

# THE BULLETIN

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To promote the science and art of medicine, the care and well being of patients, the protection of the public health, and the interests of the medical profession.

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## *In This Issue:*

<b>President's Page</b> .....	<b>2</b>
<i>Health Care Reform, Emily Dalton, M.D.</i>	
<b>In My Opinion</b> .....	<b>3</b>
<i>EMR Not Ready for Prime Time, Stephen Kamelgarn, M.D.</i>	
<b>Member Submission</b> .....	<b>4</b>
<i>This Flu is Different, Michael Fratkin, M.D.</i>	
<b>Member Submission</b> .....	<b>5</b>
<i>Update on Covering Your Tail, Scott Sattler, M.D.</i>	
<b>H-DN "Tattler"</b> .....	<b>6</b>
<b>Medical Student Update</b> .....	<b>6</b>
<b>Public Health News</b> .....	<b>8</b>
<b>CMA Advocacy</b> .....	<b>10</b>
<i>2009 House of Delegates Report</i>	
<b>CMA Foundation News</b> .....	<b>16</b>
<i>CMA Foundation Offers Obesity Provider Toolkits</i>	
<b>Board Briefs</b> .....	<b>17</b>
<b>Grand Rounds Calendar</b> .....	<b>20</b>
<b>Classified Advertising</b> .....	<b>22</b>
<b>Patient Information Insert</b> .....	<b>23</b>
<i>The Seven Steps to Earthquake Safety</i>	

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

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# Health Care Reform

**EMILY DALTON, M.D.**



This is my last column as president of the HDNCMS. Hal Grotke, the new president, will take over in 2010, and I leave you in good hands. Much has happened in the CMA during my 18 months as president. It is hard to believe that when I started the State of California was seriously considering a plan for a statewide program of health insurance for all Californians (a la Massachusetts), and as I finish Schwarzenegger slashed funding for the Healthy Families program, MediCal and MediCare, while the federal government is working on health care reform. I have represented you at two of the annual meetings of the House of Delegates annual meetings, and I plan to do so for one more year. October 2010 the meeting is in Sacramento.

As I have been writing this I have been bedridden for 6 days with what is most likely H1N1. Fever, cough, headache, muscle aches and tremendous malaise—enough to make one sorry for the pigs! According to the health department virtually all “ILI” (influenza-like-illness) has tested positive for H1N1, and in pediatrics one cannot avoid a heavy exposure to whatever is circulating. A pediatric intensivist from UCSF came up for a conference and described how unnerv-

ing it is to be in the ICU at UCSF right now: it is full of pregnant women on ventilators with H1N1. What an eerie and unsettling image! I can see how this virus would do that—even vaccinated, the first day I got it I could feel the deepest portions of my lungs get irritated and full of what felt like necrotic phlegm. I am finally able to take brief walks without feeling utterly exhausted. But enough whining—on to better things.

We have a great panel of physicians on the executive committee, but we are missing alternate delegates and a treasurer. If you would be interested, call Penny. The time commitment is minimal: 1 hour monthly, and I’ll let you in a little secret—Penny does most of the work. In fact where would we be without Penny? Three cheers for such a fantastic medical executive. We are one lucky bunch. §

## Advertise in the 2010 Physician Membership Resource Directory

For details, contact  
Beci Harmon at  
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## **SUBJECTS NEEDED**

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# EMR: Not Ready for Prime Time

STEPHEN KAMELGARN, M.D.



Health reform advocates have long heralded the promise of electronic medical records (EMRs) to improve outcomes and lower costs. But after more than 30 years of being available to the nation's 800,000 physicians, only 4% of physicians have an "extensive, fully functional electronic records system."<sup>1</sup> Doctors, as group, don't lag when it comes to adopting new technologies as they come on line. The one glaring exception, EMR. Although the cost of the system is a huge deterrent, and those costs will *never* be recovered, there are other reasons why EMR hasn't "taken the world by storm." Well, I'm here to confirm many of the reasons cited as to why this should be so.

Four years ago I wrote of the joys and frustrations of using Electronic Medical Records (see "Electronic Medical Records: A Mixed Review;" *The Bulletin*, August, 2005). And approximately one year ago, I wrote a meditation on how EMR exerts a weird Newtonian recoil on the user (see "EMR: A Meditation;" *The Bulletin*, October, 2008). Now that I've been using another EMR system for the past six months, it's time to revisit the issue.

What I wrote back in 2005, still holds true: computers inevitably crash, finding data can be problematic, and we're still driven to distraction by those pesky reminders. But in the intervening four years I've discovered much more.

Since 2005, there have been tremendous strides in EMR software and technology. Software has become much more robust than the old CPRS I used at the VA: more menu-driven, more mouse friendly, and easier to write macros for. In short, more user friendly. Despite that, EMR is a tech-

nology whose time hasn't come. Without good voice recognition technology, we become glorified clerk-typists: hunt-and-pecking our ways through inputting text from a keyboard. We may speed up the process somewhat by using check boxes, radio buttons and keyboard macros. But the focus is still on *typing*. Nobody can type (or move and click a mouse) as fast as they speak, and so, consequently, it takes us much longer to do our notes. We find ourselves spending many extra hours inputting our notes, and, of necessity, the documentation is much poorer. This is true, no matter what program one eventually adopts.

Even after you have mastered the learning curve of the program, it will still add approximately 1 ½ hours to your day<sup>2</sup>; time gobbled up in multiple log-ons, and screen secures, time gobbled up in server slow-downs and waiting for the system to catch up with what you're doing. I may add that this is uncompensated time. This is true for all EMR systems that are HIPAA compliant. Added to this, each program has its own little idiosyncracies that can really drive a person totally up the wall.

For the past year and a half the Open Door System has been rolling out an EMR system for all of their clinics. Our clinic came "on-line" this past June. We're using a piece of software known as "Epic," and has been used in the Kaiser system for at least the past five years, and many other community health centers have been using it. With such credentials, one would think that it would be a pretty cool system: user friendly, easy to navigate efficiently, and with well-formatted, easy-to-read output. Well, I'm here to tell ya, this is a program designed for Billers, for auditors, for

schedulers; in short, for everyone but providers.

The programmers obviously didn't have clinician input as to what was needed, considering, after all, that it's the physicians that generate all the income, and, theoretically, the physicians' notes are the main focus of the chart. It feels that the system was "kludged" together by a bunch of engineers who didn't get any guidance from doctors. For we providers (me) the program has an awkward, inefficient, counter intuitive, just cobbled-together feel. Retrieving data seems to require an inordinate number of mouse-clicks or keystrokes. For me to find the patient's last visit requires that I click in at least 3 different parts of the screen. When I actually find the note, I've got to scroll down through a bunch of demographic gobbledygook before I actually am reading what I need to read. If I'm looking for labs, another 3 clicks. Generally, when I'm looking at lab results I've got to scroll through ½ a page of demographic and ordering data (for the billers and insurance 'droids, and pre-approval demons) before I actually get to what I'm looking for. And when I ask the system to print something it will print out only the orders, or two copies of what I only need one copy of.

Using the system to write orders turns the word "frustration" into an art form. For me to order a simple flu shot, I must write two orders: one for the vaccine, and one for the actual shot itself. (Again, a paean for billers and other assorted bureaucratic minor functionaries; certainly not for docs). Ordering something routine like a CBC or A1c is easy and straightforward, but try ordering something out of the ordinary like a

**"EMR" Continued on page 7**

**“EMR” Continued from page 3**

24 hour urine collection, or an MRI of the Internal Auditory Canals: after spending five minutes trying find the right order and get the computer to accept it appropriately, I usually have to hand write the order since I keep getting the message: “Cannot process this order.” I will admit that, slowly, many of the bugs are being worked out, but this isn’t brand new software. It has a “proven” track record. Most of these bugs shouldn’t be there.

The bottom line here is *time*. In our topsy-turvy world of “productivity,” appropriate and efficient utilization of time are of the essence. Despite the improvements, if we’re expected to see a patient every 15 minutes, and it takes 10 minutes to enter the patient’s vital signs, what does that leave us? These times are irreducible, and, even if everything goes smoothly, we’ll never be able to see as many patients, and be as comfortable (grist for another article), as we did before the advent of computers.

I know that EMR is one of the cornerstones of President Obama’s health care reform. Records are supposed to be more transparent, and we’re supposed to improve clinical measures (as yet, unproven); i.e. hit a bunch of mandated check boxes to please the P4P people. Our practices are supposed to improve (again, unproven). This may be good for the auditors, but I have yet to see

the benefit.

In short, it seems as if the individual physician is once again getting the “fuzzy end of the lollipop.”<sup>3</sup>

1 DesRoches, C. et al. “Electronic Health Records in Ambulatory Care - A National Survey of Physicians.” *NEJM* 359(1): 50-60

2 Miller, R. H. et al. “The Value of Electronic Health Records in Solo or Small Group Practices.” *Health Affairs*, 24:5, pp. 1127-1137. 2005

3 *Some Like it Hot*, © 1959 MGM Pictures, Billy Wilder, Director

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**“Tail” Continued from page 5**

New Rule: No limit on providing services in these settings.

5. Services in a bona fide medical emergency requiring immediate intervention:

Old Rule: Unchanged. Such action does not affect the tail coverage waiver.

6. Services as a teaching faculty member at an academic institution, any clinical services directly correlated to the teaching faculty position and are not provided in an outside capacity, and the physician is covered for the services under the institution’s medical professional liability insurance:

Old Rule: Unchanged. Such action

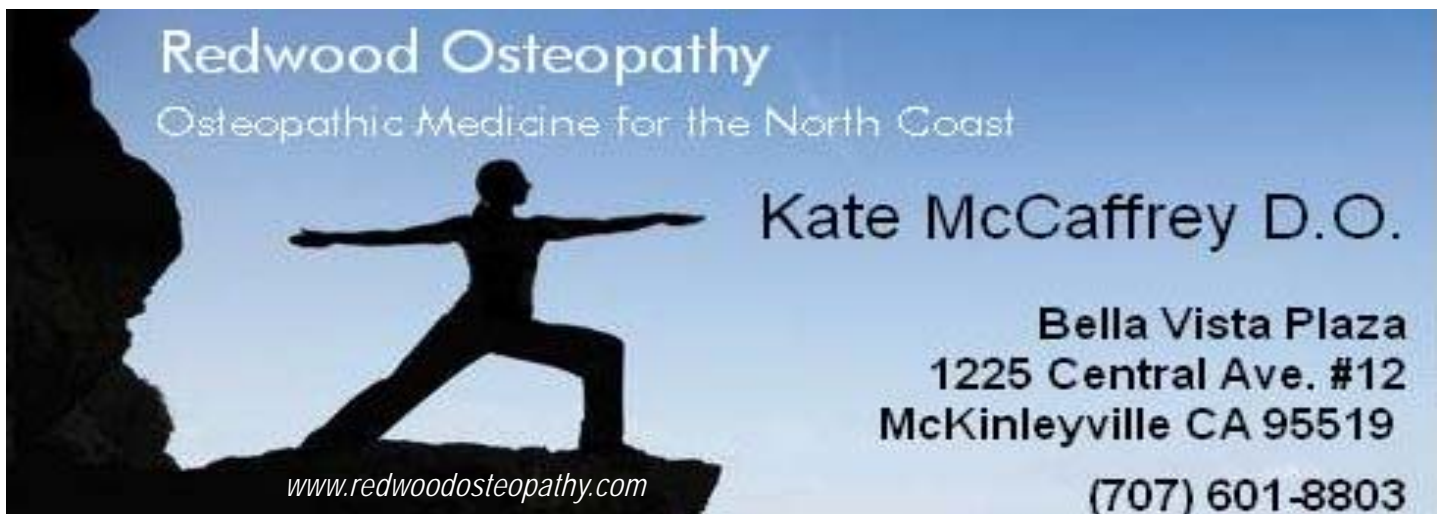
does not affect the tail coverage waiver.

\*Certain conditions may apply. Please contact your insurance representative or NORCAL Mutual directly for additional information.

\*\* I revised and clarified NORCAL’s original table to better fit this article. Please contact NORCAL for the original at [www.norcalmutual.com](http://www.norcalmutual.com) before you bet the bank.

As you can imagine, I was not thrilled by the “The broadened standards apply to physicians who become eligible... due to retirement *on September 1, 2009, or later*” bit. When I contacted NORCAL’s Policyholder Services Representative, a most helpful Ms. Marina Tam (800-652-1051 x 2789), she checked with her superiors and assured me in writing that “Physicians who received a tail premium waiver under the retirement provision prior to September 1, 2009, and who continue to qualify for the waiver, also qualify for the new guidelines for services they provide on or after September 1, 2009.” That sure works for me, and perhaps for a few others of you out there as well. Either way, the new tail coverage policy gives retiring docs a lot more latitude and NORCAL deserves a ‘thumbs up’ for their efforts.

Plus, it certainly enhances my “Physician: Will work for health insurance” adventure.§



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November 17, 2009

The meeting was called to order by President-Elect, Hal Grotke, M.D. at 12:20 P.M.

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

- Reading of the minutes (10/26/09), approved as presented.
- Physician Coming/Going Grid, to file.
- Consortium for CME Mtg (8/22/09), approve as presented.
- Nominating Committee Meeting (10/28/09), approve as presented.
- Editorial and Publications Cmt (9/9/09), approve as presented.
- Budget Committee Meeting (11/9/09), approve as presented.
- Physician Well Being Committee Mtg (11/10/09), approve as presented.
- Society Balance Sheet/ Budget Report, approve report as presented.
- Consortium Balance Sheet/Budget Report, approve report as presented.
- AMA - AARP Letter HR 3961, to file.

**DISCUSSION** followed regarding receiving a request from CalPac to do candidate interviews. Suggested coordinating a town-hall type meeting for the membership with the candidates on a panel. CalPac will assist in providing questions for the candidates. **M/S/C** to set this up after March 12th, the close of filing for all legislative seats.

**AGREED** to invite Jessica VanArsdale, M.D. to attend the December Executive Board Meeting to discuss the Community Academic Partnership for Environmental Public Health Research and sending a letter in support of the grant request.

**SHARED** a copy of the AMA Annual House of Delegates Highlights, which included the resolutions from the CMA House of Delegates. Suggested reprinting along with the CMA HOD report in the December Bulletin.

**EXECUTIVE DIRECTOR UPDATE** was presented in writing as follows:

-Reported forwarding a copy of CMA's formal complaint letter to the DMHC on the potential access issue for the Blue Cross Healthy Families enrollees in Humboldt County to all Primary Care Members (FP/GP and Peds). Noted several errors on the Blue Cross Healthy Families Panel that is posted to the website and forwarded to CMA.

-Forwarded to Office Managers the update on the FTC's an-

nouncement that the Red Flag Rules are delayed until 6/2010. The AMA has been urging the FTC and Congress that physicians are not "creditors" and should not be subject to the rule.

-Met with HSU PreMed Assoc President re: liaison with the Medical Society. Dr. McCaffrey has agreed to be the physician liaison. Annual article was published in the November Bulletin. Students requesting internship/shadowing opportunities (*Cardio-Surgery, Pathology, Neurology and Surgery, Integrated Medicine, Public Health, Preventative Medicine*); Interested in help with Mock Interviews, volunteer opportunities, etc. Dr. McCaffrey will also ask the rotating students from Touro to meet with the PreMed students.

-Forwarded information to the Office Managers reminding them that physicians must sign up or renew in the Medicare PECOS (Provider Enrollment Chain & Ownership System) as soon as possible if they order equipment/supplies for their patients. If they are not registered in the system, the local DME's will not be paid as of January 1st.

-Compiled results of the recent Salary Survey. 14 offices responded to the survey and will be provided copies of the results. Any other offices wishing to have access to this information - the requests must come directly from a member physician.

-Working with CMA to schedule the Best Practices Seminar "Everything Physicians Need To Know About Their Practice" (date set: March 17, 2010) Afternoon seminar for Office Managers and evening seminar for physicians. CMA Economic Advocacy utilizes the Best Practices Toolkit.

-Reported that we are in the process of working on the updates for the 2010 Physician Membership Resource Directory. (Data verifications, etc). Hope to publish early January. (A lot of updates!) **RESIDENCE DIRECTORIES** will be printed soon after. Assistance with Advertising Solicitation encouraged!!

- First "rough cut" of the interviews for the Physician Recruitment Video are being reviewed by the committee. Plan is to have a separate Physician Recruitment Page (Dr. Gehling) clearly linked to the Medical Society's home page with several short clips - Living, Practicing and Having Fun in Humboldt-Del Norte county. Recruitment Video theme: "LIVE. PRACTICE. PLAY. In Humboldt-Del Norte"

**REPORT** on Committee activities followed.

**PUBLIC HEALTH OFFICER UPDATE** was presented in writing as follows:

H1N1 continues to dominate the action at Public Health in

**Continued on page 18**

Humboldt County.

As of today there have been 36 people hospitalized and 3 deaths, although one was not a Humboldt resident.

Although there is widespread frustration with availability of both seasonal flu and H1N1 vaccine, Humboldt County has actually received more than its fair share compared to other counties in California and California has received relatively more than other states. Our primary focus has been to conduct school-based immunization clinics throughout the county, since children are efficient virus vectors. Immunizing them can reduce the overall transmission in the county. Mathematical modeling has estimated that immunizing 30% of the population can reduce H1N1 by 50%, and immunizing 50% can reduce H1N1 by 97%

Public Health has distributed some vaccine directly, but providers who ordered from calpanflu.org were to get direct delivery. Our first priority was to vaccinate hospital personnel and other health care workers through the hospital network to keep them on the job and protect patients. PH then gave some of our vaccine to OB providers to target pregnant women (6 times more likely to be hospitalized than non-pregnant women). Finally, last week we were able to share some of our vaccine with primary care providers who had not gotten direct delivery. Until there is ample vaccine (probably January), providers should limit vaccine administration to people in the following risk groups: health care workers; anyone 6 months to 24 years of age; pregnant women; caretakers of infants under 6 months of age; and people 24-64 with chronic disease. People with chronic lung disease, immune suppression, BMI greater than 30 and diabetics have been particularly prone to severe disease. Providers are requested to record vaccinations in the immunization registry. We hope to analyze registry immunization information to plan community vaccination clinics once the school clinics are completed. Providers need to update their order status on calpanflu.org in order to receive more vaccine. Contact Earleen Bean-Sasser, PHN, at 445 6200 for assistance.

Shared a copy of a H1N1 Flu Phone Triage for Established Patients that was developed by the Santa Barbara County Public Health Department. Dr. Lindsay suggested republishing it in *The Bulletin*. Agreed that it would be better to broadcast e-mail it out as the type is small and it's a pretty busy chart.

Suggested Dr. Dalton communicate with Dr. Davis (and Dr. Bronk) the need for more regular communication from our District X Trustees.

**TREASURER REPORT** was presented as follows. Noted that the minutes from the recent Budget Committee meeting were included in the Consent Calendar for review. Discussed current policies regarding members requesting hardship dues waivers and whether there should be a limit on the number of consecutive times a member can request a waiver, as it is a hardship on the Society as well. Mentioned that we are in the process of polling our compo-

ment societies regarding their policies/procedures on reimbursement of their Delegates and Alternate Delegates that attend the CMA House of Delegates so we can firm up our own policies regarding reimbursement. Update was presented on income and expenses for 2009 and stressed the importance of membership recruitment. Reported that staff salaries were froze for 2009 and the Administrative Assistant was cut back to 24 hrs/week.

**MEMBERSHIP COMMITTEE UPDATE** was presented as follows:

-Shared a copy of the "Coming, Going and Moving Around Grid" and reported making personal contact with new physicians relocating to our area. Peer-to-Peer is the most effective for recruitment. Recruit, recruit, recruit!

**UPDATE** regarding the Touro University Rural Rotation program. Mentioned concerns with some of our Preceptors dropping out. Mentioned we hope to have enough interest so we can have 8 full-time students here next year. Dr. Pera will be here later this month to talk with local physicians regarding precepting students. Dr. McCaffrey mentioned that she will also be doing a Grand Rounds program regarding precepting students.

**NOMINATING COMMITTEE REPORT** was reviewed. Mentioned that ballots will be going out later this week.

**ENCOURAGED** attendance and promotion of attendance at the Annual General Membership Election Meeting scheduled for December 3, 2009 at the Plaza Grill in Arcata. Dustin Corcoran, VP-Government Relations will be discussing "Legislative Advocacy". Input is encouraged.

**DISCUSSION** followed regarding establishing protocol and guidelines for an Annual Physician Of The Year Award. Mentioned that we are polling some of our component societies for the guidelines they use. Suggested a subcommittee of the Executive Board be set up to review any nominations. Winners could receive recognition in the Annual Physician Membership Resource Directory, possibly send out a press release, etc. Agreed that there would be no time for nominations for this year at our Annual Meeting, but we could be working on setting this up so a call for nominations can be sent out for next year.

**M/S/C** to approve the following applicant for membership in Government Employed status:

-Jonathan Greenberg, M.D., Psychiatry, Humboldt County Mental Health

There being no further business, the meeting was adjourned at 1:15 P.M. §

# CLASSIFIED ADVERTISEMENTS

## JOB OPPORTUNITIES

Also refer to Practice Opportunities on our website  
[www.hdncms.org](http://www.hdncms.org)

**PRACTICE EXPANSION.** Accepting psychiatric referrals for adults - as well as children and adolescents. Additional hours for inpatient consultations. Contact Dr. Soper's office (707) 445-4705, fax: (707) 445-0581 or e-mail to: [sopermd@humboldt1.com](mailto:sopermd@humboldt1.com)

**FAMILY PHYSICIAN - will work for medical coverage.** Due to retired status and malpractice restrictions for tail coverage, an administrative position is desired. 1 month's employment will allow reactivation of COBRA until I hit 65. Work need not be medically related. Contact Scott Sattler, M.D. 443-8183

**PSYCHIATRIST NEEDED** For County of Humboldt.

The incumbent will provide psychiatric diagnostic and therapeutic services in a variety of inpatient and outpatient settings. The Psychiatrist will perform psychiatric evaluations, develop treatment plans, monitor medications, provide consultations, perform conservatorship and forensic evaluations and provide expert witness court testimony and consultation to various child and adult service programs and agencies.

Must possess a valid license to practice medicine in the State of California.

Must possess Board eligibility or certification as a Psychiatrist as defined by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. Must possess a valid California driver's license.

Initial salary is between \$206,050 - \$227,656 annually

Apply online at [www.co.humboldt.ca.us/jobs](http://www.co.humboldt.ca.us/jobs) and view complete description with benefits.

**FAMILY MEDICINE PHYSICIAN NEEDED** to join established practice in Fortuna, CA. Would consider some locum work while considering relocation to our area. If interested please contact: Mary Moriarty, Office Manager, e-mail: [Loletamary1@aol.com](mailto:Loletamary1@aol.com), (707) 725-3318. (PO)

**OB-GYN NEEDED** for very busy established practice. Total Women's Health including IVF. 4-D OB Ultrasound Machine, Dexa Scanner, Advanced GYN Surgery, High Risk OB, etc. Potential for expanding practice and services. Contact Kim Pfanensteil, Office Manager, (707) 445-3443. ([www.stokesmd.com](http://www.stokesmd.com)) (DS)

**FULL OR PART TIME PHYSICIAN OR MIDLEVEL OPPORTUNITY.** Mobile Medical Office is looking for a full or part-time. physician or Nurse Practitioner to join our staff. We are a non-profit mobile clinic which brings healthcare to the underserved in Humboldt County. Contact Wendy Ring, M.D. at (707) 498-6183 or [wring@mobilemed.org](mailto:wring@mobilemed.org) for details. (WR)

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

**URGENT CARE CLINIC:** North Coast Emergency Physicians Group is looking for Family Practice Physicians interested in part time work in the new St. Joseph Hospital Urgent Care Clinic. Malpractice insurance is paid through the Group. Please contact Ronald Cordova, MD, Managing Partner for North Coast Emergency Physicians at (707) 616-7435 if you are interested. (RC)

## PROPERTY FOR SALE / RENT /LEASE

**LARGE FAMILY HOUSE FOR RENT:** 5 bedrooms, 2 1/2baths, 2 dens/offices, 2-car garage, large fenced backyard. 2 minutes drive to St. Joe, walking distance to elementary, middle and high schools. Rent: \$2200/month. Non-smoking house and property. Available Dec. 1. Contact Pamela Roberts, 707 849-5178 or by email [proberts@sonic.net](mailto:proberts@sonic.net) .

**EXECUTIVE / VACATION RENTAL** 2 Bedroom, 2 Bath newly remodeled home on quiet street in Henderson Center. See Details at [www.vrbo.com/208351](http://www.vrbo.com/208351) Contact Jim at 707-845-3908

**2 MEDICAL OFFICES FOR LEASE.** 2504 Harrison Avenue, Eureka, CA. 1688 sq. ft. & 1326 sq. ft. Can be seen by appointment. Phone 530-755-1354 / 916-261-8088.

**FOR LEASE:** Professional / medical office space near Mad River Hospital. Build to suit in new Planned Unit Development. 850 sq. ft. available now. Contact Mark Jones, 707-616-4416 or e-mail: [Jones202@suddenlink.net](mailto:Jones202@suddenlink.net) .

## WANTED

WANTED brochure holder for wall or counter top for new medical office. Contact: Kate McCaffrey, D.O., (707) 601-8803.

<h3>Display Advertising Rate Schedule</h3>	<b>SIZE</b>	<b>MONTHLY</b>	<b>SIZE</b>	<b><u>DEADLINE:</u></b> <b><u>15th day of the preceding month to be published</u></b>
	1/4 Page	\$120.00	7.45" x 2.61"	
	1/2 Page	\$140.00	7.45" x 5.23"	
	1/3 Page Vertical	\$130.00	2.37" x 9.95"	
	Full Page	\$170.00	7.45" x 9.95"	
	Inside Cover/Full Page	\$240.00	7.90" x 10.40"	
Business Card Ad	\$60.00	Copy Ready 2" x 3.5"		
<i>Classified Ads 4.75 per line</i>				