



# North Coast Physician



## In This Issue:

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President Message, John Mastroni, M.D.....	4
"MICRA Update"	
In My Opinion, Stephen Kamelgarn, M.D.....	5
"Sticker Shock"	
Open Forum, M. Ellen Mahoney, M.D.	
"Status of Intraductal Approach To Breast CA".....	6
Open Forum, Jennifer Heidmann, MD	
"Redwood Coast PACE is Coming!".....	7
Chronic Pain Management Committee, Mary Meengs, MD	
"We Need CURES!".....	8
Partnership Health Plan, Jeffrey Ribordy, M.D.	
"Medi-Cal Managed Care for Mental Health".....	9
"Safe Prescribing of Opiod Meds, Part II".....	9
Public Health Update, Donald Baird, M.D.....	
"CA Sees Increase in STD's".....	11
Provider Access Issues - BX / BS - DMS Investigation	
AOA HOD Votes to Support Single GME Accrediation	
HDN Tattler .....	14
Welcome New Physicians & Members .....	15
Blue Shield Data Breach Affects CA Docs .....	16
Welcome Medical Students .....	17
CMA Webinar Calendar .....	18
Blood Bank Audioconference Series .....	21
CME Educational Calendar.....	22
Classified Ads .....	23

### Cover Photo

**"AUTUMN WALK IN THE REDWOODS 3"**  
STEPHEN KAMELGARN, 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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## MICRA UPDATE

John Mastroni, M.D.



*Backers of Proposition 46 were dealt another severe blow earlier this month when the Executive Board of the California Democratic Party rejected their efforts to gain an endorsement, instead voting to remain neutral. Democratic Party leaders and activists who reviewed Prop. 46 found that, if the initiative were to pass, health care costs would go up, access to care would go down and community clinics would be harmed.*

**O**n November 4, 2014, voters will be asked to weigh in on Proposition 46, a costly ballot measure that will make it easier and more profitable for lawyers to sue doctors, community health clinics and hospitals, resulting in billions in increased health care costs annually.

Prop. 46 is being disguised by the trial lawyer sponsors as a measure that will “increase patient safety” but we know it’s really just about seeking change to a current law that will allow proponents to file more medical lawsuits against health care providers.

If the trial lawyers get their way, medical lawsuits and payouts will skyrocket and someone will have to pay the price.

California’s non partisan Legislative Analyst has taken a close look at Prop. 46 and concluded that it could increase state and local government health care costs by “hundreds of millions of dollars annually.”

We know that these increased costs would reduce funding available for vital state and local government services like police, fire, social services, parks, libraries and the list goes on. Really, this is just another example of trial attorneys pulling money directly out of the health care delivery system and our communities to line their own pockets.

As physicians, it is our job to provide care for and protect our patients - but Prop. 46 does just the opposite. Taxpayers across the state will be on the hook for hundreds of millions of dollars

in increased state and local government costs each year and could lose critical state and locally provided services that so many count on.

That’s just how Prop. 46 will impact state and local government costs. An independent study estimates that this proposition will increase health care costs across all sectors by almost \$10 billion annually. How does that affect patients throughout California? It translates to about \$1,000 per year in higher health care costs for a family of four. For many families, that’s the difference between being able to afford groceries or health care each month.

If you haven’t signed up to oppose Prop. 46, please visit NoOn46.com and join the coalition today – the price to our patients is too great to risk it.

Prop. 46 was written by trial attorneys for trial attorneys – not for the patients of California who will be forced to pay, plain and simple.

If you haven’t signed a “No On Prop 46 Commitment Card” or pledged to be a coordinator at your hospital, visit cmanet.org/micra and sign up today.

As we forge ahead to Election Day, I ask each of you reading this to take action and get involved in the No on Prop. 46 campaign. To find out more information about the issue and how you can help educate your colleagues, patients and neighbors, visit NoOn46.com today. §



## Sticker Shock

### Stephen Kamelgarn, MD



Have any of you tried to purchase personal Health Insurance under the new (un) Affordable Care Act? Well, let me tell you, your bank accounts will be much thinner for the exercise. For my wife and me, the premiums amount to the National Debt for a small Third World Country; they're even "competitive" with the COBRA coverage I can obtain from my former job (and we all know how expensive COBRA is). "How can this be?" I hear you cry. Wasn't the ACA supposed to make Health Insurance (an oxymoron, if there ever was one) affordable to the masses?

I remember how health insurance (it sure as Hell wasn't Health care) reform was supposed to include all comers, could not discriminate against pre-existing conditions etc. What the ACA didn't include were caps on what the insurers, or more particularly the sole insurer, Anthem/Blue Cross, could charge. They have a monopoly on the plans for both Covered California customers, and those of us who don't qualify for subsidized health insurance. For those fortunate people who do qualify for Covered California, the ACA has been a boon. Forget the fact that many physicians in California will not take this insurance because the reimbursement is so paltry, 80% of Medicare. This means that the wait times for patients to be seen by those physicians who do take Covered California customers, is ever increasing.

We must also remember that Anthem/Blue Cross are the people who fraudulently put forward to the citizens of Humboldt & Del Norte County which physicians were actually on their panel (see "Bait and Switch: did Anthem Blue Cross use Obamacare to swindle Humboldt customers," North Coast Journal, June 12, 2014). Because of that article in our own local press, and calls received by both our local Congressman, Jared

Huffman, and the H-DN Medical Society from both patients and physicians about the inaccuracies, the State Department of Managed Care is now beginning to look for probable fraud in how Anthem/Blue Cross presented themselves to the State and the people of California. CMA asked our medical society to survey the local physicians (both Humboldt and Del Norte) about their availability to Covered California and they found 66% of the Blue Cross listings were wrong. That's not a "mistake;" it's deliberate fraud.

In an act of greedy irony they gave their four "tiers" of plans the names of Olympic Medals plus platinum. The difference in premiums between bronze (the cheapest) and platinum (the most price gouging) was an astronomical \$900 per month for my wife and me. Yet the differences in coverage between the two plans weren't all that great. In fact, when you actually total the cost of the premiums and the yearly out of pocket expenses, including hospitalization and expensive testing, it is about the same. In other words, no matter what plan you buy, you're paying the same premium that a Family Physician is paying for malpractice insurance in a non-MICRA state. It actually makes more sense to purchase the Bronze plan at \$1000+ per month, pocket the extra \$900, and invest it in an interest paying HSA to be used on that inevitable rainy day.

And, when you actually look at what's being covered for the cost of your children's college tuition, you actually wind up with little more than a health plan for catastrophic coverage. They have you spending a fair portion of your grocery budget for many recurring monthly expenses, especially for meds. For example, their "Tier 1 Generic Drug Coverage" has you spending \$19 per med per month; most other insurance plans

charge only \$5 to \$10 per med, and they give breaks for three month mail order meds, that the "metal" plans don't. Even under the Platinum Plan you are out a significant chunk of change before the insurance kicks in. You do get a slightly better price break on drugs, but still not as good as many of the insurances I had to deal with as a physician. I don't know about you, but this certainly smacks of profiteering to me.

Monopolies are supposed to be illegal in the US, but here in California (and every other state, for all I know) there is ONLY one insurance underwriter for all of our individual policies. If you live in Northern California, you're stuck with Anthem/Blue Cross, and if you live in Southern California, you're stuck with Blue Shield. There's no Aetna, Prudential or even Kaiser in Humboldt County. Isn't this somewhat monopolistic, and therefore illegal? I certainly remember when we local physicians were forming our own IPA about twenty years ago we were very concerned about possible investigation for possible anti-trust violations. Yet here's Anthem/Blue Cross merrily doing far worse than we ever contemplated, and inflicting it all over the Northern half of this state.

Monopolies are remarkably efficient in transferring wealth from the hands of the many into the hands of the greedy elite few. We saw this at the turn of the last century with the Gilded Age, and we've certainly seen this in the past 30 years here in the United States. Standard Oil, the Southern Pacific Railroad, Microsoft and now Anthem/Blue Cross have all done their job transferring the resources of the people

**"Sticker", continued on Pg 19**

### **"Sticker", continued from Pg 5**

upwards into their waiting hands.

For this, I'm supposed to invest my hard-earned money into that snake pit? Do they honestly expect me to fork over a good part of my retirement funds to a poorly covering, poorly accepted and probably fraudulent monopoly!? I may be crazy, but I'm not stupid.

No thanks. I'll stick with COBRA.

#### **Notes:**

1. "A Case Study in Inaccurate Directories: Humboldt & Del Norte Counties" CMA publication on file at the Medical Society Office



### **"Pace", Continued from Pg 7**

in referring, you or your staff can call or email the Redwood Coast PACE Enrollment Representative, Matalyn Shanahan, at 707-443-9747, ext 1214, or email mshanahan@humsenior.org.

I will be doing a grand rounds on the PACE program in August, for those who want more in-depth information. In the meantime, feel free to contact myself at 443-9747 ext 3205 or email jheidmann@humsenior.org, or contact René Arché (Humboldt Senior Resource Center's Director of Communications and Marketing) at 443-9747 ext 1256, or email rarche@humsenior.org.



### **"Safe", Continued From Pg 9**

those who are selling some or all of their medication, and psychologically fragile patients. Some patients fall into several of these categories. The approach for each group varies.

2. The clinician or team working to address these patients should address these categories hierarchically, in this order:

- a. Terminal condition or active cancer
- b. Taking long term methadone or

- c. fentanyl
- d. Substance abuse
- e. Pregnancy
- f. Suspected diversion
- g. Psychological frailty or history of closed head injury
- h. Underlying chronic pain

For example, if a careful evaluation of a patient taking chronic high doses of long-acting morphine shows a psychologically unstable pregnant patient with a substance abuse disorder, the treatment of the substance abuse disorder is most important, and the patient should be referred to a clinician or program with expertise in substance abuse in pregnant patients.

The accompanying flow-chart shows this hierarchy in more detail.

3. The skill set for addressing each of these categories is quite specialized, so a team approach is critical to success. This is indicated graphically on the flow chart by color, with each color representing a different skill set or area of expertise. For PHC members outside of the Kaiser Permanente system, there is great fragmentation of these skills. Still, patients should be assessed carefully to determine which category takes priority, because there are two categories that most primary care clinicians should be able to address by themselves:

- a. Terminal conditions or cancer
- b. Suspected diversion

In addition, many (but unfortunately not all) communities have substance abuse experts to whom appropriate patients can be referred for treatment. Both substance abuse and diversion may be detected through systematic, regular urine and/or blood testing for opioids and other drugs. Some opioids are not detected with some screening toxicology tests, so confirmatory tests may be needed if a result is unexpected, given the medications an individual patient is taking.

1. For patients with Underlying chronic pain (category g, above) but without

the other conditions (a-f), prescribing clinicians can learn the technique for tapering opioids successfully. This includes methods of communicating effectively with patients, monitoring for opioid withdrawal, and tapering the opioids at an appropriate rate. Just as pilots do not read a brief article and then try to land a plane, clinicians need some training to be successful with this. PHC will work to promote trainings on this topic in the next year.

Partnership HealthPlan has been selected by Principled Strategies, Inc., to pilot the use of a sophisticated analytic system called SafeUseNow for our entire patient population. Prescription patterns of all controlled medications are analyzed for every PHC patient, and every provider is consequently assigned a risk score, indicating the composite risk of adverse patient outcomes, including potential abuse and diversion. In the fall, PHC's Regional Medical Directors will begin sharing this data with clinicians who prescribe controlled medications, along with recommendations for changes in prescribing habits that will increase patient safety and decrease the risk score.

As a reminder, PHC has consolidated some best practices related to safe opioid prescribing into a series of recommendations, found at our website: <http://www.partnershiphp.org/Provider/OpioidMenu.pdf>

Our goal is to decrease the over-use of chronic opioid medications over the next two years, decreasing overdose deaths, opioid diversion, and healthcare costs, while improving the quality of life for our members, your patients. We can only be successful by working together on this effort. (*See Chart next page*)



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**Drs. Olkin & Jones:** Contact: [loletamary@aol.com](mailto:loletamary@aol.com)

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Contact: [donna\\_lyon@ffmg.org](mailto:donna_lyon@ffmg.org)

**Mad River Hospital Clinics:**

Contact: [ccartwright@madriverhospital.com](mailto:ccartwright@madriverhospital.com)

**Open Door Clinic**, McKinleyville, Crescent City and Eureka sites. Contact: [jnicoll@opendoorhealth.com](mailto:jnicoll@opendoorhealth.com)

**Redwood Family Practice:** Contact: [dlee806245@aol.com](mailto:dlee806245@aol.com)  
Redwood Rural Health Center: Contact: [ttvedt@rrhc.org](mailto:ttvedt@rrhc.org)

### GASTROENTEROLOGY

**Eureka Internal Medicine:** Contact: [bills@eimdoc.com](mailto:bills@eimdoc.com)

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### HOSPITALISTS:

**HMS - Hospitalists:** Contact: [carolyn.lane@stjoe.org](mailto:carolyn.lane@stjoe.org)

### INTERNAL MEDICINE:

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**David Gans, M.D.:**

Contact: [ccartwright@madriverhospital.com](mailto:ccartwright@madriverhospital.com)

**HMS - Internal Medicine:** Contact: [carolyn.lane@stjoe.org](mailto:carolyn.lane@stjoe.org)

**Open Door Clinic, Fortuna:**

Contact: [jnicoll@opendoorhealth.com](mailto:jnicoll@opendoorhealth.com)

### NEUROLOGY:

**Humboldt Neurology:** Contact: [Carolyn.Lane@stjoe.org](mailto:Carolyn.Lane@stjoe.org)

### OB-GYN:

**Mad River Hospital:**

Contact: [ccartwright@madriverhospital.co](mailto:ccartwright@madriverhospital.co)

**Open Door Clinic:** Contact: [jnicoll@opendoorhealth.com](mailto:jnicoll@opendoorhealth.com)

**Redwood Womens Center:** Contact: [rwcbarb14@hotmail.com](mailto:rwcbarb14@hotmail.com)

**United Indian Health:** Contact: [Gary.Pake@crihb.org](mailto:Gary.Pake@crihb.org)

### ORTHOPEDIC SURGERY:

**HMS - ORTHO. Eureka & Fortuna:**

Contact: [carolyn.lane@stjoe.org](mailto:carolyn.lane@stjoe.org)

### PEDIATRICS:

**Open Door Clinic:** Contact: [jnicoll@opendoorhealth.com](mailto:jnicoll@opendoorhealth.com)

### PSYCHIATRY:

**Humboldt County Mental Health** (707) 476-2349 or [personnel@co.humboldt.ca.us.](mailto:personnel@co.humboldt.ca.us)

### UROLOGY:

**HMS - Urology:** Contact: [carolyn.lane@stjoe.org](mailto:carolyn.lane@stjoe.org)

### NURSE PRACTITIONER / PHYSICIAN ASSISTANT

**Arcata Sports Medicine:**

Contact: Debbie Mitchell 822-7220

**Eureka Family Practice (Full Time).**

Contact Lorraine (707) 443-8335.

**Fortuna Family Medical Group:** Contact:

Donna: 725-3334 [donna\\_lyon@ffmg.org](mailto:donna_lyon@ffmg.org)

**David Gans, M.D.** Contact: Debbie Mitchell 822-7220

**North Coast Surgical Specialists**

Contact: Melody: 443-2248

**North Coast Womens Health** (3 days/week)

Fax Resume to: 443-3971

Redwood Family Practice: Contact: Debbie Lee  
[dlee806245@aol.com](mailto:dlee806245@aol.com)

**Six Rivers Medical Clinic:**

Contact: Debbie Mitchell 822-7220

**Southern Humboldt Community Clinic:**

Contact: Dee Way [dway@shchd.org](mailto:dway@shchd.org)

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