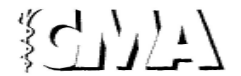




# North Coast Physician



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### Cover Photo

"Snowstorm in the Redwoods - 2008"

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.*

North Coast Physician is published monthly by the Humboldt-Del Norte County Medical Society, 3100 Edgewood Road, 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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# **Imminent Implosion**

**EMILY DALTON, M.D.**

I would like to let you in on the best kept secret in comfortable, affordable lodging. Last month in Florida, I stayed at a clean, spacious place with a small kitchen, stove, microwave, real dishes, and a full size refrigerator for a very reasonable price. The walk-in closet came with extra pillows, towels and an iron and ironing board, already set up. The internet was free and unsecured. The 2 swimming pools were hardly used, and I had the state-of-the-art fitness center almost all to myself for no extra charge. I did my laundry in the laundry room without having to scrounge for quarters, and the place even had a small library where I got a few books. No one smoked, the other tenants were friendly and nice, and the atmosphere was quiet and peaceful.

I was in the guest suite at my step-mother's retirement community. You can't

beat the amenities, and a wonderful ancillary benefit is that by the time you leave, you feel strangely young!

My step mother was born 80 years ago, in 1932. Medicine has changed so dramatically over her lifetime that a physician from the 1930's would be unlikely to recognize most of our current treatments. Insulin was developed in the 1920's, and 1928 saw the discovery of penicillin. 1932 was the year that Gerhard Domagk discovered sulfonamidochrysoidine, one of the first sulfa drugs. In 1930, Medical education underwent a dramatic change. The questionable degree-producing mills of the 1920's were reformed into the current format used today: a liberal arts degree followed by 4 years of medicine and surgery and a subsequent year of internship. At that time the 3 leading causes of death were heart disease, cancer and pneumonia. Polio was rampant and uncontrolled, no effective treatment

existed for tuberculosis, and lobotomies were performed for mental illness. The flu vaccine would not come into being until 1945. Flash forward to today, where we have organ transplantation, a myriad of new medications, detailed protocols for cancer treatment and surgical procedures no one ever dreamed possible. Unavoidably, along with these advancements, come increased cost.

Medicine in this country is on a path of self destruction. The population is aging, treatments are expanding, and medical costs keep rising. The proportion of younger people working to support this system is lower. The current trajectory is set to implode. We need to face this reality, and set up a fair system, (most likely single payer), that ensures all of us, especially the young and the poor, a basic level of medical care.

§

**ARE YOU INTERESTED IN RECEIVING YOUR  
NORTH COAST PHYSICIAN ELECTRONICALLY?  
CONTACT THE MEDICAL SOCIETY AT [HDNCMS@SBCGLOBAL.NET](mailto:HDNCMS@SBCGLOBAL.NET)**

## **MARK YOUR CALENDARS**

### **ANNUAL MEMBERSHIP/ELECTION MEETING**

*December 13, 2012 (Thurs.) 6:30 p.m. \* Baywood Golf & Country Club*

### **SOCIAL / TALENT SHOW**

*January 26, 2013 (Saturday) 6:30 p.m. \* Ingomar Club*

# Jumping The Fence

## WENDY RING, M.D.



The Humboldt Chapter of Physicians for a National Health Program introduced a resolution at CMA's annual meeting this year to endorse a state single payer plan for California. We were a bit taken aback at the ferocity of opposition to the proposal: that we act upon the evidence base, and adopt a system that actually works. We all know that the US pays more for healthcare, and has worse health outcomes than any other developed nation. We all know that private insurers are more concerned with profits than the well-being of patients or providers. We all know that at least a third of health care spending is diverted from actual patient care to a bureaucracy designed to keep sick people from getting care--or to keep us from getting paid for giving that care. If we

were rational people, eliminating private health insurance in favor of a public payment system would not be rejected out of hand. But we're not rational, because we're afraid. And let's face it, some of that fear is not altruistic concern for the populace; it's about our incomes and job satisfaction. We'd rather work for the devil we know. And that devil has us working so hard in the Hades that has become American medicine that we haven't got the time or energy to learn about alternatives.

Therefore, I've given myself a mission. I have decided to jump the fence and inspect the grass on the other side. I'm going to meet the devil we don't know and report back on what I learn. It doesn't hurt at all that the devil lives in New Zealand, where

summer begins in December. New Zealand has a publicly funded (single payer) health system. Primary care delivery is via private practice and community health centers and there is a mix of public and private hospitals. I've got a job working as a GP in a small town on the North Island for three months.

I plan to make a video about what it like to be a doctor in New Zealand and how that contrasts with our experience here in the US. I'm starting to interview folks from our medical community and I'm taking volunteers and requests. If there's something you want to rant about on film or want to know about the Kiwi health system, please give me a call at 707 845-2466. More installments will be forthcoming. §

# The future of healthcare begins **NOW!**



# **EMS for Children TACTICAL Program**

**DR. KENNETH STIVER, M.D.**

*Regional Medical Director,  
North Coast Emergency Medical Services*



**T**he North Coast Emergency Medical Services (NCEMS) Agency serves as the local EMS agency on behalf of the counties of Del Norte, Humboldt and Lake. In partnership with UC Davis Medical Center, we recently were selected as one of six areas in the United States to receive federal funding for a four-year grant project entitled: Transport of Acutely Ill and injured Children To Institutions of Higher Care from Allied Localities (TACTICAL). Although we have excellent medical practitioners on the North Coast, specialty resources can be limited, due to our rural nature. Critically ill or injured pediatric patients occasionally require transfer to out of the area to higher centers of care.

The TACTICAL grant is designed enhance the existing North Coast EMS for Children's system, and augment established pediatric patient flow patterns, from our three county region, to receiving facilities located throughout northern California and Oregon. The over-arching goal of this grant is to optimize the care of our pediatric emergency medical patients in the three county region.

There are three primary goals for the project:

Goal One: To improve the NCEMS region's current Emergency Medical Services for Children system by resource sharing and enhancing the population's access to care. The objective of this goal is to work with local physicians and pediatricians to establish a formal EMS for Children plan for the region that meets or exceeds existing national and state standards. This plan will build on the established medical infrastruc-

ture and include prehospital and hospital data collection and development of a continual quality improvement process.

Goal Two: To standardize and implement a formally regionalized system to manage, transport and transfer acutely ill and injured children to medically appropriate definitive care facilities. The objective for goal two is to create standardized criteria for timely and appropriate pediatric patient transfer to receiving tertiary hospitals, as well as develop guidelines for real-time telemedicine consultations between local sending physicians and distant receiving definitive care facility physicians to optimize patient management and transfer decisions.

Goal Three: To ensure expeditious transfer of information for patient-centered care, effective transfer, and investment in community provider education. The objective for goal three is to incorporate real-time telemedicine in the pediatric patient management and transfer decision-making process; track and ensure the efficient and complete transfer of health care information and digital images to the receiving facility; and, provide pediatric educational program opportunities for pre-hospital, nurse and physician providers located within the three-county region.

During the project we will provide occasional updates and request your expertise and input. A Pediatric Regional Council will be formed beginning next calendar year that will include prehospital, hospital and community representatives. The latter will directly involve rural, Hispanic and Tribal representatives to ensure the pediatric patient care needs of all of our children are addressed. We will elicit community and

physician input through meetings, site visits, electronic communications, participation in community events and distribution of printed materials.

Pre, interim, and post-implementation analyses will include pre-hospital care, referring hospitals, transfer dynamics, receiving hospitals, community awareness and engagement, transfer appropriateness and patient outcomes. An ongoing continual improvement process will help optimize the sharing of local and regional expert medical resources.

If you have any questions please contact myself 1-707-445-2081 or krs1147@aol.com or Larry Karsteadt, Executive Director at 1-707-445-2081 or larry@northcoastems.com. If you are interested in being added to our TACTICAL email list, please let Larry know. We look forward to your input and participation in this exciting new project.

*TACTICAL Project Manager Cheryl Wraa, R.N.MSN and Larry Karsteadt contributed to this article.* §

*DID YOU KNOW.....*

*One of the benefits of membership in the Medical Society is a 50% discount for membership in the HDN Consortium for Continuing Medical Education.*

*Thank You for Your Support of Local Education !*

*The Consortium Welcomes and Encourages your input regarding local educational needs.*

# Critical Access Study

GREGORY J. DUNCAN, M.D.

Chief of Staff, Sutter Coast Hospital



*This is the latest edition of Greg Duncan's newsletter to the community of Crescent City, in response to community concern over Sutter Health's decision to transfer ownership and control of Sutter Coast Hospital to their regional headquarters in San Francisco.*

Dear Friends, Patients,  
and Fellow Residents:

I write with information on Sutter Health's study of Critical Access designation for Sutter Coast Hospital. Critical Access is a federal program which pays qualifying hospitals a subsidy for Medicare patients. In order to qualify, we would need to close 50% of our beds. Also, Sutter Coast would no longer be required to have a physician on duty in the ER, or a general surgeon or critical care specialist available "on call," as is currently required.

Critical Access would impact our community in two ways. First, there would be an uncertain financial impact on the hospital. Second, there would be a negative impact on patient care, due to fewer beds and services being available for sick or injured patients. When Sutter Lakeside Hospital converted to Critical Access in 2008, the bed capacity was cut from 69 to 25 in order to qualify for the program. Despite Sutter's assurances to the contrary, this was followed by reduction of the hospital workforce by 50%, closure of two clinics, and a large increase in patient transfers to outside hospitals. In 2012, three years after they became a Critical Access hospital, Sutter Lakeside laid off 10% of the workforce, due to continued financial troubles. (source: Santa Rosa Press Democrat, 3/30/2012).

Earlier this year, Sutter Health financed a study on the impact of Critical Access designation to our community. The initial study addressed only the financial impact of Critical Access on the hospital, not the negative impact on patient care.

You may be curious as to the findings of Sutter's study. The answer: Sutter Health will not release the results. The study was completed last August, but Sutter executives will not release the data, stating "it is in a draft form."

Therefore, I decided to conduct my own analysis on Critical Access for the past month. Remember that the cap on patient beds under Critical Access designation is 25, but the "working cap" is 22, because three beds must be set aside for pediatric and maternity patients (in order to reduce the frequency of sick or injured children, or pregnant women, being shipped to outside facilities when the hospital is full).

Here are my results: for the month of October, there were 11 days when the Sutter Coast Hospital census exceeded 25, and 17 days when it exceeded 22. In other words, there were at least 11 days, and probably 17 days, when patients in the Emergency Room who needed a hospital bed would have been shipped to another hospital. Due to our remote location, these transfers would occur by air ambulance, at the patient's expense, without their family, and without their doctor at the receiving hospital. And this is not flu season, when the number of hospital admissions rises sharply.

My analysis assumes that the three beds currently set aside for high security inmates would no longer be reserved for prisoners. If Sutter keeps the beds set aside for prisoners, our working cap would even less (19 beds), and it would be possible that following a riot, a hospital bed would be available for an inmate but not for an injured

correctional officer. If the inmate beds are closed, we would no longer have a secure location for correctional officers to guard high risk prisoners. (Sutter executives have not disclosed how they would handle prisoners under Critical Access designation).

It is clear to the physicians of Sutter Coast that Critical Access is not appropriate for our community, which is why we have passed unanimous resolutions against Critical Access designation, and against Regionalization (which would transfer hospital ownership to Sutter Health). We passed a separate unanimous resolution stating our goal should be to expand, not contract, patient care services at our hospital.

In summary, financial stability comes not from downsizing and cutting services, it comes from management which includes input from employees, physicians, community representatives, and the residents of this region--the exact opposite of our current Board, which operates a closed Board room and deliberately excludes this community from important decisions affecting our health. (A recent example: this week, the hospital Board Chair refused my request to allow a fellow physician to attend Board meetings, in the capacity of an observer).

Want to help? Please forward this email to interested friends. Stop by my office and sign the petition to stop Sutter. Send me an email if you would like to join our team of volunteers. And please email questions to the address below. As I told a reporter from the Bay Area this week, I appreciate positive comments, but I like to answer hard questions too. §



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## JOB OPPORTUNITIES

Also refer to Practice Opportunities on our website  
[www.hdncms.org](http://www.hdncms.org)

### FAMILY MEDICINE:

#### **Fortuna Family Medical Group**

Contact: George Jutila, M.D., (707) 725-3334

#### **Redwood Family Practice**

Contact: Debbie, (707) 443-4593

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

### **UNITED INDIAN HEALTH SERVICES, INC.**

**SMITH RIVER** (Del Norte) is looking for a Chief Medical Officer, Family Medicine Physician & Physician Assistant and/or a Family Nurse Practitioner.

**ARCATA** (Humboldt) is looking for a Family Medicine Physician.

UIHS is an electronic health record site and offers competitive wages & benefits. In accordance with P.L. 93-638 American Indian Preference will be given. To apply or to get more information please visit our website at [www.uihs.org](http://www.uihs.org) or call Trudy Adams at (707) 825-4036.

**FNP WANTED:** Experienced FNP wanted for busy Family Practice, 20 to 30 hours per week, to include Saturdays. Small office with excellent staff, high tech internet based EHR and great physician support. Send resume to Teresa Marshall, at [drmarshall-soffice@att.net](mailto:drmarshall-soffice@att.net)

**NP WANTED.** North Coast Women's Health is looking for a Nurse Practitioner to work 3-4 days per week on a permanent basis. Please fax a resume to Stephanie at (707) 443-3971 or mail it to 1930 Myrtle Avenue Eureka, Ca 95501. Experience in women's healthcare is preferred



## ECONOMIC ADVOCACY

**CMA REIMBURSEMENT HOTLINE: (888) 401-5911**

<b>Display Advertising Rate Schedule</b>	<u>SIZE</u>	<u>MONTHLY</u>	<u>SIZE</u>
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1/2 Page	\$160.00	7.45" x 5.23"	
1/3 Page Vertical	\$150.00	2.37" x 9.95"	
Full Page	\$200.00	7.45" x 9.95"	
Inside Cover/Full Page	\$275.00	7.90" x 10.40"	
Business Card Ad	\$65.00	Copy Ready 2" x 3.5"	
Classified Ads	\$5.25 per line		

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

## PROPERTY FOR SALE/ RENT/ LEASE

### **MEDICAL OFFICE SPACE AVAILABLE - LEASE.**

2504 Harrison Avenue, Eureka. Call: (916) 261-8088.

**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](mailto: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, CableTV, and Internet, a private garage, and weekly maid service. Please visit [www.ThirdStreetSuites.com](http://www.ThirdStreetSuites.com) for additional info & pictures, or call Regina at 707-443-3001.

## MISCELLANEOUS

**FIREWOOD FOR SALE.** Call (707) 499-2805

**CLERKSHIPS:** Stanford Medical School is seeking clerkship positions in family practice for 2 students from August 28 through September 7, 2012. Please contact Kathy ([kathysattler@gmail.com](mailto:kathysattler@gmail.com)) or Scott ([scottsattler@gmail.com](mailto:scottsattler@gmail.com)) or by phone: 707 443-8183

**HART MEDICAL BILLING** (707) 839-3013

**OFFICE EQUIPMENT & SUPPLIES FOR SALE.** X-ray machine (4.5 yrs old), medical supplies, office supplies, shelving, file cabinets, office equipment and medical equipment. Contact Nancy Freemantle at (707) 616-4211.

**OFFICE FURNITURE FOR SALE.** Contact Michelle Rebstock [michelerinnm@yahoo.com](mailto:michelerinnm@yahoo.com) or (575) 937-1491