North Coast Physician

In This Issue:

Cover Photo
"Brother Jonathan Point"
- Del Norte - 2013
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.

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GRIPES

EMILY DALTON, M.D.

In my office, employees routinely spend a few hours removing the individual wrappers from bandages so they won't have to do it in the midst of giving shots. I called the Band Aid corporate headquarters to see if I could purchase some unwrapped Band Aids. I got a recorded message, because as so often happens, it was late on the east coast. The message went something like this: "Thank you for calling the Band Aid Customer Care Center..... for English, press 1, for Spanish oprima numero dos.....if this is a medical emergency, call 911.....

How stupid do they think their customers are? Imagine you hack your arm while cutting chicken. Blood spills everywhere, you grab a band aid, and the gushing does not stop. You reach for the phone, and dial.... the Band Aid Customer Care Center????? I mean, really!

On another note, one of the important goals we need to achieve in health care is cost control. Lots of ideas have been bandied (ha ha) about, but I think we should take a lesson from our colleagues in veterinary medicine. Vets work in an effective, no-nonsense system that runs on a all cash basis to provide medical, surgical, pharmaceutical and even post-mortum services from one location. With no insurances to bill, no federal oversight, and patients who can't complain, vets have it made. The types of blunt, honest conversation that occur in the veterinary office about treatment choices, cost, and likely outcomes could work wonders for our bottom line in human medicine. Primary care offices could even make extra money by combining after death services--just think, a "Pull the Plug Special". The family doctor's motto, "cradle to grave" would take on new meaning. But seriously, the point here is that people are not animals and medicine is not a business, and it is high time we stop pretending it is.

Another thing I would like to complain about is the driving skill of the average Eureka driver. "Merge" does not mean that everyone will get out of your way. Stopping for pedestrian traffic and thus taking the risk of being rear-ended, should not be a death defying activity. And by the looks of the oft replaced, tattered sign centered in the street in front of Ramone's, drivers must be getting "pedestrian crossing" confused with "target practice". Ever notice how all the pedestrians in a Eureka crosswalk wave timidly and try to catch the drivers eyes? Have you ever seen a self respecting San Francisco pedestrian even give motor vehicles the time of day? Something is wrong here folks. Pedestrians, take back the streets!

Here's a multiple choice question for you:

Medicine has been taken over by

a) Religious Organizations
b) The Government
c) Insurance Companies
d) Non-M.D. practitioners
e) All of the above

(answer below*)

* Answer: e, because this is an editorial, my opinion is the right answer

Mark Your Calendars:

AUGUST 2, 2013	6:00 - 8:00 P.M.	Friday Beer Rounds - Eel River Brewery
AUGUST 24, 2013	11:00 A.M.	Walk With A Doc - Sequoia Park, Eureka
SEPTEMBER 6, 2013	6:00 - 8:00 P.M.	Friday Beer Rounds - Local: TBD
SEPTEMBER 11, 2013	12:00 - 2:00 P.M.	Spouse Coffee (McKeegan)
SEPTEMBER 26, 2013	1 - 3 P.M.	NORCAL RISK MANAGEMENT "Office Manager Roundtable"
	6-8 P.M.	"Behaviors That Undermine A Culture of Safety" (Physicians)
SEPTEMBER 28, 2013	11- 1 P.M.	Women In Medicine Social (Mahoney)

Trial Lawyers' Ballot Measure to Make it Easier and More Lucrative to File Meritless Health Care *Lawsuits Will Increase Healthcare Costs and Reduce Access to Care*

Measure would increase MICRA's cap on speculative, non-economic damages from $250,000 to more than $1.2 million.

Trial lawyers and their allies have filed a proposed ballot measure that will make it easier for lawyers to file meritless lawsuits against health care providers and to generate more in legal fees for themselves. The initiative would change California's landmark Medical Injury Compensation Reform Act (MICRA) to increase the cap on speculative, "non-economic" damages from the current $250,000 to nearly $1.2 million. While the measure contains other "window dressing" provisions, there is no doubt that the main goal of the trial lawyers is the MICRA change. A broad coalition of doctors, community clinics, nurses, hospitals, EMTs, labor unions, local governments, employer groups and others support MICRA and oppose the trial lawyer changes. Here is why:

Measure Would Increase Meritless Lawsuits and Lawyer Fees.

· A five-fold increase in MICRA's cap on speculative, non-economic damages would make it easier for trial lawyers to file meritless lawsuits and collect more in legal fees. In fact, under the measure, trial lawyers could collect three times more in legal fees than they can today on non-economic damages.

· A higher limit on non-economic damages gives trial lawyers incentive to take on non-meritorious cases because they can reap more in legal fees and the possibility of an out of court settlement is more likely.

Measure Would Increase Consumer Healthcare Costs by Billions Each Year.

· Meritless lawsuits waste precious health care resources. The end result is increased health care costs for patients, and operating costs for doctors, hospitals and community clinics.

· In fact, a recent study by California's former independent nonpartisan Legislative Analyst found that merely doubling MICRA's non-economic damages cap to $500,000 would increase health care costs in California by $9.5 billion annually. A five-fold increase in MICRA's cap will raise healthcare costs even more.

Increasing Lawsuit Payouts Will Reduce Access to Healthcare Services.

· California already has a shortage of doctors, and with healthcare reform expanding coverage for millions more, this shortage will become even more severe.

· Raising MICRA's cap on non-economic damages will dramatically increase operating costs for doctors, community health clinics, hospitals and others and could force many to cut back services or close altogether.

· The trial lawyers' measure will create even longer lines in emergency rooms, long waits to see specialists, and reduced access to women's services like OBGYNs – making it harder for patients to see their doctors.

Measure Would Increase Healthcare Costs for State and Local Governments by Hundreds of Millions Each Year – Jeopardizing Funding for Vital Services.

· Economic studies show that changing MICRA will increase healthcare costs for state and local governments by hundreds of millions of dollars per year. That is because state and local governments provide healthcare for their employees, operate clinics, hospitals and other health services, and provide health care for low income residents such as Medi-Cal.

· After years of state budget cuts, the state and local governments are finally recovering. The lawyers' measure could force new cuts to education, public safety, and healthcare services for seniors and children, low-income families.

MICRA Works in California.

· The California State Legislature passed MICRA to control the rapidly increasing cost of doctors' medical malpractice insurance, which was threatening access to health care because medical lawsuits were rampant.

Specifically, MICRA:

UNLIMITED - *Economic damages for all past & future medical costs.*

UNLIMITED - *Economic damages for lost wages, lifetime earning potential and for any other conceivable economic losses.*

UNLIMITED - *Punitive damages, which seek to punish a defendent.*

ADDITIONAL - *Up to $250,000 available for non-economic damages, sometimes called pain and suffering awards.*

MICRA", Cont. on Page 23

MICRA", Cont. From Page 5

· MICRA also sets limits on the amount of fees that lawyers can take as payment for representing an injured patient, so that patients, not lawyers, receive more.

· Under MICRA, payments to patients have gone up at more than twice the rate of inflation.

· MICRA is a critical part of California's healthcare system. It has helped lower health care costs and stabilize medical liability rates so doctors, clinics and other providers can remain in practice, treating patients.

· MICRA ensures patients receive fair compensation, while preserving access to important healthcare services for all Californians.

· The public supports MICRA. According to a recent poll conducted by Californians Allied for Patient Protection (CAPP), 59% of voters support the law. §

"Sunshine", Cont. From Pg 13

periodic email updates about the program. To register, visit http://go.cms.gov/openpayments. Questions about the program can be sent to openpayments@cms.hhs.gov.

Some information in this article was republished with permission from the American Medical Association. For more information, visit www.ama-assn.org/go/sunshine.

Key Dates

August 1, 2013: Manufacturers begin collecting and tracking payment, transfer and ownership information.

January 1, 2014: CMS is expected to launch the physician portal that allows physicians to sign up to receive notice when their individual consolidated report is available for review. This portal will also allow physicians to dispute the accuracy of a report.

March 31, 2014: Manufacturers/GPOs report 2013 data to CMS.

June 2014: CMS is expected to provide physicians with access to their individualized consolidated reports for the prior calendar year. Physicians will be able to access the reports online and will be able to seek correction or modification by contacting the manufacturer/GPO via the web portal.

September 30, 2014: CMS will release most of the data on a public website.

Exemptions

The Sunshine Act includes a number of exemptions from the reporting requirements; among them are:

- Samples intended for patient use, including coupons and coupons to obtain samples
- Certified and accredited continuing medical education activities funded by manufacturers
- Educational materials ultimately intended to be used with patients (for example, wall models or anatomical models)
- Buffet meals, snacks, soft drinks, or coffee generally available to all participants of large-scale conference or similar large-scale events
- The loan of a medical device for a short-term trial period
- Discounts (including rebates)
- In-kind items used for the provision of charity care
- A dividend or other profit distribution from a publicly traded security or mutual fund. §

"CalFresh", Cont. From Pg 12

as welfare instead of a nutrition program that improves their health, benefits the community, and brings Federal money into the local economy. Area 1 Agency on Aging is working to dispel some of the myths seniors have about CalFresh and to promote CalFresh as a way to extend quality of life and independent living. They also are piloting a new program to reduce hospital re-admissions while improving long term food security. Based on studies showing much higher hospital return rates for recently discharged patients without access to regular quality nutrition, the pilot program will provide a week of home-delivered meals to elderly patients that have inadequate home and nutrition support. The program will meet immediate nutritional needs and address longer-term food security issues such as the ability to purchase and prepare food.

These are just a few examples of how local professionals are linking health care and nutrition support services. I encourage you to take at least one step today to help make sure our seniors, families and kids have a better chance at healthy lives. Talk to your intake or billing staff about mentioning CalFresh to low-income patients, advocate for SNAP and CalFresh in renewal of the Farm Bill, refer a patient to a social support agency that can help them with a CalFresh application and connect them to other nutrition support programs and services, or include CalFresh in a nutrition-related conversation with a patient.

Here is where you can refer patients who want to start an application:

Phone (toll free and local):
1-877-410-8809
On line: www.c4yourself.com
In person: Social Services
929 Koster Street, Eureka
727 Cedar Street, Garberville
1200 Airport Road, Hoopa

Through a local social service agency:
Most local nonprofits provide application assistance and some will even assist clients in their homes. Food pantries, shelters, family and community resource centers, 211 (Switchboard), and senior programs may already be familiar to and trusted by clients.

Here is where you and your staff can learn more about CalFresh outreach, application assistance, and how to refer clients locally:

· Call: The Department of Health and Human Services CalFresh Outreach Coordinator, Barbara O'Neal at 268-2172

· Visit: The CalFresh Outreach Task Force web site at http://www.foodforpeople.org/calfresh-task-force §

When We Were Running From The War

HAL GROTKE, M.D.

I ask, "When did your back pain start?" The usual answer starts with, "When we were running from the war …" That is also the answer to "When did your headache/shoulder-pain/depression start?" Just a moment ago I had one of those conversations. The rest of the answer was also fairly typical. It continued "… my mother got shot right in front of me and I ran so fast that I ran into a big rock. I hit my head and I twisted my back. Why was I the one who lived?" A few minutes later taking family history I learned also, as is also typical, that both of her siblings died that day. She was six or seven years old, or so her father has told her. She has vivid memories of that day and relives them in nightmares and visions almost daily. She doesn't know how she got to the refugee camp in Thailand but she knows that the camp was nothing like home. It would remain, or at least serve as, her home until her fourth of seven children was walking.

Of course it wasn't a war, per se, but rather it was genocide – "ethnic cleansing" as the expression goes. The Hmong people had supported the United States during the war against Laos and the Laotian army was exacting revenge after the withdrawal of US forces. Since the war against Laos was officially the war against North Vietnam, by the time of the genocide US officials were still denying that the war had ever spilled over into Laos and Cambodia. That denial resulted in US not supporting the Hmong people fleeing the war that saw far more civilians die in close combat than soldiers. Obviously the warriors who were supporting the US effort in Laos did not act out of altruism to cause of the fight to stop the advance of communism. They saw an opportunity to gain the upper hand against their historic enemies with whom they shared what the United Nations regarded as one country much like the Kurdish people in lands of our current wars.

None have ever described to me conditions in the refugee camps. What I do know is that there was nothing that resembled schools as all of those who grew up in the camps are completely illiterate. I have deduced that they had a lot of free time as they seemingly all got married, in the common law sense, and had multiple children. Most who were adults when they arrived at the camps were illiterate, having lived their lives in very small mountain villages, several days walk to the closest city with a car or a road or electricity. There remain a few who had lived in cities and still know how to read and write in Hmong using both the traditional alphabet unique to their language as well as the adaptation of Roman characters but with accent symbols that make the words look much more like Vietnamese than English. The phonetics is also quite different than the English use of the same letters. Those who lived in the cities were much easier targets for the army so very few of them survived.

Many of the "boat people" in the popular press in the time of my youth were Hmong. When the camps in Thailand became intolerable they crowded into small boats. Many if not most of those boats sank. No one has a reasonable count. Many made it through the Straits of Malacca into the South China Sea then north of Luzon and across the Pacific to California. I have made that trip on a nuclear propelled aircraft carrier. I certainly would not recommend trying it in a ship smaller than the cargo ships that occasionally visit Humboldt Bay. I hate to imagine the circumstances that would lead someone to try it in a small boat.

Simply by chance I have worked for several years now with the daughter of two of the boat people as my medical assistant. Having her here has been very good for business. It has also been very good for me to experience I culture that otherwise would be completely foreign to me. In Eureka we are surrounded at all times by Hmong people but before Kia came to work with me I had no idea. Now every December I attend their New Year celebration at the Manila Community Center. It is a lively event with music and dancing and games and more food than the huge crowd possible could eat. I have also attended the funerals of some of my Hmong patients. They are week-long events with music and dancing and more food than could ever be consumed by the crowds of mourners. It is OK that there is too much food at the funerals. Apparently the deceased take much of it with them into the afterlife. They are a very spiritual people.

One of my patients' whose funeral I attended had been a soldier during the genocide. He was a sergeant by the time he was 16 years old. He led a cavalry unit and apparently he was quite the horseman. On several occasions he made a point of telling me, through an interpreter, that he never killed anyone who was not trying to kill him. That was a very important distinction to him. I certainly think that is an honorable thought among a combatant. Clearly his enemy could make no such assertion. I'm not certain of the cultural significance of this claim. I am certain that death among my Hmong patients is something to be fought for as long as possible and by all means

"War", Continued on Pg 25

"War", Continued From Pg 6

possible regardless of other circumstances in the existence of the dying. Like all cultural truisms, however, this is not universal and during the exodus from the refugee camps many were willing to risk death to end the suffering they experienced in captivity. I also find that suicidal ideation is rampant among those with PTSD. Interestingly I am not aware of any actual suicides among local Hmong people despite our area's very high per capita suicide rate.

As is true with many immigrant cultures the children of the immigrants are lost between cultures. With very poor insight they observe their parents try to preserve what little remains of the culture that they had known as children before they had to flee. They, too, struggle to continue that legacy with even less knowledge and experience than their parents retain. They also try to assimilate at least enough as to function by working and paying rent and keeping their families fed. I remember learning in college that children who grow up bilingual develop language skills later than their monolingual cohort but ultimately develop greater language skills. Unfortunately they learn their first language informally from adults who never had any formal language education. For many of them their first experience with the English language is their first day in school. They struggle to internalize the formal education they get about English in context of their native tongue. The two languages are different in such fundamental aspects as parts of speech and sentence structure. Many never master either language.

There is much more that I have left to learn. I feel very fortunate to have been touched by so many of them. To those of you who serve as medical consultants to them I am truly grateful and I know they are as well. I hope you are able to enjoy the richness of their culture as much as I do. §

"Surgical" , Continued From Pg. 7

to use them.

Of particular interest is the review of the role of CCK-HIDA in the evaluation of gallbladder disease.

Recommendation 4: Accept Community-Wide Data

The Community Group grappled with understanding the data and considered a wide variety of factors that may contribute to higher rates of surgeries. These include rural access and infrastructure, patient expectation, financial incentives, and a culture of isolated care.

We encourage the medical community to accept the data and recommend that there be ongoing discussions about these factors and ongoing monitoring of the data. The data should be available to the public. We also believe there is merit in surgeons making available their own complication rate to help patients in their decision-making concerning having a particular procedure.

Importance of Community Engagement in the Process

In conclusion, the Surgical Rate Project Community Group found that the drivers for the high rates were complex and multifactorial. We believe it would be very difficult for any one provider or hospital to take a community-wide view. We recommend that the community have an active role in the guidance of this work. We intend to share our experiences in this project with the wider community via print, personal discussion, and public presentations. We believe this is the beginning of a community conversation that should be ongoing, with the goal of improved understanding across the medical and patient realms, and ultimately improved health in our community. §

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"Partnership", Cont. From Pg. 8

brand name medication, perhaps because of an advertisement seen on television? How should we clinicians interpret our patients' lack of response to low-cost generics? More on this next issue

Adapting our clinical practice and communication with patients to account for the placebo effect may be the most important skill we develop. We must use our scientific training to inform the art of medicine. As clinicians, we owe it to our patients and society to account for the placebo effect and use only low cost, relatively safe treatments when the major effect is likely to be placebo.

(For more information on the placebo effect and related references, see our blog: www.phcprimarycare.org §

"Sutter", Cont. From Pg. 9

operate behind closed doors, hold secret meetings, and withhold critical information this community needs for our long term planning?

I applaud the County Supervisors for asking Sutter to release this information. Let's end the secrecy. With Sutter Health's approval, I will make all the documents available on our website at www.crescentcityhospital.blogspot.com ,including a link to the audio recording where Sutter Health Regional President Mike Cohill discusses Sutter's program to outsource jobs. He confirms that SCH is still a locally owned corporation.

Printed information, and a petition opposing Sutter's plans, are available at my office on 1200 Marshall St. To receive future newsletters, please send me an email at drgjduncan@yahoo.com. §

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

Also refer to Practice Opportunities on our website www.hdncms.org

WANTED - FAMILY PRACTICE PHYSICIAN Full or part time. Aviation Medical Examiner preferred. Contact George Jutila, M.D., 725-3334 or home.md@suddenlink.net *(GJ)*

BUSY MEDICAL PRACTICE LOOKING FOR PA OR FNP. Part time or time negotiable. Please call Dee @ 707 444-3885

FNP WANTED. 3 days per week (Tuesday, Wednesday, Friday) 8 to 5:30 is 27 hours patient time, and 8 hours paid paperwork time in addition, that is full time 35 hours. With vaction, paid holidays, CME time, CME paid, malpractice and liscences paid. Hourly rate based on experience. Work in small solo family practice in Eureka with Dr Teresa Marshall and Carolyn Barnhart FNP with wonderful office staff, full EMR web based system that is easy to learn and

FNP NEEDED. Full Time. Busy Family Practice.
Contact: Lorraine (707) 443-8335

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FOR LEASE: Join our new professional medical facilities near Mad River Hospital. Build to suit in new Planned Unit Development. 1200 - 4000 sq. ft. spaces. Contact Mark , 707-616-4416 or e-mail: Jones202@suddenlink.net.

LODGING FOR YOUR LOCUM TENENS' AND TRAVELING NURSES' NEEDS: Third Street Suites at 1228 3rd Street offers fully furnished luxury one-bedroom apartments in Old Town Eureka. The monthly rate of $1800 includes all utilities, Cable TV, and Internet, a private garage, and weekly maid service. Please visit www.ThirdStreetSuites.com for additional info & pictures, or call Regina at (707) 443-3001.

MISCELLANEOUS

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