

Humboldt-Del Norte County Medical Society

North Coast Physician

OCTOBER 2012



ANNUAL ALL-PHYSICIAN ISSUE

HDNCMS / CMA WORKING FOR YOU

In This Issue...

- President Messages
- CMA Yours, Mine and Ours
- Meet the New Physicians / Welcome New Members
-and more



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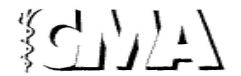
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Cover Photo
"Egret in the Marsh 2012"
Stephen Kamelgarn, M.D.

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

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Welcome MARK ELLIS, MD

Thank you to all the current Medical Society members and welcome to those who are planning to join. It is wonderful to have an organization that helps to connect our local medical community, especially in this time when many of us work in our own clique, separated by geography and practice type to where we don't even know each other from at least seeing each other in the hallway. As President, I don't see myself as being in a political organization but view the Medical Society as being a resource for physicians and an organization that can help physicians remain connected.

Is membership expensive? It is a lot of money. But if it saves you from legal action by an disgruntled employee or patient because of your access to the CMA On-Call legal information, how much is that worth? If it keeps a report about you from being sent to the California Medical Board by a dissatisfied patient because the complaint

is handled locally, how much is that worth? Penny is a hugely valuable resource. She can answer a lot of questions, or usually knows who to contact to find out. How valuable is that? Members get a discount on membership in the Consortium for Continuing Medical Education and discounts on their medical staff attending local conferences sponsored by the Society. Of course, there are the benefits that everyone knows about but are easy to take for granted, like protecting MICRA and opposing legislation that could put even more bureaucratic requirements on our practices.

Both the CMA and the Medical Society represent a diverse group of physicians – those in solo practice and in large groups; those in primary care and in specialty care. And it is important to keep that diversity. We want our Medical Society to represent all the different types of practices and to include a diversity of opinion. You have

more influence making your opinion known inside the CMA and the Medical Society than trying to do it from the outside.

One reason I hear for not joining the Medical Society is that he or she is a member of his or her specialty organization which better represents their interests. That is important; but the CMA and the Medical Society support members in a different way. Can your specialty society tell you what the California law is on a specific issue that affects your office? Do they offer local CME, conferences for your staff, or a local physician newsletter and directory?

So I think there are many reasons for being a member and again want to thank those that are. For those colleagues who are not members, I'd like to request that you consider joining, not only for the many benefits you get, but also to support our local medical community.

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* Dr. Frugoni: 822-3141 * Dr. Hunter: 498-0607 * Dr. Rehwaldt: 464-3513

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

Did You Know.....

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CMA President's Message

JAMES T. HAY, M.D.



Dear Colleagues-

The California Medical Association (CMA), over 35,000 members strong, has once again shown that physicians in California are a force to be reckoned with. CMA continues to advocate successfully for physicians and their patients in the courts, in the legislature and in the media.

In February of this year, largely due to the efforts of a CMA-lead coalition, Federal District Judge Christina Snyder blocked a 10 percent Medi-Cal reimbursement rate reduction. Her decision was a huge win for physicians and the patients we treat and CMA will continue to meet the state's challenges this fall when the case is reheard by the 9th Circuit Court of Appeals. CMA was also successful in preventing an attempt initiated by the State of California to require co-payments from Medi Cal patients, obviously uncollectible in most cases and therefore an added cost for the physicians who treat them.

In June, the SCOTUS issued its much anticipated ruling upholding almost all of the Affordable Care Act (ACA). The ruling on the individual mandate provision guarantees insurance coverage for most of the uninsured patients in California, a mandate that CMA has supported for years. However, the move requires our work now to see that physician practices can afford to remain open for new business and be there to care for the newly insured.

CMA is firmly committed to advocating for reforms to the ACA, like finding a solution to the flawed Medicare Sustainable Growth Rate (SGR). Our dedicated team of experts is also working to eliminate the Independent Medicare Payment Advisory

Board (IPAB), which will mandate arbitrary spending cuts, force more physicians out of the program and limit seniors' treatment options even further. Additionally, CMA has been participating with the California Health Benefit Exchange Board, providing comments and feedback to ensure that physician and patient interests are heard.

Throughout all stages of health reform implementation, CMA will continue to fight for the preservation of the doctor-patient relationship.

CMA is always in the fray in Sacramento and the 2012 legislative session was no exception. We were successful in the passage of a bill that will provide scholarships for students committed to working in underserved areas, an expansion of the Steve Thompson Loan Repayment Program (AB 589). We also negotiated much better provisions for physicians in a Workers' Comp bill already predestined to pass due to an agreement between labor and business. In the last few days of the legislative session, a shell bill (SB 1528) was gutted and amended in an attempt by trial lawyers to undermine California's Medical Injury Compensation Reform Act (MICRA). CMA was able to crush the bill in the session's waning moments.

We are also pleased to note that the new Chair of the Assembly Health Committee (Richard Pan M.D.) and the recently elected President of the Medical Board of California (Sharon Levine, M.D.) are not only CMA members, but CMA leaders.

Much is happening to help doctors internally at CMA as well. For the third year in a row, CMA's Center for Economic Services has been able to recoup nearly \$3

million for members who sought help with insurance billing disputes. CMA also provides free access to legal advice on every conceivable subject related to the practice of medicine (see the Health Law Library on our website).

CMA has also launched the Component Medical Society Services to assist county medical societies in web and back office assistance, services that are especially valuable to the smaller societies across the state.

Additionally, the CMA communications department is ever evolving with new features on the cmanet.org website, through social media and in innovative ways of communicating with members and the public— all features you want to see in your organization.

We still have our work cut out for us. We will be carefully evaluating the transitions in the Healthy Families Program, protecting patients who will be automatically transferred into Medi-Cal Managed Care systems, especially the dual eligibles and again, ensuring a smooth implantation of health reform in California.

The advocacy that we all do together between County and Specialty Societies and CMA is unparalleled in California. Together we will accomplish our mission to promote the science and art of medicine, the care and well-being of patients, the protection of the public health and the betterment of the medical profession.



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Where Do We Go From Here?

LEE LEER, MD



America is an absolute mess. Or, I should say Americans are a mess. Take, for example, the recent healthcare debate. One would think that our patients would be thrilled that the Affordable Care Act (ACA) has at least made things somewhat more secure for us all. Yet lately, I'm actually seeing patients who want to get problems taken care of (e.g., that long-delayed total knee) before "Obamacare" kicks in and Medicare stops paying for such things. Another patient, just a couple of days ago, wanted to make sure she got her mammogram now, because she heard a doctor from Colorado saying that once "Obamacare" takes effect, women over 74 won't be able to get mammograms. When I assured a patient recently that this was simply not the case, he asked, "Have you read the law?" He, of course, hadn't read the law. Instead, I'm sure it had been explained to him by Fox News or Rush or some other reputable source.

Sadly, our country's idiocy regarding healthcare is only the tip of the iceberg. I recently spent an entirely depressing afternoon perusing a fascinating web site: "pollingreport.com," which aggregates a host of public opinion polls on myriad topics. This reinforced for me that, truly, we are a thoroughly insane society.

The most glaring examples, from currently hot topics:

When asked if they support gay marriage, this is how responses broke down:

	Yes	No
Democrats	70	28
Republicans	23	72
Independents	60	37

When asked if they approved of the government requiring that all employer-sponsored healthcare plans fully cover the cost of contraception, responses were as follows:

	Yes	No	Unsure
Democrats	80	16	4
Republicans	39	57	5
Independents	58	34	8
Men	53	40	7
Women	67	29	4
Younger than 34	74	21	5

Taking the implications of these polling data to their logical conclusion, and grasping for as many wing nut votes as possible, the current Republican Party Platform not only categorically opposes an employer mandate to provide contraceptive coverage as part of a health insurance package, it also equally emphatically opposes teaching about contraception (or sex education, for that matter) in schools.

When asked if they believed in global warming:

	Yes	no	unsure
Democrat	83	13	4
Republican	46	51	3
Independent	61	34	5

Lastly, and perhaps most depressing of all, is how we look at evolution so many years after the Scopes trial.

Given the following options, this is how Americans chose:

Evolution is:		
Guided by God		32%
God not involved		15%
Humans and Earth created in Present form by God (no evolution)	46%	

Contrast this with polls in Europe, where people generally accept evolution as a scientific fact (80% overall). The only country that believes in evolution LESS than does America is Turkey.

Disgustingly, more Americans believe that President Obama is Muslim (24% in 2010 polls) than believe in the science of evolution.

Two aspects of all these data particularly concern me. First is simply how utterly and willfully ignorant so many Americans are. And, I suppose, how it pleases our elected officials, educators, and talking heads across the spectrum to keep us this way. Second is how vastly divided is our polity. This division is most obvious in the poll data above re: gay marriage, which is supported by 70% of Democrats and opposed by 70% of Republicans. But it is true of all the polls above... and indeed, essentially all the polls that I've seen. We truly have become a Balkanized nation.

How is it even possible that only 15% of Americans understand the broad-brush strokes of how life – and species – evolved, and that 46% of us believe it all started about 10,000 years ago? How is it possible that 51% of Republicans can construct a worldview in which global warming is not happening?

Given that this is occurring at the same time as wealth is being concentrated more and more in the hands of fewer and fewer Americans (just in case you've not heard this before: the 400 wealthiest Americans control more wealth than do the bottom 250 million), I'd say we live in a truly scary era. Vast swaths of societal ignorance, coupled with

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“Opinion”from pg 6

the rapid growth of what, for practical purposes, is an aristocracy (defined by wealth, rather than by title) that is largely walled off from the populace; this cannot lead to anything but deeply serious problems.

What does this have to do with health? Well, sort of everything. If we can't even get a majority of people in our country to understand the basic tenet of biology, how can we possibly get them to understand that universal healthcare is a good thing for them individually and for the country as a whole? I mean really: anyone who can accept that God put fossils in rocks just to mess with us will certainly have no problem accepting that the ACA will destroy the great medical system we have in America.

Moreover, our lack of response to man made climate change is enough to make me want to tear up my passport. This is the biggest public health crisis any of us will face in our lifetimes, yet we live in a country in which 61% of the public does not believe that global warming poses a serious threat to them or their way of life. In which 41% of those surveyed believe – if it's happening – that it's entirely due to natural causes!

Wow. That's really all I can say to such depressingly all-encompassing ignorance. This is the point in an essay where the author is supposed to dig deep and come up with the suggestions that will make everything right. Well, I don't have any. Nor do our politicians. Instead I hear some of them accusing others of being "too European." What exactly do they mean? That their opponent supports a belief in science? Sadly, that in fact is often what is meant. Closer to home, I see patients who can't believe we don't already have the best healthcare system in the world. Why do they think this? Perhaps it's because they've been raised to believe that America is the best country in the world and can do no wrong. Back on the political scene, we have politicians and a significant number of their supporters believing that women's bodies can somehow prevent "legitimate rape" from leading to an unwanted pregnancy. These same politicians have already made it illegal for women serving in the US military, impregnated during rape, to receive Federal healthcare funding for an abortion. No Federal abortion funding for soldiers, under any circumstances, at any time. Period. Ditto for Peace Corps

volunteers.

With apologies to John Lennon, imagine a world in which the US didn't behave as if it always had the right answers. Imagine a world in which Americans looked for best practices, rather than solely for "the American way." Imagine an America that promoted the scientific process as a shining ideal, and whose politicians used scientific data first and foremost, rather than polling data on wedge issues to drive their policy decisions. Imagine a world in which politicians were willing to tell their constituents hard but necessary truths (e.g., "Yes, we evolved. Get over it.").

In that world, we just might be able to begin dealing with the health of Americans in a rational and compassionate fashion. More importantly, in that world we would have at least a passing chance of not leaving a ruined climate and environment for generations to come. Perhaps therein lies the barest shred of hope for getting out of this mess that our know-nothing, anti-intellectual, American-exceptionalism has gotten us and the rest of the world into. But I won't be holding my breath waiting for this collective epiphany. §

2013 PHYSICIAN MEMBERSHIP RESOURCE DIRECTORY

We're in the beginning stages of updating the annual directories.....PLEASE advise of any upcoming changes that should be made to your listings in both the Physician Membership Resource Directory and Residence Directory. Please also review for any updates information regarding your practice, physician-extendors (NP/PA's), corrections in Useful Numbers, etc. Thank You!

CMA PUBLISHES UPDATED PAYOR PROFILES

The California Medical Association's Center for Economic Services has published updated profiles on each of the major payors in California, including Aetna, Anthem Blue Cross, Blue Shield of California, CIGNA, Health Net, United Healthcare, Medicare/Palmetto and Medi-Cal. Each profile includes key information on health plan market penetration, a description of the plan's dispute resolution process and the name and contact numbers for medical directors, provider relations and other key contacts. Don't waste your time searching the internet for this information. Members can download CMA's Payor Profiles at no cost at www.cmanet.org/ces.

Contact: CMA's reimbursement helpline (888) 401-5911 or economic.services@cmanet.org

CMA - Yours & Mine

STEPHEN KAMELGARN, M.D.

Editor, North Coast Physician



Health Care policy, financing and delivery in the United States is ad hoc, at best. With the plethora of private and state and Federal plans, each with its own particular requirements and truly peculiar formularies, it's a wonder that we get paid at all. If we throw into the mix the repeated denials, myriad (buried in the fine print) exemptions and repeated pre-authorizations we and our patients go through it's a wonder any of our patients receive appropriate care without filing for Medically Induced Bankruptcy (Insurogenesis fulminans), an increasingly common occurrence.

How can we navigate this financial and emotional minefield? It's difficult, at best, but membership in the California Medical Association/Humboldt-Del Norte Medical Society (CMA-HDNCMS) is one extremely good and simple, if somewhat expensive, way to help get through the quagmire that's medical practice in this day and age. Membership in CMA-HDNCMS is the best way to know that you're not alone trying to negotiate this craziness. If we want things to change for both ours and our patients' benefits we need to speak with a communal voice. Time and again, throughout the course of American History, we've seen how mass, communal action effected positive change: Women's Suffrage, Civil Rights, improved working conditions for workers (i.e., us), to name but a few. This doesn't mean that we necessarily have to agree on everything, but if we wish to advocate for what's right for our patients and for medicine, a united voice will help.

This is what membership in the Humboldt-Del Norte County Medical Society (HDNCMS) and, by extension, the Cali-

formia Medical Association (CMA) means for you. We are dedicated to improving the climate so that we physicians are able to do what we were trained to do: take care of patients. Read the articles in this issue of North Coast Physician, the monthly news magazine published by HDNCMS, and see some of the ways CMA is attempting to improve our lot, both individually and collectively. Granted, the CMA has probably been defeated more often than they've won, but they have won enough victories to help make our professional lives somewhat less oppressive and depressing.

Imagine how truly awful things would have been had not MICRA (Medical Insurance Comprehensive Reform Act) been so successfully pushed through the legislature with the help and, yes, lobbying of CMA's powerful legislative advocacy. Physicians in California now pay some of the lowest malpractice premiums in the nation because of this act.

How many times has CMA prevented the Legislature or the Governor from further cutting MediCal reimbursements to physicians and hospitals? It seemingly happens every year, and every year the cuts are forestalled by CMA's legal and legislative teams. Our economic lives would be much bleaker than they already are without CMA's continuous advocacy.

It's impossible for any one of us to keep currently abreast of the legislative climate in Sacramento or Washington. People of whom we're barely aware are making decisions that profoundly affect our lives. If we, as an organized voice of medicine, don't provide the input and guidance that these legislators need, then who will? The insurance lobby? The chairman of a Fortune

500 company? Membership in the CMA and HDNCMS will give you that voice. A voice to help counter the malignant influence of the insurance and drug lobbies. CMA's Legislative Watch monitors every piece of legislation going through Sacramento. They oftentimes can head off some inane piece of legislation that would be bad for both patients and physicians before it ever comes up for a vote. They also help craft positive legislation, legislation that improves patient care and physicians' professional lives.

At the local level, if you're having difficulty with one of the Medicare HMO plans, or some other insurance moron, a phone call to Penny can save you a lot of grief. Just ask the physicians at Humboldt Neurology or Eureka Internal Medicine who got caught up in the NPI disaster a year or so ago, when the feds couldn't link the practitioner NPI's with the practice NPI's and they stopped getting their Medicare reimbursements for a while. If Penny hadn't kept pushing, their reimbursements would still be "pending."

One argument I've heard from individuals for not joining is that he or she doesn't agree with everything CMA does. It's too profit motivated. It's too much like a special interest. This may be true, but it's your special interest that the CMA has in mind. Also, if you join, you'll have the opportunity to change the organization from the inside. The "powers that be" are more willing to listen to the voice from within the ranks, rather than the heckler in the back row who doesn't offer any constructive solutions. With your help, we can make CMA into an organization we're proud of.

Another argument is that it costs too much to join. I agree. \$800+ per year is

"Editor" cont pg 11

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Thank You For Supporting Your CMA/HDNCMS SANDY WILCOX, M.D. *Membership Committee Chair*



Your “voice” counts

In case you’ve forgotten (or you never knew), here’s a short list of some of the good that derives from your membership.

- VIP Program - this gives you discounts at local restaurants, hotels, and other activities. This is a new program that we are building up. You can help, and, if you choose, we’ll tell you how.

- DocBookMD - Electronic Directory and HIPAA Compliant electronic communication with your colleagues - members-only benefit.

- Outstanding Membership Resource Directory. We publish an annual professional directory, complete, with you and your colleagues’ business information. Ask your office staff about the tremendous value of this directory to their work day lives.

- The directory makes it easy to get in touch with CMA “On Call Documents,” a type of free legal advice from some of the best medical legal minds in California. Thinking of signing on with a hospital? “On Call” can give you all the impartial pros and cons of your deal: what to look for, and what the law has to say about it. That little service has just saved you \$400 per billable hour, the going rate for consulting a private lawyer (pro-rated to the nearest five minutes).

- North Coast Physician, our monthly newsletter, introduces the New Physicians in our community. This helps you to get to know your colleagues.

- North Coast Physician provides “one-stop shopping” for alerting our members as to what’s happening both locally, and at the state level.

- North Coast Physician keeps you and your staff alerted to webinars on everything from practice management and maximizing reimbursements; and more.

- North Coast Physician offers a great forum for members to speak out and voice opinions.

- Social Activities: We have a variety of venues for our members (and spouses) to interact outside the office: Annual Membership Election Meeting, Women in Medicine Meetings, Spring Social and Talent Show.

- Consortium: Through our Consortium for Medical Education we are able to offer discounted CME opportunities at our local hospitals and throughout our counties.

- Assistance with Physician Recruitment Tools and networking with local recruiters. - check out the “Practice Opportunity” section on our website - which includes an outstanding recruitment video - Live. Practice. Play. Humboldt-Del Norte. www.hdncms.org

- PreMed Students at H.S.U.: We work with the Pre-med Club utilizing both local physicians and several medical students doing clinical rotations up here to demonstrate to them what it’s like to practice medicine on the North Coast--in the hope that they’ll return here to practice someday.

- Other Committees that may come in useful:

- Patient-Physician disputes. We can help mediate before official state or insurance agencies get involved.

- Case Review and advising regarding standard of care for the north

coast.

- Public Health Advisory - Disaster Preparedness;

- and more

The above listing only touches the myriad of benefits that derive from membership in HDNCMS-CMA. We also have a membership orientation power point presentation posted to our website in the “Member Information” section www.hdncms.org. Check it out.

Here then, are many of the benefits. We encourage you to read through this month’s North Coast Physician and familiarize yourself with some more of the benefits of membership.

From all of you, both member and non-member, we would really appreciate your feedback of what we’re doing right and wrong; where we can improve. We aim to be as responsive as possible to our membership. We’re here for You. We carry your “voice” at the local and state level. Let us hear from you.

And for you non-members, your member colleagues would like to take this opportunity to invite the new members of our physician community, as well as past members whose membership may have lapsed, to join our ranks. §

Did You Know....

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

Physicians Supporting Physicians

ROBERT SOPER, M.D.

PWBC Chair



We all hear or know of colleagues who are lost to premature retirement, disability, relocation or death. Sometimes, it seems a day doesn't pass without news that someone we all know will no longer be available for our companionship.

Some will be traumatized by divorce, failing health, illness or death of a loved one, drug dependency, a malpractice trial, a failing practice. Some will simply say good-bye. Others will just disappear without a word. "Whatever happened to what's-his-name?" we ask, and then move on. We pause briefly in our busy day to occasionally remark about it, idly reflect, and then walk in and see another patient. As all of us work harder for less; there really isn't time to worry about anything but our own issues and needs.

But let's stop for a moment and consider whether or not this is consistent with the noble traditions of our profession. Do we not owe a duty to provide aid to colleagues in distress? Is it not precisely the exalted value we put upon self-reliance and individualism that is permitting so many of us to suffer in silence? At this time of perceived dwindling self-esteem, would we not be well advised to look beyond ourselves and work to strengthen one another, beyond organizing in the IPA? What are some other alternatives, including the role of organized medicine? Before we consider institutional remedies, we must first resolve to become "our brother's keeper." When we see that a colleague has begun to behave differently, particularly in regard to interpersonal relationships and poor quality clinical outcomes, we need to see that as a sign of physician distress that it is. A gentle and helpful intervention, far from

being intrusive, is the ultimate act of compassion, even if it involves no more than a willingness to lend an ear. As we all know as clinicians, there are almost no bounds to the therapeutic value of concerned listening. This is reinforced daily by our patients, spouses and non-physician friends.

But what can we do when the one-on-one, face-to-face approach fails or is not deemed appropriate? It is here that our Humboldt-Del Norte Medical Society has more to offer than you may realize. One of the more valuable services is the Physician's Well-Being Committee (PWBC). This multi-disciplinary committee is specifically concerned with physician well-being. This is not a punitive committee, but is looking out specifically for our individual welfare. The Physician Well Being Committee meets on a routine basis to support impaired physicians. An impaired physician is a physician whose life is seriously affected by substance abuse, alcoholism or drug abuse, depression, anxiety, medical, interpersonal or similar problems. They are typically unable to manage the problem without outside help. Because of our concern that some of our friends and colleagues may not be getting that help, we are writing to all physicians and their families.

Emotional problems and substance abuse typically erode family life and professional performance. At first, the friends and families of an impaired person deny or minimize the existence of a problem. Shame may prevent asking for help. Persons close to the afflicted person suffer and experience feelings of frustration, shame and guilt. In fact, they frequently attempt to protect the individual from his environment by helping with excuses. In doing so, they actually

foster the problem by attempting to prevent any interventions.

As members of the Physician Well-Being Committee, we are a group of doctors seeking to facilitate the treatment of those disorders which may cause impairment among our colleagues. One of our main functions is to make physicians and their families aware of the signs and symptoms of impairment. Another function is to provide information on the types of treatment available, and make referrals to people who can help. Even if one is unsure of what the underlying root of a problem is, contacting us to discuss the situation is always appropriate. We want to emphasize, our Physician Well-Being Committee is not a disciplinary group and our functions are performed confidentially. While we do not search out impaired physicians, we do make every effort to help with those problems which are brought to us. Although we do not directly provide treatment, we are available to provide confidential information and advice. Its members are selected on a rotating basis and represent the Medical Society and each of the 5 hospitals in our area (Southern Humboldt, Redwood Memorial, St. Jo's, Mad River and Sutter Coast). This committee is prepared to assist any member physicians with concerns, either about his or her own well-being or that of a colleague. In the latter instance one need only call the Medical Society to bring to the attention of the chairperson. The caller's identity is kept confidential throughout the entire process. I repeat: The committee is a sympathetic physician friendly panel rather than a disciplinary body. Its goal is that of helping a physician to continue practicing medicine.

"Physicians" cont pg 11

North Coast Physician

“Physicians” from pg 10

As we confront the increasingly difficult challenge of remaining a unified group, fighting the insurance industry and managed care organizations, we must not lose sight of the duty we owe to each other, and how we need to hang together. Part of maintaining our community is recognizing the stressed and distressed physician within our midst and acting to assist him or her through the crisis. It’s time we looked within ourselves to seek the strength to recognize our own needs for timely assistance and feel no shame for doing so. Likewise, we must, in the words of Hippocrates, see each other as brothers and sisters and in so doing, maintain our proud tradition as a caring profession.

If you have any questions or concerns, please feel free to contact any one of us. Remember that chemical dependency and other psychiatric disorders require treatment, just like other illnesses. With treatment, there is hope.

Physician Well-Being Committee

- Ruby Bayan, M.D.
- Tamara Dennis, M.D.
- Corinne Frugoni, M.D.
- Willard Hunter, M.D.
- Warren Rehwaldt, M.D.
- Robert E. Soper, M.D., Chair

“Editor” from pg 8

a lot of money. But look at what you’re getting for your money. Just the legislative watch alone is worth more than that. Since you don’t have a lot of money to spend for advocacy and you already belong to your respective specialty societies, perhaps you should look at what your specialty society does for you; is it as much as you can get from CMA?

Does your specialty society publish an Annual Directory and Resource Guide that provides one-stop shopping for all healthcare related resources in Humboldt and Del Norte Counties? HDNCMS does, and it’s free to our members. Ask your office staff about the value of our annual directory, and how much they rely on the directory for referrals or useful numbers or just about anything you may need for your day to day activities.

I think that if you’re honest with yourself, you’ll agree (at least partly) with me. So, please, read this issue of The Bulletin, think long and hard about the articles, and then indicate to us your desire in joining an organization that is really looking out for your welfare. §

CALL FOR “OUT OF OFFICE” ACTIVITY PHOTOS

The Editorial and Publications Committee is looking for current photos of member physicians “at play” to update the Physician Recruitment Brochure that is posted on the Medical Society’s website in the Practice Opportunities section: www.hdncms.org. Please send photos of you and your family doing what you love to do.

Did You Know.....

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

BLOOD BANK NEWS

2012 AABB Audioconference Series

MARGARET GORDON, M.D.

Medical Director, Northern California Community Blood Bank



Please see below for the Audioconference schedule for OCTOBER thru DECEMBER 2012

ALL CONFERENCES: 11:00 - 12:30 P.M. in the Blood Bank Conference Room

- 10/23/12** **“Doing More With Less”**
- 11/14/12** **“Designing SOPS for Learners”**
- 11/21/12** **“Kidd Blood Group System Review”**

Reflections on My First Six Months in Public Health

DONALD I. BAIRD, M.D.

Humboldt County Public Health Officer



Although I have been a practicing physician for 36 years, I have realized that there is a different skill set in dealing with community health issues on the larger scale of Public Health. I am enjoying this challenge, in large part because of the professional and supportive team of Public Health staff working with me.

Throughout my career, I have addressed the health concerns of individuals in both outpatient and hospital settings. These clinical skills are still relevant, but when assessing health outcomes of a community, additional political, economic and sociocultural factors gain great importance. Motivating an individual to make personal changes is quite different than motivating a community to make healthier choices.

I have always been an advocate for immunizations. I fear members of the public are trivializing the potentially negative effects of many common communicable diseases. However, if they had ever seen an individual or family suffering with a major preventable illness, such as Measles encephalitis, or congenital Rubella syndrome, I am sure they might feel differently. Pertussis or whooping cough is another good example: prior to antibiotics and immunizations, it was called “The 100 Day Cough”. If you haven’t experienced this first hand, you cannot imagine how sick these individuals can be. The vaccine (TDaP) is safe and effective

for this disease that is potentially fatal for infants, and immunocompromised persons. In 2010, California experienced an epidemic of pertussis equaling 2492 reported cases (the actual number of cases was likely considerably higher than that), resulting in 7 infant deaths. Polio is another potentially catastrophic and disabling disease that affected millions only two generations ago, now dramatically reduced throughout the world as a result of wide spread use of polio vaccine.

Public Health Nurses working in the community in programs like Nurse Family Partnership are critical in ensuring the optimal health of new mothers and children. They and Community Health Outreach Workers are out in the field providing support to some of our most vulnerable citizens.

I am also impressed by our Emergency and Disaster Preparedness efforts. Did you know that Humboldt County has received over \$8 million from a variety of federal and state grants over the past decade. We have a robust team of committed professionals in Public Health together with professional and volunteer partners in the community, ready to assist in the event of a major event (earthquake, flood, pandemic, etc). Homeland Security grants have given us Level III bioterrorism laboratory capability, that can also be used for peacetime testing for a

variety of communicable diseases, toxins, and other pathogens.

I support the Public Health efforts that focus on chronic conditions: obesity, diabetes, substance abuse, and other social issues that contribute to disability and premature death in our community. It really is more economic to prevent these conditions early, before they become chronic and disabling.

Our Environmental Health Division assures the safety of our air and water, living conditions, and participates with other public agencies in cleaning up toxic and hazardous material accidents. They also assist with rabies containment, rodent control, and monitoring for vector transmitted diseases (Lyme, West Nile, and other insect transmitted conditions).

Public Health is undergoing an accreditation process right now. I am actively participating with all of our professional disciplines: physicians, nurses, health educators, laboratory staff, environmental health, epidemiology, administrative staff and volunteers, to name a few.

It is good to be in a job that is both intellectually challenging and personally rewarding, and has given me the opportunity to work together with educated and talented individuals towards a common purpose. I look forward to the next several years in this position. §

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>

\$60,000 over

WAYS HDNCMS/CMA IS WORKING FOR YOU!

The Medical Injury Compensation Reform Act (MICRA) is California's hard-fought law to provide for injured patients and stable medical liability rates. But this year California's Trial Lawyers have launched an attack to undermine MICRA and its protections and we need your help. Membership has never been so valuable!

Are you an
HDNCMS/CMA
member?

Humboldt-Del Norte
physicians are saving
an average of
\$64,826 this year.

2012 Humboldt-Del Norte County Medical Society MICRA Savings Chart

Specialty	Humboldt- Del Norte	Dade County, FL*	Long Island New York *	Wayne County, MI *	FL-NY-MI Average *	MICRA Savings
Allergy	\$3,813	\$24,183	\$10,826	\$16,909	\$17,306	\$13,493
Anesthesiology	\$10,034	\$48,367	\$37,657	\$41,697	\$42,574	\$32,540
Cardiology (Invasive)	\$12,446	\$95,007	\$40,738	\$66,711	\$67,485	\$55,039
Cardiovascular Surgery	\$30,436	\$172,739	\$121,665	\$172,918	\$156,441	\$126,005
Dermatology (Lipo/Cosmetic)	\$26,744	\$54,413	\$36,779	\$23,797	\$38,330	\$11,586
Emergency Medicine	\$16,447	\$95,007	\$58,971	\$87,121	\$80,366	\$63,919
Family Practice (Non-Surgical)	\$9,117	\$44,912	\$26,817	\$33,893	\$35,207	\$26,090
General Surgery	\$28,147	\$200,377	\$121,665	\$143,445	\$155,162	\$127,015
Internal Medicine (Non-Invasive)	\$7,976	\$50,094	\$36,779	\$34,350	\$40,408	\$32,432
Neurology	\$52,442	\$248,744	\$321,713	\$201,512	\$257,323	\$204,881
OB/GYN	\$36,865	\$200,377	\$196,111	\$135,935	\$177,474	\$140,609
Ophthalmology (LASIK/Cosmetic)	\$7,976	\$50,094	\$36,437	\$37,955	\$41,495	\$33,519
Orthopaedics	\$26,744	\$146,828	\$146,084	\$144,667	\$145,860	\$119,116
Otolaryngology (Cosmetic)	\$26,744	\$60,459	\$108,110	\$81,556	\$83,375	\$56,631
Pathology	\$5,846	\$44,912	\$24,769	\$19,524	\$29,735	\$23,889
Pediatrics (Non-Surgical)	\$7,976	\$31,093	\$26,817	\$28,928	\$28,946	\$20,970
Plastic Surgery	\$26,744	\$95,007	\$108,110	\$91,565	\$98,227	\$71,483
Proctology	\$26,744	\$69,096	\$64,281	\$53,751	\$62,376	\$35,632
Psychiatry (Non-Shock)	\$5,551	\$24,183	\$10,826	\$17,853	\$17,621	\$12,070
Radiology (Non-Invasive)	\$7,976	\$95,007	\$61,100	\$45,293	\$67,133	\$59,157
Thoracic Surgery	\$30,436	\$172,739	\$100,500	\$154,089	\$142,443	\$112,007
Urology	\$12,052	\$60,459	\$64,281	\$55,655	\$60,132	\$48,080
Average - All Specialties	\$19,057	\$94,732	\$80,047	\$76,869	\$83,883	\$64,826



Humboldt-Del Norte County Medical Society • P.O. Box 6457 • Eureka, CA 95502 • (707) 442-2367

*The rates for counties in Florida, New York and Michigan, as well as the averages, are 2011 rates provided by the CMA. The NORCAL rates are 2012 rates. NORCAL does not guarantee that the Florida, New York and Michigan rates are current or accurate, as different insurance carriers may classify medical specialties differently. The tables in this report are for illustrative purposes only.



MICRA: The Basics

By Lisa Maas, Executive Director of Californians Allied for Patient Protection

California physicians strongly support our successful Medical Injury Compensation Reform Act (MICRA)—and rightly so. Today, MICRA ensures injured patients are protected and fairly compensated, while also limiting frivolous lawsuits. MICRA’s limits on meritless lawsuits keeps physician medical liability rates lower, allowing more doctors, nurses and other healthcare providers to stay in practice and allowing more hospitals and clinics to stay open.

Prior to MICRA, California was in crisis. Out-of-control medical liability costs were forcing healthcare providers out of practice. A bi-partisan legislature approved the MICRA bill in an emergency session and it was signed by then Governor Jerry Brown. As a result, doctors and other healthcare providers could stay in practice and medical liability costs were stabilized.

Not only does MICRA protect healthcare providers, but it also protects the patients they serve. MICRA preserves patients’ access to fair compensation when they have justifiable claims, including:

UNLIMITED	Economic damages for all past and future medical costs.
UNLIMITED	Economic damages for lost wages, lifetime earning potential and for any other conceivable economic losses.
UNLIMITED	Punitive damages, which seek to punish a defendant.
ADDITIONAL	Up to \$250,000 available for non-economic damages, sometimes called pain and suffering awards.

In addition, MICRA limits the amount a trial attorney can take as payment for representing an injured patient. This ensures more money goes to patients, not their lawyers.

MICRA has saved healthcare consumers billions of dollars by protecting against meritless lawsuits. Not surprisingly, MICRA is the target of California trial lawyers who want to change the law to make it easier and more lucrative to file lawsuits.

- Trial lawyers want to *quadruple* the non-economic damages award from \$250,000 to \$1 million!
- Even doubling the amount of non-economic damages allowed under MICRA will raise healthcare costs in California by a whopping \$9.5 billion annually, according to a report by the State’s former non-partisan Legislative Analyst William Hamm. Increasing the amount by four times as much, as trial lawyers want to do, will increase costs even more.
- The result will be higher medical liability rates for healthcare providers and higher health insurance premiums for employers and consumers.

Our healthcare system is undergoing major changes and our economy is still recovering. Now is not the time to change a law that works well and has saved the healthcare system in California billions of dollars, just so trial lawyers can file more lawsuits to increase their fees.

This is why the Humboldt-Del Norte County Medical Society, along with the California Medical Association and specialty societies, continues to work with CAPP to ensure that MICRA remains intact and viable in California. The CAPP coalition includes more than 600 organizations representing medical societies, hospitals, community clinics, health centers, physicians, nurses, emergency providers, EMTs, fire fighters, police officers, dentists, health facilities, and women’s health advocates, among others. For more information about CAPP and MICRA, visit www.micra.org and sign up to receive e-mail updates about efforts to protect MICRA or contact the CAPP office at 916-448-7992.

SUPPORT LOCAL EDUCATION CONSORTIUM FOR CONTINUING MEDICAL EDUCATION

E. TERESA MARSHALL, M.D.
HDNCME Chair



The Humboldt-Del Norte Consortium for Continuing Medical Education has been a self-supporting committee of the Humboldt-Del Norte County Medical Society for over 25 years. The Consortium (your colleagues) plans, coordinates and promotes local quality - needs-oriented continuing medical education for local physicians. The Consortium is accredited by the California Medical Association's Institute for Medical Quality (IMQ) to provide AMA PRA Category 1 CME Credits for educational programs which meet ACCME accreditation guidelines. (We are still hoping to coordinate through the Osteopathic Physicians Committee, local educational programs meeting criteria for Category 1A for D.O.'s as well).

Over 100 programs were accredited for local physicians in 2011, saving our local physicians the expense of having to take time and the expense out of their practice to travel out of the area. The Consortium coordinates 1-2 larger conferences each year and is working on the Oncology Conference to be held later this month (previous years have included Infectious Disease, Pain Management, etc.) The programs also include Tumor Boards, local ACLS/PALS, Quality Review and Improvement activities, case conferences, journal club and many other non-grand round programs. Educational needs are identified in various ways and programs are coordinated along with our local I.P.A., Health Department, Hospice, Breast Health Project, Hospitals, clinics, etc

and of course through our local physicians.

For a small fee (Medical Society members: \$100/year / Non-Members: \$200/year), the Consortium for Continuing Medical Education tracks attendance at all HDNCMS-accredited programs and provides members with an official accreditation report of attendance for the year. This fee also helps support local CME. (Part time coordinator, accreditation, etc)

A two-month education calendar of Grand Rounds programs are published each month in the *North Coast Physician* and a six-month planning calendar is posted on the website at www.hdncms.org

Contact our CME Coordinator, Terri Taylor at (707) 442-2353 for further information. §

CALL FOR COVER PHOTOS

for the

(North Coast Physician AND Physician Membership Resource Directory)

Member Physicians are encouraged to submit

**local photos that showcase our
beautiful area**

Janssen Malloy LLP

Attorneys at Law

730 Fifth Street, Eureka, California 95501
(707) 445-2071 Facsimile: (707) 445-8305

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*Member of the California Society for Healthcare Attorneys

Osteoporosis - Observations Over the Years

GENA PENNINGTON, M.D.



There are many therapies that reduce the risk of fracture in people with osteoporosis. Part of the reason for the expanding menu of therapies is that negative side effects have been seen over time prompting the quest for better solutions. The following paragraphs share some of the observations from the vantage point of the Osteoporosis Diagnostic Center and is not intended to be a complete review.

Vitamin D had been ignored for decades. However, a flurry of journal articles beginning ten years ago helped to change this perspective.

In discussions with some of the local family practices who often test for 25-hydroxy vitamin D, we are hearing that 70-80% of local patients are deficient. Given our coastal climate, indoor habits, and the widespread use of sunscreen, this high percentage is not surprising.

Trials looking at the influence of vitamin D on fractures have shown both benefit and no benefit. Part of this discrepancy is associated with dosage. The longstanding recommendation of 400 IU/day appears to be inadequate, at least in our climate zone. Higher doses, be it daily or weekly, in order to achieve 25-hydroxy levels that exceed 45 mg/deciliter are associated with improvements in multiple outcomes as compared with the current threshold of vitamin D insufficiency of 30 mg/dl. Patients taking higher doses (800-2000 IU/day) experience 30% fewer hip fractures compared with those taking lesser amounts.

Osteonecrosis of the Jaw (ONJ)- Our local maxillofacial surgeon has seen five cases of ONJ in the past two years that he is certain are associated with bisphospho-

nates.

Consistent with published data, he states that the greater percentage of these cases (three out of five) are seen with the intravenous bisphosphonates as compared with the oral medications.

The most recent medication to receive FDA approval for osteoporosis is Prolia. The delivery method (subcutaneous injection twice per year) and the chemical pathway (RANKL inhibitor) is different than those of the bisphosphonates. The results, an increase in bone mineral density and a decrease in markers of bone resorption, are similarly robust as compared with the bisphosphonates. The Osteoporosis Diagnostic Center was a research site for this compound. During the course of the 3-year trial, the safety profile was excellent.

Estrogen is important to maintain bone mineral in both women and men. Men with prostate cancer are often prescribed GnRH inhibitors thereby compromising their small, albeit crucial, production of estrogen. The predictable result is accelerated bone loss.

The various bariatric surgeries have the unintended consequence of inhibiting the absorption of various nutrients. This is especially true for fat soluble vitamins (e.g. vitamin D). Patients who have these procedures often experience dramatic losses of bone mineral.

There are several classes of drugs that either inhibit bone formation or accelerate bone demineralization. These include (in order from worse to less worse for bone mineral):

- Corticosteroids*
- Aromatase inhibitors*
- GnRH medications*
- Anticonvulsants*

Antiretroviral drugs

Anticoagulants

Inhaled corticosteroids

Depo-provera

Methotrexate

Lithium

Antibiotics (prolonged, oral)

Proton pump inhibitors

In the sixteen years that the Osteoporosis Diagnostic Center has been open, we have observed that no "rule" can be applied to all people. For example, we have seen all of the available therapies fail, in individuals, to increase bone mineral. In contrast, we have seen individuals maintain a healthy skeleton into their ninth decade without using any prescription compounds.

Osteoporosis, in 2012, is detectable prior to fracture, and both preventable and improvable with a broadening array of treatment options. These include lifestyle factors (diet, exercise), natural compounds (vitamins D and K, macro and trace minerals), estrogen, Serum Estrogen Receptor Molecules (Evista, etc), calcitonin, bisphosphonates (oral and intravenous), and RANKL inhibitors. **S**

DID YOU KNOW.....

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

Thank You for Your Support of Local Education !

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

North Coast Physician

**HUMBOLDT-DEL NORTE COUNTY
MEDICAL SOCIETY &
NORCAL MUTUAL INSURANCE - RISK MANAGEMENT**

Presents

**“HANDOFF ALONG THE CONTINUUM OF CARE:
LESSONS LEARNED IN LITIGATION”**

FOR PHYSICIANS ONLY

- Case Presentations involving handoff communication
 - Licensing/Accreditation Requirements
- Adhering to policies, procedures and/or processes to standardize patient hand-offs
- Risk Management Strategies to improve communication and reduce professional risk
 - Medical Board Investigations/Patient Complaints
 -and more

SPEAKERS: *Katie Theodorakis, NORCAL Risk Management Specialist AND Michael Morrison, Esq.*

DATE: **OCTOBER 25, 2012 (Thursday)**

TIME: **7:00 - 9:00 p.m. (PHYSICIANS ONLY)**

PLACE: **Umpqua Bank Plaza Community Room**

2426 Sixth Street, Eureka (Hwy 101 North - Harley Davidson/Circle K Exit)

Note: You don't have to be insured by NORCAL to attend

RESERVATIONS REQUIRED

You may register by calling the Humboldt/Del Norte Medical Society at 442-2367 or e-mail: hdncms@sbcglobal.net.

**“ROUNDTABLE DISCUSSION: RISK
MANAGEMENT AND THE MEDICAL OFFICE”**

FOR THE OFFICE MANAGER & INTERESTED PHYSICIANS

- Informed Consent
- Minor Consent
- Medical Record Management and Retention
- Confidentiality and HIPAA
- Patient Privacy and Social Media
- Interpreters and Health Care Literacy
- Medication Prescribing
- Dealing with Medical Board Complaint

SPEAKERS: *Katie Theodorakis, NORCAL Risk Management Specialist AND Michael Morrison, Esq.*

DATE: **OCTOBER 25, 2012 (Thursday)**

TIME: **1:00 - 3:00 P.M.**

PLACE: **Umpqua Bank Plaza Community Room**

2426 Sixth Street, Eureka (Hwy 101 North - Harley Davidson/Circle K Exit)

Target Audience: Office Managers - Physicians Welcome

Note: You don't have to be insured by NORCAL to attend

RESERVATIONS REQUIRED

You may register by calling the Humboldt/Del Norte Medical Society at 442-2367 or e-mail: hdncms@sbcglobal.net

MEMBER BENEFITS

Joining CMA/HDNCMS is like hiring a powerful professional staff to protect you from legal, legislative, and regulatory intrusions into your medical practice. Members are also entitled to a wide array of discounts, products, and services. Most physicians can save at least enough to cover their annual dues. Many save much more. Take full advantage of all the benefits available to you, and save your practice thousands of dollars a year! (More details on CMA/HDNCMS member benefits, services and discounts are available online at <http://www.cmanet.org> and published in your 2010 Physician Membership Resource Directory.

CMA Alert

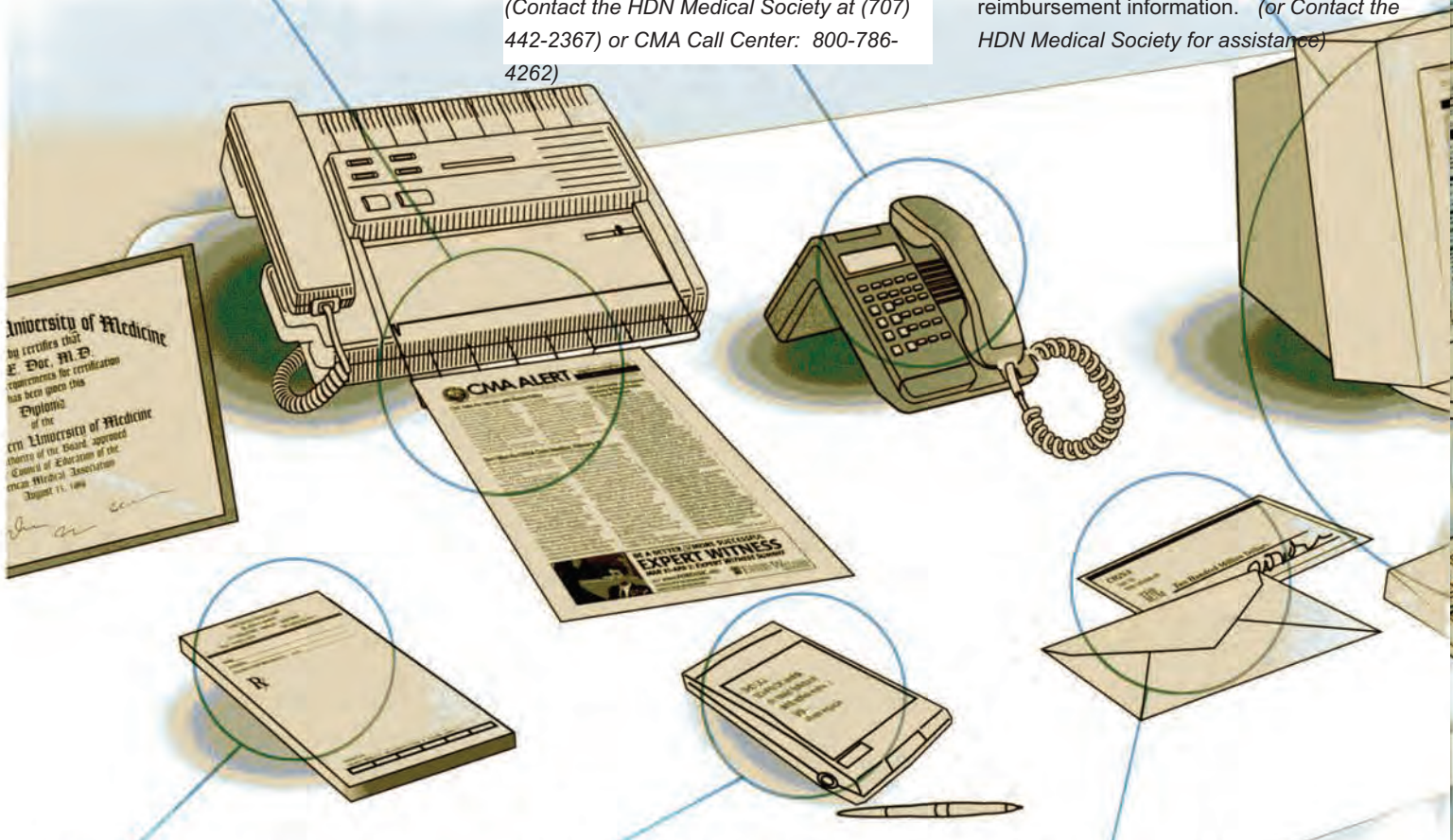
CMAAlert is CMA's bi-weekly newsletter. Delivered by e-mail or fax, *Alert* keeps physicians and their staffs informed about our legislative, legal, and public health activities.

Member Hotlines

Whether you have a legal question, need reimbursement help, want to know the status of legislation, or want to find out more about your CMA/HDNCMS member benefits, the information is just a phone call away. (Contact the HDN Medical Society at (707) 442-2367) or CMA Call Center: 800-786-4262)

Information on Demand

At CMA's members-only website, <http://www.cmanet.org>, physicians have free access to CMA ON-Call, a key member benefit. ON-CALL contains thousands of pages of medical-legal, regulatory, and reimbursement information. (or Contact the HDN Medical Society for assistance)



Security Prescriptions

CMA's security-prescription partner, RxSecurity, provides tamper-resistant prescription pads to members at a significant discount

Information Technology

Confused by IT choices? CMA is closely monitoring the standards development process and has developed a HIT Resource Center for our members. To help members assess their HIT needs, CMA has been hosting several EHR Webinars that are posted for members to view at their convenience.

Reimbursement Advocacy

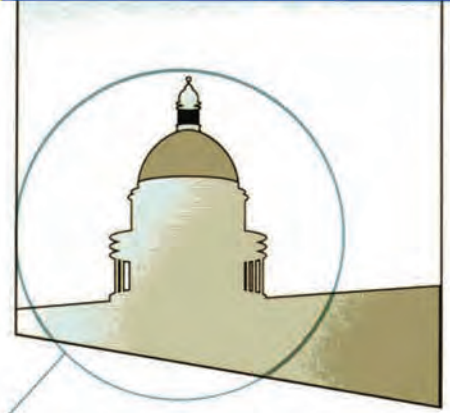
CMA ensures that physicians get paid fairly. In addition to CMA's economic advocacy in the Legislature and in the courts, physician members can call on reimbursement specialists for one-on-one help with contracting, billing, and payment problems. CMA also publishes a quarterly communication for you and your billing staff: *CPR* (CMA Practice Resources) is full of tips and tools

Educational Programs

Locally our HDN Consortium for CME is accredited to provide AMA PRA Category 1 CME for locally coordinated educational programs. Members receive a discounted fee for annual CME reports. CMA has educational programs to help you meet regulatory and accreditation standards, learn effective practice management techniques, and provide quality care. HDNCMS coordinates many of these programs locally for the benefit of our members.

Publications

HDNCMS publishes a monthly *The Bulletin* - our regular communication with our members and member communications with their colleagues. HDNCMS publishes an outstanding Physician Membership Resource Directory - one stop shopping for all healthcare related resources in HDN. CMA publishes a variety of resources, including legal handbooks, HIPAA compliance toolkits, practice management guides, and patient forms.



Legislative Advocacy

CMA is distinguished by its political successes. Our lobbyists educate legislators about the impact proposed legislation has on patients' health and on the viability of physicians practices in California. HDNCMS meets with locally elected representatives. CMA publishes a Legislative Hot-List to keep members informed.

Legal Services

CMA legal experts provide assistance for HR, medical, regulatory, or legal questions - free to members.

Group-Buying and Discount Programs

Thanks to CMA's buying power, members receive discounts on everything from magazines to office furniture. CMA/HDNCMS members also receive discounts on a variety of insurance products, including workers compensation, medical, life, disability, long-term care, automobile and homeowner policies.

Therapeutic Psychedelics: An Update

COURTNEY LADIKA, M.D.



I am writing this paper, not as an expert on the subject, but as a means to encourage increased awareness and support for psychedelic research among medical providers. There has been an increase in psychedelic research over the past two decades and currently there are clinical trials underway using psychedelics in psychotherapy and hospice care. Psychedelics of particular interest are 3,4-methylenedioxy-N-methylamphetamine or MDMA, Psilocybin (active constituent of “magic mushrooms”), and Lysergic Acid Diethylamide (LSD).

First, a bit of an historical perspective. Psychedelics have been used for centuries as therapeutics and “empathogens,” chemical agents that induce an empathetic state. Indigenous civilizations have used psychedelics in spiritual and shamanic rituals for thousands of years. Much more recently, in the 1960’s and 70’s, psychedelics gained popularity in the counterculture and were adopted into psychiatry as a catalyst in psychotherapy. Largely because of their widespread use, psychedelics, and their user’s, came under increased scrutiny by the Drug Enforcement Agency. By the 1970’s, most psychedelics were reclassified as Schedule I drugs, defining them as having a high potential for abuse and no accepted medical use. Psychedelic research was essentially placed on hold at that time.

Fortunately, at least from my perspective, psychedelics have had a resurgence in the clinical research world. Most notable, psychedelic researchers from the Multidisciplinary Association for Psychedelic Studies (MAPS) recently gained FDA approval for clinical trials into MDMA assisted psychotherapy. This clinical trial is focused on the treatment of U.S. Veterans

of War that are disabled by post traumatic stress disorder (PTSD). The Department of Veterans Affairs cites that 13.8% of Iraq and Afghan veterans are affected by PTSD, and many are not responsive to traditional psychotherapy. Studies are exploring whether MDMA can increase the effectiveness of psychotherapy by strengthening the alliance between therapist and patient and opening a “window of tolerance” in patients, allowing them to be able to experience and express fear, anger, and grief with less likelihood of feeling overwhelmed¹.

In an earlier study, using 20 non-veteran participants with chronic, treatment resistant PTSD persisting for an average of 19 years, MDMA assisted psychotherapy resulted in statistically significant improvement in symptoms. Over 83% of the participants no longer met DSM-IV criteria for PTSD and these benefits were maintained at follow-up an average of 3½ years after MDMA assisted psychotherapy².

The U.S. Veterans of War study is a pilot phase 2 study comparing 3 different doses of MDMA in conjunction with psychotherapy in veterans with PTSD. It is taking place in Charleston, South Carolina under the direction of Dr. Michael Mithoefer and is actively seeking research participants³.

Another intriguing use of psychedelics is in the treatment of anxiety related to a terminal diagnosis and end-of-life care. The working hypothesis is that psychedelics elicit mystical, transcendental experiences of great personal and spiritual significance. These experiences, in turn, “allow terminally ill patients to face their own demise completely differently – to restructure some of the psychological angst that so often

occurs concurrently with severe disease,” says Roland Griffiths, a Johns Hopkins researcher in the department of Neuroscience, Psychiatry and Behavioral Medicine.

In one of his studies using psilocybin, researchers were able to reliably induce transcendental, mystical experiences in healthy volunteers. Fourteen months after participating in the study, 94% of those who received the drug said the experiment was one of the top five most meaningful experiences of their lives; 39% said it was the single most meaningful experience⁴. Dr. Charles Grob, at the UCLA-Harbor Medical Center recently concluded a pilot study using 12 patients with advanced cancer and a diagnosis of anxiety disorder. In this double blind, placebo controlled study, moderate doses of psilocybin were shown to improve mood and anxiety in these terminal ill patients⁵. Currently, studies are underway in Switzerland under the direction of Dr. Peter Gaser using LSD assisted psychotherapy in the treatment of anxiety secondary to life threatening illness⁶.

Psychedelics, including MDMA, LSD, and psilocybin are physiologically well-tolerated, with some studies showing only transient, moderate, increases in heart rate and blood pressure^{7,8,9}. These drugs do, however, have profound effects on perception and consciousness, and if given in an indiscriminate manner, certainly have the capacity to elicit fear, and even terror. “Even in this study, where we greatly controlled conditions to minimize adverse effects, about a third of subjects reported significant fear, with some also reporting transient feelings of paranoia,” says Griffiths. This underscores the importance of

“Psychedelics” from pg 20

having a comfortable, secure environment with skillful, well-prepared therapists to most safely and reliably achieve a therapeutic experience that may ultimately lead to positive change.

I hope that this article has served as a useful, albeit brief, update into the world of therapeutic psychedelics. As described by early advocates of the use of psychedelics — “from ancient shamans to Timothy Leary and the Grateful Dead — the psychedelic experience typically involves a sense of oneness with the universe and with others, a feeling of transcending time, space and other limitations, coupled with a sense of holiness and sacredness”¹⁰.

Preliminary research studies indicate a promising future for psychedelics in therapy, and I hope that you will consider supporting continued research into the safest and most effective ways to administer these promising drugs.

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MEDICAL STUDENT RURAL TRACK PRECEPTORS - FAMILY MEDICINE

are you interested in being a clinical preceptor for 3rd and 4th year medical students?

are you interested in providing housing for a rotating medical student?

And/or.....

Are you interested in speaking to PreMed students @ HSU?

Are you willing to work with PreMed Students interested in shadowing?

Are you interested in doing Mock Interviews with the students?

Please let us know..... hdnems@sbcglobal.net

WELCOME NEW PHYSICIANS

*Please join us in welcoming the following
new physicians to the North Coast*



MARCIN MATUSZKIEWICZ, M.D.

Dr. Matuszkiewicz started working at Southern Humboldt Community Clinic in Garberville in August and will also work in the Jerold Phelps Community Hospital Emergency Room, working on developing improved patient visit workflow to improve the patient's experience and operational efficiency, helping transition the district to electronic medical records and assisting with the implementation of telemedicine.

Dr. Matuszkiewicz describes this position as his ideal job, utilizing his unique combination of degrees and experience in medicine and systems engineering.

After a rural family medicine rotation in Wakesfield, Ontario, Matuszkiewicz says he realized he was interested in pursuing a similar job. "On a personal level I realized that I gained a lot by living in a rural area," Matuszkiewicz said. "As a rural family doctor you practice more direct patient care and are forced to keep learning and expanding your knowledge. I think, at the end of the day, that's the type of work I want to be doing."

He's enthusiastic about joining the local community, stating "I lived in the Bay area before but had not come this far north until I came to interview at the district. I absolutely fell in love with the area . . . it is like a fairytale! There are so many positive things here and it is absolutely beautiful. I feel so lucky that I have the flexibility to come to work here."

Born in Poland, Matuszkiewicz moved to Canada with his family at age 16. He holds a Bachelor of Science degree in Systems Design Engineering from the University of Waterloo in Ontario, Canada and an M.D. from McGill University in Montreal, Canada. Prior to joining the SHCHD team, Matuszkiewicz completed a three-year residency program in family medicine at the University of Pennsylvania in Philadelphia.

The Matuszkiewicz family (Marcin, his wife and young daughter) just completed their cross-country move to southern Humboldt. Runfang Matuszkiewicz is from China and works as a writer and translator. She's hoping to have found her ideal location for a quiet, inspiring place to concentrate on her writing and pursue her love of gardening. Daughter Audrey will begin kindergarten this fall.

Dr. Matuszkiewicz has studied Zen since 1998 with Ven. Anzan Hoshin roshi from the White Wind Zen Center in Ottawa, Ontario, including completing eight months of residential training there and four weeks of residential training at the Fire Lotus Temple in Brooklyn. He has been studying Hatha and Ashtanga yoga since 2003 and looks to continue both here.

The family enjoys outdoor activities and will be exploring, swimming, hiking and camping.

The Matuszkiewicz's will be temporarily renting a home in Garberville. "I think it's going to be a great place to live for us," Matuszkiewicz said. "We want to buy a house but haven't found the perfect one yet. We are committed to staying in the area."

Did You Know.....

Members have access to the Medical Society's communication tools (broadcast e-mail/ fax/ labels/ *North Coast Physician*) for communications with their colleagues.

Humboldt-Del Norte "TATTLE"R

CONDOLENCES to Tom and Sue Rydz on the loss of Tom's Mother, Ida.

CONDOLENCES to Neil Kushner, M.D. on the loss of his mother.

GET WELL WISHES to Donald W. Micheletti, M.D.

COMING, GOING AND MOVING AROUND:

WELCOME

DANIEL KRAUCHUK, D.O.	Physical Med & Rehab	HMS Interventional Pain Management
MARCIN MATUSZKIEWICZ, M.D.	Family Medicine	Southern Humboldt Community Clinic
KERI JACKSON, M.D.	Family Medicine	Eureka Veterans Clinic
MODAR SUKKARIEH, M.D.	Pediatrics	Sutter Coast Community Clinic

GOING / RETIRING

LAURENCE BADGLEY, M.D.	- FAMILY MEDICINE, TO RETIRED
JOSEPH BURKES, M.D.	- INTERNAL MEDICINE, TO RETIRED
ALEXANDER WADE, M.D.	- PEDIATRICS, LEFT AREA

MOVING AROUND:

O. BRIAN CRAIG, M.D.

NEW ADDRESS: 930 W. Harris Street, Eureka
(707) 269-7500 FAX (707) 269-7559

TERRY RAYMER, M.D.

NEW ADDRESS: 930 W. Harris Street, Eureka
(707) 269-7500 FAX (707) 269-7559

RAPHAELLE BUTLER, M.D. TO: EUREKA VETERANS CLINIC

NEW ADDRESS: 930 W. Harris Street, Eureka
(707) 269-7500 FAX (707) 269-7559

MARK DAVIS, M.D. ARCATA OFFICE LOCATION

MOVED TO: 4715 Valley East Blvd, Suite 3, Arcata
FAX: 825-0336

NEIL KUSHNER, M.D. NEW OFFICE LOCATION

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(707) 442-4200 FAX: (707) 442-8222

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H.S.U. Pre Med Association

EMILY DALTON, M.D.

Liaison



The Medical Society continues to work with the students and PreMed Advisor at Humboldt State University, helping the students increase their community involvement with local medical doctors and hospitals. We believe that observations of medical practice are key to a strong application to medical schools. In addition, these experiences add needed certainty and vision to students' lifetime goals.

The association would like to develop contacts in the community to increase:

-Opportunities to observe, or shadow, health care professionals.

-Internships in hospitals and doctors' offices

-Volunteer work with patients and anywhere else needed.

-Part-time employment related to medicine both during the semester and also during summer and winter breaks.

We would very much appreciate hearing from local physicians regarding ways that you would be willing to assist the as-

sociation in these areas. Most importantly, we want pre-med students to have the opportunity to shadow doctors at work and develop a good understanding of medical practice. We are also interested in suggestions on how we can increase community involvement.

The Pre-Medical Association will be working with the Humboldt-Del Norte County Medical Society, utilizing the Rules and Rationale, Confidentiality Agreements, and other directives used in previous Internship Programs and will meet with students to make sure that they understand the importance of confidentiality and professionalism in their placements. We have developed a link between the Medical Society and Pre-Med Assoc. web pages and will be utilizing the Medical Society's Speaker's Bureau.

The association currently has about 45 students involved.

We realize that many doctors are extremely busy and we do very much appreciate any assistance given to the pre-medical

students and future doctors from Humboldt State University.

Other opportunities to work with the students are:

-Speaking to the students at their scheduled meetings

-Mock Interviews with students to help prepare them for applying to medical school.

The Medical Society keeps an on-going list of physicians interested in speaking and doing Mock Interviews so please let us know if you are interested.

There are several of the students that are interested in working with us on the CMA Foundation Walk With A Doc Program.

The current 20012-13 Pre-Medical Association President is Jessie Hagadorn (Please contact the Medical Society office for contact information) or she can be reached through Dr. Jacob Varkey, the PreMed Advisor, at 826-4164.

WELCOME NEW MEMBERS

Please join us in welcoming the following new members:



LAURA S. PARE', M.D.

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University of Chicago (1985)

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NCHIN North Coast Health Information Network

NCHIN is a service partner in providing Health Information Exchange (HIE), EHR implementation and IT support services to medical practices in Humboldt and Del Norte Counties.

Do you need help:

- Selecting an EHR to qualify for the Federal/State EHR Incentive Program?
- Implementing your chosen EHR?
- Setting up/upgrading your computer network to work with your EHR?
- Supporting your existing network going forward?
- Performing a Security Assessment?
- Meeting Meaningful Use?
- Receiving data from other service providers directly into your EHR?
- Interfacing your EHR with IRIS?

If you answered "Yes" to any of these, we can help!

Call Chris at 707.443.4563, ext. 16 for more information
or check us out on the Web at northcoasthin.org.



Health Education Alliance

707.443.0124

Fax: 707.443.2527

3100 Edgewood Road ~ Eureka, CA 95501

Diabetes Education for:

- Newly diagnosed patients
- Gestational diabetes management
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- Insulin pump and CGM support
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HEA is offering

A FREE

Type 1 Diabetes

Support Group

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6:00—7:30 pm

WHERE: The Foundation

3100 Edgewood Road, Eureka

Conference Room

PRICE: Free!

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CMA Foundation: Making Things Happen

California Medical Association Foundation (CMAF) is on the forefront of public health issues within the state and the nation. With programs in immunization, disease prevention and education, the Foundation's many programs help CMA physicians address these issues within their practices and their communities.

Programs of Importance

AWARE PROGRAM

What happens when physicians, clinical leaders, public health organizations, health plans, consumer and patient groups come together to take on antibiotic resistance? Results.

The Foundation's Alliance Working for Antibiotic Resistance Education (AWARE) has worked for the past 13 years to decrease the inappropriate use of antibiotics in California.

In 2010 the AWARE compendia published by the Foundation was cited by the U.S. Department of Human and Health Services Agency as a Quality Tool extending the reach of the program beyond the state.

"Sustained partnership is the backbone of the AWARE Project's longevity and success. I am honored to play a role in an effort that has kept antibiotics effective and safeguarded the health of children and adults in California."

Dean Blumberg, M.D., Pediatric Infectious Disease Specialist
U.C. Davis Children's Hospital

DIABETES QUALITY IMPROVEMENT PROJECT

What happens when the key players in diabetes treatment are convened to discuss new developments? A state-of-the-art reference tool is published and made available to health care providers on the World Wide Web for free.

"The compendium is an excellent resource for all clinicians, consolidating a wealth of key diabetes-related information that is regularly updated in one 'go-to' place."

Gordon L. Fung, M.D., M.P.H., and Ph.D., Director of Cardiac Service
UCSF Medical Center, Mount Zion

HPV VACCINATION

What happens when cervical cancer survivors, public health stakeholders and health care providers work together to increase HPV vaccination California? Cervical cancer free California –It's not a dream – it is now within reach. Through an annual survey of barriers to HPV vaccination, the Foundation is making it a reality that all girls will be vaccinated in California.

OBESITY PREVENTION PROJECT

What happens when physicians are inspired to help Californians eat right and maintain a healthy weight? Doctors partner with their patients and recreation professionals to create a prescription for health engaging all ages within the family.

One Chula Vista doctor started a local recreation prescription partnering with local swimming pools and families that spread throughout San Diego and Tulare counties.

"Most doctors need to view community involvement as a part of their professional identity so that they can gain critical perspective and truly provide patient-centered care."

Robert Christopher Searles, M.D.
Chula Vista, California

NETWORK OF ETHNIC PHYSICIAN ORGANIZATIONS (NEPO) HEALTH INFORMATION TECHNOLOGY

What do you get when you conduct health information technology (HIT) outreach by partnering with CALHIPSO (major supporter of HIT adoption in California) and ethnic physicians? A group of tech savvy physicians able to take advantage of the federal stimulus package to bring HIT into their practices to serve safety-net patients.

"This is the choice for the future. It is an enhancement of communication between patient and doctor. With HIT I have a wealth of information at my fingertips. It's easier and less time consuming to track patient care and pertinent information."

Nathan H. Allen, M.D., Diplomate American Board of Obstetrics and Gynecology
Golden State Medical Association
Capitol Medical Society

To learn more about any of these programs, visit the Foundation's website, <http://www.thecmafoundation.org>.

Institute for Medical Quality

JOHN A. KUSKE, M.D.

Chair, IMQ Board of Directors



The Institute for Medical Quality (IMQ) is the quality arm of the CMA. Since January 1996, IMQ has helped improve the quality of care delivered to patients in California through a range of accreditation, certification, educational and consultative activities. The true strength of our programs are the hundreds of physicians who participate as surveyors, educators, committee and Board members. Their unwavering commitment to medical professionalism is a point of pride for organized medicine.

IMQ is expanding its impact on medical professionalism through multiple arenas.

- **IMQ's Ambulatory Care Review Program**, which accredits a wide range of outpatient settings, including surgery centers, occupational health centers, medical offices/medical groups and others, is recognized by various state regulatory bodies and insurance carriers, and accredits facilities in states throughout the country. A growing network of physicians serve as surveyors and consultants to help facilities provide the best care possible.
- With funding from The Physicians' Foundation, IMQ joins with the UCSD PACE Program to offer a **Platinum Level Training Program for Medical Staff Leaders** annually. The program uses interactive teaching modalities to help physicians develop critical skills in areas such as communications, time management, handling disruptive or impaired professionals and using data.
- IMQ offers **peer review consultations** and tailors **medical staff consultations** to address the topics and concerns requested by medical staffs and groups.
- All physicians can save time and stress by using IMQ's **CME Certification Program** to track CME hours in accordance with Medical Board of California (MBC) requirements. By enrolling in this program, physicians can avoid the potential hassle of undergoing an audit by the MBC.
- **Consolidated Accreditation and Licensure Survey Program**
The Joint Commission, the Department of Public Health (DPH), and IMQ jointly survey acute care hospitals for accreditation and licensure. IMQ's participation assures that a physician participates on the survey.
- **Ethics and Professionalism Program**
Addresses the legal and ethical dimensions of medical practice in California and introduces participants to a range of resources. Courses available for physicians and pharmacists.
- **Corrections and Detentions Program**
IMQ accredits medical programs in juvenile halls and jails, and offers Title 15 compliance surveys to correctional facilities.
- **Continuing Medical Education**
IMQ accredits providers of CME and offers education and consultation to assist these providers.
- **Education**
IMQ offers a broad range of educational programs on CME, medical staff issues, and quality care.

Please take a moment to explore our website www.imq.org and consider getting involved with IMQ. Our staff is happy to answer any questions. All of us at IMQ hope to welcome you as a new participant in the near future.

Walk With A Doc

Walk with a Doc was created by Dr. David Sabgir, a board-certified cardiologist who practices with Mount Carmel Clinical Cardiovascular Specialists - at Mount Carmel St. Ann's in Ohio. "Walk With A Doc" strives to encourage healthy physical activity in people of all ages, and reverse the consequences of a sedentary lifestyle in order to improve the health and well-being of the country. "Just Walk" is a free, non-profit program for anyone interested in taking steps for their health.

The CMA Foundation will be starting a statewide Walk With A Doc Program, working with local physicians and the medical societies. We will be recruiting physician volunteers. Walks will be held on Saturdays lasting about an hour each and will start with a physician giving a quick



10-15 minute talk about healthful living.

More than half of all California adults age 18 and over are either overweight or obese. Obesity is a major risk factor for a number of chronic diseases, and has reached epidemic proportions among both adults and children.

The Walk With A Doc Program is free and fun and a great way to get some physical activity.

The Humboldt-Del Norte County Medical Society will be working with the CMA Foundation to develop a program in

our area. You will be hearing more about the program as it is coordinated locally. If you have not already done so, please let us know if you are interested in helping to coordinate the local program and/or participating as a "lead" physician and/or "walker" in the program.

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You can save up to 80% on Office Supplies and Equipment from Staples, Inc. Visit www.cmanet.org/benefits to access the members-only discount link.

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Home Care Equipment • Aids for daily living, Diagnostic equipment, Ostomy, Urinary & Incontinence supplies

Nursing Supplies • Blood pressure cuffs, Dissecting kits, Stethoscopes, Student nursing supplies

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Respiratory Supplies •

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Respiratory Equipment

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When you're a member of CMA/HDNCMS, you hire a powerful professional staff to protect the viability of your practice. By protecting your practice from legal, legislative, and regulatory intrusions, your CMA/HDNCMS membership lets you focus on what's really important: your patients. Here are a few examples:

MEMBER COMMUNICATIONS:

CMA ALERT /

NORTH COAST PHYSICIAN

CMA Alert is CMA's bi-weekly member newsletter. Delivered by fax or e-mail, Alert keeps physicians and their staffs informed about our legislative, legal, and public health activities. Locally we publish our monthly North Coast Physician, which includes local articles/opinions, local activities, etc.

Local broadcast fax/e-mail communication with our member physicians and/or your Office Managers. Broadcast e-mail is also available to our members for their communications with local colleagues.

MEMBER HOTLINES

whether you have a legal question, need reimbursement help, want to know the status of legislation or want to find out more about your CMA member benefits, the information is just a phone call away:

REIMBURSEMENT HOTLINE:

888-401-5911 (free to members)

LEGAL HOTLINE: 415-882-5144

(free to members)

LEGISLATIVE HOTLINE:

866-462-2819

(free to members)

MEMBERSHIP HELP LINE: 888-233-2937; or **contact the local Medical Society at 707-442-2367.**

CMA ON-CALL DOCUMENTS

At CMA's members-only website, <http://www.cmanet.org>. Member physicians have free access to CMA On-Call, a key member benefit. ON-CALL contains thousands of pages of medical-legal, regulatory,

and reimbursement information. **A full copy (7-volume set) of CMA's California Physician Legal Handbook is available for review at the local Medical Society office.**

MICRA: CMA works tirelessly to protect California's Medical Injury Compensation Reform Act (MICRA). MICRA saves each California physician an average of \$67,000/year in annual malpractice premiums. Some high-risk specialties save more than \$200,000.

EDUCATIONAL PROGRAMS/

WEBINARS CMA has educational programs to help meet regulatory and accreditation standards, learn effective practice management techniques, and provide quality care. Members and their staffs receive special registration discounts. Our local Consortium for Continuing Medical Education is accredited through the CMA Institute for Medical Quality (IMQ) to coordinate CME programs to meet the needs of our local communities.

Billing and risk management seminars are coordinated locally to save the expense of having to go or send your staff out of the area for training.

PUBLICATIONS

CMA publishes a variety of resources, including CPLH, HIPAA compliance toolkits, practice management guides, patient forms, etc.

Locally, we publish an outstanding Pictorial Physician Membership Resource Directory that includes all physicians in Humboldt and Del Norte

Counties; Group Practice list; Specialties Listing; Extensive Useful Numbers Section; Pharmacy List with fax and hours of operation; Advanced Practice Clinician list; etc. (membership discounts are available for additional copies). HDNCMS Residence Directory published annually is available only to our members.

WEBSITE

In addition to information regarding our local medical society, local information and links, we've included an expanding Practice Opportunity Section to help our members in their recruitment efforts AND to help educate potential recruitees regarding healthcare in Humboldt and Del Norte.

LEGISLATIVE ADVOCACY

CMA is distinguished by its political successes. Our lobbyists educate legislators about the impact proposed legislation has on patients' health and on the viability of physician practices in California.

Local meetings with elected representatives are coordinated to discuss local legislative issues.

INSURANCE PRODUCTS

AND SERVICES

CMA/HDNCMS has partnered with MARSH Affinity to provide discounts on a comprehensive portfolio of insurance products and services. Contact MARSH at 800-747-5123, ext. 7221.

REIMBURSEMENT ADVOCACY:

CMA ensures that physicians get paid fairly. In addition to CMA's economic advocacy in the Legislature and in the courts, physician

members can call on reimbursement specialties for one-on-one help with contracting, billing, and payment problems. Tracking of reimbursement hassles. "Taking Charge: Steps to Evaluating Relationships and Preparing for Negotiations"; "Getting Paid: Strategies to Maximize Reimbursement"; Practice Cost Survey; and many other Reimbursement Advocacy tools are available in the CMA Members-Only section www.cmanet.org (Reimbursement Help Line, 888-401-5911).

RICO LAWSUITS: Lawsuits filed against several health plans (Aetna, CIGNA, etc) require the health plans to change the way they do business with physicians, and several provide prospective relief to physicians nationwide.

CONTRACT ANALYSIS: receive free access to CMA's Model Managed Care Contract and objective written analysis of major health plan contracts. As well, receive from CMA-contracted attorneys a discount on other contract analysis services. Contact CMA at 916/444-5532 or visit www.cmanet.org.

PROFESSIONAL LIABILITY NEWS
As one of the founding medical societies for NORCAL Mutual Insurance Company, most members use HDNCMS Sponsored: NORCAL for their professional liability insurance coverage. NORCAP Council serves as an advisory body to NORCAL with local physician representation. Loss prevention discounts are available to members that participate in the Medical Quality Review Committee

and other local peer review activities. Discounts are also available for on-line CME at www.norcalmutual.com <http://www.norcalmutualinsurance.com>.

CALIFORNIA EMERGENCY DRIVING EMBLEM. Receive your first California physician emergency driving emblem free of charge, and any additional emblems at a discount. Contact HDNCMS.

EPOCRATES CLINICAL REFERENCE GUIDES. Receive a 30% discount off a one-year subscription and a 35% discount off a two-year subscription to Epocrates' clinical reference guides. Students and residents receive a 50% discount. Contact Epocrates at 800-230-2150 or visit www.cmanet.org

HIPAA COMPLIANCE
Receive a discount on a complete, do-it-yourself HIPAA privacy and security compliance toolkit (CD ROM). Call David Ginsberg at PrivaPlan at (877) 218-7707. CMA On-Call documents will also guide you on the laws and regulations relating to HIPAA compliance.

CMA PHYSICIAN CONFIDENTIAL LINE
A free, 24-hour phone service for physicians, dentists, medical students, residents and their families and colleagues who may have an alcohol or other chemical dependence or mental/behavioral problem. Completely confidential. Using it will not result in any form of disciplinary action or referral to any disciplinary body. Call: (650) 756-7787.

Locally, the HDNCMS Physician Well Being Committee, a non-disciplinary committee, works with our local hospitals in helping to fulfill their requirements to have a medical staff committee to deal with possible impairment issues.

FULL-TIME HDNCMS PHYSICIAN ADVOCATE
Have a question? Don't know where to begin? Contact HDNCMS to help direct you for answers.

ENGAGEMENT IN HEALTHCARE ISSUES. Be a part of the solution! Become involved in any of the broad spectrum of opportunities both HDNCMS and CMA afford their member physicians, including joining a HDNCMS or CMA committee or becoming a physician leader. Contact HDNCMS.

CAR RENTAL DISCOUNTS: up to 15% discount on Hertz car rentals: 800/654-2200.

For other members-only discounts, visit CMA Members-Only section of their website: www.cmanet.org.

- ADDITIONAL LOCAL BENEFITS:**
- DocBookMD
 - Notary Services
 - Office Networking
 - PreMed & Medical Student Liaison
 - Social Events/Community Outreach
 - V.I.P. Program
 - Walk With A Doc Program
 -and more

CMA REFORM ESSENTIALS

CMA's bi-weekly newsletter for members designed to provide readers with latest developments of California's implementation of Federal Healthcare Reform. Contact the Medical Society if you're interested in receiving this on a regular basis. (Currently forwarding to Office Managers for distribution)



CONTINUING MEDICAL EDUCATION
EDUCATION CALENDAR
OCTOBER & NOVEMBER 2012

Programs at St Joseph Hospital (SJH) 12:15 pm --Conference Room C1
Programs at Mad River Hospital (MRCH) 8 a.m. --Minckler Conference Room
Programs at Redwood Memorial (RMH) Thursday 12:15 pm Video Conference (VC) or
Wednesday 6 pm --Renner Room

OCTOBER

10/3 (Wed)	TUMOR BOARD	SJH
10/4 (Thu)	"COPD" - Israel Rubinstein, MD; Professor of Medicine, University of Illinois at Chicago - Supported by: Boehringer Ingelheim - Course Objectives: 1. Distinguish COPD from other causes of shortness of breath and wheezing. 2. Recognize the stages of COPD. 3. Integrate the latest treatment recommendations for each stage of COPD.	SJH, MRCH, RMH (VC)
10/10 (Wed)	TUMOR BOARD	SJH
10/16 (Tues)	TUMOR BOARD	RMH
10/17 (Wed)	TUMOR BOARD	SJH
10/18 (Thu)	"SKIN & SKIN STRUCTURE INFECTIONS/MRSA" - Daniel DiGiulio, MD; Clinical Instructor of Med, Stanford University - Supported by: Cubist - Course Objectives: 1. Recognize the changing epidemiology of MRSA - community acquired vs. hospital acquired. 2. Understand the clinical presentation of the syndrome of MRSA. 3. Skin/skin structure infections. 4. Learn the most up to date treatment options for MRSA.	SJH, MRCH, RMH (VC)
10/24 (Wed)	TUMOR BOARD	SJH
10/26 (Fri)	TUMOR BOARD	MRCH
10/31 (Wed)	TUMOR BOARD	SJH

NOVEMBER

11/1 (Thu)	T.B.A.	SJH, MRCH, RMH (VC)
11/7 (Wed)	TUMOR BOARD	SJH
11/14 (Wed)	TUMOR BOARD	SJH
11/20 (Tues)	TUMOR BOARD	RMH
11/21 (Thu)	TUMOR BOARD	SJH
11/28 (Wed)	TUMOR BOARD	SJH
11/30 (Fri)	TUMOR BOARD	MRCH

THE HUMBOLDT-DEL NORTE CONSORTIUM FOR CONTINUING MEDICAL EDUCATION DESIGNATES THIS EDUCATIONAL ACTIVITY FOR A MAXIMUM OF 1.0 HOURS OF AMA PRA CATEGORY 1 CME CREDITS™. PHYSICIANS SHOULD CLAIM ONLY THE CREDIT COMMENSURATE WITH THE EXTENT OF THEIR PARTICIPATION IN THE ACTIVITY.

The target audience are the Physicians of Humboldt and Del Norte Counties.

Advanced Practice Clinicians, RN's, RD'S, and Pharmacists are also invited to attend.

Please contact Terri Taylor, CME Coordinator at (707) 442-2353 or

ttaylor_hdncms@sbcglobal.net if you have any questions.

****SAVE THE DATE****

**“INTEGRATION OF ONCOLOGY CARE CONFERENCE
FOR HUMBOLDT-DEL NORTE”**

October 20, 2012

Red Lion Hotel, Eureka

8:00 a.m. - 2:00 p.m.

**INTERESTED IN RECEIVING
NORTH COAST PHYSICIAN ELECTRONICALLY?**

**MEMBERS HAVE AN OPTION OF RECEIVING THE NORTH COAST
PHYSICIAN BY E-MAIL. PLEASE LET US KNOW IF YOU'RE
INTERESTED. SEND AN E-MAIL TO: HDNCMS@SBCGLOBAL.NET**

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2013 NOMINATING COMMITTEE

NOMINATIONS ARE NOW BEING ACCEPTED FOR OFFICERS, DIRECTORS, COMMITTEES, LIAISONS, ETC FOR 2013. CONTACT THE MEDICAL SOCIETY, HDNCMS@SBCGLOBAL.NET OR ANY OF THE FOLLOWING MEMBERS OF THE NOMINATING COMMITTEE:

**CHRIS CODY, M.D.
JOIN LUH, M.D.**

**HAL GROTKE, M.D.
MARK PARDOE, M.D.**

CMA Center for Economic Services

2012 Webinars At-A-Glance

- October 3: Protect Your Practice From Payor Abuse**
*Mark Lane * 12:15 - 1:15 p.m.*
- October 10: Impact of ICD-10**
*AAPC * 12:15 - 1:15 p.m.*
- October 17: Establishing Expectations for High Performance
From Medical Staff**
Debra Phairas 12:15 - 1:15 p.m.*
- October 18: Essentials for ICD-10-CM: Part 1**
*AAPC * 7:45 - 8:45 a.m. or 12:15 - 1:15 p.m.*
- October 24: Dealing With Medical School Debt**
*GL Advisor * 12:15 - 1:15 p.m.*
- October 25: Essentials for ICD-10-CM: Part 2**
*AAPC * 7:45 - 8:45 a.m. or 12:15 - 1:15 p.m.*
- November 1: Essentials for ICD-10-CM: Part 3**
*AAPC * 7:45 - 8:45 a.m. or 12:15 - 1:15 p.m.*
- November 7: Understanding ARC and CARC Revenue Codes**
David Ginsberg 12:15 - 1:15 p.m.*

All CMA hosted webinars are free for CMA Members. You may also visit www.cmanet.org/events to view all education events and to register. Webinars are also archived for later viewing. Questions? CMA Member Help Center: 800-786-4262

Suggestions for webinar topics are always welcome

**STAFF TRAINING AND CEU CREDITS:
MEMBERS CAN AUTHORIZE STAFF ACCESS TO THE
WEBINARS...**

YOUR STAFF CAN GET CEU'S.....

You can request the CEU Certificate in the survey that pops up after the webinar. CMA will send you the certificate to sign and have Supervisor/Physician sign and then use it to report CEUs to whatever certification board they belong.

**REVISED DMV FORMS
COMMERCIAL DRIVER'S LICENSES OR
D.L. SPECIAL CERTIFICATES**

The Medical Examination Report (DL 51) form, the green Medical Examiner's Certificate (DL 51A) and the orange Medical Certificate (DL 51B) have been revised. Effective January 30, 2012, all DMV offices will begin using the new forms. Prior form revisions will no longer be accepted as of that date for commercial driver's licenses or driver's license special certificates. The revised DL 51 form is available on the internet at www.dmv.ca.gov/forms/dl/dl51.htm. Should you have any questions or concerns you may contact the DMV information phone line at 1-800-777-0133.



APRIA HEALTHCARE

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North Coast Physician

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*

Redwood Rural Health Center

Contact: *Tina Tvedt, (707) 923-2783
or ttvedt@rrhc.org*

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)

ALLIED HEALTH PRACTITIONERS NEEDED
(FNP/NP/PA/CNM)

Redwood Internal Medicine - Contact *Nina, 725-4477*

UNITED INDIAN HEALTH SERVICES, INC.

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

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

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

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.

PROPERTY FOR SALE/ RENT/ LEASE

MEDICAL OFFICE SPACE AVAILABLE - LEASE.
2504 Harrison Avenue, Eureka. Call: (916) 261-8088.

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 (scottsattler@gmail.com) or by phone: 707 443-8183

HART MEDICAL BILLING (707) 839-3013



ECONOMIC ADVOCACY

CMA REIMBURSEMENT HOTLINE: (888) 401-5911

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"
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



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Our numbers add up to great claims support for your practice.

* Physicians Insurers Association of America Risk Management Review: 2011 Edition.
**Jena et al. Research Letter, Online First: Outcomes of Medical Malpractice Litigation Against U.S. Physicians. *Archives of Internal Medicine*. May 14, 2012.



CALL 1-800-652-1051 OR VISIT NORCALMUTUAL.COM

Proud to be endorsed by the Humboldt-Del Norte County Medical Society



*Our passion protects
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