



# North Coast Physician

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Cover Photo  
**"RHODIES IN THE SNOW"**  
 Stephen Kamelgarn, M.D.

*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](mailto:hdncms@sbcglobal.net) Web page: [www.hdncms.org](http://www.hdncms.org)

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# CMA's 2018 Year in Review

The California Medical Association (CMA) works tirelessly on behalf of its more than 43,000 members to support physician-led advocacy from legislation and policy-making to regulatory and legal affairs to practice management and reimbursement assistance.

Thanks to the support and dedication of our members, CMA had another high-achieving year of milestones and accomplishments in support of the practice of medicine, as well as providing timely, affordable and quality health care for all Californians.

## CMA'S TOP 10 HIGHLIGHTS FOR 2018:

1. Secured Governor Jerry Brown's signature on the Proposition 56 supplemental budget bill, which appropriates over \$1 billion in funding for improved access to care.
2. Secured (with plans for Physicians for a Healthy California (PHC) to administer in 2019) \$220 million to establish a loan repayment program to incentivize physicians and dentists to serve Medi-Cal patients and \$40 million for the University of California to support, retain and expand physicians trained in California.
3. Defended the medical profession and patients from dangerous legislation that would have significantly cut physician reimbursement without improving patient outcomes, including AB 3087 (Kalra), which would have limited access to health care providers, created state-sanctioned rationing of health care and increased out-of-pocket costs for patients.
4. Helped the Tulare Regional Medical Center medical staff reach a favorable and historic legal settlement to restore independence and self-governance against the hospital, resulting in the hospital reopening on October 15.
5. Achieved record-setting 6.24 percent increase of membership with a 92 percent retention rate.
6. Launched members-only mobile app, as well as updated brands and websites for CMA, PHC, CALPAC and 20+ component medical societies.
7. Stopped predatory practices by health insurance companies, including attempts to substantially limit same-day services (modifier -25 payments) and automatically downcode emergency services based upon the ultimate diagnosis.
8. Secured \$30 million commitment from Blue Shield of California to support the launch of a Physician Services Organization (PSO). This partnership will support a new model that provides Californians access to quality, comprehensive and sustainably affordable care to improve the health of individuals and their communities.
9. Drafted and filed a 2020 Sugar-Sweetened Beverages (SSB) tax ballot initiative in response to the cynical soda industry-backed bill to stifle SSB taxes and their corresponding public health protections.
10. Recouped nearly \$11 million from payors on behalf of CMA's physician members – a record year!

Visit [cmadocs.org/year-in-review](http://cmadocs.org/year-in-review) for more details.

## Read Any Good Books Lately that you would recommend to your colleagues?

Send us the title, author and brief description and we'll highlight in NCP

[hdncms@sbcglobal.net](mailto:hdncms@sbcglobal.net)

### LIKE TO WRITE?

Editorial and Publications Committee would like to encourage you to join the committee. Meetings are held quarterly 12:15 - 1:30 pm at the Medical Society office. Come help coordinate our member publications.

### PHYSICIANS WELL-BEING COMMITTEE

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Dr. Soper: 498-4291 \* Dr. Bayan: 834-8188 \* Dr. Dennis: 786-4028  
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*Confidential E-Mail: [hdnpwbc@gmail.com](mailto:hdnpwbc@gmail.com)*

Or contact a physician through CMA's Physician Confidential Line at 650/756-7787

# Redwood Coast PACE Update

Jennifer Heidmann, M.D.

*Medical Director, PACE*



The Program for All-inclusive Care for the Elderly (PACE) has been operating and seeing patients for more than 4 years in Humboldt County. We started with two participants in September of 2014, and now have over 160 participants, and we continue to grow each month. As the first (and still only) rural PACE in California, we have had to be trailblazers. Elders in a rural county like ours face some particular challenges, especially around housing, transportation and availability of caregiving support. Our program is built to address not only physical health, but to find ways to support the day-to-day needs of being a well person in the community.

I was trained as a physician to diagnose and treat disease, and to practice preventive measures to promote longevity and avoid future illness. I was not as well trained to consider the multiple social and economic factors that affect a person's health. For instance, it is hard to discuss a blood pressure goal or hemoglobin A1C level with someone who is facing potential eviction or having trouble finding enough food to eat. At PACE we have a team including social workers and a dietician to look at these types of needs.

Another aspect of holistic care is psychosocial support and understanding the goals a person has, not just for their health but for their life. I am getting better at making this the central part of my conversation with participants in our program, then working with them to see what medical treatments or tests may make those goals more attainable.

One challenge we see our participants face (and sometimes face plant) is falling. We track every single fall, and as

a team with the participant, we try to reduce risk of future falls. We are partnering with the Kinesiology Department at Humboldt State University to do more in depth fall assessments and treatment plans, and are also partnering with a technology company to beta test devices that track physiologic parameters that can indicate fall risk or give us more clues after a fall about what might have caused it.

Another challenge people face is understanding and consistently taking their medications. This takes constant communication with participants, our nurses, care providers, family, and pharmacists. We do home visits regularly, and it is very eye-opening to see the reality of multiple prescriptions, some years old and often without an easy to follow system for complex dosing regimens. The nurses at PACE put a lot of effort into medication safety and optimizing routines that can actually work for a particular person.

With care of older people, it is tempting to be protective, sometimes putting safety over autonomy. We like to call this "bubble wrapping" participants. We are learning as we mature as a program how to better balance that well-meaning tendency with respect for an elder's autonomy and desire to live their life to the fullest, even if some risk is involved. There is a phrase in the PACE community I like: "the dignity of risk". I am

grasping this concept more as I age myself, knowing that the trail runs in the dark or rain might not be as safe with my poorer vision and balance, but it is something I still enjoy and it allows me to exercise and decrease stress (both health benefits, as long as I don't break a leg in the process).

We have a physical and occupational therapist and a gym here at the PACE Center, speaking of exercise. It is one of the central aspects of aging well, no matter what age or condition someone is in. There is always a way to exercise, improve balance, increase the dopamine and serotonin levels and find ways to better manage the tasks of daily living. I feel fortunate to be able to take people down to our gym and the experts there to work on everything from fall risk reduction to pain control measures to injury recovery to just plain finding joy in movement.

We appreciate the community support for the PACE program, and look forward to continuing to serve the frail elders in our community. Plans continue for a potential satellite site for PACE and Adult Day Health. We continue to accept referrals, collaborate with other providers in our county and welcome questions and input from our colleagues and community members.

## Shared Decision Making

Your Patients Have Healthcare Choices... and Some Need More Time to Make Them

A **FREE** program, offering Coaching Services and Neutral Decision Aids for many tests and procedures.

For more information see our website [www.humboldtipa.com](http://www.humboldtipa.com) or call 707.442.0478

**Humboldt IPA**  
Priority Care Program

# Rx Safe Humboldt Celebrates 5 years - Meet our Heroes Mary Meengs, MD



In November of 2013, we convened a meeting of community stakeholders to look at Humboldt County's data on opioid-related deaths. We heard about what local medical groups as well as San Diego and North Carolina were doing to reduce the harmful effects of opioid over-prescription and misuse. A call to action at that meeting resulted in the formation of multiple work groups, and the coalition at large has met monthly ever since.

Though this is, in a way, never-ending work, we are proud of what's been accomplished. So many individuals and organizations have contributed that it would not be possible to list them all, but we want to recognize a sampling of our colleagues and express gratitude for their leadership and generosity. This is volunteer work for everyone and added onto their busy schedules.

**Bill Hunter, MD**, has led efforts to increase the capacity of MAT in Humboldt County, through growth of existing programs at Open Door and support of newly waived providers and new locations for MAT, including inpatient and ED. He has also helped create our own community safe-prescribing guidelines and serves on the Opioid Safety Review committee. He shares his expertise and experience and always brings a compassionate perspective to the challenges of caring for patients with pain.

**Bryan Coleman, RPh** is responsible for the first medication disposal bin which accepts controlled substances being installed, at Cloney's in 2015. Thanks to his leadership, there are now a total of 12 such bins throughout the county. Bryan educates fel-

low pharmacists about dispensing of Narcan, and of their role in recognizing and curbing misuse of pain medications. His knowledge is invaluable to several committees.

**Brandie Wilson** is the director of Humboldt Area Center for Harm Reduction. She and her team perform syringe exchange, naloxone distribution, and numerous other services to largely houseless populations throughout the county. HACHR reports an impressive number of overdose reversals, communicable disease testing, and connections to care for treatment of Hepatitis C and substance use disorder.

**Glenn Siegfried, MD and Donna McQueen, RN** have worked since our efforts began to improve treatment of pain and opioid dependence in our Emergency Rooms. Glenn worked on an opioid prescribing policy and communicated it to all local hospitals. They have both done extensive peer education and work to identify opportunities to help patients at risk and to increase naloxone distribution in the ED. They each serve on the Communication and Care Coordination workgroup.

**Don Baird, MD**, has provided consistent leadership in this area as both the County's Public Health Officer and a long-practicing physician. He is one of our trained Academic Detailers and has logged many miles across the county to meet with and mentor numerous clinics and providers. Don is also meeting with Lieutenant Dennis Young from the Coroner's Office in an effort to study and learn from the many drug-related overdose deaths in Humboldt County. He serves on the Opioid Safety Review Committee.

**Dana Murguia, MBA**, leads the Marketing workgroup which meets regularly to plan community events and design and distribute

educational materials throughout Humboldt County. Thanks to Dana, Rx Safe Humboldt is able to combine its efforts with those of our Public Health Department Dana also helped plan our second website, [www.StopOverdoseHumboldt.org](http://www.StopOverdoseHumboldt.org).

**Karen Ayers, ACNP**, leads the Communication and Care Coordination workgroup, where she is able to leverage her extensive experience in both inpatient and outpatient realms. She is a recognized leader in the local mid-level community and is one of our Academic Detailers.

**Kate Cruz, Pharm D, and Terry Lerma, Pharm D**, of St. Joseph Hospital have been critically helpful in making inpatient pain medication protocols safer and in developing all the complex processes necessary to begin offering inpatient buprenorphine induction.

**Beth Wells and Anna Owings-Heidrick** have led the Overdose Prevention workgroup, and along with their many colleagues at DHHS/Public Health Department they have trained many individuals and groups on overdose recognition and naloxone use. Thanks to their patient and professional approach---and distribution of free naloxone---this life-saving treatment is now available through the Sheriff's Department, numerous other law enforcement agencies, schools, businesses, and even our public library (whose staff successfully reversed an overdose on their premises several years ago!).

**Sarah Nelson, MSc**, with Healthy Communities at DHHS, manages the Academic Detailing grant. She also leads, along with Christy Fausone, the Communities Against

***RX SAFE, Continued on Pg 21***

**North Coast Physician**



## **“Laws” , Continued**

amended, or renewed on or after January 1, 2015, that provides coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells from requiring an enrollee or insured to pay, notwithstanding any deductible, a total amount of copayments and coinsurance that exceeds \$200 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, as specified. Existing law authorizes health care service plans to adjust that \$200 limit on January 1 of each year, to the extent that adjustment does not exceed the percentage increase in the Consumer Price Index for that year. Raises the limit on copayments and coinsurance to \$250 for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication, eliminates provisions authorizing health plans and insurers to adjust this limit, and extends the period the limit remains in effect to January 1, 2024.

AB 2119 (Gloria) – Foster care: gender affirming health care and mental health care      CMA Position: Support if Amended  
Makes specified findings and declarations regarding transgender and gender nonconforming children in foster care. Specifies that the rights of minors and nonminors in foster care to be involved in the development of case plan and plan for placement includes the development of case plan elements related to gender affirming health care, with consideration of their gender identity. Provides that the rights of minors and nonminors in foster care to receive medical, dental, vision, and mental health services includes covered gender affirming health care and gender affirming mental health care, as defined, subject to existing consent laws. Requires the Department of Social Services, in consultation with the Department of Health Care Services and other stakeholders, to develop, as specified, guidance and best practices to identify, coordinate, and support foster youth seeking access to gender affirming health care services and gender affirming mental health services.

AB 2499 (Arambula) – Health care coverage: medical loss ratios      CMA Position: Support  
Existing law requires a health care service plan or health insurer to provide an annual rebate to each enrollee or insured under that coverage, on a pro rata basis, if the medical loss ratio, calculated as specified, is less than a certain percentage. Existing law excludes all specialized health care service plan contracts and specialized health insurance policies from these requirements. Limits the exemption from annual rebate requirements to specialized health care service plan contracts and specialized health insurance policies that provide only dental or vision services.

AB 2674 (Aguiar-Curry) – Health care service plans: disciplinary actions      CMA Position: Sponsor  
Under the Knox-Keene Health Care Service Plan Act of 1975, a health care service plan is prohibited from engaging in an unfair payment pattern, as defined, and allows providers to report instances in which a plan is engaging in an unfair payment pattern to the department. Requires the Department of Managed Health Care to review complaints of unfair payment patterns on or before July 1, 2019, and at least annually thereafter and permits the department to conduct an audit or enforcement action pursuant to existing authority if the review of the complaint data indicates a possible unfair payment pattern.

## **“New Laws - Part II - to Be Continued Next Month**

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### **RX SAFE, Continued from Pg 6**

**Sarah Nelson, MSc**, with Healthy Communities at DHHS, manages the Academic Detailing grant. She also leads, along with Christy Fausone, the Communities Against Abuse of Prescription Drugs, part of the Allies Against Substance Abuse.

**Ron Largusa, MSPH**, epidemiologist with DHHS-Public Health, provides us all with regularly updated data and useful analysis of trends in prescribing, overdose, etc.

So many other critically helpful individuals and organizations have been involved; they cannot all be named. Thanks to Partnership Health Plan, Open Door Community Health Centers, Waterfront Recovery Services, Aegis Treatment Centers, the Meth and Opioid Community Task Force, and many others. Rx Safe Humboldt strives to keep all efforts aligned and aware of each other. Over the years, this has allowed us to combine, coordinate, and amplify our work, and takes advantage of one of Humboldt County’s greatest attributes: friendly and productive working relationships.

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## PRACTICE OPPORTUNITIES

*Refer to Practice Opportunities on our website for a list of Practice Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure & Video; Links to Local Recreation; Links to Loan Repayment Programs; Norcal Medical Partners Facebook, and more....*  
[www.hdncms.org](http://www.hdncms.org)

## PROPERTY FOR SALE/ RENT/

**OFFICE SPACE FOR LEASE.** 4,000 sq. ft. medical office space to lease on the Mad River Hospital campus in Arcata. Contact John Biteman, MD (707) 499-0398.

**OFFICE SPACE FOR SALE.** The former home of Eureka Pediatrics is now available. 3,592 sq ft building has 24 total rooms currently configured to accommodate multiple exam rooms, provider offices, lab, lobby, receptionist area, and billing office. Contact: Dave Wells. Wells Real Estate. (707) 832 9121

## MISCELLANEOUS

**DERMATOLOGY HARDBOUND TEXTBOOKS**  
- Free to pick-up. Contact Joan Davies, MD at (707) 834-2764 or [Davies-Harper@sbcglobal.net](mailto:Davies-Harper@sbcglobal.net).

**FIREWOOD for Sale.**  
Contact Lee (707) 499-2805

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## SAVE THE DATE

**Primary Care  
Conference 2019**

**April 6, 2019**

**Location - T.B.A.**

### **Did You Know....**

Members may run classified ads in *North Coast Physician* at no charge for the first six months for business-related ads and ½ price for personal ads (*on space available basis*).

## Display Advertising Rate Schedule

<u>SIZE</u>	<u>MONTHLY</u>	<u>SIZE</u>
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"
Full Page/Special Placement	\$275.00	7.45" x 9.95"
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*