experiencing homelessness; and, be it further

**RESOLVED**, that the MOA advocate for and encourage collaborative efforts and communication between health systems, street medicine outreach programs, primary care providers, recuperative care centers, and other stakeholders; and, be it further

**RESOLVED**, that the MOA develop a task force that will evaluate the current state of transitions in care for the unhoused population in Michigan and report back with actionable items and/or educational opportunities for physicians at the MOA HOD

## Spartan Strong: Emphasizing AOA/AOIA Stance on Gun Reforms to Political Leaders

Submitted by Michigan Osteopathic Association Student Liaison Committee

**RESOLVED**, that the MOA regularly advocates through appropriate public advocacy groups regarding AOA and MOA policies on gun safety; and, be it further

**RESOLVED**, that the MOA formally recognizes gun violence as a Public Health Emergency and develops a task force to further explore the impacts of gun violence and the emotional, psychiatric, and antisocial behaviors of the perpetrators of gun violence on public health with a supporting white paper summarizing their findings to present at the MOA HOD in 2025.



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*Congratulations*

## MOA Life Professional Members

West Michigan physicians achieved Life Professional membership from Michigan Osteopathic Association. Congratulations to the following physicians:

- **Bradley J. Clegg, DO**
- **Stephen C. Dalm, DO**
- **Kenyon S. Kendall, DO**
- **Kenneth H. Markiewicz, DO**





KENT MEDICAL FOUNDATION



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

# Retired Physicians Welcome the Return of IV League!

Kent Medical Foundation President, Jayne E. Courts, MD, welcomed retired members of Kent County Medical Society and Kent County Osteopathic Association to the reunion of the IV League members.

The KMF gathering could not be held during the COVID-19 pandemic, and the physicians and their guests were happy to connect at the recent IV League Luncheon gathered at Uccello's Ristorante on April 24.

Dr. Courts provided brief remarks including appreciation for the continued support of the KMF Holiday Card campaign and an update on the recent grants made possible by members' generosity to the Kent Medical Foundation.



KMF President, Jayne Courts, MD, welcomes retired physicians, while Dr. Joseph Marogil and wife Jeanette Marogil look on.



Retired physicians and guests reconnect in person.

KMF



# heartbeat



## MESSAGE FROM THE PRESIDENT

*The Kent County Medical Society Alliance had an active and exciting year! We focused on service, education and building relationships among our members. Together*

*we completed three hands-on service projects: we fitted children for free back-to-school shoes at In the Image, we packed lunches for Kids Food Basket (which was actually several hours of scooping Corn Nuts!), and we served breakfast at the St. Mark's Breakfast Cafe to people downtown experiencing homelessness. Additionally, we did several donation drives: we collected diapers and wipes for teen mothers through Grace's Table, we collected diverse preschool books for Baxter Community Center, and we donated personal care items for women in addiction treatment at Our Hope. I was so proud of our members' abundant generosity.*

*We also had several educational opportunities. In the fall, our members toured Mary Free Bed and got a behind-the-scenes peek into the many incredible services they offer. In January we toured the brand new MSU Doug Meijer Medical Innovation Center and BAMF, a medical research group that is curing prostate cancer with remarkable results. In March we toured Our Hope and learned about how addiction touches the lives of women in Kent County. Finally, a few of us attended the State Alliance CPR certification course, which was really fun, though we hope we never have to use these skills!*

*Throughout the year we held a number of social events that were meant to build relationships between members and connect us with our community. Our book club met every 3rd Tuesday of the month all year long and read some really incredible titles. We also established a mahjong group that now meets weekly. We held our annual Holiday Party at one of our member's homes, which was stunning! We held a pizza night at Licari's this winter, and then just last month we held our Trivia Night Fundraiser, which was unbelievably fun and very successful.*

*Our Foundation board met four times to distribute \$25,000 worth of mini-grants. These grants were awarded to projects addressing the health needs of our West Michigan community. As an Alliance we raised \$43,000 for our mini-grant program next year. We are excited to be able to expand our gifts to individuals and organizations in need.*

*KCMSA invites new members to join us! If you are the spouse or partner of an area physician, consider attending our events, or reach out for ways to get connected. Membership information is available on our website: [kcmsalliance.org](http://kcmsalliance.org)*

*Sincerely,*

*Laura Kozminski*

*President*

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[www.kcmsalliance.org](http://www.kcmsalliance.org)



## Event Recap spring 2023

### March 15 MSMSA Legislative Advocacy Day at the Capitol



### April 26 Annual Spring Luncheon



### April 17 Trivia Night Fundraiser







# heartbeat

## 97th MSMSA Annual Meeting in G.R.

On May 5th and 6th, members from throughout the state gathered in Grand Rapids for the Annual Michigan State Medical Society Alliance meeting, led by State President, Elizabeth Junewick. The Michigan State Medical Society Alliance is a state-wide organization composed of the spouses and partners of physicians. The Alliance exists to educate members and the public about crucial health issues, advocate for legislation that improves the health of Michiganders, and provide support for physician families. This annual meeting was a wonderful gathering with opportunities for education, heartfelt conversation, visioning and more.



### Van Andel Institute Tour

On Friday afternoon, the group gathered at the Van Andel Institute for a tour led by Jerry Callahan, Chief Strategy Officer, VAI. We learned about how scientists at this state-of-the-art facility are leading the way in cancer, Alzheimer's, Parkinson's and metabolism research. We were amazed by the lab spaces and molecular imaging.



### Evening Gathering

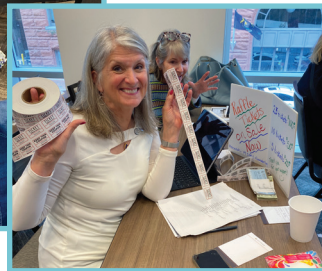
Friday evening, Alliance members and their spouses gathered at the home of Dr. Lee and Karen Begrow, where we enjoyed a Cinco de Mayo celebration with incredible food and drinks. This was a wonderful way to reconnect with old friends and meet new members.





### Imaging Our Future

*On Saturday, the MSMSA gathered at the Hyatt Place Hotel in downtown Grand Rapids. We conducted Alliance business, including an outstanding visioning exercise to imagine the future of our organization in the state. We were entertained by Caroline Cook, a Grand Rapids*



*historian, who offered a fascinating lecture on the history of medicine in Grand Rapids (which included numerous, amazing historical photographs). Finally, Alliance members participated in a raffle benefiting the Michigan State Medical Society Foundation.*



**Join Us!** *The Michigan State Medical Society Alliance is proud of its long tradition of education, advocacy and camaraderie. We invite new members! Information can be found at [www.msmsa.org](http://www.msmsa.org).*



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

# Celebrating the Class of 2023

On May 13, 2023, we celebrate the graduation of the Class of 2023! This year's class continues to be the most diverse group of medical students graduating from a medical school in the state of Michigan.

100% of the 184 students that applied for a residency this year have matched. 48% of them will be pursuing a career in primary care, and 45% of the class will be staying in the state of Michigan. The top 6 specialty placements were:

- **Internal Medicine** (21%)
- **Family Medicine** (16%)
- **Emergency Medicine** (14%)
- **Pediatrics** (9%)
- **Psychiatry** (7%)
- **Anesthesiology** (6%)

Since their matriculation with a White Coat Ceremony in August 2019, these new physicians have changed in many ways. They have studied an average of 80 hours a week for four or more years, lost countless hours of sleep and made numerous personal and financial sacrifices. They have learned medicine in isolation through a pandemic, spending all their non-clinical educational time during the second year of medical school on Zoom (sometimes with their children attending elementary school in the same room) and all of their clinical time behind masks and eye protection. They have watched innocent black people killed by the police, and they now have received thoughts and prayers because, as of February 13, 2023, they identify as part of a

community who has been victim to a senseless mass shooting.

Yet, they continue to amaze and advocate for what is right using facts, passion, and professionalism.

They continue to amaze and advocate for what is right using facts, passion, and professionalism.

Just this month I learned that student leaders of the MSU College of Human Medicine Chapter of [Scrubs Against the Firearm Epidemic \(SAFE\)](#) will present data on the introduction of their novel medical school curricular content to medical students at SUNY Buffalo and at a national conference. Another student is spending a month in Ecuador providing medicine in an underserved village. Our co-presidents of the [Refugee Outreach Collective](#) advocate for providing culturally sensitive medical care for our refugee population, and the student founder for the [Spartan Alliance for Disability, Inclusion and Equity \(SADIE\)](#) has brought forth an impressive proposal for the enhancement of our curriculum on the topics of Disability and Diversity. Finally, last week my husband ran into our students at Trader Joe's discussing healthy food options for patrons in the store.

If you are interested in pursuing a health advocacy path, please reach out to us. I am confident that I have a student who would be interested in helping with the effort.



# Kent County Health Department's Tuberculosis Program Update



Nirali Bora, MD  
Kent County  
Health Department  
Medical Director

April Hight, RN, MPH, and Nirali Bora, MD

Tuberculosis is caused by the bacteria *Mycobacterium tuberculosis* that usually affects the lungs but can also infect other parts of the body including the eye, the spine, brain, or joints. Tuberculosis (TB) one of the world's oldest and deadliest diseases. In the mid 1800's, it is estimated that TB claimed the lives of 25 percent of people in the world.

Although efforts to test and treat TB have significantly reduced the number of diagnosis and deaths, TB remains a major public health issue. Globally it is estimated that 10 million people developed active TB in 2020 and over 1.3 million people died as a result, a 5.6 percent increase from 2019.

Tuberculosis rates in the United States have steadily decreased since 1992. In 2020, TB cases declined sharply, but started to rebound in 2021, likely due to delayed healthcare access, missed diagnosis and public health constraints due to the COVID-19 pandemic. In 2022, 120 people in Michigan developed active TB, 13 of these cases resided in Kent County.

## Reducing the Incidence of TB in Kent County

Ending TB is largely dependent on diagnosing and treating latent TB infection (LTBI). LTBI occurs when an individual inhales air containing droplet nuclei that have *M. Tuberculosis*. While some of the individuals exposed to active TB will clear the bacteria, some will develop active TB disease, and others will develop LTBI in which the bacteria are contained by the immune system. People with LTBI are not infectious to others and do not have signs, symptoms, or radiologic evidence of active TB, but do have a 5 to 10% chance of developing active TB later in life. This percentage can increase if the person has certain risk factors, such as immune suppression.

Approximately one quarter of the world's population is estimated to have latent TB infection. Identifying and treating LTBI can reduce the risk of developing active TB later in life and spreading it to others.

## KCHD TB Program

KCHD provides treatment for all cases of latent and active TB in Kent County at a weekly Tuesday clinic staffed by nurses and physicians. TB nurses case manage anywhere from 50 to 100 people on latent TB treatment monthly and treat 10-20 people annually for active TB disease. The program can provide chest x-rays and sputum collection onsite and is fortunate to have assistance from a pharmacist, provide live interpretation for patients who do not speak English, and transportation assistance for those who would benefit.

## Treatment for Latent TB Infection

There are four regimens for the treatment of latent TB infection, with a preference given for the rifamycin-based short-course regimens (Sterling 2020). Drug interactions are a concern for the rifamycin based regimens, particular rifampin.

## Drug Resistance

TB drug resistance is also a concern. Out of 120 TB cases identified in Michigan in 2022, 7

CONTINUED ON PAGE 34

# TUBERCULOSIS CONTINUED FROM PAGE 33

of them had drug resistance to first-line TB drugs and of those, 2 had multidrug resistance. KCHD's TB program works with the State Laboratory to conduct drug sensitivity testing on all TB cultures to assure the right medication regimen is administered. TB nurses also perform daily direct observed therapy (DOT) on all persons with active TB to assure medication adherence. Since 2019, Kent County has had four individuals who have had multi-drug resistant TB.

## Guidance for Physicians and Health Care Professionals

- A robust TB risk assessment that includes medical, social, and travel history is essential in determining whether a TB test is needed and what test (TST or IGRA) to perform. For more information visit, [MDHHS TB website](#) to find adult and pediatric risk assessments and TB screening guidance.
- A person who resides in Kent County who has a

positive TB test or symptoms of active TB should be referred to KCHD's TB Program.

- If you have a patient receiving latent or active TB treatment from KCHD and have questions about their treatment or drug interactions, please contact the TB program at (616-632-7190). The KCHD electronic health record is not a part of EPIC.

## Resources

- [Trends in Tuberculosis, 2021; Centers for Disease Control and Prevention \(CDC\) 2022.](#)
- [Tuberculosis Cases and Rates Michigan 2018-2022. Michigan Department of Health and Human Services \(MDHHS\) 2022.](#)
- Sterling TR, Njie G, Zenner D, et al. Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020. MMWR Recomm Rep 2020;69(No. RR-1):1–11. DOI: <http://dx.doi.org/10.15585/mmwr.rr6901a1>

## Recommendations for regimens to treat latent tuberculosis infection

Priority rank*	Regimen	Recommendation (Strong or conditional)	Evidence (High, moderate, low, or very low)
Preferred	3 months isoniazid plus rifapentine given once weekly (3HP)	Strong	Moderate
Preferred	4 months rifampin given daily (4R)	Strong	Moderate (HIV negative)†
Preferred	3 months isoniazid plus rifampin given daily (3HR)	Conditional Conditional	Very low (HIV negative) Low (HIV positive)
Alternative	6 months isoniazid given daily (6H)	Strong§ Conditional	Moderate (HIV negative) Moderate (HIV positive)
Alternative	9 months isoniazid given daily (9H)	Conditional	Moderate

Abbreviation: HIV = human immunodeficiency virus.

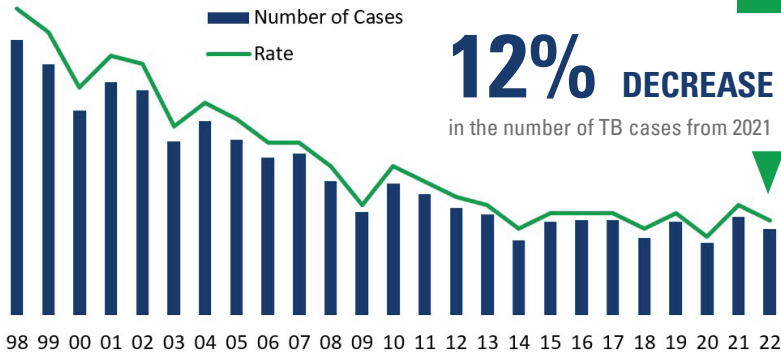
\* Preferred: excellent tolerability and efficacy, shorter treatment duration, higher completion rates than longer regimens and therefore higher effectiveness; alternative: excellent efficacy but concerns regarding longer treatment duration, lower completion rates, and therefore lower effectiveness.

† No evidence reported in HIV-positive persons.

§ Strong recommendation for those persons unable to take a preferred regimen (e.g., due to drug intolerance or drug-drug interactions).

# TUBERCULOSIS

## IN MICHIGAN, 2022



**120** | TB cases verified in Michigan in 2022

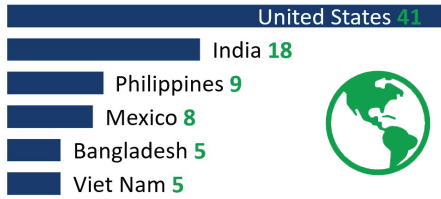
**1.2** | TB cases per 100,000 MI residents in 2022

### COUNTRY OF BIRTH



**32** | Countries of birth represented among patients with TB disease

#### MOST COMMON COUNTRIES OF BIRTH:



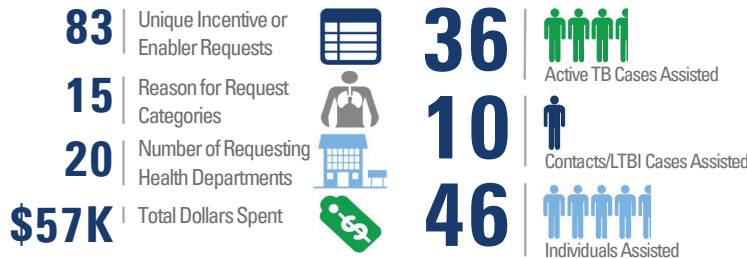
### DRUG RESISTANCE

**7** | Patients diagnosed in 2022 who had any drug resistance to first-line TB drugs

**2** | Patients diagnosed in 2022 who had multidrug resistant (MDR) TB, defined as a TB strain resistant to Isoniazid and Rifampin, the two most important and effective drugs in the TB treatment regimen

**3** | Patients diagnosed in 2022 who had Isoniazid mono-resistance

### INCENTIVES AND ENABLERS

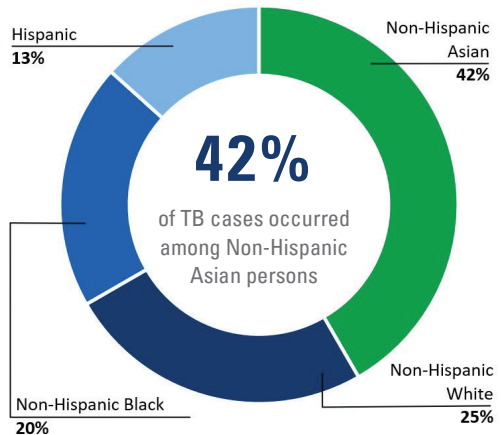
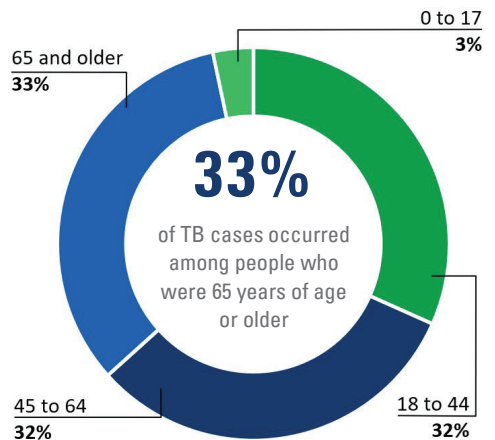


Created March 2023

Adapted from the New York City Bureau of Tuberculosis Control 2017 Annual Summary, p. 5 <https://www1.nyc.gov/assets/doh/downloads/pdf/tb/tb2017.pdf>

### DEMOGRAPHIC CHARACTERISTICS

**59%** of TB cases occurred among males



### CLINICAL CHARACTERISTICS

**2%** | Of patients diagnosed in 2022 also reported with known HIV-positive status

**21%** | Of patients diagnosed in 2022 also reported as COVID-19 cases

**62%** | Of patients diagnosed in 2022 reported with a pulmonary site of disease





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Communicable Disease Section  
Phone (616) 632-7228  
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**April 2023**

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE Through April 2018-2022
	This Month	Cumulative 2023	
AIDS	0	3	1
HIV	4	11	11
CAMPYLOBACTER	8	31	23
CHICKEN POX <sup>a</sup>	1	19	3
CHLAMYDIA	296	1238	1237
CRYPTOSPORIDIOSIS	3	6	5
CORONAVIRUS NOVEL, COVID-19	1115	9167	N/A
Shiga Toxin Producing E. Coli	3	7	4
GIARDIASIS	1	5	5
GONORRHEA	108	468	448
H. INFLUENZAE DISEASE, INV	0	4	0
HEPATITIS A	0	2	1
HEPATITIS B (Acute)	0	1	0
HEPATITIS C (Acute)	0	0	0
HEPATITIS C (Chronic/Unknown)	5	35	50
INFLUENZA-LIKE ILLNESS <sup>b</sup>	1279	8235	15129
LEGIONELLOSIS	1	6	4
LYME DISEASE	1	1	0
MENINGITIS, ASEPTIC	0	2	0
MENINGITIS, BACTERIAL, OTHER <sup>c</sup>	0	7	3
MENINGOCOCCAL DISEASE, INV	0	0	0
MUMPS	0	0	0
PERTUSSIS	0	0	0
SALMONELLOSIS	3	17	16
SHIGELLOSIS	1	2	3
STREP, GRP A, INV	8	41	5
STREP PNEUMO, INV	6	28	4
SYPHILIS (Congenital)	0	1	0
SYPHILIS (Primary & Secondary)	5	21	14
TUBERCULOSIS	1	6	3
WEST NILE VIRUS	0	0	0

## NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2023	DISEASE	NUMBER REPORTED Cumulative 2023
CARBAPENEMASE PRODUCING CRE	2	MALARIA	2
CYCLOSPORIASIS	0	MULTISYSTEM INFLAMMATORY SYNDROME	0
GUILLAIN-BARRE SYNDROME	0	SHINGLES	32
HISTOPLASMOSIS	4	STREPTOCOCCAL TOXIC SHOCK	0
KAWASKI SYNDROME	0	TOXIC SHOCK	0
LISTERIOSIS	0	VIBRIOSIS-NON CHOLERA	0

a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included. b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools. These numbers are currently under a health department review process. c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN H. influenzae, N. meningitidis, or S. pneumoniae. Except for **Chickenpox, Campylobacter, Coronavirus, Cryptosporidiosis, Shiga-Toxin Producing E. Coli, Salmonellosis, Shigellosis & Influenza-Like Illness**, only confirmed cases (as defined by National Surveillance Case Definitions) are included. Reports are considered provisional and subject to updating when more specific information becomes available.