



Bulletin

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

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



2024

year in review

PAGE 26
KMF Holiday Card Campaign

PAGES 9, 14, AND 21
Year End President Messages

PAGE 6
KCMS Members Honored



BULLETIN

WINTER 2024 • Vol. 109, No. 4

Contents



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Cover Photo

A fresh start for 2025!

CONTRIBUTORS

24 Alliance Heartbeat

26 Kent Medical
Foundation

28 Kent County
Health Department

KCMS

Meetings of Interest **4**

In Memoriam **8**

President's Message **9**

COLLABORATION

Ottawa County Medical Society
President's Message **14**

Update on Opioid Epidemic **17**

Ottawa County Medical Society
In Memoriam **19**

KCOA

Meetings of Interest **20**

President's Message **21**

In Memoriam **23**

GET INVOLVED:

Learn more about the Kent County Medical Society at www.kcms.org.

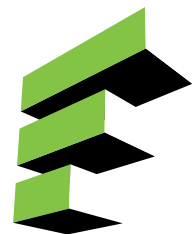
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KCMS MEETINGS OF INTEREST

FEBRUARY 3, 2025

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE
Noon | Virtual meeting

FEBRUARY 19, 2025

KCMS ANNUAL MEETING
6pm | Watermark Country Club

MARCH 19, 2025

MULTI-COUNTY CME WEBINAR
E-CIGARETTE AND NOVEL TOBACCO PRODUCT EDUCATION
7-9pm | Please see additional information on page 13

APRIL 28, 2025

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE
Noon | Virtual meeting

MAY 3, 2025

MSMS HOUSE OF DELEGATES
Lansing, MI

SEPTEMBER 8, 2025

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE
Noon | Virtual meeting

NOVEMBER 3, 2025

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



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122ND ANNIVERSARY

Annual Meeting

of the KCMS Membership



you're invited

FEBRUARY 19, 2025

Watermark Country Club


1600 Galbraith Ave SE
Grand Rapids, MI 49546


agenda

6:00pm **Mix and mingle**

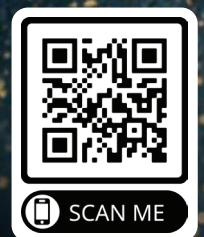
6:30pm **Dinner and business** including:
2024 Year in review; Election of new officers; and Appointment of Delegates and Alternate Delegates.

*Please note this is an in-person event only.
Members and spouses/guests welcome.*

 patricia@kcms.org

 **(616) 560-5336**

RSVP TODAY!





KCMS Members Honored



Michael Madura, MD

Several KCMS Members were honored recently at the Annual Distinguished Physicians ceremony by Corewell Health. Congratulations!

- Iris Boettcher, MD
- Patrick Droste, MD
- Melonie Ice, MD
- Dorsey Ligon, MD
- Michael Madura, MD
- Jeffrey Jones, MD
Emeritus Lifetime Achievement Award

CONTINUED ON PAGE 7



Linda and Dorsey Ligon, MD



Josh Kooistra,
DO, Senior VP,
Corewell Health



Deb and Patrick Droste, MD



Iris Boettcher, MD

MEMBERS HONORED

CONTINUED FROM PAGE 6



Jeffrey Jones, MD (Calhoun County)



Melonie Ice, MD

Spread the Word: Member Honors

The Editorial Committee appreciates your news and information. Events such as this celebration are not always made public to our office. Please let us know when you are aware of our members being recognized and honored. **We would like to share the great news!** Contact us via email at patricia@KCMS.org



KCMS

From left: Andrew Droste, MD, pediatric resident; Patrick J. Droste, MD; and Mark Droste

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In Memoriam

LARRY GERBENS, MD

Larry John Gerbens, MD passed away on December 9, 2024. He was born in Grand Rapids on January 21, 1947. He attended Sylvan Christian School, Grand Rapids Christian High School, Calvin College, and the University of Michigan Medical School, followed by an internship at Blodgett Hospital and residency in ophthalmology at the Kellogg Eye Center at the University of Michigan. He was a co-founder and managing partner of Grand Rapids Ophthalmology where he specialized in pediatric ophthalmology and surgery. He served on medical missions, most often with the Luke Society, to provide eye care, and on the local boards of Baxter Community Center and the Grand Rapids Symphony. He and Mary established the Gerbens-Gritter scholarship at Calvin which offers a full-ride scholarship to a student in the pre-medicine program.

ROGER A. GERLACH, MD

Dr. Roger Allen Gerlach passed away peacefully on November 7, 2024. He was born in 1954 in Lapeer, Michigan. He graduated as valedictorian from Lapeer High School. He attended Kalamazoo College and later the University of Michigan medical school. He and his family moved to Trufant 1978 and he opened his own medical practice. He did home visits and did his best to provide care for those who truly needed him. He went on to work in the Carson City Hospital emergency department and the Ionia State Prisons, from where he retired in 2019.

DONALD HEGGEN, MD

Donald M. Heggen, MD passed away peacefully on September 27, 2024. Don was born on March 25, 1941. He graduated from Bloomfield Hills High School, attended the University of Michigan and University of Michigan Medical School. He enlisted in the Air Force July 1971 and served at Forbes Air Force Base in Topeka, KS as a Major. He later moved to Grand Rapids served as chief of the Obstetrics and Gynecology department at Spectrum Hospital. He was an Adjunct Professor at Michigan State University. In 2013 he was awarded the Distinguished Physician Society Award in Obstetrics and Gynecology from Spectrum Hospital.

JOHN M. KOETSIER, MD

John Martin Koetsier passed away on October 8, 2024. He was born on October 10, 1947. John graduated from Calvin College and Wayne State Medical School. He completed his residency at Butterworth Hospital. John was a beloved and caring pediatrician in the Grand Rapids and Jenison communities for 42 years.

DAVID L. SHARP, MD

David L. Sharp, MD of Grand Rapids, MI passed away peacefully at his home on October 5, 2024. He was born in 1941. He attended Girard College, a boarding school in Philadelphia, after graduation he returned to Western Pennsylvania and attended the University of Pittsburgh for college and medical school. In 1986 he relocated to Michigan. He served as the medical director of a regional health provider and later set up his third home office. In 2006, the Sharps moved back to Grand Rapids and he became a hospice physician and palliative care advocate for Faith Hospice, Trillium Institute, Hospice of West Michigan, and Emmanuel Hospice.

JUSTIN SINGER, MD

Justin Singer, MD was a graduate of Drexel University College of Medicine and completed his residency at University Hospitals Case Medical Center in Ohio. He was a board-certified neurosurgeon and spent the last 8 years caring for the community at Corewell Health serving as Director of the Neuro-Endovascular Program. His leadership was instrumental in achieving Butterworth Hospital's designation as a Comprehensive Stroke Center. Dr. Singer passed away October 27, 2024.

PRESIDENT'S MESSAGE



Warren F. Lanphear, MD, FACEP
2024 KCMS President

Visibility Equals Representation

With the recent election behind us now, let's band together as physicians and fight for Medicare reimbursement reform and stop the latest attempt at undoing malpractice caps.

The Kent County Medical Society has been a leading physician-led, membership-based organization that provides advocacy, services and resources for physicians in Kent County and surrounding counties. These services and resources have evolved over the years to meet the ever-changing needs of physicians and their staff.

As we prepared for this year-end edition of the Bulletin magazine, and our upcoming KCMS Annual Meeting, I paused to remember the senior physicians—many who served as my mentors and colleagues—who we have lost this year. How different the practice of medicine is for me and my colleagues, and the current members compared to our trainers. Of course, technology has changed how we function and what discoveries have been made to benefit our patients.

In medicine, in most cases, change can be good; however, there are also constants which we all want—the patient's health and wellbeing, our ability to assist them, our fellowship with colleagues. The KCMS has worked to continue to be an important part of the equation.

While most of our professional organizations experience a decline in membership, the KCMS remains strong, and its Board remains engaged in trying to assist physicians with their practices and in their practices. Our KCMS Board works with the MSMS Board of Directors, and a few members work on that MSMS Board.

With the recent election behind us now, let's band together as physicians and fight for Medicare reimbursement reform and stop the latest attempt at undoing malpractice caps.

Whether our members work in a hospital system, independently, or as a contracted physician, we invite you to reach out and let us know what challenges affect your practice or you would value in your membership. We are pleased to share that as a member of MSMS, you will receive free CME opportunities, beginning December 1, 2025.

Maintaining your membership and proactive participation maintains your political clout to our regional and local legislators and decision makers. Retaining the involvement of physicians improves our visibility and relevance, which improves medicine. Thank you for your continued membership!

Wishing you Happy Holidays and a healthy 2025!

Warren F. Lanphear, MD, FACEP
KCMS President

NEW
MEMBER
BENEFIT!

EXCITING NEWS FROM THE MICHIGAN STATE MEDICAL SOCIETY...

The Michigan State Medical Society is excited to announce a significant enhancement to the benefits of membership. **Beginning December 2, 2024, the Michigan State Medical Society (MSMS) will offer FREE Continuing Medical Education (CME) to all active members*.**

MSMS aims to support the professional development of all Michigan physicians and ensure access to the latest medical knowledge and practices. MSMS offers a diverse range of educational offerings to help physicians stay informed and compliant with all licensure requirements in an ever-evolving health care landscape. This new membership benefit provides **a value of more than \$8000**. MSMS invites you to deepen your impact and become engaged in the dynamic changes taking place in Michigan's medical landscape by becoming a member of MSMS.

"MSMS has always prioritized physician growth and education, I encourage you to take advantage of this opportunity for FREE CME. Whether you are a long-time member or considering membership, MSMS is here to support your journey as a physician."

– Tom George, MD and Chief Executive Officer of MSMS

Every physician in Michigan can make the most of this exciting new benefit by joining the Michigan State Medical Society today!

Call 517-336-5716

to enjoy the privileges of membership
in the Michigan State Medical Society.

*Free CME begins 12/2/24, no refunds on any CME, including webinars, courses, training, online or in-person events registered for prior to 12/2/2024.



AMA Releases Summary of CMS 2025 Physician Payment Schedule

On Nov. 1, 2024, the Centers for Medicare & Medicaid Services (CMS) released the Calendar Year (CY) 2025 Revisions to Payment Policies under the Medicare Physician Payment Schedule (PFS) and Other Changes to Part B Payment and Coverage Policies final rule. The rule includes proposals related to Medicare physician payment and the Quality Payment Program (QPP). These policies will take effect on January 1, 2025, unless otherwise noted.

CY 2025 Medicare Conversion Factor

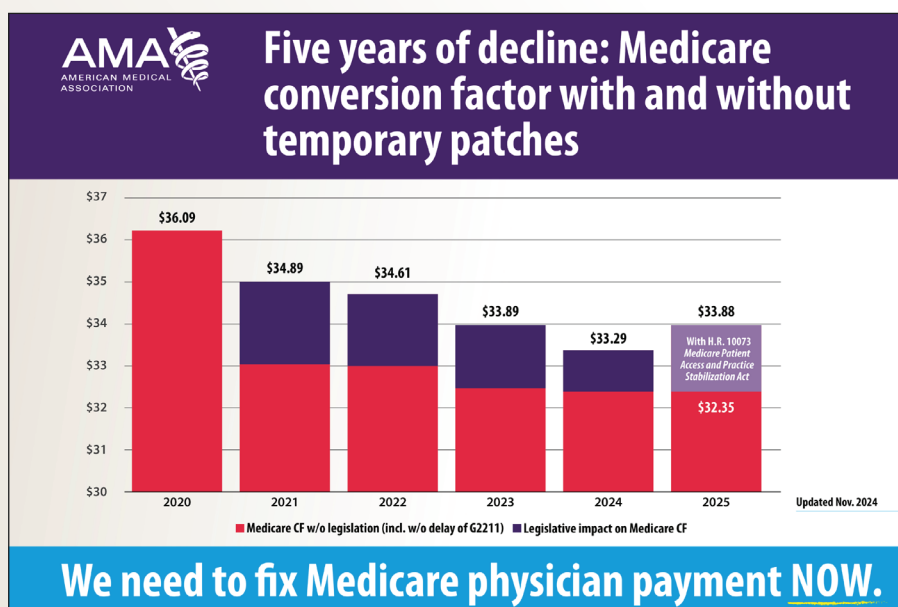
The 2025 Medicare conversion factor will decrease for the fifth straight year by approximately 2.83 percent from \$33.2875 to \$32.3465. The anesthesia conversion factor will be reduced from \$20.7739 to \$20.3178. This cut results from the expiration of a 2.93 percent temporary update to the conversion factor at the end of 2024 and a 0 percent baseline update for 2025 under the Medicare Access and CHIP Reauthorization Act.

Physician Work and Practice Expense Relative Value Changes

CMS accepted and will implement 91 percent of the AMA/Specialty Society RVS Update Committee (RUC) recommendations for new/revised Current Procedural Terminology® (CPT®) codes and codes identified via the RUC’s potentially misvalued services process. CMS also accepted and implemented a RUC recommendation to update clinical supply packages. While the CMS proposal for telemedicine will not recognize the new telemedicine office visits codes for Medicare payment, the RUC recommendations for these services are published without revision.

CY 2025 will be the fourth and final year of transition of the clinical staff wage increases. This inflation-based update is budget neutral within the practice expense relative values, impacting those services with higher cost supplies and equipment the most severely, as illustrated in the CMS impact analysis. CMS finalized a multi-year transition to mitigate the impact of payment changes due to the clinical labor pricing update.

The positive 0.02 percent budget neutrality relative value unit (RVU) adjustment is partially due to the savings produced from the RUC’s identification and review of potentially misvalued services. For 2025, CMS received several comments identifying potentially misvalued services for review. CMS reviewed these comments and concluded that further review is necessary for the osteotomy of spine services. The RUC will consider these services in 2025.



Payment for Medicare Telehealth Services

The final rule includes policies that improve telehealth access in multiple ways. Most importantly, after nearly five years of AMA advocacy, CMS has finalized a permanent change to its definition of interactive telecommunications system to include audio-only services, not just audio-video.

CMS has also extended for one year the ability to provide virtual direct supervision and virtual supervision of residents when the resident provides telehealth services. Frequency limits on subsequent hospital and nursing facility telehealth visits were lifted for one more year and physicians providing telehealth from their homes do not have to report their home address to Medicare.

CMS has adopted the new CPT code 98016 describing a brief communication technology-based service, which was previously reported with HCPCS code G2012. However,

CMS has finalized its decision to post the other new CPT telemedicine evaluation and management (E/M) codes and relative values but not to adopt them for use in Medicare. CMS states in the final rule that it will develop educational materials to assist in correct coding of telehealth services, especially as related to possible confusion if other payers and potentially Medicare Advantage plans utilize the new, more precise CPT telemedicine codes but PFS services continue to be reported with codes for in-person office visits plus various modifiers to designate if they are audio-only, audio-video, and/or delivered to the patient's home.

Payment for Caregiver Training Services

CMS finalized its proposal for three new codes (G0541-G0543) for caregiver training for direct care services and supports, such as preventing decubitus ulcer formation, wound dressing changes, infection control, special diet preparation, and medication administration. It also established two new codes for caregiver behavior management and modification training (G0539-G0540). All five services as well as the existing CPT codes for caregiver training services (97550-52, 96202-03) are being added to the Medicare Telehealth List on a provisional basis.

Advanced Primary Care Management (APCM) Services

CMS finalized its proposal to establish and pay for three new codes (HCPCS codes G0556, G0557, G0558) for monthly APCM services. APCM services include elements of existing care management codes, including chronic care management (CCM), transitional care management (TCM), and principal care management (PCM), as well as communication technology-based services, including virtual check-in services. Unlike existing care management codes, the code descriptors for APCM services are not time-based. In addition, unlike the current coding to describe certain CTSB services, APCM services do not include timeframe restrictions, which CMS has heard are administratively burdensome. CMS modified its concurrent billing restrictions proposal and will allow other specialists in the same group practice, other than the physician who is furnishing APCM services, to bill for services that are now considered bundled into APCM, such as CCM, PCM, and TCM.

Advancing Access to Behavioral Health Services

CMS finalized a new code, G0560, to pay for safety planning interventions (SPI) for patients in crisis in a variety of settings, including those with suicidal ideation or at risk of suicide or overdose, which can be reported in 20-minute increments. SPI can include assisting the patient in following a personalized safety plan, utilizing family members and friends to help resolve the crisis, contacting mental health professionals, and others. The SPI code is also being added to the telehealth list. An additional monthly code, G0544, is a monthly code intended to support four follow-up telephone calls after discharge from the emergency department or certain other settings for a crisis encounter.

CMS adopted three codes, G0552-G0554, for digital mental health treatment devices furnished under a behavioral health treatment plan of care. It also adopted six HCPCS codes that parallel the existing CPT codes for interprofessional consultations for use by certain nonphysician mental health professionals who CMS says cannot report the CPT codes with the goal of better integrating behavioral health treatment into primary care and other settings.

Medicare Part B Payment for Preventive Services

Medicare Part B covers preventive vaccines for influenza, pneumonia, hepatitis B, and COVID-19, and there is no patient cost-sharing. For CY 2025, CMS is expanding coverage of hepatitis B vaccinations to all individuals who have not previously received a completed hepatitis B vaccination series or whose vaccination history is unknown. CMS also finalized its proposal that a physician's order is no longer necessary for the administration of a hepatitis B vaccine under Part B and allows roster billing for this vaccine by mass immunizers.

Also, for the first time since the law allowing coverage of drugs as "additional preventive services" was enacted in 2008, CMS will pay for a drug in this benefit category which, like other Medicare preventive services, will have no cost-sharing. Specifically, CMS will begin paying for pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) infection prevention. A new code, G0012, will cover PrEP for HIV prevention injections and two new codes, G0011-G0013, will pay for counseling individuals on PrEP to prevent HIV.

[Click here](#) to access more of the AMA rules summary which include CMS updates & proposals to the Quality Payment Program (QPP) as well as additional PFS information on:

- Practice Expense Data Collection and Methodology Updates
- Cardiovascular Risk Assessment and Risk Management
- Strategies for Improving Global Surgery Payment Accuracy
- Certification of Therapy Plans of Care with a Physician Order
- Supervision Policy for Physical Therapists (PTs) and Occupational Therapists (OTs) in Private Practice
- Medicare Parts A and B Payment for Dental Services Inextricably Linked to Medicare Covered Services
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Medicare Diabetes Prevention Program (MDPP)
- Medicare Shared Savings Program (MSSP)
- Expand Colorectal Cancer Screening
- Requirements for Electronic Prescribing for Controlled Substances (EPCS) for a Covered Part D Drug under a Prescription Drug Plan or an MA-PD Plan
- Medicare Parts A and B Overpayment Provisions of the Affordable Care Act
- Additional Policies and Requests for Information (RFIs)

HELPFUL LINKS

- [2025 MPFS/QPP Final Rule](#)
- [CMS Press Release](#)
- [Physician Payment Schedule Fact Sheet](#)
- [Medicare Shared Savings Program Fact Sheet](#)
- [Quality Payment Program \(QPP\) Fact Sheet](#)



Join us for our Second Multi-County Webinar Featuring E-cigarette and Novel Tobacco Product Education for the Healthcare Provider

Cost:
No cost for KCMS Members
(included in membership)
Non-members \$50 payable in advance

Registration:
kcmsoffice@kcms.org

**Wednesday, March 19, 2025
7:00 pm - 9:00 pm | Zoom Webinar**



Bara Zuhaili, MD



Brittany Tayler, MD

OBJECTIVES:

1. E-cigarette and Novel Tobacco Product Education for the Healthcare Provider due to their ingredients and components relating to the developing adolescent brain
2. Tobacco usage trends and risk factors
3. Different approaches to addressing tobacco use and cessation treatments for tobacco use disorder in adolescents and adults
4. Review and evaluate methods used to combat vaping in adolescents

Proudly Presented in Partnership With:



2024

year in review



OTTAWA COUNTY MEDICAL SOCIETY



Bryan Huffman, MD
2024 President
Ottawa County
Medical Society

Continuing Physician Advocacy in West Michigan

Thank you for your continued support of the OCMS and MSMS. The state medical society is the only voice representing physicians in Lansing on many important issues. Specialty societies have a strong presence in Washington, but often little influence in Lansing. MSMS remains the only representation for physicians at a state level. This is especially important this year.

There are currently two bills in the state legislature to repeal many of the tort reform provisions we achieved in the 1990's. If passed, they would significantly increase liability insurance costs in our state. MSMS is actively working in Lansing to educate lawmakers on the effects this would have on Michigan physicians. There are already physician shortages in many specialties, and projected shortages in almost all specialties. Raising liability costs in Michigan will hurt recruiting and harm both physicians, and patients access to care.

Your county, state, and national medical societies have been working on your behalf continuously. Physician representatives from the OCMS have participated in discussions with legislators and health officials to help guide their informed decisions on health policy and how it

affects physicians' ability to serve patients and their families. We have also been partnering with the Kent County Medical Society to help amplify

Through MSMS we have advocated on scope of practice issues, helped to advance reforms in the maintenance of certification process, and fought to reduce the burden of prior authorizations. We continue to work on these issues and many more on your behalf in the hopes of reducing the administrative burdens placed on physicians and improving the quality of care for our patients.

our voice at a state level both within MSMS and the state government in Lansing. Through MSMS we have advocated on scope of practice issues, helped to advance reforms in the maintenance of certification process, and fought to reduce the burden of prior authorizations. We continue to work on these issues and many more on your behalf in the hopes of reducing the administrative burdens placed on physicians and improving the quality of care for our patients.

This year, in response to proactively reducing expenses, a first-ever, one day MSMS House of Delegates meeting was held in Lansing.

CONTINUED ON PAGE 15

2024

year in review

PHYSICIAN ADVOCACY

CONTINUED FROM PAGE 14

Once again, I served as Vice Speaker for the House of Delegates meeting. This annual meeting in which physician representatives from every county in the state meet to determine the official MSMS stance on all sorts of issues pertaining to medicine. Members are always able to participate with resolution writing, attending as an Alternate Delegate or representative to your specialty society. If you would like to see change in any aspect of medicine, your voice can be heard.

The House of Delegates is run much like a state house or the U.S. House, and I have found participation in it to be very interesting and rewarding. If you are interested in having a seat at the decision-making table, this is a great way to get involved. If you have an idea for a resolution, I can help craft the resolution, and get it introduced to the house. We are always looking for member input to help direct MSMS policy.

Several years ago, OCMS held regular meetings for members locally. As attendance for these meetings dwindled, they were eventually scrapped. Some OCMS members attend events with Kent County. We welcome anyone to attend these events. If you have an idea for a physician event in our area, please let me know. OCMS would love to support physician led activities in our area.

In closing, thank you for your continued support of OCMS and MSMS through your membership. If you would like to take a more active role in organized medicine, I would be happy to help you get involved in a meaningful way. MSMS and OCMS remain the most prominent organizations advocating for physicians at a local and state level.

Bryan Huffman, MD

Ottawa County Medical Society President



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In Memoriam

Ottawa County Medical Society

ROBERT DIXON, JR., MD 1948-2024

Bob Dixon graduated from Traverse City High School and later, University of Michigan with his Medical Doctor degree, where he graduated in the top of his class. He served the community of Grand Haven as a Primary Care Physician for 38 years and was a leader on the Board and Operating Committee of Greater Grand Haven Physicians Association.

STEPHEN JAMES MAUGER, MD 1960-2024

Stephen was born in Decatur, Illinois. He went on to earn an M.D. in Internal Medicine from the University of Michigan in 1996. He began his career serving as a Captain in the United States Air Force. For the past fourteen years, he practiced medicine at Holland Hospital and contributed to multiple roles. His greatest joy in life was spending time with his family and doing anything he could to enrich their lives.

THEODORE "TED" VANDERVEEN 1941-2024

Dr. Theodore "Ted" Vanderveen was born in 1941, in Grand Rapids, MI. He graduated from Grand Rapids Christian High School and then Calvin College. After receiving his medical degree from Wayne State University,

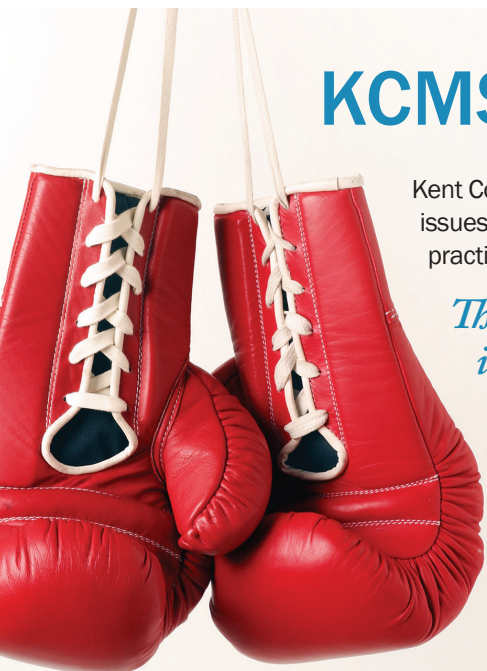
he began his residency at Johns Hopkins and complete his military service as a Major at Andrews Air Force base.

He moved to Grand Haven in 1975, and he opened the first otolaryngology office in Grand Haven. He also performed head and neck surgery and was an attending physician in the Emergency Room at North Ottawa Community Hospital. He volunteered for Exalta Health clinic in Grand Rapids.

WILLIAM L. VANDER VLIET, MD 1950-2024

William L. Vander Vliet, M.D. was born in South Holland. Bill moved to Hudsonville, Michigan in 1963. He graduated from Calvin College (University) and Wayne State University School of Medicine and subsequently completed a residency in Family Medicine in Grand Rapids, Michigan. Following, Bill joined the Medical Group in Big Rapids, Michigan for 5 years, then moved to Lakewood Family Medicine in Holland for the remainder of his career.

Bill served as President of the Ottawa County Medical Society. At Holland Hospital, he served as Chief of Staff and on the Board of Directors. Bill served 10 years as vice president of medical affairs at Holland Hospital.



KCMS is in Your Corner

Kent County Medical Society represents all physicians—from federal legislative and regulatory issues to state and local ordinances, or any local issues or public health concerns that affect your practice, KCMS works to combat external forces that challenge your practice and your patients.

There is a difference between those in your business and those in your corner! KCMS provides your seat at the table.

KCMS knows our members, their practice concerns, our community and our local needs! As one of the larger and active county societies, KCMS has a direct line to legislators as well as involved colleagues representing you—on the MSMS Board of Directors, the AMA, and other leadership roles in our region.

Physician voices are louder, and the messages are stronger when physicians are united. Renew today!

Update on the Opioid Epidemic

While Michigan has seen a reduction in overdose deaths, there's still an ongoing crisis to address

Jayne Courts, MD, FACP, Kent County Opioid Task Force Co-Chair

The Michigan Department of Health and Human Services announced on Tuesday, November 12, that the number of opioid-related overdose deaths in Michigan declined again in 2023 (after a decline in 2022). Health officials identified 2,826 deaths due to opioid-related overdose, which was 5.7% fewer deaths than the previous year.¹



Jayne Courts, MD, FACP

In Kent County, the number of opioid-related overdose deaths has also decreased each of the past two years, from 108 Kent County residents dying from a drug overdose in 2022 (82% involved an opioid and 91% involved fentanyl) to 92 residents dying from a drug overdose in 2023 (68% involved an opioid and 60% involved fentanyl). The average age of persons dying from an overdose death was 45.3 years in 2023 with 75% male deaths and 25% female deaths. While drug overdoses have decreased overall, the overdose death rate among Black residents is now four times higher than that of White residents. Ten years ago, the rate among Black residents was 1.5 times higher than the rate among White residents.

While the reduction in the number of overdose deaths is wonderful news, every life lost to an overdose is a life that could have potentially been saved. And the repercussions for persons with substance use disorder and their family and friends continue to reverberate in our community.

FROM PAIN RELIEF TO POLYSUBSTANCE OVERDOSES

The opioid epidemic has often been considered to be an unintended consequence of prioritizing pain management. In 1996, pain was introduced as the 5th vital sign by the American Pain Society, followed by the Veterans Health Administration (VHA) in 2000. The Joint Commission started to require accredited organizations to develop processes to assess, treat, and reassess pain in 2001. Pharmaceutical companies began to increase marketing for prescription opioids during this time as well.



The number of overdose deaths related to prescribed opioids started to rise in the early 2000s followed by an increase in heroin overdose deaths noted in 2010. The opioid crisis was officially declared to be a public health emergency by President Trump on Thursday, October 26, 2017.

The cause of the overdose deaths has gradually shifted from prescription opioids to heroin to synthetic opioids, such as fentanyl. While fentanyl is an FDA-approved medication for pain management, much of the current access to fentanyl is from illicitly manufactured fentanyl. More recently, increased use of stimulants, such as methamphetamine and cocaine, and contamination of illicitly obtained substances with synthetic opioids, such as fentanyl, have been fueling the ongoing opioid crisis.

In 2016, the CDC issued guidelines that discouraged opioid prescribing as first-line treatment for chronic pain. In 2018, a multi-bill package of laws went into effect in the State of

CONTINUED ON PAGE 18

Michigan that affected the prescribing and dispensing of all controlled substances as well as requiring the development of school curriculum regarding the dangers of prescription opioid drug abuse. The number of opioid prescriptions written in the State of Michigan (and in the U.S.) had started to decline in 2017 and continued to decline over the next several years. Unfortunately, the number of opioid-related overdose deaths continued to increase in the State of Michigan—until recently.

The Centers for Disease Control and Prevention (CDC) website lists the opioid crisis as an ongoing crisis in the United States. The CDC website states the following: “Drug overdoses dramatically increased over the last two decades, with deaths increasing approximately 540% between 1999 and 2022. In 2022, 107,941 people died from a drug overdose and nearly 82,000, or about 76%, involved opioids. Synthetic opioids, primarily illegally made fentanyl and fentanyl analogs, were responsible for 90% of opioid overdose deaths in 2022. Additionally, deaths involving multiple drugs (i.e., polysubstance overdose deaths) have also increased. Research shows that people who have had at least one opioid overdose are more likely to have another.”²

KENT COUNTY TACKLES THE OPIOID EPIDEMIC

The Kent County Health Department collects and reports data from Kent County on the opioid epidemic monthly and annually. The data for the Opioid Surveillance Report is primarily obtained through the office of the Kent County Medical Examiner. The Kent County Opioid Task Force (KCOTF) was formed in 2016 (through a grant from the Steelcase Foundation) by the Grand Rapids Red Project to address the ongoing opioid epidemic. After funding ended, leadership of the KCOTF moved to the Kent County Health Department. The KCOTF is currently co-chaired by Rachel Jantz, MPH, epidemiologist for the Kent County Health Department, and Jayne Courts, MD, FACP, a member of the Kent County Medical Society Board of Directors.

The KCOTF includes representatives from community organizations that are providing services to combat the opioid epidemic and includes representatives from the Kent County Health Department, the KC Department of Corrections, health care systems, Network 180, the Grand Rapids Red Project, Addiction Medicine Specialists, Recovery Coaches, and other representatives.

The KCOTF has three subcommittees that align with the key areas of focus: Prevention, Intervention, and Treatment and Recovery. The KCOTF has been striving

to improve access to services while working to provide education and stigma reduction regarding substance use disorder. The Kent County Overdose Fatality Review (OFR) was also formed recently to provide an in-depth review of how to improve the access and integration of community services for persons with substance use disorder.

OPIOID SETTLEMENT FUNDS FUEL RECOVERY EFFORTS

Due to the marketing of opioid medications by pharmaceutical manufacturers and the current opioid epidemic, over 2,000 federal lawsuits were filed by government entities against opioid-related defendants, including manufacturers and distributors, resulting in opioid settlement dollars. The KCOTF was asked to provide input regarding priorities for distribution of the opioid settlement dollars in Kent County. The oversight and approval for the opioid settlement dollars resides with the Kent County Administrator’s Office.

The opioid settlement dollars are being paid out over a multi-year period ending in 2038. Based on the terms of the existing settlement agreements with various opioid manufacturers and distributors, Kent County will receive a total of \$19.2 million distributed through variable annual payments. Kent County has received nearly \$4.7 million dollars to date. The recently approved Opioid Settlement Draft Plan Draft recommends the first two years of initial investments of the opioid settlement funds allocated to Kent County and a strategy for planning future spending. The spending plan serves to identify and recommend priorities for continuing and improving evidence-based services and supporting innovative solutions and programs to make an even greater impact than past efforts.

A portion of the settlement dollars has been allocated to increase access to naloxone (Narcan[®]), a reversal agent for opioids (full opioid antagonist). Increasing access to this life-saving medication has been one priority of the KCOTF (as well as other communities across Michigan) in the effort to reduce opioid-related overdose deaths. Every life saved with this medication is a person who is alive for another day and who may consider other treatment options for substance use disorder. This medication is very easy and safe to administer (usually provided in the intranasal form) for all ages, including children.

Access to this life-saving medication is improving. There is a statewide order that was signed by the Surgeon

OPIOID EPIDEMIC

CONTINUED FROM PAGE 18

General a few years ago to provide access through many pharmacies. Many emergency departments have been providing naloxone for patients being treated for an opioid-related overdose. First responders have been using naloxone to save lives, and first responders often distribute naloxone to other persons at the scene of an opioid-related overdose.

There has been an ongoing effort to provide access and reduce stigma in some businesses and other public locations through the “I Can Narcan” project led by the Grand Rapids Red Project along with the KCOTF, and there are multiple vending machines and repurposed newspaper boxes where naloxone can be accessed free of charge. The KCOTF lists many naloxone access sites on their website along with drug take back sites (“Pitch the Pills”) (<https://www.accesskent.com/Health/KCOTF.htm>). The website also lists MOUD (Medications for Opioid Use Disorder) providers, the Kent County Opioid Settlement Draft Spending Plan Years 1 and 2, and the Kent County Surveillance Reports.³

Other funding areas in Kent County that have been included in the Draft Spending Plan Years 1 and 2 are the expansion of recovery coach services, improving access to harm reduction tools such as fentanyl test strips, and broadening prevention education programs for middle and high school students.

The Kent County Opioid Task Force welcomes feedback and involvement regarding how we can better combat the opioid epidemic in our community. Please feel free to contact Dr. Jayne Courts (kcmsoffice@kcms.org), Co-Chair, KCOTF, with your input and interest.

¹ mlive, online resource. Opioid overdose deaths decline again in Michigan. Published 11/12/2024 at 1:05 pm. <https://www.mlive.com>

² Centers for Disease Control (CDC) website, Overdose Prevention: About Overdose Prevention. Accessed on 11/26/2024. <https://www.cdc.gov/overdose-prevention/about/index.html>

³ Kent County website. Health Department. Accessed on 11/18/2024. <https://www.accesskent.com/Health/>

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KCOA MEETINGS OF INTEREST

FEBRUARY 3, 2025

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

Noon | Virtual meeting

MARCH 19, 2025

**MULTI-COUNTY CME WEBINAR
E-CIGARETTE AND NOVEL TOBACCO PRODUCT EDUCATION**

7-9pm | Please see additional information on page 13

APRIL 14, 2025

NATIONAL OSTEOPATHIC MEDICINE WEEK BEGINS

APRIL 26, 2025

**MICHIGAN OSTEOPATHIC ASSOCIATION
HOUSE OF DELEGATES MEETING**

APRIL 28, 2025

WEST MICHIGAN COUNTIES LEGISLATIVE COMMITTEE

Noon | Virtual meeting

MAY 15-18, 2025

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Somerset Inn | Troy, Michigan

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KCOA

Don't Forget Your 2025 Dues Payment



Your continued membership in KCOA enables our Board to continue work to improve health care in our communities. As you are surely aware, there are a number of critical issues being debated locally, regionally, and nationally—our voice is more important than ever!

TAX DEDUCTIBILITY OF YOUR DUES AS A BUSINESS EXPENSE

Kent County Osteopathic Association estimates that 1% of your 2025 paid membership dues will be nondeductible as this portion is related to lobbying (as defined by law). If you pay your 2025 KCOA dues prior to December 31, 2024, you may deduct up to 99% of that amount as a business expense.

Click [here](#) to promptly pay your 2025 KCOA dues.



William Sanders, DO
2024 KCOA President,
Board of Directors

PRESIDENT'S MESSAGE

Share Your Voice, Especially At Times Like These

As always at this time of year, we “feel” the change of seasons in the air and based on the current weather report, West Michiganders have experienced snow! In addition to other year end preparation going on, the Kent County Osteopathic Association is planning for the New Year.

The KCOA, like other organized associations, is feeling the challenges of how to better serve our members. We are always open to your suggestions and appreciate your input. We want to hear about our efforts in sharing information on the KCOA website as well as updates via email, and the KCMS/KCOA Bulletin magazine. One recent and critical issue is the proposed changes to Michigan's long-time medical liability reforms. You may recall the issues that occurred and the thousands of Michigan physicians who represented the voices of many thousand others in Lansing as they gathered around the Capitol steps.

Sadly, proposed House Bills 6085 and 6086, introduced recently threaten to dismantle these reforms. I hope by the time this magazine is printed, Physicians have been able to call their Legislators and talk about what this means for their patients, their practice, the increased costs of health care, and the reduction of physician interest in practicing in Michigan.

The interest and commitment that practicing physicians have in mentoring and training our

Resident physicians may not be as enticing to stay in Michigan to practice when they graduate.

With many concerns about physicians' satisfaction and job satisfaction, the KCOA is joining other physician-led efforts to work to educate the Legislators on the multi-level problems associated with this lame duck session proposal. Our physician voices need to be included in the decision. The KCOA Board believes in working for our Osteopathic colleagues and providing useful and timely information for them. Our efforts are enhanced with your feedback and opinions.

Collectively, Osteopathic and Allopathic physicians can join the conversation around the table and provide their personal suggestions for improvements to our profession.

It is my pleasure to be your President.. Thank you for your continued membership. I wish you and your family a Happy and Healthy holiday season and New Year.

William Sanders, DO
KCOA President

MSMS REIMBURSEMENT ADVOCATE ALERT



The Michigan State Medical Society (MSMS) provides periodic updates to members and their offices on new and relevant payer policies. Please find some recent highlights below. For a comprehensive accounting of a health plans announcements, please consult the payer's official communications.

Billing Services

As the demand for experienced medical billers grows in Michigan, physicians often find themselves looking to contract with a billing service if they are unable to find an acceptable billing candidate to hire. Finding a reputable billing service may be just as challenging for physicians. This is an area that has garnered increased interest recently and MSMS would like to update our practice resources in this area and would appreciate some feedback from our membership.

If you are currently using a billing service for billing and claim follow up that you would recommend to a colleague, and are comfortable sharing the information, please email the MSMS Reimbursement Advocate, Stacie Saylor at ssaylor@msms.org, with the name and contact information for the billing service. MSMS will then reach out to the billing service to discuss any potential partnerships.

Thank you for your assistance!

MESSA Offering 5-tier Prescription Drug Plan

The Michigan Education Special Services Association (MESSA) is launching a new prescription drug plan called 5-Tier Rx, effective January 1, 2025.

The new five-tier prescription drug plan is available with the following MESSA medical plans:

- **MESSA ABC plans 1, 2 and 3**
- **Choices \$300/\$600**
- **Choices \$500/\$1,000**
- **Choices \$1,000/\$2,000**
- **Choices \$2,000/\$4,000**
- **Choices \$3,000/\$6,000**

With the five-tier prescription drug plan, costs are broken down into copays and coinsurance.

Flat-dollar copays will apply to generic drugs, preferred brand-name drugs and nonpreferred brand-name drugs. Percentage coinsurance will apply to preferred specialty drugs and nonpreferred specialty drugs. The five-tier prescription drug plan is available with or without a mandatory mail rider, which requires home delivery of long-term and 90-day prescriptions through Optum Home Delivery. Note: Brand-name drugs are excluded if there is a generic equivalent available.

LMFTs, LPCs Eligible to Provide Services for Medicare Advantage Members

Licensed marriage and family therapists (LMF) and licensed professional counselors (LPC) are eligible to provide behavioral health services to Medicare Plus BlueSM and BCN AdvantageSM members.

REQUIREMENTS

For services to be reimbursable, LMFTs and LPCs must:

1. Be in good standing with the Centers for Medicare & Medicaid Services (CMS) and be Medicare approved
2. Enroll in our Medicare Advantage provider networks (Medicare Plus Blue and BCN Advantage)

NEW PROVIDERS: HOW TO ENROLL

LMFTs and LPCs who do not currently participate with Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) but want to enroll should visit the [Join our Network page](#) on bcbsm.com.

In Memoriam

CHERYL SALES, DO

Dr. Cheryl J. Sales was born on October 23, 1938. Talented and driven from her earliest years, Cheryl accomplished much throughout her life. She attended the local schools and studied figure skating and trained as a concert pianist.



Following high school, she went on to attend the University of Southern California where she received her teaching degree and met her future husband.

Cheryl began her teaching career and soon married her college sweetheart, and they soon welcomed the births of two sons. Dedicated and devoted, she traveled from base to base when he was drafted into the military. When her husband took a position as the official flight surgeon for the U.S. Space Program, the couple relocated to Houston, Texas.

Embarking on yet another career, Cheryl attended medical school in Kansas City, Missouri and eventually the family made their way to Grand Rapids, MI. For more than 30 years she served in the greater Grand Rapids area in her practice as an Orthopedic Surgeon.

Dr. Sales passed away on September 14, 2024. She was always encouraging, loving and wonderful role model to those who loved her and held her most dear.

“She was one of the greats. She broke so many glass ceilings in the world mostly dominated by male orthopedic surgeons. She was such an amazing person. She will be missed.”

Adam Wolfe, DO, Past President, KCOA

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heartbeat

Connect & Grow

KCMSA is the go-to organization for physician spouses and partners in Kent County. We share a special bond and we show it in our social and community projects. We welcome the spouses and partners of medical students, residents, practicing physicians, retired physicians, and deceased physicians. Our goals are to connect and grow through camaraderie, education, philanthropy and community engagement. We are always accepting new members! If you or someone you know is interested, please visit our website.

Co-Presidents: Blsie Beaumier, Eileen Brader, Sue Muallem, and Nancy Fody

KCMSA Foundation Grants

The KCMSA Foundation Board, the philanthropic arm of KCMSA, met to disperse mini-grants twice this fiscal year. The following grants were awarded:

- **Renew Mobility** to purchase pediatric wheelchair batteries.
 - **Reach Out to Youth** to purchase stethoscopes for toolkits containing educational medical supplies.
 - **Hope Gardens** to build a fence around their outdoor learning garden classroom.
 - **Hope for Single Moms** to purchase books and resources, and cover training and promotional materials
- for its "Empowering Single Moms" project.
 - **Heartside Gleaning** to provide protein for those in need in the community through its Lean Protein Project.
 - **Transgender Health Fund** provide assistance that will directly impact patient needs for mental and physical health care in covering copayments, transportation and surgical care items.

The KCMSA Foundation, a 501(c)3 organization, was established in 1997 to receive and disburse funds under the designation as a charity by the IRS. Your donations to the Foundation are fully tax deductible. Consider donating at <https://kcmsalliance.org/give>

kcmsa Calendar

Alliance Book Club

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

December 17, 2024

Remarkably Bright Creatures
by Shelby Van Pelt

January 21, 2025

My Own Country: A Doctor's Story
by Abraham Verghese



Save the Date

THURSDAY, APRIL 24, 2025
Corner Bar | Rockford

Join us for a fun, fast-paced evening of trivia and fantastic food while supporting the Kent County Medical Society Alliance Foundation's Mini-Grant Program, which provides health-related grants in the community.

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www.kcmsalliance.org

Event Recap fall 2024



October 17

KCMSA met for lunch and a brief general meeting at Garage Bar & Grill, in Ada. Then we walked to Runway Angels for shopping and camaraderie. Runway Angels is a luxury resale boutique. Purchases benefited the KCMSA Foundation.



November 13

KCMSA sponsored a table at the Van Andel Institute luncheon seminar: A Conversation About Cancer and Nutrition. Interesting topic, good food and company.



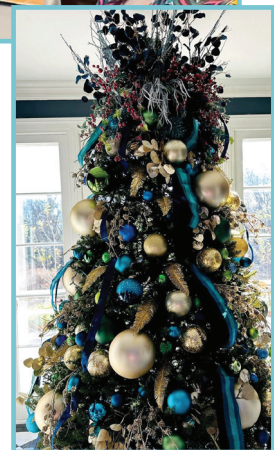
October 22

Baking members of KCMSA donated delicious baked goods for Renucci Hospitality House, a home away from home for patient families.



November 20

KCMSA shoppers attended Sip, Shop & Support at the Mason Jones shopping event. Proceeds benefited the KCMSA Foundation.



December 4

Holiday volunteers decorated the Nagel Chapel at Wedgwood Christian Services.



SHARE YOUR HOLIDAY WISHES

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

Contribute to this annual campaign and your name will be listed among other donors who have helped make the annual Holiday Card possible!

CONTRIBUTIONS

Holiday Card Campaign Gifts received by November 28 will be included in the annual Holiday Card, which will be mailed the first week in December. You can contribute in two ways:

CHECK

Please make check payable to Kent Medical Foundation. Complete donor form at right and mail to:

Kent Medical Foundation

233 East Fulton, Suite 224
Grand Rapids, MI 49503




ONLINE VIA PAYPAL

Go to kentmedicalfoundation.org or simply scan this QR code.

QUESTIONS?

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



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\$1,000 \$750

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FOR REGISTRATION

permission to assist The Kent Medical Foundation in its community health care endeavors and health care programs (as listed on the card):

Donation anonymous. _____

Last-Minute
CONTRIBUTION

It is not too late to support Kent Medical Foundation for 2024. While the holiday card, and list of donors will be mailed in early December, a full listing of all donors (including December donations) will be featured in the first Bulletin magazine of 2025. All donations will be recognized for the 2024 tax year in the month of December.

Thank you for your generous support!

CONTACT PATRICIA DALTON
AT 616.560.5336 IF YOU HAVE
ANY QUESTIONS.

Contributions are tax deductible.



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

THANK YOU FOR YOUR SUPPORT IN GRATITUDE

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

Calvin HEALTH Camp for Boys

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

Grand Rapids Children's Museum

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

Hand 2 Hand

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

Physician Volunteer Recognition Grants

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

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Secretary/Treasurer

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Trustee

Ryan Duffy, JD
Trustee

Brian Janssen
Trustee/Past President

Warren Lanphear, MD
Trustee

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

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



Nirali Bora, MD
Kent County
Health Department
Medical Director

Are You There Doc? It's Me, Pertussis

Nirali Bora, MD, MPH and Brian Hartl, MPH

After the onset of the COVID-19 pandemic in early 2020, the number of pertussis cases reported to local health departments throughout Michigan dropped precipitously. During the four years prior to the pandemic (2016-2019), 590 cases were reported per year across Michigan and 26 cases were reported annually in Kent County. From 2020-2023, these annual numbers dropped to 102 and 1, respectively.

This year, however, there has been an increase in pertussis in the nation, statewide, and in Kent County reflecting a return to pre-pandemic levels. As of November 2024, 1,080 cases have been reported statewide, with 17 of those cases occurring among Kent County residents. Of these 17 cases, 76% have been under the age of 18 and 18% were above the age of 60. Five individuals have needed hospitalization due to pertussis. Among the 13 infected individuals who were vaccine-eligible and had vaccination records available in the Michigan Care Improvement Registry (MCIR), 6 were unvaccinated and 6 had received age-appropriate vaccination.

DISEASE RECOGNITION

- Early symptoms are similar to a viral upper respiratory infection with mild cough and coryza. This stage typically lasts for 1-2 weeks and is followed by the paroxysmal stage with coughing spells of increased severity which can last for 2-8 weeks.
- Infants and young children may also present with apnea, cyanosis, difficulty breathing, or poor weight gain.
- Incubation period is about 7-10 days (range 4-21 days, occasionally longer).
- Undiagnosed adults are frequently the source of pertussis in young children and infants.

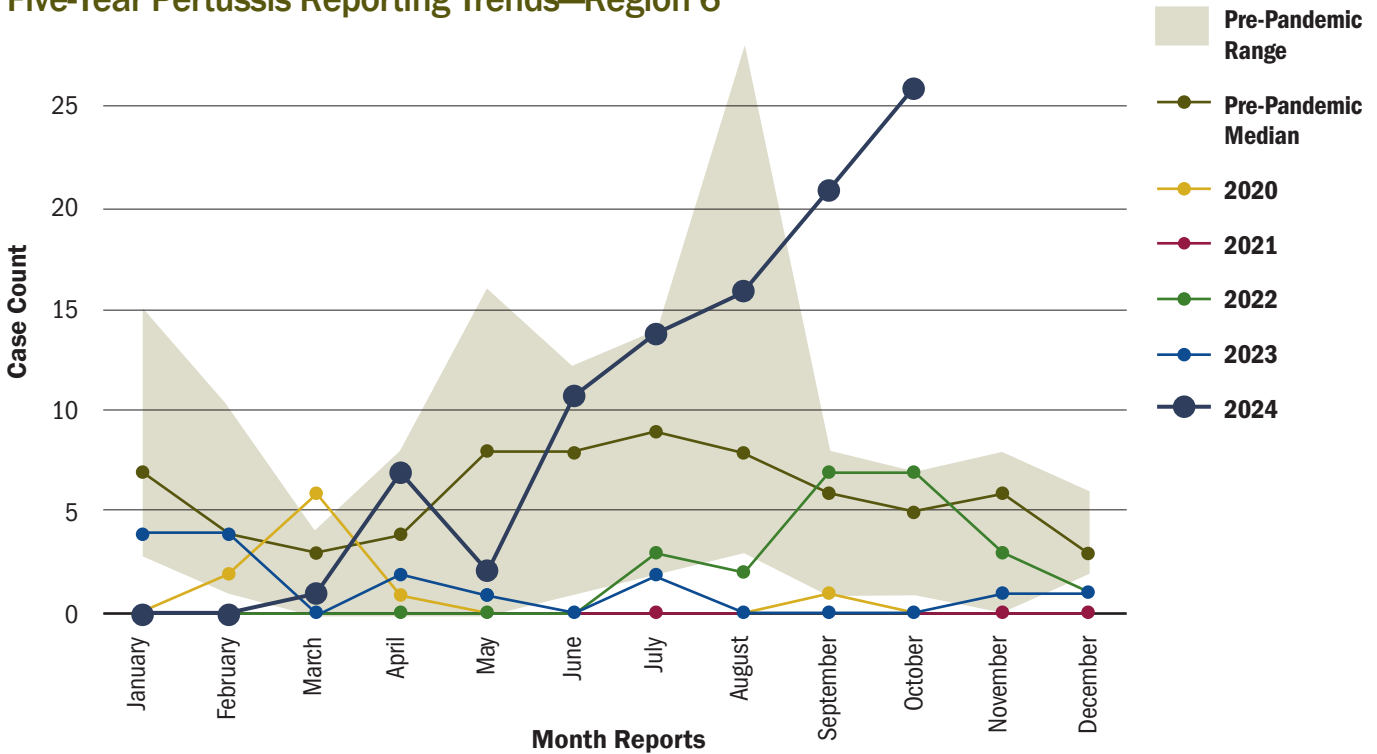


DIAGNOSIS

- Have a high index of suspicion for pertussis in patients of all ages with persistent cough illness lasting 2 or more weeks, and a lower threshold to suspect pertussis in young infants.

CONTINUED ON PAGE 29

FIGURE 1
Five-Year Pertussis Reporting Trends—Region 6*



Source: Michigan Disease Surveillance System (MDSS)
 Case Status: Confirmed and Probable
 2024 data are preliminary and may change as investigations continue.
 Pre-pandemic data covers 2015–2019.

*Region 6 includes Mason, Lake, Osceola, Clare, Ocean, Newaygo, Mecosta, Isabella, Muskegon, Kent, Montcalm, Ottawa and Ionia Counties.

PERTUSSIS CONTINUED FROM PAGE 28

- Suspected cases of pertussis should be tested with a culture and PCR via nasopharyngeal swab or aspirate.

TREATMENT CONSIDERATIONS AND POSTEXPOSURE PROPHYLAXIS

- Treatment is indicated within the first 3 weeks of cough onset.
- Infants and people pregnant in their third trimester are considered high-risk. About a third of infants younger than 12 months old who get whooping cough need treatment in a hospital.
- Consider treatment prior to test results if any of the following are present:
 - Clinical history is strongly suggestive of pertussis
 - Person is at high risk for severe or complicated disease
 - Person has or will have contact with someone at high risk for severe disease

Once a case of pertussis is diagnosed, public health professionals play an important role in limiting spread within the community. Upon receipt of a case report from a health care provider or laboratory, the public health investigation determines the exposure risks of cases and their close contacts. It is recommended that children with pertussis be excluded from school until completion of a 5-day antibiotic course, and household contacts and close contacts at high risk of severe pertussis infection should receive post-exposure antibiotic prophylaxis.

Vaccinations are the best form of defense against the spread of pertussis. The pertussis vaccine is recommended for infants, children, adolescents, people who are pregnant, and unvaccinated adults. The Centers for Disease Control and Prevention (CDC) recommends a routine DTaP vaccine series for infants and young children and a single dose of Tdap for adolescents 11 to 12 years old. People who are pregnant should receive a Tdap vaccine during each pregnancy.

CONTINUED ON PAGE 30

TABLE 1

Recommended Antimicrobial Agents for the Treatment and Post-Exposure Prophylaxis of Pertussis

Age group	PRIMARY AGENTS			ALTERNATE AGENT*
	Azithromycin	Erythromycin	Clarithromycin	TMP-SMZ
<1 month	Recommended agent. 10 mg/kg per day in a single dose for 5 days (only limited safety data available).	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable; 40–50 mg/kg per day in 4 divided doses for 14 days.	Not recommended (safety data unavailable).	Contraindicated for infants aged <2 months (risk for kernicterus).
1–5 months	10 mg/kg per day in a single dose for 5 days.	40–50 mg/kg per day in 4 divided doses for 14 days.	15 mg/kg per day in 2 divided doses for 7 days.	Contraindicated at age <2 months. For infants aged ≥2 months, TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days.
Infants (aged ≥6 months) and children	10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2–5.	40–50 mg/kg per day (maximum: 2 g per day) in 4 divided doses for 14 days.	15 mg/kg per day in 2 divided doses (maximum: 1 g per day) for 7 days.	TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days.
Adults	500 mg in a single dose on day 1 then 250 mg per day on days 2–5.	2 g per day in 4 divided doses for 14 days.	1 g per day in 2 divided doses for 7 days.	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days.

Source: Centers for Disease Control and Prevention. Recommended antimicrobial agents for the treatment and post-exposure prophylaxis of pertussis: 2005 CDC Guidelines. *MMWR* 2005;54(No.RR-14):1-13.

*Trimethoprim sulfamethoxazole (TMP-SMZ) can be used as an alternative agent to macrolides in patients aged ≥2 months who are allergic to macrolides, or who cannot tolerate macrolides, or who are infected with a rare macrolide-resistant strain of *Bordetella pertussis*.

PERTUSSIS CONTINUED FROM PAGE 29

As the number of cases of this highly contagious disease return to pre-pandemic levels, it is important for physicians and public health professionals to work in tandem to control spread in the community through

appropriate diagnosis, treatment and case investigation. More information about pertussis is available from the Centers for Disease Control and Prevention at www.cdc.gov/pertussis/.



Notifiable Disease Report

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Communicable Disease Section
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**October
 2024**

DISEASE	C=Confirmed P=Probable S=Suspect U=Unknown	This Month	Oct Cumulative YTD 2024	2019-2023 5 Year Median
CAMPYLOBACTER	C,P	14	116	88
CANDIDA AURIS	C	0	2	0
CARBAPENEMASE PRODUCING ORGANISM	C	0	5	3
CHICKEN POX ^a	C,P	3	13	15
CHLAMYDIA	C,P,S,U	244	2687	3087
CRYPTOSPORIDIOSIS	C,P	1	21	16
CORONAVIRUS NOVEL, COVID-19	C,P,S	903	9142	16522
HIV	C	5	36	29
SHIGA TOXIN PRODUCING E. COLI	C,P,S	3	27	21
GIARDIASIS	C,P	6	44	26
GONORRHEA	C,P,S,U	90	933	1098
H. INFLUENZAE DISEASE, INV	C,P	1	8	7
HEPATITIS A	C	1	1	2
HEPATITIS B (Acute)	C	0	0	0
HEPATITIS C (Acute)	C	0	3	3
HEPATITIS C (Chronic/Unknown)	C	2	40	94
HISTOPLASMOSIS	C,P	4	36	32
INFLUENZA-LIKE ILLNESS ^b	C,P,S	2067	15357	14785
LEGIONELLOSIS	C	1	14	15
LYME DISEASE	C,P,S	4	127	42
MENINGITIS, ASEPTIC	C	0	7	9
MENINGITIS, BACTERIAL, OTHER ^c	C	0	4	11
MENINGOCOCCAL DISEASE, INV	C,P,S	0	0	0
MUMPS	C,P,S	0	0	1
PERTUSSIS	C,P	3	11	0
SALMONELLOSIS	C,P	2	76	61
SHIGELLOSIS	C,P	1	28	16
STREP, GRP A, INV	C	2	56	19
STREP PNEUMO, INV	C,P	5	68	21
STREPTOCOCCAL TOXIC SHOCK	C,P	0	1	0
SYPHILIS (Congenital)	C,P,S	0	2	1
SYPHILIS (Primary & Secondary)	C,P,S	6	52	51
TOXIC SHOCK	C,P	0	0	0
TUBERCULOSIS	C	0	11	10
WEST NILE VIRUS	C,P	0	1	1
YERSINIA ENTERITIS	C,P	2	12	8

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.

KCHD



THANK YOU FOR YOUR UNWAVERING COMMITMENT TO CARE.

May this time of year bring you moments of peace, joy, and time well spent with loved ones. We wish you a 2025 filled with opportunities to thrive, grow, and continue your vital work.