THE BULLETIN

In This Issue:

Original tree art by
Samuel P. Burre, M.D. (1957) and adorned by
George Ingraham, M.D. (2002)

The Bulletin 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/Crescent City (707) 465-0980; FAX: (707) 442-8134; E-Mail: hdncms@sbcglobal.net Web page: *www.hdncms.org*

Social Network

HAL GROTKE, M.D.

This time of year most of patients with MediCare celebrate being back out of the donut hole. Those few with cancer or autoimmune diseases came out of the donut whole months ago but they will be back in earlier than the others. Those who recently transitioned from some other insurance to MediCare are coming to understand the restrictions of formularies. Those who are just a little too wealthy to qualify for Medi-Cal will start taking their medications again for the next several months. The blood pressures, LDLs and A1Cs will be back within goal for the next several months. For the others I am really struggling to find a way for them to get their medications. The people with private insurance have new formularies this month and the ACE-I or PPI that was covered last month is now too expensive. For people on Medi-Cal – they are just out of luck. Their insurance doesn't cover much of anything anymore and it no longer allows ePocrates to publish its formulary. I'm spending more than an extra hour every day on prior auth compared with last month. Maybe I just forget from year to year what January is like. Maybe this year is worse.

The other day I commented on my Facebook page about the extra time I'm spending trying to get medications for my patients. One of my residency classmates responded that I could avoid all that by following her lead into a career in "cosmetic dermatology," also known as aesthetic medicine. Another Facebook friend who makes his living washing cars commented separately that he had just learned that his income is greater than that of his children's teachers. He asked, somewhat sheepishly and somewhat rhetorically, how that could be. I told him that my assessment is that we, as a society, we value our ride more than we value our future. I likened that to the fact that my residency classmate mentioned above makes several times as much money as I do, my explanation being that we value our appearance more than we value our health. Market forces are in the driver's seat. I don't know if there is a point to my writing this. I think I just wanted to fill this space. Maybe I'm hoping someone can convince me that I'm wrong.

There is not much going on at the state level currently. The new governor has presented an interim budget proposal but the legislature has not yet convened to take up the issue. New bills regarding the budget and everything else will not be introduced for a few more days (although as is often the case, that will no longer be true when you read this). At the federal level there has been some political circus regarding health care reform. The House has voted to repeal PPACA. (ho-hum) It looks like it won't come to a vote in the Senate. Meanwhile, there have been a couple of significant landmarks this month in implementation of PPACA. The aforementioned donut hole will be a little bit smaller and a little bit farther away this year. Primary care doctors will get a 10% pay raise on "qualifying" services provided for MediCare and Medi-Cal patients. Interestingly, that went into effect on January first although I understand some of the regulatory details have yet to be worked out. Some of the newly implemented portions of PPACA which (hopefully) will have a positive effect locally in the future include increased funding for primary care residencies and funding for "chronic disease prevention" for MedicAid (Medi-Cal) recipients, including support for healthy eating and physical activity. This year that prevention stuff is in the form of pilot programs in a few states. I think that if California wrote the best grant proposal for that one it probably still would not get funded just because they could several other states with smaller populations for less than what it would cost in California alone. And, of course, the real power that the new house has over the law is funding. Repeal is a just a show; purse strings could prove to be very real.

PHYSICIAN TALENT SHOW?

The Medical Society is in the early stages of planning a Physician Talent Show. It's been several years since we've had one and we've got a lot of new talent!

PLEASE contact the Medical Society office if your interested in working on a Planning Committee for the Talent Show.

PLEASE contact the Medical Society office and let us know you'd be interested in performing and what your talent is.

We look forward to hearing from you!

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication.

The Drug Expiration Date: A Costly Misnomer

BY SCOTT SATTLER, MD

Recently I noticed that the label on my prescription carried a new warning. Somewhere along the way the old "Good Until" had been replaced by the much more ominous words "Do Not Use After", and it set me thinking. What's with this drug expiration business anyway? Who determines the magic moment when a medication goes from being perfectly fine and dependable to being so potentially dangerous or useless that it needs to be discarded for reasons of health and safety? How are such determinations made? What does the phrase "drug expiration date" really signify?

I decided to call my friendly local pharmaceutical rep for more information. He referred me to a fellow rep who gave me his company's physician access line for such queries. I called and asked them these questions, and they told me that someone higher-up would get back to me. A while later I got a call from a woman who quickly informed me that our conversation would be recorded and asked if that were OK with me. When I assured her it was, she told me (as best as I can recall, for I didn't record the conversation) that each pharmaceutical company is responsible for setting the date for each batch of medicine it produces, by order of the FDA. I asked about the process involved in determining the date, and was told that the process involved proving that the drug would still be good on the date stamped on the batch. I asked whether it was good after that date as well, and she repeated that it was good on the date indicated. I asked if this date actually defined the time when the drug had been shown to become unstable and/or unsafe, and she again affirmed that the drug was safe up to the time of its expiration date. At some point the conversation became more circuitous than I could follow, and I asked if she would kindly fax or email me the information I sought. To my surprise, she told me that she had been instructed very clearly by her supervisors that she was to send nothing to me in writing pertinent to this conversation. Our information exchange was to be absolutely verbal only. Since this was a pretty good conversation stopper, it was clear that I needed to look elsewhere. Thank God for Google.

The FDA Regulations

In 1979 the FDA passed a law requiring that drug products bear an "expiration date" which was to be supported by appropriate stability data. But despite the use of the word "expire," as in "die," the FDA did not actually require drug manufacturers to determine how long a given medication remained safe and effective. Instead it allowed and continues to allow companies to choose an arbitrary date and to perform tests demonstrating the drug's safety and efficacy as of that selected date. Interestingly, the 1985 federal regulations recommended that "stability testing be performed initially, than every three months for the first year, then every six months for the second year, and then annually thereafter. However, more frequent testing near the end of the anticipated expiration date is often likely to give better information about the actual stability of the finished product. Nonetheless, testing at least annually is considered minimal for compliance with CGMPs [Current Good Manufacturing Practices]." [1] I find it fascinating that this specific requirement for prolonged ongoing stability testing to determine a drug's true expiration date no longer exists.[2] Clearly the term "drug expiration date" has become a misrepresentation of reality, an obfuscating misnomer. What the FDA currently allows to pass for an "expiration" date is, in truth, a "good at least until" date.

The Wall Street Journal Weighs In

Let us jump to March 28, 2000. On this date Laurie P. Cohen, a Pulitzer Prize winning investigative journalist working for the WSJ published a feature story on just this subject.[3] Much of the following information is taken from that article. She reported that in 1985 the Air Force had become very concerned about the costs needed to destroy and replace their worldwide multimillion-dollar stockpile of medications every two to three years. They asked the FDA to check 58 different pharmaceuticals to determine which, if any, might be safely used beyond their expiration date. After testing, the FDA extended more than 80% of the 137 expired lots, by an average of 33 months. More than half of the drugs studied in 1985 were still safe and potent when they were retested yet again in 1992. Some remained stable for 15 years post-expiration. They reportedly saved 59 times the cost of the drug testing in this first year alone by avoiding destruction of perfectly good medications.

The DOD-FDA Shelf Life Extension Program (SLEP)

The Department of Defense was so interested in these findings (it was holding over $1 billion in medication reserves) that it invested nearly $3.9 Million from 1993 through 1998 to do further

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stability testing on an expanded group of over 100 pharmaceuticals. During this five-year period they found that 88% of tested medications were clearly safe and effective far past their original expiration date and the DOD saved more than $263Million on drug replacement expenses. They named this program SLEP, the Shelf Life Extension Program[4], and it continues to this day. The FDA administers it for the Army, Navy, Air Force, Marines and Coast Guard. It probably contains the most extensive source of pharmaceutical stability data in the world. Unfortunately, full access to this huge database appears to be restricted to the military branches listed above. My research to date indicates that this restriction specifically excludes sharing data with the US Public Health Service and, as you can see, the general public.

Francis Flaherty, pharmacist and former director of this FDA testing program, concluded that expiration dates have essentially no bearing on whether or not a drug is usable for a longer period, and that the stated expiration date does not mean or even imply that a given drug will stop being effective or become harmful after that date. He went on to share his perception that, "Manufacturers put expiration dates on for marketing, rather than scientific, reasons." Flaherty retired from the FDA in 1999.

Interesting, isn't it.

This topic will be continued in next month's *In My Opinion* editorial that will hopefully present more information as to specific drug stabilities and instabilities found through the SLEP research and posit thoughts as to how the SLEP database might be used to significantly reduce the overall cost of healthcare, if Congress wishes to do so.

[1] Title 21 Code of Federal Regulations: (21CFR 211.166) 10/18/85 Stability Testing: Number 41, Section B-3: Test intervals

[2] Title 21 Code of Federal Regulations: (21CFR 211.166) 04/2010 Stability Testing: Chapter I, Subchapter C

[3] Cohen LP. "Many medicines prove potent for years past their expiration dates." *Wall Street Journal*. March 28, 2000. http://www.terrierman.com/antibiotics-WSJ.htm

[4] Garamone J. "Program extends drug shelf-life." *American Forces Press Service*. March 29, 2000 §

Through the Looking Glass

STEPHEN KAMELGARN, M.D.

Have any of you really read the reasons why we get denials from the various insurance plans we have to deal with? It's truly an exercise in surrealistic madness. The logic of their decisions escapes all reason, irrespective of whatever viewpoint one adopts to interpret their decisions. It's as if Josef K was being tried according to rules laid down by Lewis Carroll: "The Jabberwocky Trial," as it were.

I mean, would someone please tell me the rationale behind this verbatim denial: "The patient's Part D Medicare plan will only pay for 31 days of medication every 90 days." Huh? That sounds like something Alice might have heard from Tweedle-Dum and Tweedle-Dee. It must have some sort of twisted logic, but I'll be damned if I can figure out what that logic is. All I can see is a greed driven cruelness that is made all the crueler for giving a just little bit of the drug before pulling the rug out. What is the poor patient to do on the other 59 days? Get sick? Not pay his rent so he can afford his drug? Die? Emigrate to Canada? There is a sick intelligence behind such thinking.

I'm constantly amazed by the Kafkaesque interactions between the insurance companies and the entities that "regulate them." Here's a graphic example:

A number of years ago the state legislature passed AB 347, The Gallegos Act. This act states that if a patient is stable on a particular medication or course of therapy, and if the physician feels that changing the med to meet an insurer's formulary would possibly de-stabilize the patient's health, the insurer must approve the original med. They can raise the co-pay, but they must pay for the drug. This is a state law.

Many of the Medicare Advantage (Part D) plans routinely ignore this law, despite my providing documentation that the patient has been doing well on the medication for an extended period. They still deny the drug, even though I'm usually attempting to keep the patient on a generic drug, just not *their* generic drug, and I've sent them a copy of the law. (I keep a stack of copies of the law in a drawer and I send one in with every appeal.)

Back in 2009, I wrote that the Part D plans were practicing medicine without a license in the State of California, and, therefore, they should face criminal prosecution. I also wrote that they were also guilty of medical negligence since they violated the second precept of medicine: you need to at least talk to the patient before prescribing or denying medication. See I can be just as Lewis Carroll-like as they are. (Before you ask, the first precept is *primum no nocere*--first, do no harm.)

So, in an effort to put my money where my mouth is, I have attempted to pursue both civil and criminal actions against several of these Medicare D plans. I've sent my complaints to The Department of Managed Care who treats it as a hot potato as they quickly pass it over to the State Attorney General's Office who then punts it back to the Department of Managed Care and the Insurance Commissioner, each one writing me to tell me it's not their particular problem; it's the other guy's bailiwick, and I'm running as fast as I can, just to stay in place.

I've been in touch with CMA legal who informs me that there doesn't seem to be much one can do, since Medicare Advantage is a federal program, and AB 347 only applies to private and state agencies. In other words, a federal program operating out of state is above the law, although the federal government has given the states the power to regulate how medicine is practiced within their own borders. Go figure.

There are, literally, hundreds of more examples of the insane hoops we're forced to jump through, just so we can do what is right. And the bureaucratic language: " Twas brillig, and the slithy toves/Did gyre and gimble in the wabe:/ So in order to help your patient, you must be on your head, insane"

The rules we're forced to play by are so bizarre and loaded that, if it weren't for whatever commitment one may have to patient care, any sane person would just throw up her hands and walk away in bewildered disgust.

When we practice medicine today we step through the looking glass and take a seat at the Mad Hatter's Tea Party, Gregor Samsa sitting next to the doormouse in accusatory silence.

So good luck trying to change the world. §

Did You Know.....

Members can request to have Physician Recruitment notices posted to the Medical Society's Website at no charge.

Our Pathways to Health; Self Management for Patients

M. ELLEN MAHONEY, M.D.

If is not often a patient says a program changed their life. The Community Health Alliance hears these accolades all the time with patients who have gone through the evidenced-based *Our Pathways to Health*. With new referral systems in places, and new methods available to bring Pathways to your patient population, connecting to community self-management support is quicker and easier than ever.

Numerous rigorous studies have shown that this program consistently results in greater energy, more exercise, better psychological well-being, improved health status, and enhanced partnership with physicians. Over 350 local patients have graduated and now experience greater joy and confidence in managing their chronic conditions. *Our Pathways to Health* is the local branding of the Kate Lorig and Stanford University developed workshop. The Community Health Alliance (CHA) licensed the program in early 2008 and manages it in partnership with trained consumer leaders (many of whom have chronic conditions themselves). The success is growing; the Humboldt program has the highest participation rates per capita in the state of California.

The six-week, 15-hour workshop is a fusion of self-management education and support. The workshops are not condition-specific (participants usually report of diversity of chronic health conditions), but the challenges patients face are incredibly similar, regardless of their specific diagnosis. In addition to the peer support patients receive brainstorming and problem-solving around shared challenges, participants are introduced to many self-management techniques by trained volunteer facilitators. These tools and techniques were developed and vetted by Stanford University and include: techniques to address pain management, ways to manage difficult emotions, guidelines for exercise and nutrition, and ways to partner with healthcare providers to better manage chronic health conditions. The notion of setting small, achievable goals (called "Action Planning") is introduced in the first meeting and built on through the duration of the workshops. The act of gaining confidence through the achievement of small goals is often transformative for many participants.

The support of the medical community has contributed to the program's success. Nearly a quarter of Pathways participants are referred by their healthcare provider. Now, as a referral destination on IRIS (the Independent Practice Association's Internet Referral and Information System), connecting patients to Pathways is simple and time-efficient. Pathways program information is also available via the IRIS network.

In addition to simplifying referrals, the Community Health Alliance can host workshops specifically for your patients. In September 2010, CHA held its first Pathways workshop for Eureka Internal Medicine patients. Interested practices can contact CHA to set up a workshop for their patients. All workshop materials, coordination, and facilitation are handled by CHA. These workshops can be held onsite, or at a community location if space at your clinic is unavailable. Help your patients achieve their health goals and feel better.

Funded by the Robert Wood Johnson Foundation's Aligning Forces for Quality initiative, CHA is committed to working with patients and providers on the North Coast to improve the quality of healthcare and strengthen the integration of the healthcare community. For more information call 707-445-2806.

Ed Note. Dr. Mahoney is the HDN Medical Society's representative to the Community Health Alliance board.

JANUARY 17, 2011

The meeting was called to order by President, Hal Grotke, M.D. at 7:00 P.M.

Welcome new Board Members: Timothy Dalsaso, M.D. and Ken Stiver, M.D.

M/S/C to approve the following items on the "Consent Calendar":

-Reading of the Minutes (11/15/10), approved as presented.
-Coming, Going and Moving Around, to file.
-CMA Membership Numbers by County, to file.
-Impact of Legisl. Averting 2011 Medicare SGR Cuts, to file.
-CME Letter of Support, approve as presented.
-Consortium for CME Minutes (11/10), approve as presented.
-Society Budget Report/ Balance Sheet, approve as presented.
-CME Budget Report/ Balance Sheet, approve as presented.
-O.M.S.S. News, to file.
-CMA Regulations Quick List, review and file.
-PWBC Meeting Minutes (12/14/10), approve as presented.

DISCUSSION was held regarding the local impact of the proposed State budget and the analysis done by CMA. Concerns were conveyed regarding communications coming across as "self serving". Suggested the messages show more compassion about patients going through difficult times. Dr. Davis assured the board that the messages that go out to the public are different than those that go out to the membership.

REPORTED that CMA is gearing up for a MICRA fight this year which will be a major issue for our members.

REPORTED on several of our members who have not renewed their membership for 2011. Encouraged peer-to-peer contacts.

TREASURER UPDATE - reported that a Budget Committee meeting is scheduled on January 26th to work on the proposed budget for 2011.

EXECUTIVE DIRECTOR UPDATE followed:

-reported working with CMA's IT Staff to upload data into CMA's system and automate regular exchange of data. Mentioned that the new website, which should "roll out" in early April, will include a Physician Locator, so it'll be important that the counties and CMA have the same data. Mentioned that the website will also include a local page which will list Officers/Directors (with photos).

-Reported received approval for CalHIPSO Outreach Grant to help get information out re: CalHIPSO and services available. HDN IPA is a "service provider" and we are coordinating communication efforts with them and with NCCN. We're contracting back with the HDN IPA for outreach meetings (scheduling meetings: Eureka, Arcata, Fortuna and Crescent City)

-*2011 Physician Membership Resource Directory / Residence Directory* - share sample. Should start coming back from the printer this week and will start distribution on Resource Directory. Residence Directory scheduled to go to the publisher soon after others are distributed.

-Received word that Diane Dickinson, M.D. was one of the physicians chosen to be on the CMA Medical Marijuana TAC. Asked her to contact and work with Dr. Duncan in Crescent City also, as he was interested in the TAC as well.

-Reported receiving all 2011 annual contributions from the hospitals for the Physician Well Being Committee and the contribution towards the California Physician health, Inc. (CPH)

-Community Health Alliance. Working with our representative to the CHA Board, and CHA Exec Dir, on regular communication in *The Bulletin* re: CHA Activities. Received first article for February Bulletin on "**Our Pathways to Health; Self Management for Patients**"

-Talent Show in September. Drs. Luh and Craig so far on Planning Committee. Review list of "talents" and help update. Also help with promotion and participation.

-Press Release from CMA re: lawsuit CMA and CAEPS File Lawsuit to Block New Standards to Certify Optometrists to Treat Glaucoma forward out to member Ophthalmologists - encouraged them to contact their non-member colleagues and encourage them to join!

-Sent Congratulations to Chiefs of Staff (also note in tattler) sent letter - with names and e-mail address of other Chiefs along with offer to coordinate meeting (;networking group) if wished.

-Questions came up at one of the Office Manager Meetings re: help with analyzing contracts, etc. Forwarded a copy of the CMA ON Call Document re: Managed Care contract protections (which references many of the other documents available) AND a copy of the On Call Document that discusses Contract Analysis.

-Forwarded the CMA Analysis of the State Budget to All Members and Office Managers for review.

-Conference Call held with CMA and MEC re: MICRA

-Distributed information re: CMA Physician-Only Webinar

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on "Embezzlement - Don't Be A Victim", scheduled for February 2nd (12:15 or 6:00 p.m.). Later posted in achieves

-Forwarded information re: CMA-IMQ Leadership Training Program to Exec Board, Chiefs of Staff and Medical Staff Coordinators and PWBC. Open to all physicians.

-Met with Dr. Rush re: representing the Medical Society on the Disaster Preparedness Committee AND the County Emergency Medical Care Committee.

-Arranged video interview with CMA Videographer with Kim Ervin, M.D. to discuss thoughts on "future of medicine and healthcare reform". Hope to get Mr. Lopp back up here to do a few more interviews of our local physicians.

-ORGANIZATIONAL FINANCIAL ASSESSMENTS. Attended by the Treasurer and Executive Director in December. Discussed reformatting of the budget for clarification and to work on the proposed budget for 2011.

-Re-scheduled: "What Every Physician Needs to Know About their Practice" Seminar with CMA Economic Advocacy expert, Frank Navarro. March 9, 2011. 1-3 p.m. Office Managers and 6-9 p.m. Physicians. Please help promote!

-MEMBER SPONSOR needed for scheduling Spring Social @ Ingomar in May 2011. (Location has continued to be the best "draw" for the membership)

-V.I.P. Program. Continuing to solicit local businesses re: participation in the V.I.P. Program. Members are encouraged to help make "contacts" with local businesses and encourage their participation. Program will continue to grow. Working towards posting the VIP Program on the website with links to participating businesses. Periodic updates will be published in The Bulletin.

-COMMITTEE UPDATES were presented.

CONSORTIUM FOR C.M.E. - *Meeting held 1/13/11, minutes to follow.*

Working on 2011 Infectious Disease Symposium - (Sept.).

SubCommittee working on 2011 Pain Conference -(April)

EDITORIAL AND PUBLICATIONS COMMITTEE: *Meeting held 12/8/10. Minutes to follow.*

New Member on Committee: Cherrie Andersen, M.D.

Continue working on re-design of our Website.

MEDICAL QUALITY REVIEW COMMITTEE. *Next meeting scheduled January 27, 2011.*

3 cases scheduled for review.

MEMBERSHIP COMMITTEE - Meeting held January 10, 2011. Minutes to follow.

OSTEOPATHIC PHYSICIAN COMMITTEE: meeting to be scheduled to discuss functions of committee.

PHYSICIAN WELL BEING COMMITTEE - *minutes of 12/14/10 meeting included in Consent Calendar. Next meeting scheduled March 8, 2011.* Working on design of poster for medical staff lounge and libraries.

HEALTH DEPARTMENT UPDATE was submitted as follows:

The Board of Supervisors received a report from the Department of Health and Human Services on raw milk, including analysis by the FDA of materials submitted to the Board by supporters of raw milk sales. There is no scientific evidence substantiating claims of health value of raw milk and ample evidence about the risks. The Board voted to maintain the ban on raw milk sales in Humboldt County. Thank you to the Medical Society for your supportive letter.

Public Health has continued free Tdap clinics and focused our outreach on schools. Next fall, students in 7th grade on up will be required to show evidence of Tdap vaccination in order to register. Thanks go to clinicians in the community for educating parents about this new requirement. Pertussis activity is dropping off, but 2010 had the highest case rate of pertussis in almost 60 years.

The state budget situation is ominous. Most of the health cuts are in medical services. Public health is relatively unscathed. Financial responsibility for and administration of mental health and alcohol and drug servcies and In Home Supportive Services may be returned to the county by the state. Hopefully the revenue will be adequate, but counties are concerned.

REPORTED that the Communicable Disease Report will be published in the February Bulletin.

TRUSTEE UPDATE was presented briefly. Mentioned that Dr. Davis will be attending the CMA Board of Trustees Retreat next week and will have more to report back after the meeting.

DEL NORTE UPDATE was presented. Mentioned that one of the Del Norte Physicians has been forced to close his practice and move due to financial difficulties. Mentioned the need to get CMA's help in getting the "foot in the door" with Sutter and convincing the physicians in Del Norte to join.

REPORTED that the "Call for Nominations" to CMA Commissions and Committees was published in the January Bulletin. Members should be encouraged to get involved.

REPORTED that nominations are now being solicited for the Frederick KM Plessner Memorial Award. Notice was also published in the January Bulletin.

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Briefs, Continued from Page 17

MENTIONED that the scheduled dates for the 2011 Executive Board Meeting were sent out with the Consent Calendar.

CONFIDENTIALITY Agreements were distributed for 2011 for signature.

M/S/C to appoint Mark Ellis, M.D. to the ByLaws Committee.

BRIEF discussion was held regarding Dr. McCaffrey's proposal for a Medical Student Rotation Committee. Agreed that more discussion needs to happen due to the Medical Society's limited staffing and resources. Suggested Dr. McCaffrey discuss this further at the next meeting.

M/S/C to approve the following applicants for membership:

-Alan Kremen, M.D.	— General/Vas. Surgery	— North Coast Surgical Spec.
-Andrew Michaels, M.D.	- Cardiology	— Humb Med Spec - Cardiology
-Stephen Tann, M.D.	- Cardiology	— Pacific Heart Group
-Velisar Rill, M.D.	- Cardiology	— Pacific Heart Group
- Sergio Rivero, M.D.	- NeuroSurgery	— Humb Med Spec - NeuroSurg

The meeting was adjourned at 8:00 p.m. Next meeting is scheduled for Wednesday, February 16, 2011 at 7:00 p.m.

Physician Recruitment

Be sure to refer potential recruits to the **Live. Practice. Play. Humboldt-Del Norte** video (link posted on the home page AND posted in the Physician Practice Opportunity Section of the Medical Society website: **www.hdncms.org.** Members can also post opportunities at no charge. Contact the Medical Society office, 442-2367

CMA PRACTICE RESOURCES (CPR) IS A FREE MONTHLY E-MAIL BULLETIN FROM THE CALIFORNIA MEDICAL ASSOCIATION'S CENTER FOR ECONOMIC SERVICES. THIS BULLETIN IS FULL OF TIPS AND TOOLS TO HELP PHYSICIANS AND THEIR OFFICE STAFF IMPROVE PRACTICE EFFICIENCY AND VIABILITY.

Free Subscription: http://www.cmanet.org/news/cpr/Register.aspx

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

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

FULL OR PART TIME PHYSICIAN OR MIDLEVEL OPPORTUNITY. Mobile Medical Office is looking for a full or part-time. physician or Nurse Practitioner to join our staff. We are a non-profit mobile clinic which brings healthcare to the underserved in Humboldt County. Contact Terri Clark at (707) 443-4666x22 or *tclark@mobilemed.org* for details*(WR)*

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)*

FNP NEEDED either part time or full time Private Family Practice, Rural Health Clinic Designation We have five Physicians and 1 FNP Experience with acute and chronic illness We offer an attractive benefit package and salary commensurate with experience. Please send resume to: Debbie Lee, Administrator, Redwood Family Practice, 2350 Buhne St, #A, Eureka 95501 or Fax to: (707) 443-7752. *(LW9-10)*

MEDICAL ASSISTANT NEEDED. part to full time Medical Assistant, 25-40 hours per week, including sharing Saturday morning coverage in December or January. Start date would be flexible. They would work primarily all day Monday, then half days Tuesday, Wednesday, Thursday, then share coverage Saturday which would give more hours and I could fill in other shifts as needed to try to get closer to a 30/hr week average. Would need to be injection certified, certified Medical assistant not required. Fax resume to Lorraine Gomes, EFP, 443-7327. *(CC12-10)*

TRANSCRIPTONIST AVAIL..: 4+ yrs exp. in GP, OB-GYN ultsnds, IM, ortho, cardiac, ltrs & C notes. Local/Reliable. (707) 725-6517 or (707) 845-6181.

STAFF NEEDED. Looking for experienced person to track and manage insurance authorizations. Approximately 5 hrs/week. Flexible schedule. Contact: Shirley @ Dr. Soper's office, 445-4705. (RS12)

PROPERTY FOR SALE / RENT /LEASE

EXAM TABLE FOR SALE, LIKE NEW. $100 OBO
Contact: Elesha @ Eureka Pediatrics 445-8416. *(ED 12)*

EXAM TABLE FOR SALE. Mid mark 404 Exam Table, 6 drawers with step up. 115 volt receptacle. $400.00. If interested, please call 442-1200. *(MR 10)*

MEDICAL OFFICE FOR LEASE. 2504 Harrison Avenue, Eureka. 1326 sq. ft. Can be seen by appointment. Phone: 530/755-1354 / 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.

MEDICAL OFFICE SPACE AVAILABLE in Fortuna. New clinic -- 2,500-5,000 sq ft. Equipt for lab; has comfortable waiting room, eight treatment rooms and 4 private offices for providers and/or office/nurse managers. Please contact Arlene Guccione for more information , (707) 725-8770 . *(JG7-10)*

ATTN. PHYSICIANS, APCs and STAFF: HOST HOUSING NEEDED for medical students rotating through Humboldt and Del Norte Counties. The medical students need a desk, bed, a quiet room and wireless access for 4 to 6 weeks at a time. The students are part of our ongoing efforts to recruit physicians to our area! Please e-mail Kate McCaffrey, D.O. kmccaffrey123@gmail.com.

Display Advertising Rate Schedule

SIZE	MONTHLY	SIZE
1/4 Page	$120.00	7.45" x 2.61"
1/2 Page	$140.00	7.45" x 5.23"
1/3 Page Vertical	$130.00	2.37" x 9.95"
Full Page	$170.00	7.45" x 9.95"
Inside Cover/Full Page	$240.00	7.90" x 10.40"
Business Card Ad	$60.00	Copy Ready 2" x 3.5"

Classified Ads 4.75 per line