

THE BULLETIN

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Original tree art by Samuel P. Burre, M.D. (1957) and adorned by George Ingraham, M.D. (2002)

The Bulletin 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/Crescent City (707) 465-0980; FAX: (707) 442-8134; E-Mail: hdnccms@sbcglobal.net Web page: <http://www.humboldt1.com/~medsoc>

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President's Message

EMILY DALTON, M.D.



January is always a bit of an anticlimactic month. The weather is cold and rainy; the Christmas holidays are over; the decorations and trees have been taken down and hauled away. My son is also gone now--cleared out to Portland State University, and with his departure a little bit of myself was cleared out too. The good bye one says to a 19-year-old leaving home is bittersweet. The media has done its usual job of pulling together various summaries of the events of 2008. I was particularly touched by a bit on the CBS evening news paying tribute to famous persons who died during the year. Maybe it is a sign of my age, but many of those people had impacted my life in some meaningful (if not personal) way. In a Newsweek year's end summation column George Will ranked Schwarzenegger among the three most embarrassing governors in the country (up there with Rod Blagojevich and Elliot Spitzer) because Schwarzenegger was off working on global climate change instead of seeing to the local crisis as California's economy fell apart. Whatever your views on the importance of global vs. local issues, you have to agree that the California economy is in dire straits.

On Dec 31, Schwarzenegger's administration (the Governorator himself was vacationing in Idaho) unveiled a new budget proposal to address the 40+ billion dollar shortfall. The proposal would increase taxes by about \$14.3 billion, cut spending to the tune of \$17.4 billion, increase lottery income by about \$5 billion, and borrow another \$5 billion. Amazingly, (and much the CMA's credit) no cuts to physician Medi-Cal reimbursement rates were proposed.

However, there are cuts in areas that will impact our patients, including the elimination of some Medi-Cal benefits for adults (dental, optometry and psychology), the absorption of the California Children and Families commission (First 5 Humboldt) into the social services department, rate cuts for public hospitals, as well as authorized payment delays to Medi-Cal fee-for-service providers in June, 2009. Revenue increases would come from increasing and expanding the state sales tax, a "nickel-a-drink" alcohol tax, a new tax on oil production, and a \$12 hike in vehicle registration fees. In addition, previously proposed ideas include reducing the dependent care exemption on state income tax, carrying over some of the deficit into 2010-2011, borrowing from

voter-created funds for mentally ill patients and pre-kindergarten health services, making the lottery more profitable, and borrowing \$4.7 billion from the private sector.

If we get a budget, it will be one balanced with smoke and mirrors. It's a sad day when the state defers payment to Medi-Cal fee-for-service providers by 4-6 weeks in order to keep more cash flow in the budget for current year and to push the payments owed into the next. Certainly we can do better than this, can't we? §

Attn. Members:

Medical Society Bylaws are posted on our website for your reference/review. Comments/suggestions for future revisions are welcome.

[http://www.humboldt1.com/~medsoc/Member Information.htm](http://www.humboldt1.com/~medsoc/Member%20Information.htm)

Janssen, Malloy, Needham, Morrison, Reinholtsen, Crowley & Griego LLP *Attorneys at Law*

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

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Not Very Famous Last Words

GEORGE INGRAHAM, M.D.



I had the TV on to one of the local network channels. With rabbit ears, I don't get all six hundred channels; and yes I still have a VCR, and yes it always blinks 12:00. No sense rushing into new technology. Bad enough they stopped putting propellers on our airplanes.

Saw a show, *To Catch a Predator* (NBC), involving men being lured, by answers to e-mails they had sent, into a suburban kitchen by a young girl decoy whom they believed to be a pre-teen, there to be confronted by NBC's representative of Decent People Everywhere. He, after an intensely emotional and humiliating interview, allowed the individual to go outside the house, where (offering no resistance) he was forced to the ground by a half dozen law enforcement officers, handcuffed, and led away. Gotcha. Unequivocal Triumph of Righteousness. Life over. Career finished.

No argument; they were obscenely in the wrong. I have only strong revulsion for their intentions: I have, after all, a daughter and two granddaughters. Men (usually it is men) like these are the stuff of parental, not to mention Papal, nightmares. Their imprisonment and subsequent monitoring are the right and duty of society.

The problem is: these guys are mentally ill. The ones arrested do not have the will power to resist their deviant urges. No one knows how many pedophiles do resist successfully. One of them (why I am saying "one of *them*?") commented that he strongly suspected that the whole thing was a setup; but he had to follow his desires anyway. Couldn't resist. NBC was of course doing their thing in the interests of justice. What? ratings?

And how about morbid obesity? When you are tired of major league football, pedophiles, and Spiderman, tune in *The Big-*

gest Loser. You can watch fat...really fat...people waddling around in overstressed Spandex, unable to do whatever task the trim and sturdy coach sets them. You can thrill to their remorse and humiliation as they fail yet again to achieve their weight loss goals and, letting their team down, are dismissed in disgrace from the contest. At least these folks are getting paid something for going before the cameras, and their dietary dysfunction hurts, for the most part, only themselves. Still, morbid obesity is disease. And, spin it how you will, we are using disease for entertainment.

And then there is *Dr. Phil*, and if you really like it raw, *Cheaters*. Good people, these broadcasters, helping all they can, all that wholesome stuff. But: we are letting the pain and heartbreak of dysfunctional people serve to keep us amused. And that can't be right.

These shows succeed, why? Because people like to watch others getting caught?; see them paying the price for their foolishness or depravity? Are we satisfying our inner voyeur or self-righteous meany by seeing others suffer for their failings, or are we simply feeling morally uplifted? For surely none of us could ever find himself in that position. And we never watch those shows either. Of course not. I just heard about them from...um...some guy.

Is it not loathsome in us, this using people's disease, monstrous and despicable as the desires and actions of some may be, as a source of public entertainment? We are not of course the first to do so; in the eighteenth century, the staffs of the lunatic asylums in England allowed visitors to view the antics of the inmates for amusement.

We in America have, and ought to have, our freedom of the press and by extension TV. Clearly that encompasses the

right to watch someone being arrested for what is unquestionably a crime, or another floundering about in a bulging tank top. I am not sure, however, what enjoying the spectacle of a sick man's world falling apart or a morbidly obese woman's tears of frustration says about ourselves, our society, or indeed our species. Have we nothing better to do? Would we be watching this stuff if anybody knew we were doing so? Something septic this way comes. Us.

Good thing you can't get arrested for hemorrhoids. Oops: better not give the legislature any ideas.

Now in case not watching sexual predators and the antics of the obese leaves you without adequate entertainment, I can do no better than to recommend that you rent a DVD copy of the splendid film *Wit*, (2001) starring Emma Thompson. Physicians who have not themselves been a patient with a serious illness should take this opportunity to see ourselves as others see us. We physicians aren't depicted unfairly, definitely not portrayed as The Bad Guys. But we could do better. This film, directed by Mike Nichols, shows how without being preachy. Caution: may cause light cringing. If you deal with sick people, this film will make you a better physician. Promise. Probably not a good choice for family movie night however.

Having harassed the membership and the editor with these ravings for some time I am, with this column, drawing my participation in the Opinion section to a close. I have been out of practice and hence out of the loop for almost seven years now and I find that I know less and less about today's medical community. I think I have reached the point at which I had best shut up, and

"Opinion" Continued on page 6

Health Insurance: an Oxymoron

STEPHEN KAMELGARN, M.D.



As January 20 approaches, and we look forward to ending the nightmare of the last eight years, it is time, perhaps, to project ourselves into the future with renewed vigor. The economy is in tatters, and shows signs of getting a whole lot worse before it gets better. These two phenomena, new hope and fear for our economy, prompts many economists, and others, to say, "Now is the time for bold action. Action that wouldn't be normally contemplated under normal conditions, but are necessary to prevent collapse now."

While I'm not an expert on the economy, I am familiar with the rickety nightmare that comprises our health care system. Over the years I've written a number of articles decrying the state of Health Care in the United States: more than 48 million uninsured, the huge number of "medical bankruptcies" despite having health insurance and the vast amount of money we're spending on health care compared to the rest of the world, yet our health statistics are abysmal. Perhaps, now is the time to undertake some radical changes in how we finance (and ultimately, deliver) health care in this country.

The biggest source of our financial woes in the health care sector is the insurance industry. With their plethora of plans necessitating physicians and hospitals to

hire armies of billing clerks to figure out the system, mandated discounts, increasing co-pays, denials, rapidly changing formularies and the industry's being only responsive to Wall Street and their investors less care is being delivered to Americans, and more money is sucked out of the system. Something in the neighborhood of 20-30% of our health care dollars is being drained from the health care system by our overly complex "Free Market" health care. And this measures only the direct costs. How much of our day, as practitioners, do we waste on the phone to some insurance company clown advocating for a service that is important to our patients. This is time that could be more profitably used in patient care, rather than in protesting denial of service. This leads me to one inescapable conclusion: *There is NO ROOM for insurance in Health Care.*

The Lewin Group, a management consulting firm with a specialty in Health Care, has recently done an analysis of looking at four different health care proposals¹: the proposed Obama Health Plan, the proposed McCain health plan (obviously, this one won't be enacted), the Healthy Americans Act (HAA) proposed by Senators Wyden and Bennett, and a Medicare for All (MFA) universal coverage proposal modeled on similar bills proposed by representatives

Stark, Conyers and Dingell. The Lewin group has a 25-year experience in estimating the impact of major health reform proposals. They are independent and nonpartisan. In this paper, the authors state their assumptions, and look in depth at both coverage and anticipated costs.

Both the Obama and McCain plans were incremental, at best. The Obama plan would cover about 26.6 million of the 49 million uninjured, and was designed to cut some costs. Even with these cost savings initiatives, the program would increase the federal deficit by \$1.17 trillion over the 2010 through 2019 period. Federal costs are high because these incremental cost savings initiatives would reduce health spending by only about 1.5 percent over these ten years. Also, most of these savings would be for the Medicare program with little savings for privately insured people who are at-risk of losing their insurance. The tax credit proposal introduced by Senator McCain in the 2008 campaign was another incremental reform that would have covered about 21.1 million of the uninsured. It too included cost containment initiatives such as promoting Health Information Technology (HIT) and coordinated care for the chronically ill. Yet, the McCain plan would have increased the federal deficit by \$2.05 trillion over ten years. The Wyden-Bennett plan would cover about 46 million people *and actually reduce the federal deficit by \$343.1 billion.* If Obama health care cost control measures were coupled to the HAA plan the federal savings would increase to \$531 billion.

This paper shows that if the MFA program is implemented with the Obama cost control initiatives there would be an increase



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The Bulletin

Can We Get There from Here?

STEPHEN KAMELGARN, M.D.



Over the years I've written a number of diatribes expressing a need for the United States to adopt a "Single Payer" Health Care System. We've finally inaugurated a president who is, at least somewhat, amenable to listening to a variety of plans for health care reform. This would seem to be a time that we single payer advocates can push our agenda; or is it?

In the Jan 26, 2009, issue of *The New Yorker* Atul Gawande (one of the magazine's medical correspondents) has written an intriguing article about health care reform. While he is in favor of single payer, he feels that we are in the grip of past precedents and history. He makes a very persuasive case for "listening to our history." This holds true not only for health care reform, but for *any* transformative technology or practice in a society. He briefly traces the history of single payer in both France and Great Britain and shows why their plans have taken the form that they have.

Britain's National Health System actually started during World War II, when in response to massive population dislocations, and huge casualties from Air Raids during the Blitz, the government had already assumed a large portion of providing Health Care. Making it completely national after the war was a small step. France had a long pre-war history of large manufacturers and unions organizing collective insurance funds for their employees, financed through a self-imposed payroll tax, rather than a set premium. Their Sécurité Sociale directly evolved from that. (As an aside, the French Health Care System is ranked #1 in the World. The US comes in at #37.) In our own country, our health insurance paradigm is directly traceable to the wage controls placed on workers and employers during the

Second World War. Employers, in an effort to attract workers to the war industries couldn't offer higher wages, so they offered more benefits; health insurance being the most important.

In the article he states: "Every industrialized nation in the world except the United States has a national system that guarantees affordable health care for all its citizens. Nearly all have been popular and successful. But each has taken a drastically different form, and the reason has rarely been ideology. Rather, each country has built on its own history, however imperfect, unusual, and untidy." His point being that no matter what we Single Payer monomaniacs may want, we are going to have to build it upon what we already have. If we attempt to get "too radical" too quickly we will wind up with a gigantic failure on our hands.

I remember reading an interview with President Obama early in the past presidential campaign where he tried to defend his health care proposal. He stated that if he were to design a health care delivery system from the ground up, it would definitely be a single payer system. But he doesn't have that luxury and must "patch" our current system. At the time I thought that he was being disingenuous, and I compared his health care plan to "rearranging deck chairs on the *Titanic*." (I felt that the McCain plan was more like drilling holes in the hull, to carry the analogy to its ridiculous extreme.) Now, I'm not so sure.

Aside from the fact that we're dealing with the most political of processes, with vast amounts of money at stake—money no insurance entity will willingly surrender—we also have to take into account all that's gone before. Massive change "by fiat" will

usually fail—witness the disaster of Part D Medicare. Rather than just adding coverage to an already existing Medicare Plan that people were happy with, the Bush administration in cahoots with Big Pharma and Big Insurance came up with a whole new insane bureaucracy that resulted in 1,429 prescription drug plans that resulted in a public health crises in 37 states when patients couldn't obtain their, often, life-saving medications: inhalers, blood pressure pills, insulin etc.

In biology, any massive change to an organism will almost invariably result in the organism's demise. Evolution proceeds in small, random steps that build upon that which is already present: the jury-rigged anatomy of our inner ear came from the jaw bones of our reptilian ancestors; the "sixth" finger of the panda derives from a hypertrophied sesamoid bone in its hand rather than a change from the five fingers it inherited from its ancestors. The list is endless. The point being that we, as health care reformers, will have to *adapt* that which we already have, rather than coming up with something *de novo*.

Besides the hundreds (if not thousands) of different health insurance plans we have in the US, we also have several government funded plans: Medicare, Medicaid and the VA to name but three. The VA offers the most cost effective care but that comes at the expense of having a limited number of facilities, and limited number of physicians. Many patients must come from very long distances to take advantage of the VA. Traditional Medicare, while not quite as cost-effective as the VA, is portable, is accepted by almost all physicians and health

"Thoughts II" Continued on page 9

The Patriot Act is Unpatriotic

EMILY DALTON, M.D.



Tuesday January 20, was an historic day that we will all remember for the rest of our lives. As the presidential inauguration proceeded, the energy and excitement in the air was electric. I was making rounds at St Joe's and I came upon a group of nurses, utterly transfixed, standing in front of a make-shift TV. I had to stop too--rounds could wait. When Barack Obama spoke, the hospital was so quiet you could hear a pin drop. The only other sound in the room was the echo of his same speech coming from the next room where he was on the radio instead of the television.

The critics were a bit harsh when they critiqued his speech—sure, it was emotional and had some cliché's (crashing waves, raging storms etc) and lacked a single memorable quote along the lines of “nothing to fear but fear itself,” or “ask not what your country can do for you; but what you can do for your country,” but the speech was not the important part--it was the event itself that was historic. And that could not be encapsulated in one pithy line. The mood was jubilant, and everyone was full of hope that our country could change and move away from the politics of fear, torture and war toward a better world based on mutual respect, cooperation and unity. Unlike what I would encounter on Wednesday, Tuesday was a great day.

The following day my son's college funds were frozen under the auspices of the Patriot Act. I am still in a state of shock and disbelief. The Patriot Act, here, affecting my family, in remote Eureka? It didn't seem possible. My son called me from Oregon, distressed because he could not pay his tuition. How and why this could happen makes no sense to me. Apparently, when my son wanted to access his college money, he had to transfer the funds from

the custodial account I had set up to one of his own. I am told by Morgan Stanley, that under the Patriot Act any one opening a “new” account must provide their social security card (not just the number, the actual piece of paper) within 30 days or their funds will be frozen indefinitely. They will then be reported to Morgan Stanley headquarters where someone will decide if a “Suspicious Activity Report” needs to be filed with the Financial Crimes Enforcement Network (FinCEN), and whether or not the funds will be released. My son had lost his social security card (he knew the number), and didn't make it down to social security to apply for new card within the 30 day time frame. Apparently this pattern fit the criteria for suspicious behavior: a large sum of money was placed into an account by someone who could not come up with a social security card in 30 days. Even though Morgan Stanley knew where the money came from (it was transferred within the same organization) it met the criteria to freeze his assets and to generate a report. Morgan Stanley says that the fact that my son is half

Iranian and that both his first and last name are foreign-sounding did not play into this decision at all. They assure me that they do not discriminate when freezing your college assets. However, common sense dictates that if a report is made to FinCEN, an Iranian name will generate more suspicion than an American one. How can it not? What crime has my son committed besides being lax about getting his paperwork done? At the time of submission I still do not know the fate of all the college money I saved for my son.

The Patriot Act was controversial and unpopular among many from its inception. When we have a law that is so extreme that it interferes with our children being able to pay their college tuition from a college fund, the act has gone too far. I ask that concerned citizens, including financial institutions and their employees, join me and others in opposing this extreme and unfair piece of legislation. §

http://en.wikipedia.org/wiki/USA_PATRIOT_Act

“Opinion” Continued from page 3

perhaps let people believe me a fool; rather than continue to submit editorials, and by so doing remove all doubt. To avoid withdrawal symptoms I have in mind some historical notes from time to time.

My thanks to Penny and Becky, who do the actual labor of getting the Bulletin out each month (remember scut work?), and to your Editor, Stephen Kamelgarn, who has allowed me to ramble essentially unchecked. And my very best thanks to those of you who have been kind enough to comment, positively and otherwise, about these

pages in what is, after all, your journal. Which, by the way, now needs a fresh new contributor for the monthly Opinion section.

Ed note: George, your wit and wonderful writing style will be sorely missed. You have added a unique perspective to what could be (and has been in the past) a dreary column. Please continue submitting whatever submissions you can. Maybe “being out of the loop for seven years” could be a plus when it comes to these articles. I know that I'll personally enjoy anything you write. §

"Thoughts I" Continued from page 4

of about \$660.2 Billion in Federal Health care spending from 2010-2019. But the bill for TOTAL health care spending would *Decrease by \$1.1 TRILLION* for the same ten year period. By cutting the insurance companies out of the equation our total health care costs would be approximately \$500 billion less over ten years than what we're currently spending.

Not only would we be saving money, but the 48.9 million people without health insurance would be covered, and we'd see a huge decrease in medical bankruptcies. If the plan is properly enacted, we will be able to hire fewer billing clerks, thereby decreasing our office overhead, and we could go back to what we've been trained to do; be doctors and take care of patients.

Another advantage of MFA is that employers and companies won't be on the hook for their employees health insurance. In the auto industry alone \$2000 is added to the cost of every car made by Detroit to cover Health and Retirement benefits for their employees. How much is a company's overhead increased by providing health benefits to its employees? How much is *your* overhead increased by providing health benefits to your employees?

We can argue the fine philosophical points of whether or not health care is a right guaranteed by the constitution, and how much Health care is specified in: "...to promote the general welfare. . .," or "Life, liberty and the Pursuit of Happiness." But the bottom line is that *single payer health care*

ultimately saves money.

Isn't it about time that we take back our profession from the insurance lobby, work as the physicians we were trained to be, deliver the health care that we are capable of delivering, *and* save money, and ultimately help the economy?

Notes:

¹. *Comprehensive Health Reform Costs Less: a Comparison of Four Proposals*, a staff working paper; December 17, 2008 <http://www.lewin.com/content/publications/ComprehensiveHealthReformStaffWorkingPaper.pdf>

"Thoughts II" Continued from page 5

care facilities, but it doesn't offer medication coverage (we won't even deal with the bastard Medicare-HMO Part D plans), nor does it offer long term care coverage; an increasing need with our ever aging population. Medicaid is so horribly underfunded that it doesn't answer anybody's needs except the very poor.

So, it becomes operant upon us to work to strengthen and expand Medicare. To me that seems to be the least traumatic, most equitable alternative. It also has the greatest chance of success, being an adaptive change to an already existing system, rather than something brand new. Of course, there will be other competing imperatives that will make whatever we come up with look quite different from what we now know as Medicare. But, at least, that gives us a place to start. §



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January 20, 2009

The meeting was called to order by President Emily Dalton at 12:20 P.M.

M/S/C to approve the following items on the Consent Calendar:

-approve the minutes of the December 15, 2008 Executive Board Meeting, as presented.

-Society Budget Report / Balance Sheet

-CME Balance Sheet

-Membership Reports, as presented.

-Editorial and Publications CMT (12/10/08), as presented.

-AMA Advocacy Report, to file.

AGREED to forward the following documents to those that RSVP for the Physician Forum on Health Care Reform.

-Fortuna Healthcare forum summary

-Lewin Report - Comparison of Proposals

-Lewin Report - Expanding Coverage

-Lewin Report - Cost Impact Analysis

-Participant Guide for Community Discussions

DISCUSSION followed regarding the layout for the Physician Forum on Healthcare Reform scheduled for next week, January 27, 2009. The plan is to have aN open forum for discussion with CMA staff available to answer questions regarding CMA Advocacy efforts.

UPDATE was presented on the Recruitment Video Committee. Solicitation letters are being finalized to send out to potential contributors. Encouraged assistance in promoting the recruitment DVD. Suggested checking into local grant i.e. Headwater Funds, Union Labor Hospital Foundation, McLean Foundation, Bertha Lytel Russ Foundation, etc.

MENTIONED that the Balanced Billing Advocacy Toolkit has been updated as posted on the CMA Website.

EXECUTIVE DIRECTOR UPDATE was presented as follows:

-information forwarded to members doing Pain Management, AMA call for nominations for: Guides to the Evaluation of Permanent Impairment

- Pain Work Group Membership Solicitation.

-referred Arcata Eye reporter to member physician to comment regarding Bio-Identical Hormone Therapy.

-reported working with Palmetto to schedule local Medicare Seminar in March or April.

-mentioned that Dr. Davis agreed to facilitate an additional physician meeting in Del Norte to discuss Health Care Reform issues if there is enough interest.

-reported that the revision to the Medical Society bylaws has now be posted to our website.

-Letter requesting change of year was submitted. Information to be submitted to accountant for 6 month tax return. Committee appointments, communications, etc will all gradually be changed over to calendar year.

-mentioned that CMA has put out a call for Nominations for CMA's Committees. The list of committees will be included in the Bulletin.

-mentioned that few responses to the call for donations for the Redwood Fields have come in. This contribution must be with individual member donations.

-Committee Updates were presented.

Health Department Update was presented as follows:

-mentioned the Catalyst Forum that is being scheduled by the Humboldt Community for Activity and Nutrition through the Community Health Alliance on January 23, 9-1 at the Wharfinger Building.

-reported that no state cuts have been proposed for public health, however, there are concerns regarding possible Med-Cal cuts that will affect our aging and disabled populations.

Discussions regarding the effects of the state budget will have on various programs.

-reported that there have been 30 cases of trichinosis that seem to have been connected to eating undercooked bear meat.

-little flu activity has been reported to date. Seems that the flu vaccine has been effective.

Membership discussion followed:

-reported losing approx. 15 members last year and there are concerns of losing several again this year. Agreed that all of the Executive Board needs to be involved in recruitment and retention efforts.

Discussion was held regarding CMA's position regarding Single Payor. Dr. Cobb reported that CMA has no specific policy pro or con regarding Single Payor, however, the trend seems to be going more pro. Agreed this will be a good discussion at the January 27th meeting.

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The Bulletin

Reviewed Physician Well Being Committee Brochure for additional updates. Final draft will be presented for approval after approved by the committee. Mentioned that the brochure is also posted on our website for reference.

Reported that a table has been reserved for the Humboldt State University Career Expo. Drs. Bauriedel and Kamelgarn have indicated interest in staffing the table and being available to answer questions regarding careers in medicine.

Agreed to begin scheduling of this year's Spring Social targeting April or May. Suggested holding the event at the Ingomar Club as attendance tends to be better.

Agreed to coordinate the Annual Family Picnic in September at Sequoia Park.

Reported that Dr. Pera has agreed to give an update on the Touro Clinical Rotation Program at the February meeting.

Discussion followed regarding the February meeting being scheduled on a holiday. Agreed to move the February meeting to the following Monday, February 23, 2009.

Open Discussion followed. The meeting was adjourned at 1:30 P.M. §

Make Your Voice Heard: CMA Needs Physician Feedback on Critical Health Care Issues

The input of members like you is critical to our ability to protect the viability of the practice of medicine in California. Over the next few months, CMA will be asking members to provide feedback and input on a variety of issues, including underpayment for out of network services, how the economic downturn is affecting your practice, and what CMA can do to better serve its members.

We understand that completing these surveys take time, but they play an invaluable role in our advocacy efforts. Thank you in advance for taking the time to provide us with the data we need to protect and serve the interests of California physicians in 2009 and beyond.

California Participating Physician Application

The California Participating Physician Application (and re-application) is a standardized form that enables physicians and their staffs to devote more time to patients and less to paperwork. The application enables physicians to provide credentialing information on one standardized form that is accepted by many health care entities. It was developed in collaboration with the American Medical Group Association, California Association of Health Plans, California Healthcare Association, **California Medical Association**, California Medical Group Management Association, Institute for Medical Quality, National IPA Coalition, The Medical Quality Commission; The updated edition contains re-application forms and attachments that enable physicians to provide extra information such as office hours, languages spoken and malpractice history. Any additional information requested can be included as an addendum to the application.

You can download an order blank from CMA's On-Line Bookstore: www.cmanet.org. Go to the Members-Only section of the website and there is NO CHARGE to members for a hard copy and CDROM (*to install into your computers*).

Contact the Medical Society office if you need assistance with the order form.