



**HUMBOLDT-DEL NORTE
COUNTY MEDICAL SOCIETY**

North Coast Physician

JUNE 2024



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Announced Modifer 25 Policy.....

and more.....

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June Cover Photo:

"Ducks in the Lily Pond

Stephen Kamelgarn, M.D.

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

Ann Lindsay, M.D.

Those of you who care for older adults may have witnessed that some of them ‘fail to thrive’ when living alone. In the 2021 study Built Environments for Healthy Aging: A Social Determinants Approach (American Public Health Association) Elizabeth G. Hunter, M. Aaron Guest and Elaine T. Jurkowski report that rural elders are disproportionately impacted by lack of access to housing, transportation and food. This population is also vulnerable to social isolation with its concurrent health risks.

“Residents of rural areas have multiple barriers to connecting with one another, including transportation challenges, built environments that are not always walkable or conducive to social interaction, more limited economic resources, less access to broadband Internet and cellular connectivity, and more restricted access to health care, including mental health care,” wrote Dr. Carrie Henning Smith in a 2020 scholarly article for JAMA Health Forum. “Each of these is heightened for older adults in rural areas, who tend to be less mobile than their younger counterparts and more reliant on resources within their particular community. While older adults in rural areas report having larger social networks than older adults in urban areas, they also report higher levels of loneliness, indicating structural barriers to connecting.”

Humboldt and neighboring Del Norte County are among the most rural areas in northern California, with 33 and 22 people per square mile respectively. Older adults make up roughly 20% of the counties’ populations compared to 15% statewide. Many choose to stay in their own homes as they age despite challenges with mobility, access to medical care and isolation. They may be unable to manage the necessary repairs or retrofits to older housing stock and address accessibility in

their homes as age-related mobility issues elevate the risk of falls. Once older adults can no longer drive they are vulnerable to isolation with the associated risk of depression and dementia, as well as lack of access to nutritious food and adequate medical care.

A lack of care and safe housing options can also have the cascading effect of negative health, social and financial consequences for the next generation. Per a 2020 study published in the Morbidity and Mortality Weekly Report, 58% of caregivers in the United States are women, and nearly 20% of caregivers across demographics report being in fair or poor health.

Joann Schuch, 66, experienced a severe decline in her quality of life after becoming a caregiver for her parents. “I was a happy-go-lucky furniture maker,” she says. “My mother developed memory loss and eventually my father couldn’t take care of her. They moved to Humboldt and bought a house, but they were never well enough to move into it.”

Until then, Schuch had little experience with the local network of care. She assumed that between the local resource center, skilled nursing facilities and private care providers there would be enough support for her parents’ needs. What she found instead is that each entity covered a “slice of the pie,” but the onus of caregiving fell largely to her.

“My income dropped, and I did not get a lot of sleep,” Schuch says. “My body started to fall apart. I started losing my hair from the stress. Honestly, caregiving is not very glamorous. A lot of my friends disappeared.”

Life plan communities preserve independence and agency for older adults, offering independent private residences, shared dining and activities, healthcare support, assisted living, and memory

support, all in one location. According to a five-year longitudinal study from the Mather Institute, adults living in life plan communities tend to have greater emotional, social, physical, intellectual and vocational wellness than their counterparts, as well as more healthy behaviors. Communities like these are growing in popularity across the U.S., but need far outstrips availability, especially in rural areas. There is no such community within 200 miles of Humboldt County. That is why Life Plan Humboldt (LPH) formed a nonprofit in 2020 to build and operate a life plan community here. We will build 144 independent living homes for seniors and two 12-suite homes for people with dementia or in need of advanced assisted living care. LPH is partnering with the Rural Community Development Corporation to build 50 affordable housing apartments for income eligible seniors on the same campus.

As seniors move into LPH, housing stock will become available in the community for working families, including medical professionals. We plan to open for occupancy in January 2028.

LPH has broad regional support and assistance from Greenbrier and Kendal Corporation, both experienced in developing and operating nonprofit life plan communities. Please sign up for updates at lifeplanhumboldt.org and take the “move in survey” to learn more about planned offerings. While you are there you can make a tax-deductible donation. You, your parents or your patients may want to “age in community” at Life Plan Humboldt.
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California Care Force

Corinne Frugoni, M.D.



For the first time in Humboldt County, California Care Force will offer free dental, vision and medical care to underserved and underinsured individuals and families in Humboldt and surrounding counties. California CareForce, a not for profit organization, is one of California's leading organizations providing free mobile clinics since 2011. This upcoming free clinic will take place on July 12-13 at the Adorni Center in Eureka. More than 350 volunteer general and health care professionals are projected to provide needed care for an anticipated 700 people. All services are FREE, patients do not need proof of insurance, employment, income, residency, immigration status or ID to receive them.

A vision lab will produce free prescription eyeglasses on-site. Dentistry will include x-rays, cleanings, fillings and extractions. Medical doctors will provide consultations and general health exams.

Professional volunteers are still needed in numerous capacities including oral surgeons, general dentists, pharmacists, acupuncturists/chiropractors, medical doctors, ophthalmologists and optometrists as well as general volunteers to assist in all areas of the clinic-no health-care experience necessary. This will be a wonderful opportunity for healthcare professionals to come together to serve those in need.

All clinic services will be offered on a first come, first serve basis as capacity allows. Patients will line up outside and will then be directed inside the clinic based on the service they wish to receive. Efforts will be made to connect patients to local healthcare services to establish continuity of care.

This July weekend in Humboldt is the inspiration of Dr. Tom Lewis, general dentist for over 45 years of which 20 were spent in Arcata. Dr. Lewis has served on the board of California CareForce. He has spent a large part of his career treating patients on a volunteer basis who were forced to go without dental care.

California CareForce has been operating since 2011 providing more than \$17 million worth of care to over 42,500 patients with the help of 20,000 licensed professional volunteers and community members. Their goals are to increase access to vital health services for under-served community members, expand the scope of series offered at their clinics and continue to guarantee the sustainability of their clinics far into the future.

Although the Affordable Care Act brought many improvements in health coverage and care, many California and U.S. residents were left without coverage or inadequate coverage. Americans, as individuals, employers and taxpayers have experienced a rise in healthcare coverage

and costs in recent years, including rising premiums, deductibles and copayments, as well as restricted provider networks and high out-of-network charges. According to a Commonwealth Fund Health survey more than 2 of 5 working age adults are inadequately insured. This has caused medical expenses to be the most common cause of debt in the U.S. and why free dental, vision and medical clinics such as provided by California CareForce are so popular and necessary in our country.

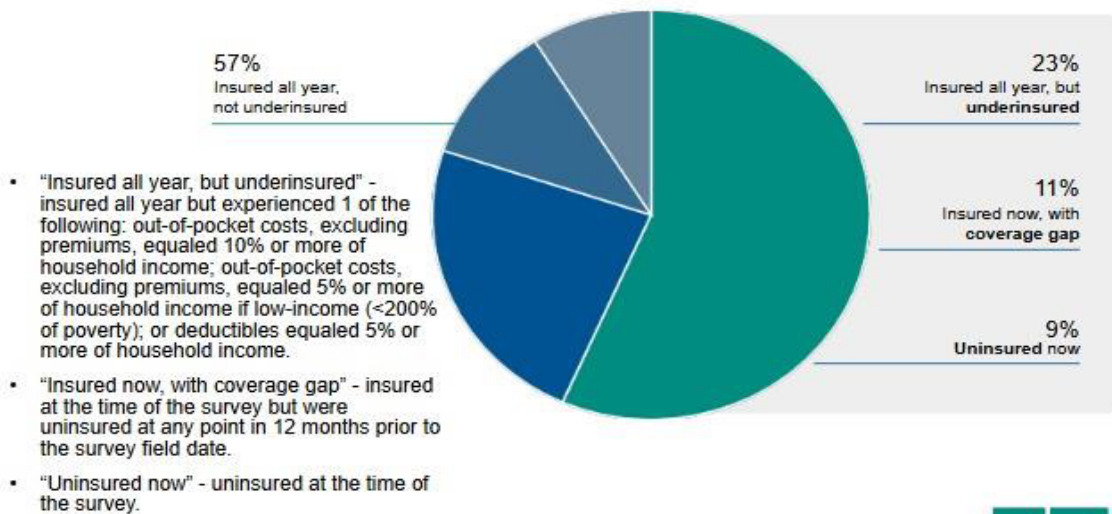
California CareForce fills in the gaps of our exorbitantly expensive, fragmented and increasingly dysfunctional health care system. What we need is a comprehensive, universal, publicly financed, non-profit single payer national health care program that would fully cover medical and dental care for all Americans. There is a comprehensive Single Payer bill in Congress, H.R. 3421 that has 120 co-sponsors.

For more information on volunteering, receiving services or donating to the upcoming July 12-13 Humboldt California CareForce free dental, vision and medical clinic, please visit www.californiacareforce.org or call their office at 916 749-4170.

For more information on Single Payer health care, visit www.PNHP.org or <https://healthcareforall.org>. We have a local chapter of PNHP/HCA; if interested contact me at 707 845-0242. §

More than two of five working-age adults are inadequately insured.

Percentage of adults ages 19–64, by insurance coverage status within the past 12 months



Data: Commonwealth Fund Biennial Health Insurance Survey (2022).

Source: Sara R. Collins, Lauren A. Haynes, and Relebohile Masitha. The State of U.S. Health Insurance in 2022: Findings from the Commonwealth Fund Biennial Health Insurance Survey. *Commonwealth Fund*, Sept. 2022. <https://doi.org/10.26099/73qg-3432>



CMA Urges Blue Shield to Rescind Recently Announced Modifier 25 Policy

The California Medical Association (CMA) told Blue Shield its new modifier 25 payment cuts are duplicative and unjustified, urging the payor to rescind the recently announced policy change that will significantly reduce reimbursement for evaluation and management (E/M) services billed with modifier 25.

Modifier 25 is used to report a significant, separately identifiable E/M service provided by the same physician on the same day of a minor procedure with 0 or 10 global period. Last month, Blue Shield notified physicians that it will reduce reimbursement by 50% for non-preventive E/M services (CPT codes 92002, 92004, 92012, 92014 and 99201-99215) when appended with modifier 25 and billed with a minor surgical procedure code beginning July 14, 2024.

The payor has cited an overlap in the practice expense payment component between E/M and minor procedure codes as a rationale for this payment reduction. In a letter to Blue Shield, CMA emphasized

that this misperceived overlap in payment would unfairly result in a duplicative reduction in reimbursement that in some cases would bring reimbursement for two services below the reimbursement level for providing just the E/M service, and potentially below the physician’s cost to provide the services.

Blue Shield’s justification for this new policy conflicts with the American Medical Association (AMA) method for developing code valuation. AMA’s Relative Value Scale Update Committee (RUC) already addresses the overlap in time and work when a service is typically furnished on the same day as an E/M service. In fact, the RUC reduces the value of procedure codes that are reported over 50% of the time with E/M codes to eliminate duplicate valuation of practice expenses and pre- and post-visit physician work. This automatic reduction means that physician payment is already decreased for these procedure codes—even those that are reported without an E/M code and

modifier 25.

Blue Shield’s proposed policy change also represents a significant reimbursement cut that will broadly impact physician practices and patients across the state and creates a disincentive for physicians to provide efficient care for unscheduled services.

CMA outlined these and other concerns in the letter to Blue Shield and urged that the payor rescind the policy before it becomes effective. CMA has also reached out to Blue Shield to schedule a meeting to discuss our concerns with the new policy.

Physicians with concerns or questions about the policy can contact Blue Shield Provider Services via live chat after logging in at blueshieldca.com/provider or by phone at (800) 541-6652. Physicians may also wish to reach out to their specialty societies to urge them to engage with Blue Shield on this policy change.

Contact: CMA’s Center for Economic Services, economicservices@cmadocs.org

A New Era of Blood Donor Eligibility

Raising Awareness About Changes that Promote Fairness and Inclusivity

Candy Stockton, MD
Kate Witthaus, CEO NCCBB

The Northern California Community Blood Bank is partnering with GLAAD, a global LGBTQ advocacy organization, and America's Blood Centers, a national organization of community blood centers, to launch the Summer of Giving national blood drive campaign.

Running from May 28 through National Blood Donation Day on September 4, this initiative aims to encourage businesses to host blood drives and all eligible individuals to donate blood in recognition of recent eligibility changes that promote fairness and inclusivity in the donation process while maintaining the safety of the blood supply.

Blood centers around the country have implemented the new FDA guidance that expands blood donor eligibility to more LGBTQIA community members. With this update, sexual orientation is no longer a consideration for donor eligibility. This significant change opens the doors for many individuals to now donate blood.

In accordance with these new FDA guidelines, a modified screening process has been implemented centering on an individualized donor assessment. The blood donor history questionnaire has been updated to inquire about all

donors' recent or multiple sexual partners within the past three months, regardless of gender of either party. This change recognizes that susceptibility to infectious diseases, including HIV, is not determined solely by sexual orientation or identity. This donor history questionnaire is gender neutral and asks the same questions to all donors regardless of their gender or sexual orientation. Transgender and nonbinary individuals are welcome to donate blood.

These changes reflect the blood community's commitment to inclusivity while ensuring the safety of the blood supply. While important, they are one step in the larger process. The blood and LGBTQIA communities are working to ensure the FDA swiftly implements further changes as quickly as scientific data warrants to bring even greater equality to the blood donation process.

How can our medical community help? Helping to answer questions and concerns about blood donation from our community members goes a long way. Here are some key points to know:

The FDA's updated eligibility guidelines include:

- Any individual who has had a new sexual partner in the past three months and has engaged in anal sex

during that same period is deferred for three months from the most recent sexual contact.

- Any individual who has had more than one sexual partner in the past three months and has engaged in anal sex during the same period is deferred for three months from the most recent sexual contact.

- Any individual who has taken any oral antiviral medication to prevent HIV (PrEP or PEP) is deferred for three months from the most recent dose. These medications may delay detection of HIV and result in false negative test results.

- Any Individual who has taken any long-lasting antiviral medication by injection to prevent HIV (PrEP or PEP) is deferred for two years from the most recent injection. These medications may delay detection of HIV and result in false negative test results.

- Any individual who has ever taken any medication (i.e., ART) to treat an HIV infection is permanently deferred.

Learn more at www.GLAAD.org/summerofgiving

Find a local blood drive at: www.nccbb.org §



HDN Tattler

HAPPY BIRTHDAY WISHES IN JUNE TO:

DRS: Aniline, Arcidi, Barkdull, Berman, Cody, Cramer, Darwin, Hackett, Haight, Hernandez Castillo, Higgins, Hoang, Kamelgarn, Lesch, Macdonald, Pande, Potts, Purtell, Steinberg, Urva, Villasenor, Young-Tripp, Zwerdling.

.....
• If you have any news you'd like to share with your colleagues: births, marriages, get well wishes, •
• deaths, something you'd like to "brag" about or notify your colleagues of or thank them for, Please •
• let us know so we can include it in the "HDN Tattler". •
.....

Coming, Going & Moving Around

COMING/HERE:

Umair Ali, M.D.

Critical Care

PMG

GOING:

Howard Fellows, M.D.

Oncology

MOVING AROUND:

If you hear of someone coming, going or moving around please let the office know!

Health Awareness Calendar

June

Alzheimer's & Brain Awareness Month

Cataract Awareness Month

Men's Health Month

Myasthenia Gravis Awareness Month

National Aphasia Awareness Month

National Migraine and Headache Awareness Month

National Scleroderma Awareness Month

PTSD Awareness Month

Scoliosis Awareness Month

June 10-16: Men's Health Week

June 25-July 1: Hellen Keller Deaf-Blind Awareness Week

June 2: National Cancer Survivors Day

June 8: World Brain Tumor Day

June 8: Family Health and Fitness Day

June 14: World Blood Donor Day

June 18: Autistic Pride Day

June 19: World Sickle Cell Day

June 25: World Vitiligo Day

June 27: National HIV Testing Day

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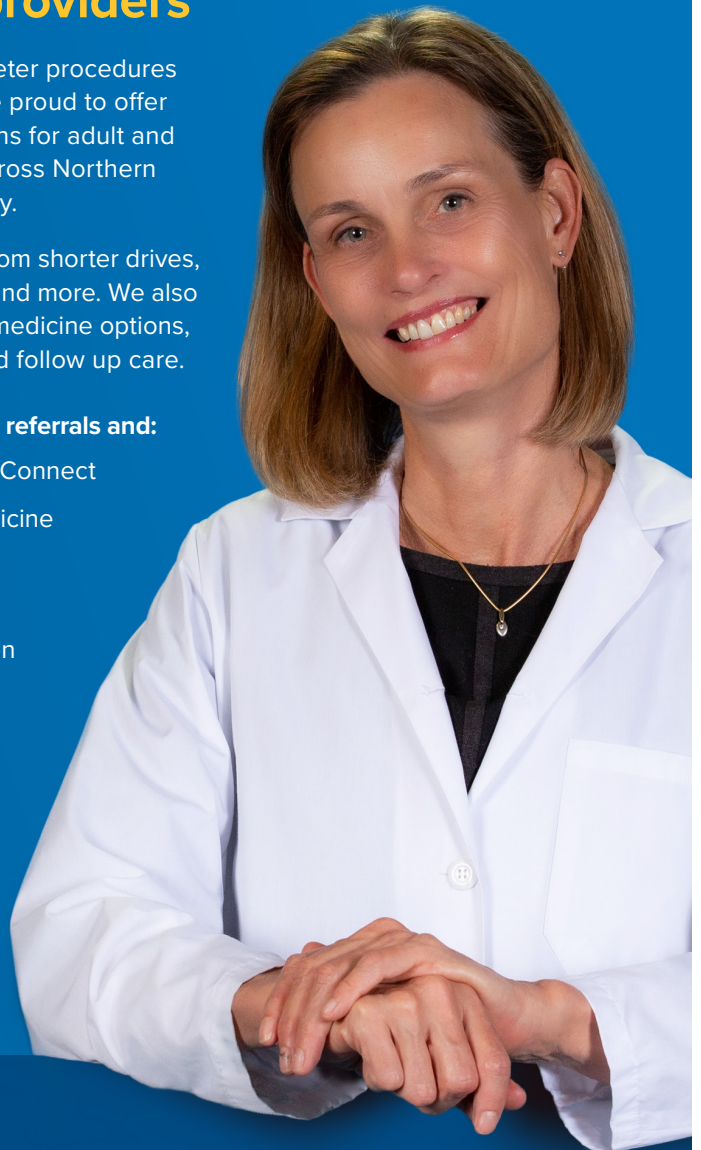
Our physician referral liaisons are here to help navigate referrals and:

- Facilitate access to our secure EMR system, PhysicianConnect
- Assist with UC Davis Health clinical trials and telemedicine
- Keep you abreast of new services, providers and research programs
- Arrange meetings and webinars, and share information about CME and events

Your local Physician Referral Liaison:

Felicity Arain | 916-882-1606 | fcarain@ucdavis.edu

Marike Zwienenberg, M.D.
Health Sciences Clinical Professor
Specialty: Pediatric Neurological Surgery



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referrals.ucdavis.edu



HUMBOLDT DEL NORTE
SELPA
Special Education Local Plan Area

Special Education 101— A Physician’s Guide

Presented by Haley Jones, HDN SELPA Executive Director

Via ZOOM—June 18, 2024 at 5 PM

[Registration Link](#)

Are you a physician who works with children with disabilities? The Individuals with Disabilities Education Act (IDEA) and Individualized Education Programs (IEPs) play a crucial role in ensuring students receive appropriate accommodations and support services. However, navigating these laws and processes can be complex. Don't miss this opportunity to enhance your knowledge and become a better partner in education for your patients with disabilities.

Join us and learn how to effectively contribute to the IEP process, ensuring your patients receive the support they need to thrive academically.

Some topics of discussion will be:

- History of Individuals with Disabilities Education Act (IDEA)
- Overview of Special Education
- Individualized Education Programs (IEP) Process Overview
- Understanding Parent Rights
- How Manifestation Determinations (MDs) can Support the Process



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FRIDAY P.M. ROUNDS

SAVE THE DATES

CANCELLED 6/7/24 6 - 8 pm Host: Larry Weiland, M.D.

9/6/24 6 - 8 pm Hosts: Dr. Hong

***Come meet the Family Medicine Residents*!**

For questions or to RSVP email hdcms@gmail.com

*Relax & socialize with physician colleagues!
Come Meet/Welcome New Physicians!
Spouses Welcome!*



HEALTH LAW LIBRARY

The California Medical Association's (CMA) health law library is the most comprehensive health law and medical practice resource for California physicians.

The library contains nearly 5,000 pages of up-to-date information on a variety of subjects of importance to practicing physicians. It includes content from the

California Physician's Legal Handbook, as well as more specialized information on peer review, payor contracting and other topics. **Access is free to CMA members - www.cmadoes.org**

EMERGENCY TRANSFER

- 5000 Emergency Transfer Laws
- 5001 Emergency Transfer Laws: Medical Staff and On-Call Requirements
- 5002 Structuring On-Call Coverage Requirements
- 5003 Reducing/Restructuring On-Call Coverage Requirements

END OF LIFE ISSUES

- 3450 Decisions Re: Life-Sustaining Treatment: No Advance Directives of POLST
- 3451 Decisions Re: Life-Sustaining Treatment: Advance Directives and POLST
- 3452 Decisions Re: Documenting Decisions re Life-Sustaining Treatment and End of Life Options
- 3453 Decisions Re: DNR Requests and Orders and Cardiopulmonary Resuscitation (CPR)
- 3454 The Patient Self-Determination Act and Joint Commission Standards
- 3455 Physician-Assisted Suicide/Physician Aid In Dying
- 3456 Responding to Requests for Non-Beneficial Treatment
- 3458 CMA Model Policy: Responding to Requests for Non-Beneficial Treatment
- 3459 The California End of Life Option Act

FRAUD AND ABUSE

- 1100 Advice of Counsel Defense
- 1101 Criminal Convictions - Collateral Consequences
- 1102 Federal Criminal Investigations/Prosecutions
- 1103 Fraud and Abuse: Overview of Federal and California Law
- 1104 How Physicians Become the Victims
- 1105 Medicare OIG Investigations
- 1106 Medicare Recovery Audit Contractor Program

Legal Information Line
 CMA Staff is ready to provide
 information about laws related to the practice of medicine. Call the Legal
 Information Line at (800) 786-4262

Recent Medical Society Gatherings



May
Friday Night
Rounds
Hosted by:
Caroline
Connor,
M.D., MPH
at
Humboldt
Bay
Provisions



April "No
host"
Friday Night
Rounds at
Septentrio
Tasting Room



April
Women in
Medicine
Journal Club
hosted by:
Ellen
Mahoney,
M.D.



MEDICAL GROUP ADVOCACY SYMPOSIUM

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STRATEGIES FOR ACCELERATING HEALTH CARE DELIVERY INNOVATION

Office of Health Care Affordability: Understand the work the new state Office of Health Care Affordability (OHCA) and its board have begun. The goals of OHCA include slowing health care spending growth, delivering better value and outcomes for patients, and assessing market consolidation.

Medi-Cal Funding: Learn about efforts to increase access to care through enhanced Medi-Cal funding (MCO tax), including increased provider rates.

Advocacy Update: Examine relevant advocacy and regulatory issues facing California medical groups.

Connect: Fellow California medical group executives will be in attendance.

Thank you to our Medical Group Advocacy Symposium Sponsor:



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CMA WEBINARS SCHEDULED

<https://www.cmadoocs.org/events>

LOG INTO MEMBERS-ONLY SECTION. Be sure to set up your CMA Web account if you have not already. There are many links to resources that are for “Members only”. If you need assistance with this, please reach out to the Medical Society.

[6/11/2024 Virtual Grand Rounds: Child and Adolescent Mental Health Services in California - A New Landscape](#)

CLICK ON THE LINKS ABOVE OR GO TO: <https://www.cmadoocs.org/events> to register

ON DEMAND PRE-RECORDED WEBINARS

Browse CMA’s extensive library of pre-recorded webinars, covering a wide range of medical practice and public health topics. <https://www.cmadoocs.org/webinars>



Calendar of Local Education, Physician Meetings & Socials

(This includes recordings of all past CME grand rounds)

http://www.hdncms.org/Physician_Educational_Calendar.html

PHYSICIAN SUPPORT COMMITTEE

(aka: Physician Well Being Committee)

CONFIDENTIAL ASSISTANCE

Physician-to-Physician

Dr. Soper: 498-4291 * Dr. Bayan: 834-8188 * Dr. Chavez: 502-5360

Dr. Douglass: 786-4028 * Dr. Frugoni: 845-0242 * Dr. Heidmann: 362-6704

Dr. Hunter: 498-0607 *Dr. Newdow: (916) 201-6078 * Dr. Talbot: (707) 464-8813

Confidential E-Mail: hdnpwbc@gmail.com

Or contact a physician through CMA’s Physician Confidential Line at 213-383-2691

ARE YOU A CONSORTIUM MEMBER?

Medical Society Members - \$150.00
Non-Medical Society Members - \$250.00

A self-supporting committee of the HDN Medical Society, our Consortium for Continuing Medical Education is accredited by the CMA Institute for Medical Quality to plan and accredit local programs to meet the needs of our physicians. Credit is provided for Grand Rounds, Tumor Board, Cardiac Cath Lab, UCSF Case Conference, Neo-Natal Resuscitation, etc. In addition to coordinating programs based on the feedback we get from the membership, we also work with the Humboldt IPA, Hospice, Public Health and other local agencies in coordinating CME credit for physicians.

HELP IDENTIFY LOCAL EDUCATIONAL NEEDS

HELP SUPPORT LOCAL EDUCATION - BE A CONSORTIUM MEMBER

NOTE: Consortium for CME is recognized as the “Education Committee” of the Hospital Medical Staffs.

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CME CALENDAR

GRAND ROUNDS / CASE CONFERENCE CALENDAR

JUNE - JULY 2024

JUNE

6/6 (Thurs) "PROSTATE CANCER-SCREENING, DIAGNOSIS, TREATMENT.....ZOOM: 12-1PM
Speaker: Hyung Lae Kim, M.D.

JULY

7/18 (Thurs) "STROKE"ZOOM: 12-1PM
Speaker: Jack T. Wang, MD, PhD

TUMOR BOARD

Tumor Board meetings will be by virtual format via Microsoft Teams. To join "Teams" meeting, email Jennifer Hooven at Jennifer.Hooven@stjoe.org. Meetings beyond this time will continue to be re-assessed and either resume in-person participation or extend the virtual attendance via Teams. 12:00 - 1:00 p.m.

JUNE

6/5 (Wed) TUMOR BOARD PSJH
6/12 (Wed) TUMOR BOARD PSJH
6/19 (Wed) TUMOR BOARD PSJH
6/24 (Wed) TUMOR BOARD PSJH

JULY

7/3 (Wed) TUMOR BOARD PSJH
7/10 (Wed) TUMOR BOARD PSJH
7/17 (Wed) TUMOR BOARD PSJH
7/24 (Wed) TUMOR BOARD PSJH
7/31 (Wed) TUMOR BOARD PSJH

- The target audience are Physicians in Humboldt and Del Norte Counties. Advanced Practice Clinicians, RN's, RD'S, and
- Pharmacists are also invited to attend. Please contact Terri Rincon-Taylor, CME Coordinator at (707) 442-2353 or
- hdncme@gmail.com if you have any questions.

Please contact the office if you have not received a statement for your 2024
CME dues and would like to join or renew your CME membership for
2024. hdncme@gmail.com

YOU MUST BE MEMBER OF THE CONSORTIUM FOR CME TO CLAIM CREDIT

PLEASE HELP IN IDENTIFYING LOCAL EDUCATIONAL GAPS

**Suggestions for strengthening our local CME Program are always welcome -
We encourage you to get involved. Sign up to give a lecture.**



The Humboldt-Del Norte Consortium for Continuing Medical Education is accredited by the California Medical Association and ACCME to provide continuing medical education for physicians.

The Humboldt-Del Norte Consortium for Continuing Medical Education designates this live activity for a maximum of 1.0 hour of AMA PRA Category 1 CME Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CLASSIFIED ADVERTISEMENTS & BULLETIN

CLASSIFIEDS:

*Members wishing to place a classified ad
(Business- free to members for first 6 mos. /
Personal 1/2 price)
contact Medical Society office.*

DID YOU KNOW.....

The Medical Society receives many calls from your offices and the public looking to find copies of medical records from physicians who have retired, moved out of the area, etc. The Medical Society tries to keep a list of where to refer for those records. Physicians relocating out of the area or retiring, please let us know.

**Interested in helping to build our medical pipelines locally? Get involved with HUM-
PET and help inspire local students to pursue careers in medicine!**

Click on the link below to take a short survey to let us know that you're interested in getting involved!

[HUMPET SURVEY](#)

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: hdcms@gmail.com

"We at NCP are always happy to receive photos of local scenery by our member physicians who would like to have their art displayed on the cover of the North Coast Physician. However, we have certain requirements before we print. At a minimum, please send you photos as a JPEG with minimal compression (level 8 or higher). Also please size the photo to 6 inches on the "short" side at a screen resolution of 125 dpi. If you're looking for total file size for email submission we would like something of at least 0.25 MB (250 KB) up to 2.5 MB. This gives the best screen resolution plus it provides adequate resolution for anyone who wishes to print out the cover. We will also accept TIFF or PSD files, although we prefer JPEG. If you need assistance, please let us know and the editor will be more than happy to work with you in obtaining the appropriate resolution."

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