



North Coast Physician

EDITORIAL & PUBLICATIONS COMMITTEE

Luther F. Cobb, M.D.

Pippa Coulter, M.D.

Emily Dalton, M.D., Chair

Stephanie Dittmer, M.D.

Stephen Kamelgarn, M.D., "Guru Emeritus"

Erik Weibel, M.D. - Webmaster

EXECUTIVE DIRECTOR

Penny E. Figas

CONSORTIUM COORDINATOR

Terri Rincon-Taylor

EXECUTIVE BOARD

May Hong, M.D.... PRESIDENT

Joni McAtee, M.D. PRESIDENT-ELECT

Caroline Connor, M.D. SECRETARY/TREASURER

Join Luh, M.D. PAST PRESIDENT

Teresa Frankovich, M.D., DIRECTOR

Skye Heston, M.D., DIRECTOR

Jeffrey Johnston, M.D., DIRECTOR

Simon Stampe, M.D., DIRECTOR

Jennifer Heidmann, M.D., DIRECTOR

Madeleine Ramos, M.D., DIRECTOR

Robert Henriques, M.D.. EASTERN DISTRICT

Hannah Parker, D.O. .. NORTHERN DISTRICT

Candy Stockton, M.D. PUBLIC HEALTH OFFICER

Aaron Stutz, M.D. DEL NORTE PHO

Corinne Frugoni, M.D. CMA DELEGATE

Courtney Ladika, M.D.. CMA DELEGATE

John Nelson, M.D. CMA DELEGATE

William Carlson, M.D. CMA ALT. DELE

May Hong, M.D. CMA ALT. DELE

Joni McAtee, M.D. CMA ALT. DELE

Brad Drexler, M.D., . DIST. X TRUSTEE

In This Issue:

CMA President Message, Donaldo Hernandez, MD.....	4
President Message, May Hong, M.D.	5
AMA Update - Federal Shutdown, Jim Pawelski	6
In My Opinion, Emily Dalton, M.D.....	7
Executive Director Retirement Party	8
CMA House of Delegates.....	9
2024 Nominating Committee Slate of Officers/Directors.....	10
HDN Tattler	12
Coming, Going and Moving Around	12
Health Awareness Calendar.....	12
Welcome New Physicians.....	13
Welcome Medical Students.....	13
New Program Paves Pathway to Health Careers.....	16
Blood Bank Update, Margaret Gordon, M.D.	17
Health Law Library	20
*Medical Records: HIPAA	
*Medical Records: Management	
*Medical Records: Requests for Access	
*Medical Records: Special Confidentiality Requirements	
Federal Loan Forgiveness.....	21
CMA Webinars Scheduled	22
Continuing Medical Education/Grand Rounds Calendar.....	23
Classified Ads / Bulletin Board	24

Cover Photo

"Shorebirds at the Marsh"

Peggy Grossman, M.D.

North Coast Physician is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: hdcnms@gmail.com
Web page: www.hdcnms.org

The Humboldt-Del Norte County Medical Society Executive Board and the Editorial and Publications Committee does not assume responsibility for author's statements or opinions. Opinions expressed in the *North Coast Physician* are not necessarily those of the Humboldt-Del Norte County Medical Society. Presence of an advertisement in the *North Coast Physician*, does not imply endorsement by the Humboldt-Del Norte County Medical Society.

“Navigating Retirement for Rural Physicians: Challenges and Opportunities”

Emily Dalton, M.D.



Choosing to retire is a difficult decision for anyone, but it is especially hard for physicians. Our training is long, intense, all-encompassing, and our job becomes an integral part of our identities. Giving up a part of yourself can be much harder than simply ceasing a job activity. Our area has a shortage of medical providers which makes it even harder to retire because people need us so much. Many physicians fluster in and out of retirement before finally making it permanent. But generalizing too much is not really fair. I know doctors who retire early and are glad of it, and others who would work indefinitely should health and circumstances permit.

Artificial Intelligence has been in the news a lot lately, so I thought I would ask the free software, Chat GPT, to create an article for us about retirement for rural physicians. (I thought I might be able to get away with not actually writing my editorial this month, but sadly, I was disappointed. I think the Hollywood writers have nothing to worry about.)

Chat GPT:

Title: Navigating Retirement for Rural Physicians: Challenges and Opportunities

Introduction:

Retirement is a significant milestone in any healthcare professional's life, but for rural physicians, the path to retirement can be a unique journey filled with both challenges and opportunities. Rural physicians play a vital role in providing healthcare to underserved communities, and as they contemplate retirement, they must consider various factors that may differ from their urban counterparts. In this article, we explore the key considerations and strategies for rural physicians planning their retirement.

· Financial Planning:

Financial planning is a critical aspect of retirement for rural physicians. While rural practitioners may have lower overhead costs compared to their urban counterparts, they often face lower reimbursement rates and patient volumes. To ensure a comfortable retirement, rural physicians should start saving early, invest wisely, and consider consulting financial advisors with expertise in healthcare.

· Practice Succession:

The transition of a rural medical practice is a complex process. Rural physicians must plan for succession, whether that means finding a new physician to take over the practice, merging with a larger healthcare organization, or gradually reducing patient load. This planning helps maintain continuity of care for the rural community.

· Rural Community Impact:

Retiring rural physicians should reflect on their legacy and the impact of their work on the community. Their contributions often extend beyond healthcare, influencing the economic and social well-being of the area. Consideration should be given to how their retirement may affect the local community.

· Healthcare Technology:

Rural healthcare is evolving with advancements in telemedicine and digital health. Physicians nearing retirement should evaluate how technology can support their practice and potentially allow them to continue providing care remotely, even in retirement.

· Healthcare Regulations:

Understanding the evolving healthcare landscape, including changes in regulations and reimbursement models, is cru-

cial for retiring rural physicians. Staying informed helps them make informed decisions about their retirement timing and financial preparedness.

· Well-Being and Work-Life Balance:

Retirement provides an opportunity for rural physicians to focus on their well-being and work-life balance. Many have dedicated years to their practice, often with limited time for personal pursuits. Retirement allows them to explore hobbies, spend time with family, and relax.

· Continuing Medical Education:

Some retiring rural physicians may choose to stay involved in healthcare through teaching or part-time roles. Continuing medical education and staying engaged in the field can be fulfilling post-retirement activities.

· Healthcare Policy Advocacy:

Retired rural physicians possess valuable insights into the challenges of rural healthcare. Many choose to advocate for healthcare policy changes that benefit rural communities and ensure access to quality care.

Conclusion:

Retirement for rural physicians is a multifaceted journey that requires careful planning, including financial preparation, practice succession, and consideration of their community impact. While challenges exist, retirement also presents an opportunity to focus on well-being, explore new interests, and continue contributing to healthcare in different ways. Ultimately, the transition to retirement should be a thoughtful process that aligns with the physician's personal and professional goals while ensuring the

“Retire”, Continued on Page 19

“CMA”, Continued From Pg. 4

may be misled into believing they are being treated by a physician when they are not. It is imperative that we follow precedent and keep these laws in place to ensure patients have the basic information they need to make informed decisions about their health care.”

Research and empirical evidence based on medical practice today confirm the Legislature’s concerns that there is great likelihood for public confusion given the strong, widespread association between “doctor” or “Dr.” and physicians.

“While the laws delineating who can use the term ‘doctor’ have been on the books for decades, the public’s understanding of the physician-patient relationship goes back much further than that,” said CMA President Donaldo Hernandez, M.D. “Patients understand and have longstanding expectations of who they are talking to when they’re speaking to their doctor. By ignoring that precedent, we risk deceiving or confusing our patients.” §

“President”, Continued From Pg 5

dedicated members of our medical society who have tirelessly contributed to these projects and to our community's health-care. Your unwavering commitment is what makes our region so special.

In closing, by working together, we can continue to nurture and expand the pipelines of premed, medical students, residents, and practicing physicians in Humboldt and Del Norte counties, ensuring that our patients and community receive the high-quality care they deserve for generations to come. Thank you for your continued support and dedication to our mission. If you have any ideas or would like to get involved in our efforts, please don't hesitate to reach out to HDNCMS office. Wishing all of you the best in health and happiness. §

“Retire”, Continued from Pg 6

continued well-being of the rural community they have served.

Wow! What a lot of blather. It’s amazing that a machine can use so many words to say so little. The essay lacks substance, detail and is only marginally accurate. It touches on general features about retirement for the rural physician and makes bland, inane and oddly disjointed observations about them. Still, it’s impressive that a computer can create a whole page of lucid writing in about 30 seconds. It took me several hours to prepare this editorial.

Speaking of retirement, our illustrious executive director of 45 years, Penny Figas, is retiring at the end of the year. Penny has done a marvelous job in this very challenging position. She has been our cheerleader, organizer, encourager, and at times enforcer. A self-starter, Penny has had to be a “jack of all trades” to meet the variety of demands on her time and talents. She has motivated, encouraged, and above all has served our community of physicians with professionalism and dedication for decades. THANK YOU, PENNY!!!. Be sure to attend the retirement celebration several of the Executive Board members so kindly put together on October 14th 3-6 pm at the Septentrio winery.

In parting, I say to you: Retire as you see fit! Retire early, retire late, or work until you give up the ghost. You’ll always be “doctor so and so” but more importantly, you have always been you and that is the most important part of your identity. §



“Shutdown”, Continued From Pg 6

- Advanced Research Projects Agency for Health (ARPA-H) is under a three-year appropriation; all of ARPA-H activities would continue during a lapse of appropriation.
- The Indian Health Service (IHS) is under advance appropriations for FY 2024; the majority of IHS-funded programs will remain funded and operational in the event of a lapse of appropriation.

Miscellaneous

- Supplemental Nutrition Assistance Program (SNAP) will continue at least through October.
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) could begin an immediate reduction in benefits a few days after the shutdown starts, although some states may be able to use extra funding to maintain funding for a week or two.
- Student loan payments: The beginning of a government shutdown could coincide with the restart of federal student loan payments in the U.S. on Oct. 1, but borrowers will still have to make payments to their loan service providers. §

Are you 65 years of age or above and work under 20 hours per week?

If so, you may be eligible to apply for “Semi-Active” Membership Status. This category allows members to pay half of the regular membership dues. To apply for Semi-Active status, contact the Medical Society office - hdncms@gmail.com / (707) 442-2367

**California Physician™
Career Center**

VIEW JOB POSTINGS, CAREER RESOURCES AND MORE!

<https://careers.cmadocs.org/>
Members can post Job Announcements at no charge



CLASSIFIED ADVERTISEMENTS & BULLETIN BOARD

PRACTICE OPPORTUNITIES



Refer to Practice Opportunities on our website for a list of Practice Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure; Links to Local Recreation; Links to Loan Repayment Programs; and more....
www.hdncms.org

OFFICE EQUIPMENT

MISCELLANEOUS

SIGN UP TO HOST SOCIAL EVENT
sign up today to host Friday PM Rounds (Welcoming New Physicians, Retirement Parties, etc), Women in Medicine Social, Spouse Social, etc.

Send email to: hdncms@gmail.com

PHYSICIANS NEEDED

Hospice of Humboldt is seeking a part-time Hospice Physician to assist with call coverage. The Physician works with a team of MDs and NPs to oversee the 24/7 care provided to hospice patients. We are looking for a commitment of one weekend and 4-5 weeknights per month. Contact: Sarah Shanahan (707) 445-8443. Visit www.hospiceofhumboldt.org for more information.

OFFICE SPACE

MEDICAL OFFICE ROOM FOR RENT. With Open Arms has one exam room available for rent at 2505 Lucas Street. Contact Deb Mitchell, debbie@withopenarmshealthcare.com (707) 442-0400 for more information.



**ECONOMIC ADVOCACY
CMA REIMBURSEMENT
HOTLINE: (888) 401-5911**

KNOW OF HOUSING OPTION?

The Medical Society frequently receives calls for help in finding housing for our new physicians, Residents and other healthcare professionals. We also are trying to keep a list of “rooms” available for medical students that are rotating through . If you or know of someone who has rental or temp housing options, please let us know. Send email to: hdncms@gmail.com

Display Advertising Rate Schedule

<u>SIZE</u>	<u>MONTHLY</u>	<u>SIZE</u>
1/4 Page	\$140.00	8.00 (w) x 2.50 (h)
1/2 Page	\$160.00	8.00 (w) x 5.25 (h)
1/3 Page Vertical	\$150.00	3.00 (w) x 10.50 (h)
Full Page	\$200.00	8.50 (w) x 11.00 (h)
Full Page/Special Placement	\$275.00	8.50 (w) x 11.00 (h)
Business Card Ad	\$65.00	Copy Ready 3.50 (w) X 2.00 (h)
Classified Ads	\$5.25 per line	

DEADLINE: 15th day of the preceding month to be published