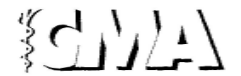




North Coast Physician



EDITORIAL & PUBLICATIONS COMMITTEE

Emily Dalton, M.D.
 George Ingraham, M.D.
 Stephen Kamelgarn, M.D. "Guru"
 Leo Leer, M.D.
 Scott Sattler, M.D.
 Erik Weibel, M.D. - Webmaster

EXECUTIVE DIRECTOR

Penny E. Figas

CONSORTIUM COORDINATOR

Terri Taylor

EXECUTIVE BOARD

Sandy Wilcox, M.D. PRESIDENT
 John Mastroni, M.D. PRESIDENT-ELECT
 John Nelson. SECRETARY/TREASURER
 Mark Ellis, M.D. PAST PRESIDENT
 Timothy Dalsaso, M.D. DIRECTOR
 Daniel Krauchuk, D.O. DIRECTOR
 Courtney Ladika, M.D. DIRECTOR
 David Ploss, M.D. DIRECTOR
 Donald Baird, M.D. PUBLIC HEALTH OFFICER
 Norman Bensky, M.D. EASTERN DISTRICT
 Mark H. Davis, M.D. NORTHERN DISTRICT
 William Carlson, M.D. CMA DELEGATE
 Timothy Dalsaso, M.D. CMA DELEGATE
 Mark Ellis, M.D. CMA DELEGATE
 Corinne Frugoni, M.D. CMA ALT. DELE.
 George Jutila, M.D. SOLO & SMALL GRP FORUM
 Stephanie Dittmer, M.D. SSGPF
 Mark Davis, M.D. CMA DIST. X TRUSTEE
 Gregory Barkdull, M.D., Y.P.S.
 Courtney Ladika, M.D., Y.P.S.

In This Issue:

CMA President Message	4
"Shaping the Future of Healthcare", Paul Phinney, M.D.	
In My Opinion	5
"Premier Access", Emily Dalton, M.D.	
Open Forum, Kate McCaffrey, D.O.	
"A.T. Still, MD, DO and the United Pathway"	6
HDN IPA/FMC - Programs & Initiatives	7
CMA/AMA Advocacy	
"Congress Stops Medicare Cuts"	8
Welcome New Physicians	9
Welcome New Members.....	10
HDN Tattler.....	11
Coming, Going and Moving Around	11
CMA Webinar Calendar	12
Public Health Update	13
Selected Cancer Facts - Humboldt County	
California Public Protection and Physician Health (CPPPH)	15
CMA - Institute for Medical Quality (IMQ)	
Peer Review Consultation.....	17
Walk With A Doc Program	18
CMA Foundation Publishes AWARE Toolkit.....	21
CMA Publishes Updated Analysis of Blue Cross Contract	21
CME Educational Calendar.....	22
Classified Ads	23

Cover Photo

"The Good News 2011"
 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

North Coast Physician does not assume responsibility for author's statements or opinions; opinions expressed are not necessarily those of North Coast Physician or the Humboldt- Del Norte County Medical Society.

Shaping The Future of Healthcare in California

PAUL R. PHINNEY, M.D.

President, California Medical Association



With 2012 coming to a close and 2013 looming ahead, as the new President of the California Medical Association (CMA), I want to take this opportunity to outline what we may see unfold over the course of the next year.

When I assumed the role of President in October, I identified three imperatives critical to both our short and long-term success as an association:

First – The importance of membership in organized medicine NOW, when health care delivery is rapidly changing, and how it is ON US to “connect the dots” and find linkages between the needs of potential members and the value CMA can provide.

Second – The vital role of physicians in leading change, moving toward a health care delivery system that is patient centric, physician-driven, high value, high quality, evidence-based and universally accessible. Without doctors leading the way toward that end, we will inevitably see a less desirable result.

Third – Mentorship. It is important that we provide guidance and experience to our medical students, residents and young physicians as they enter the workforce and grow in their practices, in order to help them succeed as they take the medical, social and political reins from our hands.

From almost the first years of practice, my professional life was a mix of clinical and non-clinical activity. At some point, it became clear to me that even a large integrated group cannot insulate itself from accelerating change in the economic, technological and political context for medicine. It was clear to me that joining an organization like CMA was the natural thing to do. I had, at last, begun to understand the con-

nection between organized medicine and what I wanted for my practice, my patients and the health of my community, as well as what I wanted to contribute to the profession.

Many physicians – overloaded with exploding regulation of their practices, decreasing reimbursement rates and an overwhelming flow of information and expectation – may make that same connection.

It is up to US – the members of CMA – to help find that connection for physicians who haven’t yet done so. It will not happen by itself. At a time when legal, regulatory and legislative agendas are continually shaping the way medicine is practiced in California, this is more important than ever.

With implementation of the Affordable Care Act just around the corner and with California leading the way in many respects, it is imperative that physicians proactively take a lead role in shaping the changes ahead.

Only physicians know how to balance medical care wisely as we figure out how to realign incentives toward a sustainable health system and stable fiscal future.

If we resign ourselves to a future in which economists and business executives lay out the rules for change, we are likely to end up with a system in which quality is measured in dollars, value is available only to those who can pay for it and physicians are controlled by payors and regulators.

But it doesn’t have to be that way. With proactive involvement and dedicated advocacy, physicians can be the ones leading the change, helping to invent a better future for our patients.

Each physician will approach that effort in

his or her unique way. But the aggregate effort by CMA as a whole will be both potent and determinative.

Each of us in the profession have arrived where we are with the guidance and mentorship of someone who believed in us. It is this critical assist that is the third imperative as physicians of CMA.

Medical students, residents and young physicians whom WE mentor today – here and in our offices – will not only provide our medical care, but will be the leading advocates in the social and political arenas that will affect the science and art of medicine, the care and well-being of patients, the protection of public health, and the betterment of the medical profession – the mission of our association.

Mentorship deserves our attention, and it will be an area of my focus over the next year. It is something each one of us can and should do. A healthy future requires up-front investment.

As the New Year begins, I hope each of you will join me in bringing new energy to these three imperatives: membership, mentorship and the stewardship not just of our profession, but of the evolving system we use to provide care to our patients.

We live in turbulent and uncertain times that very likely will produce the most rapid change in the delivery of health care in decades. It is an incredible time to be part of the profession. As we navigate the waters and obstacles ahead, I encourage each of you to consider what an important role you play in creating a future we can delight in, and be proud of. The default – what will happen absent our effort – simply is not good enough for us, – or for our patients. §



Premiere Access

EMILY DALTON, M.D.

Every year in January we make new year's resolutions. We take a fresh look at what we are doing, and make a decision to do something better the next time round. In medicine, this is the last year before the affordable care act, our national resolution to improve health care, goes into effect. This is a historic year, and the way we prepare for this change will affect its success and our future in medicine.

Unfortunately, some of the aspects of this new era in medicine feels more like the same old slide downhill. Our office has been receiving letters from various insurance plans asking if we intend to participate in the insurance exchange products that they plan to offer. One company sent us an invitation to contract differently with each of their tiered products: gold, silver and bronze. Our payments would be tiered as well---more for seeing a gold plan patient, a medium amount for seeing the silver, and a small reimbursement for the bronze patient. It seems they are trying to pass the cost differential directly onto the providers, insulating themselves from any financial

accountability. What are we supposed to do with this? If someone has the bronze plan, give them shorter office visits? Cut them off if they exceed their time allotment? Maybe we should give the gold plan members premiere access, so when they show up they can move to the front of the appointment queue and be seen ahead of the lesser members, like the airlines do. The Disneyland Gold Pass for medicine! We could have three check in windows in our offices (color coded --gold, silver bronze!) so the medical care seekers are well aware of their status in the new hierarchy, and get attended to accordingly. Best service at the gold window, the bronze patients go last. You get what you pay for.

There is a reason this scenario seems so blatantly wrong: medicine is not a commercial enterprise. There are so many ways in which it differs. Health care is a need, not a want. Getting sick is not a choice. Skimping on the cost of preventative care ultimately costs much more. The cost of medical care for a serious illness exceeds the amount any average person

could possibly be able to pay. When human beings are sick and in pain, they deserve to be treated fairly and with dignity. Continuing to promote the idea that healthcare is a "product" that people can choose to buy some or none or more of is ludicrous. Even the most cold hearted among us would not expect that an ill and dying person be left out in the emergency room parking lot to slowly slip away because they opted out of purchasing a product on the insurance exchange. When I am in the airport, and the passengers with premiere access get to go ahead in line, I am ok with that. It's not a life or death situation. I know they paid extra for that privilege and I did not. That is fair. Ultimately we will all make the same flight on the same plane, to the same destination. In a way that is what we need to find in medicine: some way to work things out so that even if we have contributed differently according to our circumstances, we can all end up on the same plane headed to the same destination. §

come enjoy an evening of laughter and fun with your colleagues.....

PHYSICIAN SOCIAL/TALENT SHOW



Saturday, January 26, 2013

6:00 - 9:30 P.M.

Ingomar Club

Cost: \$39.00 - Members & Spouse / \$49.00 - Non-Members/Guests

Hors d'oeuvres & Entertainment

No Host Bar

Contact the Medical Society TODAY, 442-2367 or e-mail: hdnems@sbcglobal.net to reserve seating

Congress Stops Medicare Cuts For One Year As Part Of Fiscal Cliff Legislation

Congress on January 1 passed HR 8, the American Taxpayer Relief Act, narrowly averting the so-called "fiscal cliff." The bill includes a one-year Medicare fee-for-service physician payment freeze, meaning the 26.5 percent sustainable growth rate (SGR) cut has been averted, for now. The 2 percent sequestration cuts have also been deferred for two months.

The one-year fix comes with a \$25 billion price tag. The cost of physician payment reform has been growing over the years as Congress continues to enact frequent short-term fixes. As recently as 2005 the cost of permanent reform would have been \$48 billion, but today it is estimated to be nearly \$300 billion over the next 10 years. If action is not taken soon, the cost will continue to escalate to \$500 billion in only a few short years.

The one-year freeze will be paid for with cuts to the Affordable Care Act's (ACA) new CO-OP program and other health care programs (\$15 billion of the cuts impacting hospitals). At CMA's urging, the ACA's Medicaid increase for primary care physicians was not used to pay for this temporary fix, despite earlier attempts to do so.

The Medicare fix is being paid for by:

Cuts to the ACA's CO-OP program (unobligated funds)
Extending the statute of limitations for recouping overpayments.
Adjusting the equipment utilization rate for Advanced imaging services.
Rebasing end stage renal disease payments based on utilization of drugs.
Equalizing stereotactic radiology hospital outpatient services with physician services.
Rebasing of Disproportionate Share Hospital payments.
Reducing multiple procedure payments when more than one therapy procedure is provided on the same day.
Eliminating funding for the Medicare improvement fund.

Eliminating the ACA long term care (LTC) CLASS act. (But establishes a LTC commission.)

Adjusting Medicare Advantage payments to account for differences in coding practices between fee-for-service and managed care risk adjustment formulas.

Importantly, the bill also lays the groundwork for an alternative Medicare payment system by establishing data systems and a registry for reporting on quality that will help physicians.

What does this mean for physician claims?

Because federal law requires Medicare contractors to hold claims for 14 days before releasing payment, there should be little if any impact on physicians' cash flow. Although there has been no official word from the Centers for Medicare and Medicaid Services, claims for services provided in the early days of 2013 will likely be processed under the new 2013 fee schedule. Palmetto, California's Medicare contractor, should have the new fee schedule posted on its website in about 10 days.

The 2013 fee schedule will not be exactly the same as the 2012 fee schedule. Although Congress stopped the 26.5 percent SGR cut, there were other components of the fee schedule formula that affect payment that may have changed, such as the relative value units (RVUs).

Physicians have the option of holding claims and submitting them after the new fee schedule is released. If you choose to submit claims in the interim, the California Medical Association (CMA) suggests that both participating and non-participating physicians bill their usual and customary fees-for-services to Medicare. Billing at your customary fee ensures that Medicare pays the highest amount possible when the claim is processed.

Additional details will be provided as they become available.

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

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 (GJ)

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

BRAND NEW EMERGENCY DEPARTMENT SEEKING PHYSICIAN ASSISTANT & NURSE PRACTITIONERS

CEP America is seeking ED/UCC physician assistants and nurse practitioners for St. Joseph Hospital. Candidates must have current national certification, ACLS, PALS, and DEA; experience preferred. New graduates with prior EMT/paramedic or ER nursing background will also be considered.

To learn more about CEP America opportunities, please visit our careers website at www.cepamerica.com/careers or 800-842-2619.

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

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

PROPERTY FOR SALE/ RENT/ LEASE

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, CableTV, 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

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) or Scott (scottstattler@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 or (575) 937-1491

Display Advertising Rate Schedule

SIZE	MONTHLY	SIZE
1/4 Page	\$140.00	7.45" x 2.61"
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