

North Coast Physician



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Cover Photo "TWO SHEEP" ROBERT SOPER, M.D. The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication.

North Coast Physician is published monthly by the Humboldt-Del Norte County Medical Society, 3100 Edgewood P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: hdncms@sbcglobal.net Web page: www.hdncms.org

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Paging Dr. Diaper

Stephen Kamelgarn, M.D.

Have you ever had the opportunity to step back, for a little bit, to be able to look at some of the weirdness in the system under which we operate? I mean, have you really been slapped upside the head by some of the more humorous, surreal Kafkaesque aspects of our medical mileu? I think I may have the story that tops them all. In the world of the left hand not knowing what the right hand is doing we need only to look at Medicare as the archetype.

I've just spent the last week going back to work. I was asked to come back to the clinic on a part time basis for a week, while the Medical Director (and only full time physician) was going to be out of town. Was I being brought back for direct patient care, as one would assume? Not really, but it'd be nice if I did do some direct patient care. Was I being brought back to mentor the younger practitioners? Well, yes, but only secondarily.

"Here's what we really need. We really need you to sign off orders written by Mid-level practitioners." Essentially, my old clinic had to pay me a physician's wages merely to sign and process paperwork; anything else I did was gravy. The reality is that I was being brought back primarily to sign "diaper" orders!

Yes friends. In one of the true lunacies of the regulatory climate we live under, this one concerning mid-levels takes the cake. These people, through long hours of training and certification, have the legal ability to prescribe some of the most dangerous drugs known—Schedule 2 narcotics, potent antibiotics—but they cannot legally write for Depends. Nor can they order imaging studies, physical therapy or any piece of durable medical equipment. Don't get me wrong. I really enjoy coming back to work the way we've got it set up. But it strikes

me as a wasteful use of resources, paying a physician to do a clerk's job.

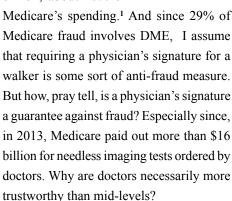
There have been hundreds of studies documenting how valuable mid-levels have become in extending "physician reach;" whole swathes of rural America, including large parts of Humboldt and Del Norte Counties, would have no medical care at all if it wasn't for mid-levels. On a nation-wide average, mid-level practitioners attend one in three office visits, and a much higher percentage of patient visits in our clinic system.

Yet, these extremely valuable members of the healthcare team are legally prohibited from writing for all those things that can make a patient's life more comfortable: a walker, adult diapers, a bedside commode or grab bars for the shower. Their diagnostic tool box has been legally emptied of imaging orders. Their ability to treat musculoskeletal injuries is hampered by having PT off the table. However, as soon as a physician affixes his John Hancock to this piece of paper, all is instantly legal. Forget for a minute that, in all likelihood, the physician has absolutely no idea who this patient is, but his signature magically opens the doors. Yet, Medicare states that mid-levels are "valued."

In an era of rapidly escalating primary care shortages, Medicare throws up yet one more bottleneck in delivery of services. In order for anything that's funded by Medicare to move in an expeditious manner there must be a physician present at all times. If the signing physician is out of the office for any length of time, all comes to a standstill. DME orders can't be processed. Home Health orders can't be sent on. Patients can't get their physical therapy or replacement parts for their CPAP machine.

I appreciate that Medicare is concerned

about fraud, and fraud is big business. In 2013, fraud accounted for \$58 billion, about 10% of



I could certainly understand it if a physician had to sign for certain imaging studies: MRI with contrast, or some other esoteric study that would fall outside of the scope of practice for mid-levels. Physicians have more training, and supposedly more experience. A physician's signature in this case would presumably indicate that the mid-level and the physician sat down and discussed the case before ordering the study. But to put a blanket prohibition on even routine orders, and especially DME or PT, as an anti-fraud effort? That's just nuts. That doesn't protect against anything. Doctors can be just as corrupt and dishonest as everybody else; just read the Medical Board Reports of disciplinary actions taken against physicians.

All over the country, especially up here in our two county area, practices are having problems recruiting primary care practitioners, both MD's and mid-levels. In the clinics everyone has a full patient load, and the wait times can be long. There will also be times that physicians will be out of the office. On those occasions the paperwork train grinds to a halt, further lengthening the

"Paging", Continued on Pg. 17

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"Paging". Continued from Pg. 5

time that some patients wait for services. Should we be penalizing patients for a physician's absence? For that's what it is. We're penalizing people for seeing midlevels rather than physicians. The solution the clinic has arrived at, bringing a "diaper order" signer on board, works really well for me, and decreases the wait times for the patients to get their imaging study or DME delivery. But it does cost the clinic a fair chunk of change.

So it's time to loosen things up a bit, and decide why we need physician co-signatures—anti-fraud or consultation? If they're needed for consultation, then let us consult, and countersign the mid-level's orders. If, on the other hand, they're an antifraud measure, then let's figure out a better way to combat Medicare fraud, rather than employing the magical incantations of the signature amulet, which doesn't prevent fraud anyway. And let's give mid-levels a little more autonomy and responsibility.

NOTES

1. John Carreyrou and Christopher S. Stewart "Why It's So Hard to Fix Medicare Fraud" Wall Street Journal Dec. 25, 2014 http://www.wsj.com/articles/why-its-so-hard-to-fix-medicare-fraud-1419559442

"COL" Continued from Pg. 6

details on some of the critical issues.

The CMA is a powerful lobby and I encourage nonmembers to become members and current members to take an interest in the politics of healthcare in the state. The organization may not represent some of our interests and political passions. At times it may be seen as reactionary by some of us. However, it is a fairly democratic institution, individual voices can be heard and possibly change the tenor of the voice of organized medicine.

SAVE THE DATE: APRIL 14, 2015



CALIFORNIA MEDICAL ASSOCIATION 41ST ANNUAL LEGISLATIVE ADVOCACY DAY

Tuesday, April 14, 2015 • Sheraton Grand Sacramento



Emergency Situation Driving Emblem



CMA, in cooperation with the California Highway Patrol (CHP), has put life back into a state law that allows physicians to exceed speed limits when driving to emergencies. The law (Vehicle Code 21058)—passed in 1959, but implemented for only a short period—provides a waiver of most speeding laws when the physician's vehicle displays the CHP-approved emblem.

Please be aware that:

- 1. the exemption applies only when traveling to emergencies;
- the exemption is intended for use on freeways, and doesn't allow a physician to exceed the state maximum speed, which varies by locale between 65 mph and 70 mph;
- the exemption does not apply to other traffic laws, such as stop lights, stop signs, HOV lanes, yield signs, etc.; and
- the exemption does not apply if the vehicle is operated in a reckless manner or without regard for the safety of others.

The emblem is now available from CMA in sticker form.

CMA members receive one free emblem. Member can order additional emblems for \$10 each. The nonmember price is \$50 each.

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PRACTICE OPPORTUNITIES

Refer to Practice Opportunities on our website for a list of Practice

Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure & Video; Links to Local Recreation; Links to Loan Repayment Programs; Norcal Medical Partners Facebook, and more....

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PNP WANTED for busy pediatric practice. Salary based on experience; full benefits. Please send cover letter and resume with references to: Emily Dalton at 2800 Harris Street Eureka, CA

PHYSICIAN /APC NEEDED United Indian Health Services, Crescent City & Klamath Clinics. Contact: Zanzy - Zanzy. Polycarp@crihb.org

PHYSICIAN /APC NEEDED for established practice. Contact Debbie at (707) 443-4593 *dlee806245@aol.com*

PHYSICIAN / APC NEEDED for new Arcata primary care office.

MISCELLANEOUS

HAIKU-CARDS featuring Stephen Kamelgarn, MD's artwork is now available at local gift shops - be on alert! Haikucard@yahoo.com

MEMBER BENEFIT

Members can request a Job Announcement be sent out to the Office Manager distribution list to announce their staffing needs. Contact the Medical Society Office for more information.

FUNITURE & EQUIPMENT WANTED

EQUIPMENT WANTED. Local medical office looking for used autoclave. Please contact the Medical Society, hdncms@sbcglobal.net

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HOME FOR SALE - 3100 sq ft on 2.6 acres. 6 bedroom, 3 full bath, open kitchen - dining - living area. 2 sun porches, family room, den. Could convert part to mother-in-law unit. Attached large 2 car garage and 2 car carport. Gated, paved drive with RV space. Fully fenced property on Fickle Hill adjacent to the Arcata Ridge Trail. Small outbuildings. Fruit trees, mature organic garden area, small pasture, forest. \$659,000. Contact Darrell Burlison at Arcata Real Estate (707) 496-6691

ARCATA PROFESSIONAL OFFICES FOR LEASE. Newly constructed, ADA compliant, parking. Located in Valley East Centre office park. 144 sq.ft. - 1200 sq.ft. suites available. Contact Mark @ (707) 616-4416 or Jones202@suddenlink.net

EXTENDED STAY RENTAL: Third Street Suites at 1228 3rd Street. Fully furnished luxury one-bedroom/full kitchen in Old Town Eureka. \$1800/mo. incl. all utilities, cable, Internet, private connected garage, and weekly maid service. Please visit *www. ThirdStreetSuites.com* for additional info. or 707-443-3001.

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DEADLINE: 15th day of the preceding month to be published