HUMBOLDT–DEL NORTE
COUNTY MEDICAL SOCIETY

North Coast Physician

MARCH 2024

In This Issue...

JOIN OUR CULTURE OF CARE

Build your future with UC Davis Health

Now Hiring — Primary Care Physicians

At UC Davis Health, our primary care physicians are part of something special — the region's only academic medical center where pioneering breakthroughs are discovered, talented health leaders are educated, and care is delivered with kindness, trust and inclusion.

Join our team as we strive to make a difference in the lives of our patients and the communities we serve. Offering a competitive compensation and benefits package, achievable work-life balance, productivity bonuses and more.

APPLY TODAY

UC DAVIS HEALTH

North Coast Physician

In This Issue:

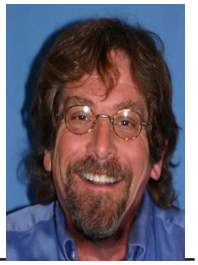
March Cover Photo:
"Yellow Leaf in Willow Creek"
Stephen Kamelgarn, M.D.

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: hdncms@gmail.com
Web page: *www.hdncms.org*

Editorial

Adios, Labs

Stephen Kamelgarn, M.D.



By now I'm sure we've all heard about how Providence-St Jo's is going to outsource their outpatient labs. They've apparently signed a contract with LabCorps (the Walmart of Labs) to handle their outpatient labs. This is one of the most asinine things St Jo's has done in a lifetime of performing asinine stunts.

Outsourcing labs isn't the first thing they've outsourced. They began sending all of their surgical pathology specimens to Santa Rosa more than a year ago. Why? In the thirty years I practiced here, St Jo's had a good, well-staffed pathology department, but, for their own reasons, they closed that department to everyone's detriment.

In fact, during last year's major storms, their van loaded with surgical specimens decided to go around the closed Highway 101 and take Highway 36. The van slid off the road and more than one hundred specimens were lost or destroyed. What does this mean for those patients who sacrificed tissues and needed a pathologic diagnosis to guide treatment decisions? In short, they were screwed. Now they must go back for a second procedure because of this ridiculous outsourcing.

By outsourcing their labs, turnaround times will be markedly lengthened. For example, a couple of weeks ago, I had some outpatient labs for my physician drawn in the Providence facility, and those results showed up on my medical record (MyChart) before I got home from the lab. There's no way that would occur with LabCorps or MetPath or any other commercial (non-local) lab.

Now, with the outsourcing we are looking at anywhere from two days to two weeks in lab turnaround times. We will become even more dependent on undependable roads and airport closures. What will we do with our lab specimens if we're caught in the middle of a four day storm (like last year) – both Highways 101 and 299 closed due to slides, with the airport closed due to poor visibility and/or high winds? In today's fast paced medical climate, being paralyzed by these increasingly common – both foreseeable and predictable – weather occurrences, is simply unacceptable. When dealing with human caused "Acts of God," our lab services can, and must, plan for them. And somehow, I don't think that being stuck and losing precious days to weather caused disasters is a good plan.

Christian Hill, a spokesperson for Providence in Humboldt County, said the decision followed a "thorough assessment" and is aimed to "help us focus on our strengths of delivering care and partnering with other organizations whose primary business is lab services."

Did the Providence planners take prolonged turnaround times and the aforementioned realistic weather scenario into account when "focusing on our strengths of delivering care?"

I have no problem with LabCorps. In fact, I used LabCorps when I worked at the Open Door Clinic. Their service was good, but we had to stop our blood draws early in the afternoon, so the samples could make the flight out of Arcata to wherever their lab facility was. Under the best of circumstances, LabCorps had 24 hour turnaround times for labs. In an acute situation that is completely intolerable.

Not all "acute" cases go to the ER, and can oft times be triaged in an office setting. But this is only possible when appropriate lab services are available in a timely manner. With the loss of "same day" lab services many of these patients will be forced to go to the ER with its much higher attendant costs. Again, is that "focusing on our strengths of delivering care?" Maybe for the ER's bottom line, but no one else's.

I've had too many friends leave the area to receive their medical care, and this loss of outpatient service will only worsen the situation. A friend of mine with aplastic anemia elected to die up here, surrounded by her family and friends, rather than go down to Santa Rosa, alone, for the repeated injections and infusions she required. Why she couldn't have had the infusions with our own local ambulatory infusion program completely escapes me. That way she could have had good medical care while surrounded by her support network.

I realize that St Jo's is merely following a trend started years ago by local businesses. Many companies and services have been treating Humboldt and Del Norte counties like Third World colonies for years; witness Yakima, Moonstone and other global companies that started up here and eventually relocated further south.

While this may be strictly an economic decision for the companies involved, when dealing with laboratory or pathology services, economics must take a back seat to providing timely and reliable services to doctors and patients. To me, this whole closing outpatient labs fiasco smacks of a purely economic decision on the part of St Jo's.

As for me, I'm switching my lab affiliation to Mad River. §

Toward Maturity

Leo Leer, M.D.

(This article is an updated version of a piece that was initially ran in the NCP in 2012)

The first time I saw a patient who probably had AIDS was in 1982. I was a third-year medical student on my internal medicine rotation. He was suffering from an unidentified encephalopathy. At that time, there was no HIV test, since the causative agent had not yet been identified. My rotations came and went, and I never tried to track him down again.

There was another one during my residency. He came to me from the emergency department as an unassigned patient. By that time, HIV had been identified, and he had tested positive. Initially, his opportunistic infections responded to treatment, but he never totally bounced back, and his health steadily declined until he died, 6 months or so later. He was divorced, a closeted gay man, the father of two teenage sons who lived with him not far from the clinic. As he became more infirm, I made home visits. His sons were scared but supportive. His extended family was scared and not supportive. They wanted to burn the house down after he died — they were quite serious about it. I talked with some of them. I'm sure nothing I said changed their minds, but the house is still standing.

My first job after residency was working for a large medical group in southern California. Work was slow, so I called the local county AIDS project to let them know I was available for referrals. The first person they sent to meet me was their nurse case manager to make sure I wasn't some sort of nut. It was 1987, and I was the first physician ever to call and ask to receive referrals.

A few weeks later, Mr. C. arrived at my clinic. He looked very healthy, except for the fact that he was having trouble breathing and couldn't keep his fevers under control. His pneumocystis pneumonia responded very well to antibiotics that first time. Shortly thereafter, I started him on the state-of-the-art antiretroviral: two AZT capsules every 4 hours around the clock. Those were the days when HIV conferences were conducted to the tune of beepers going off constantly, reminding the patients in attendance that it was time to take their meds.

He was full of life, Mr. C. He edited a magazine, he traveled, he was a loving father. He was interested in everyone and everything around him, and we became friends.

Many, many more patients followed. They were wonderful people: police officers, rabbis, priests, lawyers, physicians, construction workers. There was the 17-year-old boy who became infected when he and his girlfriend had intercourse just once (yes, I believed him). She had become infected a few years earlier from multiple blood transfusions after an auto accident, before the identification of HIV. There was the actor back from a successful career on Broadway, now staying with his parents so they could nurse him as he died. There were mothers with small children. There was the young man who had his food trays at a local tertiary care center slid across the threshold into his room because the nurses and staff feared getting infected if they got too close. He was shocked when my medical assistant and I touched him with our bare hands. Truly, there was a lot of silly and harmful paranoia back then.

After I had been working for the medical group for about 9 months, its leaders expressed concerns about my growing HIV practice. They didn't like that many of these patients lost their insurance and went onto Medicaid. Moreover, a few of the patients with HIV who had private insurance were covered by the capitated managed-care plans that accounted for most of our business. The leadership feared that word would get out, and soon we'd go broke caring for all of our region's managed-care patients with HIV. Finally, they believed that "normal" patients would be scared away by my clientele.

So I moved on, to a small family medicine group. My new colleagues didn't share my passion for HIV care, but they were exceptionally supportive. We generally did not accept Medicaid (because it didn't cover the cost of care), but we made exceptions. One day, Mr. C. asked me if I could recommend a good doctor, since with his upcoming transition to Medicaid, he assumed he wouldn't be able to continue seeing me. I wanted to cry. He had been worrying for the past few weeks that toward the end of his life, the insurance "issue" would force him to train a new doctor.

The last time I saw Mr. C. was at the hospital, early in the day before I headed over to my office to see my clinic patients. I had admitted him the night before, and he was barely conscious, clearly in the last stages of whatever multitude of opportunistic infections were consuming him. I quickly looked in on him, made sure he wasn't in pain, and left him alone in his room to die. That wasn't my conscious thought — that I was leaving him to die — but in fact that's what I did. What, at some level, I knew I was doing. I have no recollection of the patients I saw in the office that morning. None of them stick in my mind as much as

Toward Maturity, continued on Pg 6

Do You Like to Write?

The Editorial and Publications Committee would like to encourage you to join the committee. Meetings are held quarterly 12:15 - 1:30 pm at the Medical Society office. Come help coordinate our member publications and write articles for the "In My Opinion" section of the North Coast Physician.

Articles can be submitted from any member for publication under the "Open Forum" column at any time. We would love to have more member physician articles to publish in the coming months.

SIGN UP TO HOST FRIDAY PM ROUNDS IN 2024 FIRST FRIDAY OF MONTH 6-8 P.M.

Please Contact the Medical Society at hdncms@gmail.com if you are interested in hosting in 2024, we have many dates still available to host!

Toward Maturity, cont. from Pg 5

the one I failed to see and be with. His partner didn't get there until after he died. His children hadn't seen him in a few days, and their mother wouldn't have allowed them into his hospital room anyway. I was the only one who mattered to him who could have been there. I was the only one who could have sat vigil with him. But I left.

Over the years, I've made my share of medical mistakes. Diagnostic misses, medication errors . . . the usual. Each of them troubled me, in its time. But nothing sticks like that day, when what was needed of me was nothing medical at all. I'd like to say that this event was transformational for me. But that would be untrue. At best, the experience, and others since, nudged me toward being a better human, a better doctor. Although I can't put my finger on exactly when or by how much, I know I've changed. My memories are my yardstick.

And I know that even though I failed Mr. C. at the very end, I did make a big positive impact on his life. That knowledge helps. A little.

I wonder if I have such positive effects on my patients in our post-plague, nascent-AI age. Certainly, my current patients are getting the best electronic-medical-record-system experience they've ever had, and they're plugged into more health maintenance databases than they've ever been before. I'm a more seasoned clinician, and that must be a good thing. Yet I wonder more and more of late whether it's enough. As I click away at my computer ensuring that all our quality measures have been met, I can't imagine that patients today get as much of me as I gave to Mr. C. and all the other patients who shaped and seasoned me, whose ghosts will forever haunt and grace my memories.

§

Did You Know?.....

Physician Memorials and Historical Articles, and Awards are posted on the Medical Society's website under "News & Publications" *North Coast Physician* excerpt page - http://www.hdncms.org/North_Coast_Physician2.html

Has your practice been paid for outstanding Covid-19 testing and related services?

Sponsored by the California Medical Association (CMA) and authored by Senator Richard Pan, M.D., SB 510 (2021) requires health plans and insurers to reimburse providers for specified COVID-19 testing, related office visits and immunization services. The law also prohibits health plans and insurers from shifting the financial risk for COVID-19 testing, vaccine administration and related services to contracted providers, unless both parties have negotiated and agreed to a new contractual provision. Though the law took effect January 1, 2022, it applies retroactively to claims dating back to March 4, 2020, the beginning of California's public health emergency for COVID-19.

The California Association of Health Plans (CAHP) filed a lawsuit in November 2021 challenging the law's retroactive application on constitutional grounds. Although CAHP obtained a preliminary injunction that temporarily prohibited the enforcement of the law with respect to pre-2022 claims, the trial court ultimately ruled against CAHP, and held that the law could apply retroactively to March 4, 2020, and dissolved the preliminary injunction. This means that the law, including its retroactive provisions, is fully in effect. Plans and insurers are required to comply with the reimbursement requirements.

According to guidance issued by the California Department of Managed Health Care (DMHC) (APL 23-021), plans were required to reimburse providers with interest for unpaid or underpaid SB 510 claims by February 12, 2024. Plans that failed to reimburse providers by this date, may be subject to enforcement action by DMHC. CMA has heard reports, however, that some plans have still not reimbursed physicians for COVID-19 testing and related services.

Additionally, CMA is hearing some plans have refused to reimburse delegated groups, asserting that SB 510's prohibition on delegation of financial risk applies only to COVID-19 testing, not related services, such as screening exams. However, the law is clear that "health plans shall not delegate the financial risk to a contracted provider for the cost of enrollee services provided under this section unless the parties have negotiated and agreed upon a new provision of the parties' contract" (Health & Safety Code 1342.2(a)(6)). Services provided under section 1342.2 include both "COVID-19 diagnostic and screening testing and health care services related to diagnostic and screening," which the law expressly defines to include "hospital or health care provider office visits for the purposes of receiving testing," and "the administration of testing," among items and services. This is also reiterated in DMHC guidance (APL 22-014) issued in April 2022 regarding SB 510 compliance.

Physicians and physician groups facing plan refusals to pay pre-2022 COVID-19 testing, and related services are encouraged to consult with their practice attorney and contact CMA's Center for Economic Services at (800) 786-4262 or economicservices@cmadocs.org. §

CMA ADVOCACY DAY

Save the date for the California Medical Association's 50th Legislative Advocacy Day, happening on April 10, 2024, in Sacramento!

Attendees can expect to get hands-on experience and learn the nuts and bolts of advocating for their patients and profession.

Join your physician, medical student and resident colleagues at the Sheraton Grande Hotel in Sacramento.

Attendees will have the opportunity to meet and lobby legislators on priority health care issues and learn how to become an advocate for their patients and colleagues.

Registered attendees will receive a webinar training on legislation and policy affecting the practice of medicine on March 26.

This unique event is free of charge to all CMA physician members, residents and medical students.

For more information visit www.cmadocs.org or contact the Medical Society office.

CMA Takes Legal Action Against DMHC for Fair Payment Enforcement

The California Medical Association (CMA) today filed a lawsuit against the California Department of Managed Health Care (DMHC) for the agency's failure to enforce California's prompt payment regulations in implementing Senate Bill 510 (Pan). This legislation, sponsored by CMA in 2021, requires health plans and insurers to reimburse physicians and other health care providers for certain COVID-19 services retroactive to March 4, 2020. However, DMHC put out fundamentally flawed guidance that effectively relieved plans of some of their legal payment obligations, resulting in significant delays and reductions in reimbursement.

Despite the requirement under state law for plans to pay claims within specific time frames, DMHC's All Plan Letter (APL 23-021) allowed health plans to delay reimbursement for COVID-19 services provided between March 4, 2020, and December 31, 2021, until February 12, 2024. This delay left many providers without full payment for covered COVID-19 services rendered almost four years ago.

Furthermore, in direct violation of the Knox Keene Act and SB 510, DMHC's guidance also improperly shifts financial responsibility from health plans to risk-bearing providers, such as delegated physician groups. It unilaterally makes material changes to the parties' contractual relationships by requiring that these delegated providers first cover the costs of "downstream" COVID-19 tests and then attempt to seek whatever reimbursement the health plan may pay.

CMA wrote in its lawsuit that providers "...entitled not only to the long-awaited payment as required under SB 510, but payment accompanied by fairly calculated interest as required under the Knox-Keene Act and Department regulations."

While DMHC's APL requires health plans to pay 15% per annum interest on late-paid claims, it only requires interest be calculated from June 27, 2023, the date the court lifted a preliminary injunction in an unsuccessful lawsuit filed by the California Association of Health Plans (CAHP) challenging SB 510's retroactive application. This is in direct violation of state law that requires interest to accrue from the first day after the payment deadline.

When CAHP filed its lawsuit in November 2021 challenging SB 510, health plans were aware that they owed payment for claims for COVID-19 testing that had occurred during the height of the pandemic, some of which were already past due. Rather than pay the claims and any interest that may have applied, the health plans recklessly gambled on a victory in their challenge to SB 510's retroactivity provision. They delayed payment, knowing that interest would continue to accrue. Ultimately, the health plan industry lost that gamble. Payment is long overdue, including late-payment interest as dictated by the Knox-Keene Act. CMA believes and will argue before the court that plans should not be excused from their timely payment obligations, and providers should not have to cover the costs of the plans' unsuccessful legal strategy.

CMA's lawsuit argues that DMHC's actions to relieve health plans of some of their legal obligations under SB 510 not only harms this set of providers today, but also will harm providers in the future by encouraging plans to litigate any new law they oppose, as the department's actions have relieved them of financial obligations that are far greater than the cost of litigating. §

Q2 Resolutions Open for Testimony

As part of its policy-making process, the California Medical Association (CMA) allows members to submit resolutions for debate and discussion throughout the year. Once a resolution has been accepted, any member can submit testimony, which will be considered by the councils as they make policy recommendations.

Resolutions that have been accepted as business and are accepting testimony for Q2 include:

- 106-23 Adding the Environmental to the Social Determinants of Health
- 107-23 Developing and Utilizing Patient Health Questionnaires that Uncover Social and Environmental Health Risks
- 110-23 Reducing harm from Alcohol and Funding Medi-Cal Access
- 203-23 Encouraging New Features in Electronic Health Records to Promote Prevention and Public Health
- 204-23 The Attempt to Fully Privatize Medicare Must be Stopped
- 502-23 Supporting Survivor Health, Safety, and Autonomy
- 601-24 Supporting Access to OB Services for All Californians

The Q2 testimony period will be open through March 1, 2024, at cmadocs.org/resolutions.

Resolutions available for testimony that will not be business in Q2 are:

- 101-24 Removing Artificial Turf in Schools, Parks and Public Spaces
- 102-24 Prevention of Silicosis in the Manufacturer & Processing of Stone
- 103-24 Guidelines Restricting Cell Phones in K-12 Education in California
- 201-24 Enhancing Patient Transportation for Underserved Communities
- 501-24 Policy for Reducing Physician Mistreatment in Healthcare Settings
- 502-24 Hate Speech is a Public Health Threat §

HDN Tattler

HAPPY BIRTHDAY WISHES TO:

DRS: John Albertini, Joshua Bondurant, Michael Burleson, Patricia Chico, Henry Crevensten, Candice Dolbier, Teresa Frankovich, Corinne Frugoni, Alan Glaseroff, Ronald Jones, James Killfoil, Dennis Knoernschild, Thomas Krenek, Christopher Lee, Antoinette Martinez, Jack Maurer, Jesus Mendez, Cindy Norvell, Timothy Paik-Nicely, Arman Pirzad, Jerryl Lynn Rubin, Sarah Scher, Karen Selin, Angus Stewart, Karthikeyan Viswanathan, J. Erik Weibel, Lawrence Wieland.

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:

Robert Young, MD	**Pulmonology**	**PMG**
Doug Kelly, M.D..	**Radiation Oncology**	**Dr. Russel Pardoe Radiation Oncology Center**

GOING:

Michael Borrello, MD

MOVING AROUND:

Dr. Mahoney and Dr. Cobb's office has been moved to: 636 Harris St. Eureka, CA 95503

Health Awareness Calendar
March:

National Colorectal Cancer Awareness Month
National Developmental Disabilities Awareness Month
Multiple Sclerosis Education and Awareness Month
Bleeding Disorders Awareness Month
National Endometriosis Awareness Month
National Kidney Month
National Nutrition Month
National Traumatic Brain Injury Awareness Month
Trisomy Awareness Month

March 3- World Birth Defects Day
March 9-World Kidney Day
March 10-National Women and Girls HIV/AIDS Day
March 15- World Sleep Day
March 19- National Native American HIV/AIDS Day
March 21- World Down Syndrome Day
March 24- World Tuberculosis Day
March 26- American Diabetes Alert Day
March 26- Epilepsy Awareness "Purple" Day
March 30- National Doctors' Day

Huwighurruk

Tribal Health Postbaccalaureate Program

OUR MISSION

In partnership with Cal Poly Humboldt, UC Davis School of Medicine launched Huwighurruk (hee-way-gou-duck), a postbaccalaureate pathway program for learners who are passionate about providing healthcare to American Indian/Alaska Native communities. Huwighurruk is designed to support participants on their journey to medicine.

In the Wiyot language, huwighurruk means plants, grass, leaves, and medicine. Our Huwighurruk scholars will be immersed in a culturally-focused framework intertwined with courses at Cal Poly Humboldt. Our mission is to successfully recruit, retain, and train prospective medical students focused on serving American Indian/Alaska Native tribes and communities in both rural and urban areas.

IMPORTANT DATES

- Application Opens: January 4, 2024
- Application Closes: May 3, 2024
- Program Begins at Cal Poly Humboldt: July 2024

PROGRAM HIGHLIGHTS

- **Tuition:** After completion of the FAFSA, educational fees will be covered as listed on Cal Poly Humboldt's Tuition and Cost website: https://www.humboldt.edu/cost
- **Stipend:** Students are eligible for a stipend to help offset living and program costs, especially as students focus on MCAT preparation.
- **Housing:** For students utilizing program-provided on-campus residences, the Huwighurruk program will cover housing fees as resources are available. For students utilizing external housing, the program can assist with connections to other supportive resources.
- **Conditional Acceptance into Medical School:** Huwighurruk students are accepted into UC Davis School of Medicine and the Tribal Health PRIME Pathway on the following conditions:
  - Successful completion of the Huwighurruk program with a 3.7 GPA or higher during program period
  - An MCAT score of 499 or higher
  - Completion of UC Davis School of Medicine prerequisite courses
  - A letter of completion and recommendation from the Huwighurruk program director(s) outlining academic readiness for the rigor of medical school

Huwighurruk

Tribal Health Postbaccalaureate Program

ADMISSIONS CRITERIA

Applicants to the Huwighurruk pathway must identify as:
Category 1: Academic Enhancers, Category 2: Reapplicants, or Category 3: Career Changers.

Category 1: Academic Enhancers and **Category 2: Reapplicants to Medical School** must have completed:

- 1 Year of Biology with lab
- 1 Year of General Chemistry with lab
- 1 Year of Organic Chemistry with lab
- 1 Year of Physics with lab.
- Biochemistry is encouraged, but not required
- Have an undergraduate and science GPA average of at least 2.9 and a Biology, Chemistry, Physics, and Math (BCPM) GPA average of 2.5

Category 3: Career Changers must have completed:

- 1 Year of General Chemistry with lab
- 1 Year of Biology with lab
- Have an undergraduate cumulative GPA average of at least 3.2

HUWIGHURRUK ELIGIBILITY

- Citizen or descendant of a federally recognized American Indian/Alaska Native Tribe
- Have a Certificate of Degree of Indian Blood (CDIB) showing tribal affiliation
- Are a descendent from a person with a CDIB
- Are a descendent of a person on the California census rolls of 1928 or 1933, or on the California Judgment Fund Rolls of 1953 or 1972
- Are a resident of California, have significant ties to California or demonstrated significant commitment to American Indian Communities or Tribes
- Have demonstrated a history of commitment to practice in the AI/AN community

QUESTIONS? CONTACT US!

- Email: tribalhealth@ucdavis.edu
- Application: https://tinyurl.com/TribalHealthPB
- Info Sessions: https://tinyurl.com/CAConsortInfo

CALIFORNIA POSTBACCALAUREATE CONSORTIUM PRE-MEDICAL

Cal Poly Humboldt.

UCDAVIS HEALTH | SCHOOL OF MEDICINE

Interested in helping to build our medical pipelines locally? Get invovled 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

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.cmadocs.org**

ADA/DISCRIMINATION

6000 ADA, Rehabilitation and Genetic Information Nondiscrimination Acts, ACA: General Requirements and Defenses
6001 Disabled Physicians and Employees
6002 Disabled Patients: Health Care Services
6003 Language Interpreters
6004 Patient Access to Physician Offices/Facilities
6005 Sign Language Interpreters

ADVERSE EVENTS

3600 Voluntary Systems and Reporting
3601 Transformation Through a Fair and Just Culture
3602 Mandatory Systems and Reporting
3603 Vaccines, Drugs and Devices

ADVERTISING

0101 Advertising by Allied Health Professionals
0102 Advertising by Physicians
0103 Medical Referral Services
0104 Practice Promotion through Third-Party Coupons

ALLIED HEALTH PROFESSIONALS

3000 AHP Relationships: Business Issues
3001 AHP Relationships: Liability Issues
3002 Alternative and Complementary Health Care Practitioners
3003 Medical Assistants
3004 Naturopathic Doctors
3005 Nurses
3006 Optometrists
3007 Physician Assistants
3008 Speech-Language Pathologists and Audiologists
3009 Pharmacists

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

CMA WEBINARS SCHEDULED

https://www.cmadocs.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.

3/12/24 - Virtual Grand Rounds: New Weight Loss Medications - Panacea or Pandora's Box
3/26/24 - Webinar: Legislative Advocacy Day
4/16/24 - Virtual Grand Rounds: Black Health in California - Moving Toward Equity

GO TO: https://www.cmadocs.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.cmadocs.org/webinars

Calendar of Local Education, Physician Meetings & Socials

(This includes recordings of all past CME grand rounds talks)

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.

THANK YOU TO OUR ADVERTISERS!

Broadway Medical
Elite Caregivers
UC Davis
UC Davis
Jonathan Rutchik, M.D.

Physician Education Calendar posted to
Medical Society Website: www.hdncms.org - under "Events/Calendars

CME CALENDAR

GRAND ROUNDS / CASE CONFERENCE CALENDAR

JANUARY 2024- FEBRUARY 2024

MARCH

3/7	(Thurs)	"AI IN MEDICINE".....ZOOM: 12-1PM
		Speaker: Geoffrey Tso, MD
3/21	(Thurs)	"UTI, RECURRENT UTI, AND IMITATORS".....ZOOM: 12-1PM
		Speaker: Lisa Dabrey, M.D.....ZOOM: 12-1PM

APRIL

4/4	(Thurs)	"INCLUSION/EXCLUSION CRITERIA FOR THE UC DAVIS CAR-T CLINICAL TRIAL".....ZOOM: 12-1PM
		Speaker: Naseem Esteghamat, MD, MS
4/25	(Thurs)	GRAND ROUNDS CANCELLED.....

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.*

MARCH

3/6 (Wed)	TUMOR BOARD	PSJH
3/13 (Wed)	TUMOR BOARD	PSJH
3/20 (Wed)	TUMOR BOARD	PSJH
3/27 (Wed)	TUMOR BOARD	PSJH

APRIL

4/3 (Wed)	TUMOR BOARD	PSJH
4/10 (Wed)	TUMOR BOARD	PSJH
4/17 (Wed)	TUMOR BOARD	PSJH
4/24 (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 BOARD

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.

MEMBERSHIP DIRECTORIES

The 2024 Membership Resource Directory will be dropped off and/or sent out soon. Please contact the Medical Society office if you need to order extra copies for you or your staff. 707-442-2367

"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."

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

SIZE	MONTHLY	SIZE
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