North Coast Physician

In This Issue:

Cover Photo
"Old Bridge 2013"
Robert Soper, 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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In My Opinion

The Era of Pre-Born Personhood* Circa 2020 C.E.

Scott Sattler, MD

Mork calling Orson – Come in, Orson. Come in, Orson…..
Ah, Your Greatness…here is that report you were asking about:

THE ACT

It is the Common Era Earth year 2025, about 5 years after the national Baby Protection Act was passed declaring human personhood to begin at the instant of fertilization. The New Supreme Court deemed it constitutional within hours. Not surprisingly, the Protectors are having a little trouble dealing with some of the law's unanticipated consequences.

After passage of the Act, lawmakers began to study the facts of reproduction and were very surprised to learn that there was simply no way to tell when any given fertilization actually occurred. They hadn't realized that all pregnancy tests were based on finding the presence of a hormone (hCG) that wasn't produced until the already-fertilized egg implanted somewhere in the mother's body. And this implantation didn't happen until 6 to 12 days after ovulation and fertilization. Only then did the new person settle in, attach to its mother and start making its presence known by secreting hCG. When it comes to lawyers and courts of law here on Earth, knowing the exact time a given person's life begins can be pretty important. For example to a husband filing a tax return, the difference might mean whether or not he could legally register this new person as a dependent. For a woman busted for driving apparently alone in a car pool lane in California, such timing could mean whether or not she had to pay the $481 fine. But the truth is that when it comes to fertilization, one can only guess.

Another major problem they ran into was the unanticipated number of new persons who died before they were born. The Protectors hadn't taken into account that spontaneous abortions occur quite frequently as part of Mother Nature's quality control program. (Thank you, Mother.) They had overlooked the fact that in intended pregnancies, if one included pre-implantation losses, about 50 percent of all fertilized eggs did not result in a live birth . Since there are about 4 million live births each year in this country, it follows that about 4 million people here die each year before they are born. Now it is the law throughout the land that every person's death must be registered by the state and that a state-certified medical person must certify the date, time and cause of death. Are you beginning to see the problem? In California, for example, this paperwork must be completed within 8 days of the death. After the death certificate is filed, a Permit for Disposition of Human Remains must then be issued before disposition of the deceased's body can occur . You can't imagine the collection difficulties! Needless to say, the funeral industry has grown by leaps and bounds, but county registrars and coroners remain at a loss as to how to deal with these issues, the complexities of which I have barely begun to fathom.

THE EPAD

It is also important to note that essentially all pre-existing vital statistics were made invalid by the Act, for every person alive was now at least 40 weeks older than previously thought. One's Estimated Personhood Acquisition Date (their EPAD), by law, replaced the now-antiquated DOB, the date of birth, throwing into chaos those affected by mandatory retirement age limits, Social Security benefits, Medicare eligibility requirements and legal drinking ages. In short, the Act had the immediate effect of redefining all statutes and regulations that contained the word "person" in their description.

But it was in the role of 'Protectors of the Unborn' that the state encountered its most difficult challenge. For example it is well known that consumption of alcohol by a woman during any stage of pregnancy can compromise the health of the little person she is carrying. So, surprise-surprise, they passed laws making intake of alcohol illegal for all pregnant women. The burden of enforcement fell upon the owners of bars and liquor stores. Initially all women of childbearing age were required to give a urine sample for pregnancy testing prior to purchasing or being served alcohol. Needless to say the shortage of female bathroom stalls made such enforcement impossible. It soon became clear that some other means of pregnancy detection was needed. Enter the Protector Chip.

THE CHIP

It didn't take Macroshaft long to come to the aid of the preborn person. Within 18 months after passage of the Act they had developed a small implantable chip that, with the help of nanotechnology, continuously tested a woman's blood for hCG and passed that information on to Protector Central via the Universal Wi-Fi Internet system. The chip ran off of the body's energy and it had this little built-in LED that responded to simple touch, glowing green if there was no hCG

"The Era", Cont. on page 23

"The Era", Cont. From Page 4

present and red if there was. Bartenders could simply ask the female customer to 'flash it' and drinks would be served if they got the green light. The system worked so well that soon it was required by law that all females have the chip implanted in their inner forearm before the age of 10. (Macroshaft stock went through the roof.)

The chip was so sensitive that the presence of a newly implanted person could now reliably be discovered even before a gal missed her period. This way the Protectors could often notify the lucky mother before she had any idea that she was pregnant and enroll her in the state mandated Preborn Protection Program (PPP).

THE PPP

All such pregnancies were, of course, instantaneously registered by the state. The new mother was required to report within 24 hours to a PPP reception center (previously called Crisis Pregnancy Centers or Pregnancy Resource Centers) for the mandatory medical history, physical exam and drug screen. At this time she would also receive the transdermal Chip upgrade that added constant monitoring for the presence of substances or activities (X-rays, for example) which were illegal or contraindicated in pregnancy. Any recent history or evidence of alcohol, marijuana, cocaine, narcotics, methamphetamines, excess caffeine or medications deemed dangerous would generate an immediate inpatient referral to the nearest Preborn Protection Security Unit (PPSU) for intensive counseling and rehabilitation with an emphasis on the penalties (on charges ranging from child abuse to manslaughter and murder) for potentially preventable miscarriage or intentional abortion.

OOOps! Excuse me, Orson! I gotta go now. My kPhone is warning me that it will be taking over my consciousness in one minute. I'll get back to you on this as soon as I can. Yes, I promise, Your Immenseness.

Nanu nanu.

Mork from Ork

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i Recurrent miscarriage. Rai R, Regan L, Lancet. 2006;368(9535):601.

ii Calif. Health and Safety Code Div. 7:Dead Bodies. Part 1, Chapter 2:General Provisions Section 7050.5-7055

iii http://www.empr.com/drugs-contraindicated-in-pregnancy/article/125914/#

iv http://depts.washington.edu/druginfo/Formulary/Pregnancy.pdf

*Apologies to Mork & Mindy (TV Series 1978-1982, ABC)

"Behavior", Cont. From Pg. 11

ACPE Web site at http://net.acpe.org/resources/publications/OnTargetDisruptivePhysician.pdf (accessed 1/18/2010).
4 Joint Commission. Sentinel Event Alert. Issue 40, July 9, 2008. Behaviors that undermine a culture of safety. Available on the Joint Commission Web site at: http://www.jointcommission.org/SentinelEvents/Sentineleventalert/sea_40.htm (accessed 1/21/2010).
5 California Medical Association (CMA). Disruptive Behavior Involving Members of the Medical Staff. CMA On-Call Document #1241. January 2009. Available on the CMA website at www.cmanet.org (accessed 1/21/2010).

"Fraud", Continued from Pg 13

federal health programs through a self-disclosure process, where physicians and hospitals voluntarily report instances of false Medicare billing, anti-kickback violations or the like. In the new publication, OIG has provided more transparency about the process, including what is expected from physicians and how to have a successful resolution.

The OIG document also details how to disclose certain types of fraud and abuse, such as false billing, employing an individual on the OIG exclusions list and potential anti-kickback and physician self-referral violations.

Physician practices uncovering instances of potential fraud can achieve a more favorable outcome when disclosing systemic problems voluntarily, rather than having them discovered by the government or brought to the government's attention by a whistleblower. Practices face tougher penalties when the OIG initiates a fraud finding.

The OIG Provider Self-Disclosure Protocol is available at https://oig.hhs.gov/compliance/self-disclosure-info/files/Provider-Self-Disclosure-Protocol.pdf.

A new threat from an old fraud law

The Affordable Care Act (ACA) gives the government more power and dedicates more money to improving federal efforts against health care fraud, waste and abuse. The ACA expands an old law, the False Claims Act (FCA), and places physicians' business practices under the microscope like never before.

The statute, enacted in 1863 during the Civil War, protects against the submission of fraudulent claims by government contractors and enforces strict penalties for such violations. The ACA expanded the reach of the law and made it easier for federal investigators to launch FCA cases against alleged violators.

Of 2,309 civil and criminal cases — including FCA cases — opened in 2012 by the U.S. Department of Health and Human Services Office of Inspector General (OIG), 21 percent involved physicians, compared with about 15 percent in 2010, according to OIG data.

Under the FCA, a violation occurs when a person knowingly presents, or causes to be presented, a false or fraudulent claim for payment; knowingly creates, uses or causes a false record; or conspires with others to issue such a record or claim.

For physicians, a broad range of scenarios put them afoul of the FCA, including filing false codes for payment, making improper referrals and participating in

"Fraud", Continued on Pg 24

ON THE ROAD FOR A HEALTHY CLIMATE

WENDY RING, M.D.

For the past 9 weeks, my husband Michael and I have been traveling by bicycle across the US on a speaking tour about the health effects of climate change. We decided to undertake this journey to help bridge the ever growing gap between the urgent warnings of scientists and the public and policymakers' understanding of climate change and the need for prompt and substantial action. Contemplating our dismal lack of progress in lowering global emissions, I realized that, as experienced "science translators" and trusted health advisors, doctors' voices could make the difference between survival and climate catastrophe.

As we travel, I am speaking everywhere, from women's and Rotary clubs to Grand Rounds and symposia at universities. I am also organizing for Climate 911, a national group of health professionals dedicated to calling for climate action. I've also been collecting health professional endorsements of our Prescription for Climate Action, to deliver to Congress when we arrive in Washington DC. Response from doctors and nurses has been overwhelmingly positive, with many expressing relief that there is something they can do to make a difference.

The Prescription for Climate Action is a package of proposed federal policies to promote clean electricity, energy efficiency, active transportation, and sustainable agriculture; while simultaneously lowering rates of obesity, diabetes, cardiovascular disease, and common malignancies such as colon, prostate, and breast cancer. On October 31, doctors and nurses from across the country will converge in Washington to deliver Prescriptions from their colleagues to their legislators. The response of Humboldt Del Norte Medical Society members to the Rx for Climate Action has been tremendous (thank you everyone for taking the time to go online to www.climate911 and do the endorsement). I feel certain that most physicians across the US would support it if they knew of its existence. Please take a minute to email colleagues beyond Humboldt or use your social media to get the word out so we can have the maximum impact on members of Congress beyond the Redwood Curtain, as an endorsed Rx for Climate Action from a doctor or nurse in their district is our ticket in the door.

Life on the road is quite different from my 30 years in primary care practice. We ride 50 miles a day on our tandem bike, camp in parks or stay in peoples' homes. I often do a speaking event for the general public in the evening, and another at a school or hospital the next morning. Traveling by bicycle is a great way to break through the communication barriers created by our politically polarized society. Everyone smiles to see a couple on a tandem, and our conversations start with cycling, and only progress to climate change after we've developed some rapport. Everyone is, at least, polite. Most people are worried about climate change and want our government to do something about it. Traveling by bike exposes us to the same climate induced hazards I lecture about, including: wildfire smoke, extreme heat, mosquitoes, and harmful algae blooms. Traversing a cross section of America provides firsthand experience of the pervasive impact of climate change on our health and economic well being: from fires and floods, to failed crops and drinking water contamination.

And, of course, no matter where we travel, nowhere is as great as our own Humboldt County. Thanks for your support, I welcome any of you to join us in DC on October 31, and look forward to sharing more about our trip on my return. §

Partnership HealthPlan

JEFF RIBORDY, M.D.
Regional Medical Director

Welcome to the brave new world of Medi-Cal Managed Care! While most of us have dealt with managed care in various forms (i.e. HMO's), this is the first experience in our part of the state with a Medi-Cal "HMO." Governor Brown decided, in 2011, to expand Medi-Cal Managed Care that has been present in the most of the states to the remaining 28 (mostly) rural counties this year. Originally slated for June 1st by DHCS, this overly ambitious (i.e. unrealistic) timeline was pushed back to September 1st for the upper 8 counties and November 1st for the remaining 18 (2 other counties are following a different path). Our Humboldt-Del Norte area along with Trinity, Shasta, Lake, Modoc, Lassen and Siskiyou counties have hitched our wagons to Partnership HealthPlan of California (PHC) as a County Organized Health System (COHS), joining their current stable of Marin, Mendocino, Napa, Solano, Sonoma & Yolo counties.

PHC is a non-profit health plan that has been around since 1994, starting in Solano County as collaboration between community members and the local medical community, as well as Kaiser. It has provided Medi-Cal, Healthy Families, Healthy Kids and even Medicare services to its member counties during that time. PHC's administrative costs are typically < 5% (compared to 20%+ with for-profit plans), and prefers to direct savings towards providers and enhanced services. Another advantage to having a COHS, besides local representation on the Board of Directors and other committees, is having one plan, and therefore one formulary and set of rules to follow. Some areas like Sacramento have multiple plans with a dizzying array of information to keep straight. Even 18 out of the 20 other expansion counties will have 2 plans – both for-profit.

So why are you hearing this from me? I will be your Regional Medical Director, covering Humboldt, Del Norte, and western Trinity counties. For those who do not know me, I have been at Eureka Pediatrics since 1998, and will continue to work there at slightly less than full time. I want to represent providers, pharmacies, and members in our area to bring to light issues of providing health care in our rural (and large!) counties. Some of the responsibilities as a Medical Director are to be a good steward of our taxpayer dollars while ensuring continuing excellent medical care. PHC wants to make this transition as smooth as possible for all participants.

Please feel free to contact me with any issues you are having with the transition or with medical care in general. I may also be calling you and picking your brains when faced with complex medical questions or issues. There is also a full-time Regional Medical Director, Dr. Michael Vovakes, in Redding, if I am unavailable. Unfortunately I cannot give you a local office number as it's still in the process of being created but I am always available via e-mail: jribordy@partnershiphp.org. The office will be located at 1036 5th St in Eureka, near City Hall. I look forward to working with all of you in this new role. §

CMA's Got You Covered: A Physician's Guide to Covered California

An updated version of our exchange toolkit, "CMA's Got You Covered: A physician's guide to Covered California, the state's health benefit exchange," is now available on the CMA website at www.cmanet.org/exchange. There have been several changes/developments within the exchange since we first published the toolkit in February. The updated version reflects the following changes:

- QHPs selected for individual exchange and SHOP
- Basic information on premiums within the exchange
- Penalties for individuals and employers
- Updated exchange timeline
- Updates on the model contract
- Updates on the grace period
- Updates on concerns with network adequacy
- Information on patient cost sharing

Five Inadvertent HIPAA Violations by Physicians

Doctors do not plan ahead to violate HIPAA, but in this digital age, they may be doing it because they did not plan ahead. The recent final rule of the HITECH Act outlines that even if the physician is unaware of the violation, they may be fined a civil penalty of $100 - $50,000 per violation. It is time for even the most resistant doctors to pay attention to how they handle protected health information (PHI). Here, we will outline five common ways physicians are breaking HIPAA/HITECH privacy and security rules, and may not even know it.

1.) Texting PHI to members of your care team. It's a simple scenario: you've just left the office, and your nurse texts you that Mrs. Smith is having a reaction to the medication you've just prescribed. She has given you her name and phone # to return the call. You may know that texting PHI is not legal, but feel justified because it is a serious medical issue. Perhaps you even believe that deleting the text right away will protect you – and Mrs. Smith.

In reality, this text message with PHI has just passed from your nurse's phone, through her phone carrier, to your phone carrier, and then to you – four vulnerable points where this unencrypted message could either be intercepted or breached. In a secure messaging app, this type of message is encrypted as it passes through all four points of contact, and the recipients are verified.

2.) Taking a photo of a patient on your mobile phone. To some this will sound silly, to others, it is as common as verifying a rash with a colleague or following the margins of a cellulitis day by day. Simple enough, but if these photos are viewed by eyes they are not intended for, you may be in violation. There are apps that allow photos to be taken within the secure messaging app itself – never stored on your phone or within your phone's photo album. Always use this type of feature when taking any photo of a patient or patient information.

3.) Receiving text messages from your answering service. Many physicians believe that if they receive a text message from a third party, like an answering service, then they are not responsible for any violation of HIPAA – this is simply not true. Many services do send a patient's name, phone number and chief complaint via SMS text. They may verify it is encrypted on their end, but if it pops onto your screen, it is certainly not secure on your end – and this is where your responsibility lies. Talk with your answering service today to see how they are protecting you at both ends of the communication.

4.) Allowing your child to borrow your phone that contains PHI. Many folks allow their kids to play with their phones – maybe play games on apps while in the car. If your phone has an app that can access PHI, then you may be guilty of a HIPAA breach if the information is viewed by or sent to someone it is not intended for. The simple fix is to utilize the pin-lock feature on your messaging app – and for double-protection, always password protect your phone!

5.) Not reporting a lost or stolen device that contains PHI. Losing your smartphone

or tablet is a pain for many reasons, but did you know that if you have patient information on that device, you could be held responsible for a HIPAA breach if you do not report the loss right away. The ability to remotely disable an app that contains or handles PHI is an absolute must for technology that handles communications in the medical space. Be sure to ask for this feature from any company claiming to help you be HIPAA-compliant in the mobile world.

Remember: Being HIPAA-compliant is an active process. A device can claim to be HIPAA secure, but it is a person who must ensure compliance.

DocbookMD partners exclusively with your local medical society to bring you a free, HIPAA-secure messaging app, that uniquely provides you extra security to avoid each of these potential pitfalls. Do not hesitate to reach out to us today for more information! www.docbookmd.com 1-888-930- 2048

References:

The ONC's official site for mobile devices and HIPAA: http://www.healthit.gov/providers-professionals/your-mobile-device-and-health-information-privacy-and-security?gclid=CLvawcuVt7cCFStp7AodZGQAUg

Go to DocbookMD's website for more information and to view the video's posted

Local Webinar - to be scheduled soon

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JOB OPPORTUNITIES

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

FAMILY PRACTICE MD/DO NEEDED. Open Door is seeking Family Practice MD/DO's for our McKinleyville, Crescent City and Eureka clinic sites. Requirements include CA license, DEA, Board Certification and EMR experience. Visit www.opendoorhealth.com to get to know us. Email CV and cover letter to: cwebb@opendoorhealth.com.

WANTED - FAMILY PRACTICE PHYSICIAN Full or part time. Aviation Medical Examiner preferred. Contact George Jutila, M.D., 725-3334 or home.md@suddenlink.net *(GJ)*

FNP WANTED. 3 days per week (Tuesday, Wednesday, Friday) 8 to 5:30 is 27 hours patient time, and 8 hours paid paperwork time in addition, that is full time 35 hours. With vaction, paid holidays, CME time, CME paid, malpractice and liscences paid. Hourly rate based on experience. Work in small solo family practice in Eureka with Dr Teresa Marshall and Carolyn Barnhart FNP with wonderful office staff, full EMR web based system that is easy to learn and training time paid. Please call 445-5900 or email to drmarshallsoffice@att.net and ask any more questions you have.

PRIMARY CARE NP/PA NEEDED. Outstanding Primary Care NP/PA sought by private multispecialty clinic. This full time position located in Eureka will be an integral part of our primary care delivery team and will work closely with an Internal Medicine Physician. An adult focused Physician Assistant or Nurse Practitioner would be the ideal complement to our existing staff. Experience with electronic health records is a plus.

We offer a friendly and professional environment with a focus on patient care and an excellent reputation for quality service dating back to the early 1970's. A competitive salary, health insurance and pension benefits along with a generous productivity bonus structure will be rewarded to the successful applicant.

Please respond with a cover letter and resume to andyj@eimdoc.com

JOB OPPORTUNITIES

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

FNP NEEDED. Full Time. Busy Family Practice. Contact: Lorraine (707) 443-8335

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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.

MISCELLANEOUS

FIREWOOD FOR SALE. Call (707) 499-2805

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