THE BULLETIN

CMA

EDITORIAL & PUBLICATIONS COMMITTEE
Cherrie Andersen, M.D.
Emily Dalton, M.D.
George Ingraham, M.D.
Stephen Kamelgarn, M.D. "Guru"
Leo Leer, M.D.
Scott Sattler, M.D.

EXECUTIVE DIRECTOR
Penny E. Figas

CONSORTIUM COORDINATOR
Terri Taylor

EXECUTIVE BOARD
Hal Grotke, M.D. President
Mark Ellis, President-elect
John Mastroni, M.D. Secretary Treasurer
Emily Dalton, M.D. Past President
Timothy Dalsaso, M.D. Director
Willard Hunter, M.D. Director
Kelly Kinsley, M.D. Director
John Nelson, M.D. Director
Kenneth Stiver, M.D. Director
Sandra Wilcox, M.D. Director
Ann Lindsay, M.D. Public Health Officer
Norman Bensky, M.D. Eastern District
Mark H. Davis, M.D. Northern District
Hal Grotke, M.D. CMA Delegate
Kate McCaffrey, D.O. CMA Delegate
Sandra Wilcox, M.D. CMA Delegate
Mark Ellis, M.D. CMA Alternate Delegate
Michael Mizoguchi, M.D. CMA Alt. Dele.
George Jutila, M.D. Solo & Small Grp Forum
Mark Davis, M.D. CMA Dist. X Trustee
William Carlson, M.D. O.M.S.S.

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*

The Bulletin **does not** assume responsiblility for author's statements or opinions; opinions expressed are not necessarily those of *The Bulletin* or the Humboldt- Del Norte County Medical Society.

Loss

Hal Grotke, M.D.

The big event in the local medical community this month has been the passing of Dr. Pardoe. This was not entirely unexpected. I had been hearing from patients for some time that he was quite ill. There is a 2 page biography in this year's Directory. I met him only once when he presented at grand rounds. I think that was the first grand rounds I attended in Humboldt County. I don't think I talked to him that day. There was one time that I talked to him over the phone about a patient. I don't remember the specifics. I do remember that he was very kind and helpful. I know that he was a pillar of the community for many years.

I write this obviously out of respect for the man and his family but also as an illustration for how we have become disconnected. I know there are a number of our members I have not met. There are some whom I have met incidentally. I have seen them around town and they recognized me from the picture above this article every month. Some have even commented that they have read my articles, which is simultaneously flattering and humbling. There certainly a number of physicians in the community who are completely unfamiliar to me for a variety of reasons. I don't go to the hospital. They don't consult on my patients. They are not members of the Medical Society. There are few enough of us here that we should have some mutual familiarity. I wonder how my life and my Humboldt experience might have been richer had I known Dr. Pardoe.

On a broader scale there has been another event in the community, not entirely unexpected, that likely will have repercussions for some time to come. The administration of Humboldt State University has decided to eliminate the Bachelor of Science in Nursing program. The current students will be able to finish. College of the Redwoods will continue to train highly skilled professionals on whom our patients depend with the ASRN program. HSU has indicated that they hope to offer the degree option of BSN in the future. If that happens it is unclear what form it will take. It most likely will not be a four year program at HSU. It will probably be a program of upper division course material and training. It will almost certainly be closely coordinated with the CR program. It may be somehow affiliated with a program at another CSU campus.

When the Academic Senate recommended last Spring that the program be canceled I had the opportunity to address them on behalf of the Medical Society. I also met very briefly with Provost Snyder. Some of my friends who are nursing students have told me that they believe my statements at that meeting played a role in delaying the closure of the program. One additional semester worth of students did get the opportunity to start the program. I and the Medical Society were not involved in the closed-door talks several weeks ago that were apparently a last-ditch effort by the University to keep the program afloat. I hope that we find a way to be part of the discussion that ultimately revives the program in whatever form it may take in the future.

I honestly hope we can find a way to be more connected to each other and to our community. §

SAVE THE DATES:

MEDICAL SOCIETY SPRING SOCIAL

May 13, 2011
6:00 - 9:00 p.m.
Ingomar Club, Eureka

* * *

MEDICAL SOCIETY TALENT SHOW

September 23, 2011
6:30 p.m.
Eureka Inn

**** *MORE INFORMATION TO FOLLOW*

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 Illusion, Part II

By Scott Sattler, MD

Last month's Bulletin editorial began a discussion of pharmaceutical expiration dates. This is the second in the series and it begins with a brief summary of last month's article.

The FDA Regulations

Since 1979 the FDA has required that drug products bear an expiration date determined by appropriate stability testing (21 CFR 211.137 and 211.166). The FDA defines the expiration date as "the date placed on the container/labels of a drug product designating the time during which a batch of the product is expected to remain within the approved shelf life specifications if stored under defined conditions, and after which it may not be used." Federally mandated shelf life specifications require drugs to safely maintain 90% of their originally labeled content. There are exceptions for those drugs with a narrow therapeutic index.

The Morphing of the Expiration Date

There is a substantial body of evidence that pharmaceutical manufacturers are not determining the length of time that their drugs remain safe and effective[1, 3,4,5]. Current FDA enforcement policy allows them instead to choose an arbitrary date and to perform tests demonstrating safety and potency as of that selected date only, and label that arbitrary date as the drug's expiration date. According to the Pharmaceutical Research and Manufacturers of America (PhRMA), marketed prescription drug products in the U.S. have expiration dates ranging from 12 to 60 months from the time of manufacture. In practice the industry has chosen to set the maximum arbitrary date on the more conservative side. "Two to three years is a very comfortable point of commercial convenience," said Mark van Arandonk, senior director for pharmaceutical development at Pharmacia & Upjohn Inc, when quoted in a Wall Street Journal article on this subject[4]. In short, the much touted and legally enforced 'expiration date' is more accurately described as an 'arbitrary quality assurance date'. The continued use of the term 'expiration date' (to expire means to come to an end, to die) is a falsehood that perpetuates a costly illusion.

Enter the USP's 'Beyond Use' Date

The United States Pharmacopeia (USP) is a non-governmental, official public standards-setting authority for prescription and OTC medicines and other healthcare products manufactured or sold in the United States. In 1985 the USP declared that once the manufacturer's original shipping container is opened and the drug product is transferred to another container for dispensing or repackaging, the expiration date no longer applies. They urged that all medications dispensed in this fashion be relabeled with a one-year maximum "Beyond Use" date stating, "Do not use after ___." In 1997 the USP made this a requirement for participating pharmacists and by 2000, 17 states had passed laws mandating that their pharmacists comply. According to the AMA, there is little scientific basis for this action, yet for some reason current AMA policy (Policy H-115.983) supports it[6]. Thus the misleading 'expiration date' has been upgraded into an even more illusory 'beyond use' date requiring pharmacists to order patients to discard potentially safe and effective medications (see SLEP study below) yearly. Do patients really do this? A Wall Street Journal survey of 1000 patients found that 70% said they would not take outdated prescription medicines and 72% said they would not take expired OTC meds.

The DoD/FDA Shelf Life Extension Program (SLEP)[1,2]

As I mentioned in last month's article, in 1985 the military questioned the validity of expiration dating and asked the FDA to see if these dates had a basis in fact. They didn't. They were not even close. In 88% of 3005 lots of 122 drug products eventually tested, they found that the drugs remained stable for an average of 66 months longer than their labeled expiration date.[3] In SLEP's first year, these significant shelf life extensions saved the Department of Defense (DoD) 59 times the cost of testing by obviating the need for discarding perfectly good medications. Between the years of 1993 and 1998, for $3.9M in testing, SLEP saved over $263M in drug wastage. The pharmaceutical companies have never found fault with SLEP's procedures or scientific determinations.

The following are some specific SLEP findings that might be of interest. As you read them, understand that according to the 1992 FDA SLEP director Francis Flaherty, the outdate extensions SLEP authorizes are "intentionally conservative," in that if SLEP extended an outdate by 36 months it had concluded that the drug would be safe and effective (maintaining at least 90% of its labeled active ingredient without degrading into toxic substances) for at least 72 months.[4]

Tetracycline:

In 1963 G.W. Frimpter et al reported in JAMA, (184:111) that outdated tetracycline

"Costly", Continued on Page 4

"Costly, Continued From Page 3

degraded into a toxic substance, causing kidney damage and reversible Fanconi's syndrome. This has been the only known study to purport that a prescription medication became toxic with age. Despite the fact that other studies failed to confirm this report, the spread of this misperception continues to ensnare physicians and pharmacists. In fact the current (2010) Merck Manual listing for tetracycline still proclaims this illusion of toxicity. The SLEP study determined that this perception is not supported by fact. To the contrary, SLEP found tetracycline to be quite stable. If stored correctly it can be used safely for years beyond its stated expiration date.

Aspirin:

Bayer gives a 2-3 year outdate label on their aspirin and states that it should be destroyed after that date. SLEP found that this product was good for at least 4 years from manufacture, and Dr. Jens Carstensen, professor emeritus of pharmacy at the University of Wisconsin found that it was still stable after 5 years. Interestingly, the 2010 Merck Manual states that aspirin, too, becomes toxic beyond its stated expiration date. Like tetracycline, this toxicity is not supported by fact. Acetylsalicylic acid (ASA) may break down into salicylic acid and acetic acid (the active ingredient in vinegar) after prolonged exposure to heat and humidity, but neither substance is toxic at these levels. Salicylic acid was actually a precursor of aspirin (ASA) and is still being used as an anti-inflammatory.

Cipro:

The DoD maintains a large stockpile of Cipro (Bayer) to deal with the threat of disseminated anthrax. It carries a 3 year outdate. SLEP was asked to evaluate Cipro stability and found the tablets to safely maintain potency for at least 13 years after manufacture.

Atropine injectable:

Not a common household medication, this drug is used in hospitals and clinics world wide to control secretions and cardiac arrhythmias. It's also important in the treatment of nerve gas poisoning. The standard military outdate was for 2 years after manufacture. SLEP found it to be stable for 15 years after manufacture.

Pralidoxime HCL autoinjector:

This nerve gas antidote carried an initial shelf life of 5 years. SLEP found it to be safe and effective for 18 years.

Diazepam autoinjector:

This anti-seizure medication (Valium) carried an initial shelf life of 4 years. SLEP extended it to 9 years.

Doxycycline tablets:

Its initial shelf life was 2 years. SLEP found it still safe and effective at 7 years.

The list goes on and on:

Penicillin, Thorazine, Tagamet, Lasix, Dilantin, potassium iodide, captopril, cefoxitin, each had their outdates extended by SLEP investigators.

Summary to Date:

It is clear from the above data that, as the FDA's SLEP director stated years ago[4], expiration dates (and by extension, 'beyond use dates') have essentially no bearing on whether or not a drug is usable for a longer period. The stated expiration date does not mean or even imply that a given drug will stop being effective or become harmful after that date. That is the simple truth. It appears that the FDA has abdicated its responsibility to enforce compliance with the expiration date regulations, for instead of requiring drug makers to determine a drug's actual expiration date, — that is, when it can be reasonably expected to become unsafe and/or lose more than 10% of its declared potency—the FDA has allowed the industry to create "arbitrary quality assurance dates" and falsely label them "expiration dates" or, even worse, as "beyond use" dates. But then, as a former FDA expiration date compliance chief, Joel Davis, once said: "It's not the job of the FDA to be concerned about a consumer's economic interest....it would be up to Congress to impose changes."[4]

This editorial will be continued next month as we look a bit more at SLEP and also at some of the costs – social, environmental and political – of the drug expiration date illusion.

[1]Extending the Shelf Life of Critical Chemical, Biological, Nuclear and Radiological (CRBN) Medical Materiel Using the FDA/DoD Shelf Life Extension Program Oct 1, 2009 https://slep.dmsbfda.army.mil/slep/slep_info_paper.doc

2 SLEP Website homepage: https://slep.dmsbfda.army.mil/portal/page/portal/SLEP_PAGE_GRP/SLEP_HOME_NEW

[3]Lyon RC, Taylor JS, Porter DA, et al. Stability profiles of drug products extended beyond labeled expiration dates. J Pharm Sci 2006;95(7):1549-1560.

[4]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

[5]Maximizing State and Local Medical Countermeasure Stockpile Investments Through the Shelf-Life Extension Program. Brooke Courtney, Joshua Easton, Thomas V. Inglesby, and Christine SooHoo

Biosecurity and Bioterrorism: Volume 7, Number 1, 2009 © Mary Ann Liebert, Inc. DOI:

10.1089/bsp.2009.0011 URL: http://www.upmc-biosecurity.org/website/resources/publications/2009/2009-03-27-max_st_local_med_cntr.html

[6] American Medical Association. (2008, February). Report 1 of the Council on Scientific Affairs (A001): Pharmaceutical expiration dates. §

The Changing Role of Attending Physician in Hospice Care

JOHN NELSON, M.D.
Hospice Medical Director

In 1986 when Medicare first began paying for hospice services, it set up regulations that envisioned a certain model of care: the patient's own physician would provide medical care, the hospice would provide nursing, social work, chaplaincy, and home health aide services. In the intervening twenty five years relationships between physicians and patients have changed. In the usual model of hospice care today a Hospice Physician is often the Attending Physician for hospice patients.

The Medicare Conditions of Participation define the Attending Physician as the "Physician who is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care." [CoPs §418.3] These regulations allow the Hospice Medical Director to take on the role of Attending Physician "if the Attending Physician is unavailable." [CoP §418.64]

When a patient has an established and on-going relationship with his/her primary care physician, and wants to keep that relationship through the end of life, Hospice of Humboldt will always honor that wish. Often, however, the relationship between a hospice patient and a primary care physician does not actively continue once the patient enrolls in hospice.

There are many reasons why a patient enrolls in hospice without a primary care physician. Sometimes a patient who has no medical home will experience an acute event and go to the emergency room. Once admitted to the hospital, the hospitalists do a thorough work up and discover that the patient has a terminal condition. The hospitalist makes a referral to hospice, but will not continue to see the patient after hospital discharge. We also occasionally see patients who have been living out of the area and move here, most often into the home of a relative, when they need a caregiver for the final phase of life.

In the past we have not enrolled such patients until we have found a local physician to assume the role of Attending Physician. This is difficult, and on more than one occasion, I have needed to ask one of my colleagues to take on such patients.

We also see patients who have previously been cared for by a family doctor, but have lost touch with that physician after being referred to a specialist. After a number of years when no further treatment would be effective, the specialist makes a hospice referral. At this point the patient thinks of the specialist as his primary physician; but few specialists have space in their practices to continue following the patient — including making house calls when the patient can no longer make it into the office – when they are not treating the patient.

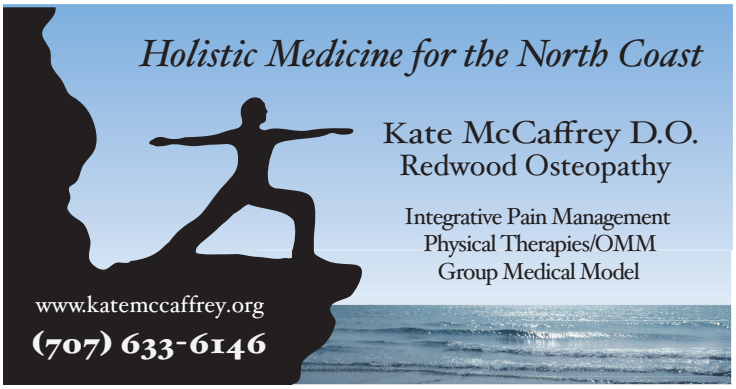
For all these reasons, I am pleased to announce that I am now able to take on the role of Attending Physician for hospice patients. The dual role of Attending Physician and Hospice Medical Director will allow me to better manage the care for patients who do not have a medical home or who are being seen by a physician who will not continue to provide care after hospice enrollment.

The option for patients to continue with their current Primary care physician as the Hospice Attending Physician will always remain available.

If you have any questions, please do not hesitate to contact me at Hospice of Humboldt, 445-8443, or by email at jnelson@hospiceofhumboldt.org. §

Did You Know....

The Medical Society offers NOTARY PUBLIC services for our members at no charge.



off call

Russel Pardoe, M.D.
1932 -2011

Written by: Luther F. Cobb, M.D.

Humboldt County medicine lost a true giant last month with the death of Russel Pardoe. An extremely modest man, with nothing to be modest about, his accomplishments fill a list too long to enumerate here. But everyone who knew Dr. Pardoe, and benefited from his skills, whether as a patient or a colleague, mourns his passing.

I first met Russ when I was a student and intern at Stanford, and rotated through Santa Clara Valley Medical Center, where he trained and subsequently became an Associate Professor and attending surgeon. He directed the SCVMC Burn Center, which became an important part of the subsequently established Level I Trauma Center, where I became the director prior to moving up here to Humboldt. I had not known initially when I moved here in 1997 that he had made the same transition nearly 20 years before, but it was a wonderful surprise to find him established as the mainstay of plastic surgical care here, a mission ably carried on by his son Mark, and Drs. Gagnon and Green who moved here as his associates and carry on the high level of care we have enjoyed.

Russ was not only a truly noble man, but an actual nobleman as well, knighted by the Queen of England for his extraordinary service while a medical officer at the Australian Antarctic Station. As befitted his self-effacing nature, I only found out about this adventure while reading a book on, of all things, the possibility of life on other planets in the solar system and elsewhere. In a footnote about life found in harsh environments, the book mentioned life in Antarctica, and an episode where a certain Dr. Pardoe, an intern from Australia, had saved the life of a diesel engineer named Newman who had a head injury and an intracranial hematoma. With no experience at all in neurosurgery (and very little in surgery of any kind), he crafted craniotomy instruments from dental tools, and, with instructions (in Morse code!) from a neurosurgeon back in Australia, twice performed life-saving surgery. The only experience he had was testing the equipment on a seal carcass before trying it out on his patient. Caring for him night and day for two months, they were finally evacuated with the aid of US and Russian transportation assistance. This earned him the title of MBE, the Most Excellent Order of the British Empire. After I read this, I saw him on rounds in the hospital and asked if there could possibly be two Dr. Russel Pardoes from Australia, as I found it hard to believe that such an amazing accomplishment had escaped mention for the over 30 years of our acquaintance. He modestly admitted that it had been he who had done it, but he hastened to mention that he had help (a cook and two geophysicists!). It was so like him to shrug off what could be described as a real-life action-adventure hero as nothing to get excited about. And to top it off, he later returned to Antarctica for a second stint as medical officer. This in addition to being a pilot, paratrooper, frogman, mountaineer, and oh yes a plastic surgeon.

Russ was a person about whom it can truly be said that nobody ever had a negative word or opinion. He was the model of what we should all aspire to be: extremely able in his field, always available for his patients and colleagues, and a dearly beloved husband, father, and grandfather. We are all better for having the privilege of knowing and working with him. He is greatly missed.

Ed. Note: an outstanding obituary written by Dr. Pardoe's son, Anton, is posted on line at http://www.legacy.com/obituaries/times-standard/obituary.aspx?n=russel-pardoe&pid=148877443

Corsetti & Noyes, LLP
Certified Public Accountants
Jamie Corsetti, CPA
Sidney W. Noyes, CPA, CMA
▪ Income Tax Preparation ▪ Accounting & Auditing ▪
▪ QuickBooks Consulting ▪ Payroll Processing ▪
2826 E Street Eureka, CA 95501 ▪ 707.445.3078

FEBRUARY 16, 2011

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

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

-Reading of the Minutes (1/17/11)
-Coming, Going and Moving Around
-Society Budget Report/ Balance Sheet
-CME Budget Report/ Balance Sheet,
-Membership Committee Minutes (1/10/11)
-Annual Membership Meeting Minutes (12/2/10)
-Editorial and Publications Committee Minutes (12/8/10)
-Medical Quality Review Committee Minutes (1/27/11)
-Federal Update BOT 1/11
-Press Release Obama (CMA)

DISCUSSION followed regarding members who have not yet paid for 2011. Strongly encouraged peer-to-peer contacts. Reported that we almost certainly will be facing another MICRA fight this year - ALL physicians need to be members. Overview of the history of MICRA was presented.

DISCUSSION followed regarding the CMA seminars that are being planned for this year *"Strategies for Independent Physicians To Compete"* and the all the changes happening locally. Agreed that physicians must work together. Mentioned that CMA has agreed to send one of the attorneys up to do a mini-version of the seminar if our members want.

SUGGESTED doing occasional short surveys with the membership to encourage their feedback.

REPORT was presented regarding the implementation of the CMA Strategic Plan and moving towards the CMA and component societies working closer together. Reported that the system for doing regular data transfer with CMA has now been set up. Mentioned that this will also insure more accurate data with the roll-out of the "Physician Locator" on the new CMA website. Mentioned that we are also talking with CMA about their county human relations proposal to see if there could be additional cost savings. Notes regarding the MEC Retreat were presented for review.

ENCOURAGED each board member to help with promotion and sales of the 2011 Physician Membership Resource Directory to help increase revenue.

MENTIONED presentation made recently at the MEC Retreat regarding ***DocBookMD***, which is an app for a smart phone that would enable members to upload the membership directory and pharmacy lists. Developed by a practicing physician who is interested in working directly with county medical societies. Similar to ***Facebook***, members would need to invite any non-members individually and the app would not be available to non-members. Suggested checking to see if they would be available for a presentation at one of the next Exec Board meetings.

REPORT was presented regarding several grants that the HDN IPA is looking at, including grants to support the formation of the North Coast Health Information Network (NCIN), a non-profit that would be set up for the purpose of community wide health information and technology exchange. Mentioned that the IPA is currently a "Local Service Provider" with CalHIPSO, to help local offices reach "meaningful use" to qualify for HIT incentive funds.

INFORMATION regarding the upcoming vote on the Health Center Appropriations was discussed. Reported meeting recently with the physicians from Open Door Clinic regarding this issue. Congressman Mike Thompson is in opposition of these proposed cuts. Encouraged board members to contact their colleagues outside of our District to encourage their opposition as well, as this would have significant impact on our local clinics.

TREASURER Report was presented as follows:

-reviewed/approved 2011 Proposed Budget, noting that the drop in membership will have significant impact on the Medical Society. Noted that the NORCAP reimbursements were also down significantly.
-reviewed/approved requests for full and partial hardship waivers.
-reviewed/approved the following recommendations:
  -continue "freeze" on salaries. Continue with very occasional help when necessary.
  -encourage members to help with promoting advertising in *The Bulletin* and Directory
  -encourage members to help promote sales of Membership Resource Directory
  -encourage members to help promote attendance at local seminars/workshops.

EXECUTIVE Director's Update was presented as follows:

-Shared report from recent MEC Retreat. Part of the CMA Strategic Plan is to work towards making the State and local medical societies more "seamless". Spent quite a bit of time with the Strategic Planner networking and looking at how we can work closer together. Want Medical Society and

"BRIEFS", Continued Next Page

"BRIEFS", Continued from page 19

individual members input regarding the development of the Strategic Plan's goals and priorities, which will be posted on CMA's website for review/comment. **Members need to be involved in re-designing their Medical Society.**

-Reported that CMA's newly designed website is due to launch first of April and will include "Physician Locator" and Officer Page for each of the counties. We will review our local website and make some recommendations regarding blending. CMA website has many resources posted to help with Health Information Technology - including the educational webinars. CMA is working on a EHR Model Contract/toolkit (available soon) to help physicians in understanding the contract language, identify meaningful use certifications, identifying what you're actually buying when purchasing EHR systems, etc.

-CMA Marijuana Technical Advisory Committee (TAC) - Diane Dickinson, M.D. appointed to the TAC. Discussions/communications should to through Dr. Dickinson to the TAC. Asked that she keep Dr. Duncan involved also as he was also a nominee for the TAC.

-Center for Medicare and Medicaid soliciting for physician volunteers on two of its Technical Expert Panels: Chronic Obstructive Pulmonary Disease and Vascular Procedure. Suggestions regarding nominees was encouraged.

-CMA Committee appointments:

Mark Davis: CMA Finance Committee

Luther Cobb: CMA Executive Committee
CMA ByLaws Committee
CMA Medicare Reform TAC

District X and Multiple Member Reps:
Peter Bretan, M.D. (District X) on Physician-Hospital Alignment TAC
Daniel Lensink, M.D. on Physician-Hospital Alignment TAC

-**Spring Social** - Scheduled for May 13, 2011 @ the Ingomar

-**"What Every Physician Needs to Know About their Practice"** Seminar with CMA Economic Advocacy. March 9, 2011. 1-3 p.m.

-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 followed.

CONSORTIUM FOR C.M.E.

-Working on 2011 Infectious Disease Symposium - (re-schedule in the Fall).

-SubCommittee working on 2011 Pain Conference -(re-schedule June)

EDITORIAL AND PUBLICATIONS CMT

-Continuing to work on re-design of our Website.

-2011 Physician Membership Resource Directory completed/distributed to all members. Promotion on sales is encouraged.

-2011 Residence Directory is in process.

MEDICAL QUALITY REVIEW CMT

Meeting held January 27, 2011. Mins included in the Consent Calendar

PHYSICIAN WELL BEING CMT-

-Working on design of poster for medical staff lounge and libraries.

-PWBC has solicited several contributions towards the formation of the California Public Protection and Physician Health (CPPPH), formally established under the California Physician Health, Inc (CPH) to replace the Diversion Program. A copy of the CPH Final Business Plan Available if interested in reviewing.

PUBLIC HEALTH UPDATE was presented as follows:

-State funding which has allowed the Public Health Branch to host free flu shot clinics around the county has dried up. We will not be offering free flu shots next year. So far this year we gave 2000 shots and 300 doses of flu mist through such clinics. We will have some flu vaccine available for a reasonable fee at the Public Health Branch.

-The state budget is a mess. While there have been few specific cuts to public health programs, other than the flu immunizations, there are major cuts proposed in medical care, mental health and social services that will certainly affect the health of the community. Under consideration is a proposal that will return state funding to the counties for the counties to run programs, like mental health services, that were previously state funded. Needless to say, the counties are anxious that the transfer of services is not accomplished with a cut in funds that would hurt capacity to serve. Also at risk is the formula for "realignment funding" from vehicle license fees. It is the major source of discretionary (i.e. not grant directed) funding for our public health branch,, although a far bigger chunk of these funds goes to CMSP, the indigent medical services program. As the threshold for medi-cal eligibility rises to 133% above poverty with fewer restrictions, it would be easy to assume that county health departments do not need realignment funds. The challenge will be to make the case heard to maintain our realignment funding for core public health services.

-Public Health is looking forward to the opportunities offered by the Meaningful Use Incentive Program. In order to achieve meaningful use, providers will be required to report "reportable conditions" electronically, report to registries like the immunization registry electronically and facilitate surveillance by public health authorities. We have a long way to go on the state and local level to be ready for the opportunity, and little funding. As health officer I have been active in health information exchange activities on the state and local basis. Locally, efforts are being lead by the North Coast Health Information Network (NCHIN), a new non-profit formed by the

"BRIEFS", Continued Next Page

"BRIEFS", Continued from page 20

IPA with the blessings of the hospitals, public health and the community clinics.

-Encouraged members to review ***Humboldt Health Alert*** that is posted on the Public Health Department's website. The site now includes a Medical Provider Information Section that gives updates on Health Alerts/Advisories, including H1N1, Seasonal Flu, Rabies, Pertussis, etc.

LEGISLATIVE UPDATE was presented as follows:

-Reported on the CMA Legislative Priorities for 2011

-*Protect MICRA*

-Protect the bar on the corporate practice of medicine

-proactive solutions to the physician workforce challenges

-monitor health reform state implementation

-rate review, Health Insurance Exchange, ACO's

-State budget - Medi-Cal cuts

-Reign in regulatory overstepping on scope issues

-Each year, with physician input, CMA tracks 500 bills and takes a public position on over 200 bills.

-Encouraged attendance at the April 5th Legislative Leadership Day in Sacramento. One of the speakers will be one of our recently elected physicians to the state legislature, Richard Pan, M.D.

MEMBERSHIP COMMITTEE Update was presented in addition to the minutes from the recent meeting of the committee. Retention "Talking Points" were shared. Strongly encouraged peer-to-peer contact with all members who have not renewed their membership for 2011.

There being no further business, the meeting was adjourned at 8:45 P.M. Next meeting is scheduled for March 16, 2011. §

"RISK", Continued From Pg 15

be difficult to retrieve. The facts surrounding a call are not readily available if they are recorded in a call log; thus, using a log can be detrimental if a malpractice claim is filed and your office must produce information about the patient's interactions with the practice.

· You should have a system for documenting all after-hours phone calls. You can use telephone call forms or a tape recorder or dictation machine to record patient name, time of and reason for the call, and your advice or action. When the call is from a patient, the information should be added to the patient's chart as soon as possible.

· Giving clinical or medical advice over the telephone without timely, face-to-face follow-up increases your liability exposure. Prescribing over the phone is also risky, as it requires you to assess the patient sight unseen. You should not prescribe for a patient unknown to you without seeing the patient. It is also prudent to have established parameters as to when prescriptions will be renewed by phone.

Consider developing the preceding suggestions as policy and including them in a policy manual. Make sure all employees review your policy and consider asking them to sign off yearly that they have been advised of the policy and understand it.

Managing Professional Risk is a quarterly feature of NORCAL Mutual Insurance Company and the NORCAL Group. More information on this topic, with continuing medical education (CME) credit, is available to NORCAL Mutual insureds. To learn more, visit www.norcalmutual.com/cme. §

ECONOMIC ADVOCACY
CMA REIMBURSEMENT

HOTLINE: (888) 401-5911

OFFICE MANAGER NETWORKING MEETINGS

EUREKA: **Professional Healthcare Managers Group**
(an independent networking Group)
Contact: Reggi Porter, 443-9577
3rd Wednesday each month @ 8:30 A.M.
Foundation Conference Room
*Meetings: 3/16 * 4/20 * 5/18*

HDN Foundation for Medical Care is hosting the following Office Manager networking meetings:

Contact: *Rose Gale, 443-4563 rgale@hdnfmc.com*

ARCATA: 1st Thursday of each month 12:15 - 1:15 pm
Quality Inn meeting room,
3535 Janes Rd, Arcata

FORTUNA: 3rd Thursday of each month 12:15 - 1:15 pm
Redwood Memorial Hosp., Marion Room

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)*

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.

BUSY PSYCHIATRIC PRACTICE with Psychiatrist and P.A.-C looking for mid-level practitioner to join practice (part time at first) Pleasant office environment and staff. Practice focuses heavily on psychopharmacology and brief supportive counseling. Psychiatric experience a big plus but will train and supervise the right person. Please Fax Resume to 707-826-2481

PROPERTY FOR SALE/ RENT/ LEASE

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)*

Did You Know....
Members may run classified ads in *The Bulletin* at no charge for the first six months for business-related ads and ½ price for personal ads.

Did You Know....
The Medical Society offers NOTARY PUBLIC services for our members at no charge.

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