

THE BULLETIN

HUMBOLDT-DEL NORTE
COUNTY
MEDICAL SOCIETY

OCTOBER 2010



IN THIS ISSUE:

LEVERAGING OUR STRENGTH IN NUMBERS

LEADING TO MEMBERSHIP FOR ALL

MEET OUR NEW MEMBERS

PARTNERS IN PUBLIC HEALTH

TALKING ABOUT DYING

AND MORE...

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CMA Working for You!

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¹Statistic attributed to Insurance Information Institute, for Loeb, Marshall. "Excessive or Necessity: Is Disability Insurance Worth the Price?" MarketWatch, Viewed 4/20/2010

²National Association of Insurance Commissioners (NAIC). Article found at <http://articles.moneycentral.msn.com/Insurance/InsureYourHealth/DisabilityInsuranceCanSaveYourLife.aspx>. "Disability Insurance Can Save Your Life" Viewed 4/20/2010.

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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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Our All Physician Issue

STEPHEN KAMELGARN, M.D.

Chair, Editorial and Publications Committee



Dear Fellow Physicians:

I don't need to tell you that the practice of medicine has become much more complex of late. With increasing government oversight, decreasing insurance reimbursements, and angrier patients it sometimes must make you wonder why you went into medicine in the first place.

I want you to know that you are not alone. Many of us, myself included, feel the same way. However, we can only make a difference if we band together and speak with a communal voice. Time and again,

throughout the course of American History, we've seen how mass, communal action effected positive change: Women's Suffrage, Civil Rights, improved working conditions for workers (i.e., us), to name but a few. This doesn't mean that we necessarily have to agree on everything, but if we wish to advocate for what's right for our patients and for medicine, a united voice will help.

This is what membership in the Humboldt-Del Norte County Medical Society (HDNCMS) and, by extension, the California Medical Association (CMA) means for you. We are dedicated to improving the climate so that we physicians are able to do what we were trained to do: take care of patients. Read the articles in this issue of *The Bulletin*, the monthly news magazine published by HDNCMS, and see some of the ways CMA is attempting to improve our lot, both individually and collectively. Granted, the CMA has probably been defeated more often than they've won, but they have won enough victories to help make our professional lives somewhat less oppressive and depressing.

Imagine how truly awful things would have been had not MICRA (Medical Insur-

ance Comprehensive Reform Act) been so successfully pushed through the legislature with the help and, yes, lobbying of CMA's powerful legislative advocacy. Physicians in California now pay some of the lowest malpractice premiums in the nation because of this act.

"I think that if you're honest with yourself, you'll agree (at least partly) with me. So, please, read this issue of The Bulletin, think long and hard about the articles, and then indicate to us your desire in joining an organization that is really looking out for your welfare."

How many times has CMA prevented the Legislature or the Governor from further cutting MediCal reimbursements to physicians and hospitals? It seemingly happens every year, and every year the cuts are forestalled by CMA's legal and legislative teams. Our economic lives would be much bleaker than they already are without CMA's continuous advocacy.

It's impossible for any one of us to keep currently abreast of the legislative climate in Sacramento or Washington. People of whom we're barely aware are making decisions that profoundly affect our lives. If we, as an organized voice of medicine, don't provide the input and guidance that these legislators need, then who will? The insurance lobby? The chairman of a Fortune 500 company? Membership in the CMA and HDNCMS will give you that voice. A voice to help counter the malignant influence of the insurance and drug lobbies. CMA's Legislative Watch monitors every piece of legislation going through Sacramento. They oftentimes can head off some inane piece of legislation that would be bad for both patients and physicians before it ever comes up for a vote. They also help craft positive legislation, legislation that improves patient

care and physicians' professional lives.

At the local level, if you're having difficulty with one of the Medicare HMO plans, or some other insurance moron, a phone call to Penny can save you a lot of grief. Just ask the physicians at Humboldt Neurology or Eureka Internal Medicine who got caught up in the NPI disaster a year or so ago, when the feds couldn't link the practitioner NPI's with the practice NPI's and they stopped getting their Medicare reimbursements for a while. If Penny hadn't kept pushing, their reimbursements would still be "pending."

One argument I've heard from individuals for not joining is that he or she doesn't agree with everything CMA does. It's too profit motivated. It's too much like a special interest. This may be true, but it's *your* special interest that the CMA has in mind. Also, if you join, you'll have the opportunity to change the organization from the inside. The "powers that be" are more willing to listen to the voice from within the ranks, rather than the heckler in the back row who doesn't offer any constructive solutions. With your help, we can make CMA into an organization we're proud of.

Another argument is that it costs too much to join. I agree. \$800+ per year is a lot of money. But look at what you're getting for your \$800. Just the legislative watch alone is worth \$800. Since you don't have a lot of money to spend for advocacy and you already belong to your respective specialty societies, perhaps you should look at what your specialty society does for you; is it as much as you can get from CMA?

Does your specialty society publish an Annual Directory and Resource Guide that provides one-stop shopping for all

INTRO. CONTINUED ON PAGE 27

The Bulletin



Why am I a member?

HAL GROTKE, M.D.

Why am I a member of Humboldt Del Norte County Medical Society and California Medical Association? I actually ponder that at least on a monthly basis. I give it even more consideration during that time of year that I have to get Alice to write that check to continue my membership. The reasons not to continue my membership are pretty simple.

First and foremost, I think I disagree with CMA on a number of issues. When I read the legislative and regulatory hot sheets every month the arguments presented seem to be contrary to the best interests of my patients. It is easy to ignore the fact that most of these bills and regulations are far more complex than what is presented, as are the issues that led someone to propose them. When I look at the ballot initiative process I think that making laws is far too complex for the general electorate and should be trusted to the experts in the legislature. Similarly, I think I should trust the advocacy experts at CMA to assess the intricacies of a given bill or proposed regulation and to advise legislators and regulators accordingly. I still think that the government officials and lobbyists sometimes are on the wrong side. I am a member to help shape the internal policies that lead to positions on advocacy issues. The fact is that CMA is remarkably power-

ful as lobbies go especially given the size of the constituency and the amount of money the constituents donate to election campaigns.

My second reason for not being a member is that I don't take advantage of the other services provided by CMA. There are "On Call" documents with information on all manner of legal and regulatory matters that provide easy-to-read information to help us keep in compliance. There are discussion groups and contact lists on the web site for occasions when further clarification is needed. There are referrals to lawyers with discounted fees for members for those occasions when things get really complicated such as starting or changing business model or adding or becoming a partner. Right now I am an employee, but I hope and expect that I will be a partner soon. We are also working toward getting EMR in our office. I'm going to need more of those services soon. I have already started looking at what is available. The volume and quality so far seem very impressive to me. Interestingly, I have come across a number of things that would have been helpful to me in the past if I had been aware of their existence, and if I had recognized my own needs at the time. There is a variety of discounts on professional and retail services. Read more at [http://](http://www.cmagnet.org/benefits/member_discounts.asp)

www.cmagnet.org/benefits/member_discounts.asp.

The services available to us locally through Humboldt Del Norte County Medical Society are very impressive to me. Sure I enjoy the annual meeting, this year at Baywood Country Club, the picnic in the late summer and the Winter Social typically held at the Carson Mansion. I am quite pleased that we are working on member discounts at local retailers and services. The monthly Bulletin provides interesting and informative reading. What really impresses me, however, is the way Penny is able to intervene on our behalf and accomplish such feats as speeding up the licensing process for doctors new to the area and speeding up reimbursement when CMS changes vendors such as the switch to Palmetto a couple years ago. It is, sadly, unusual for an organization hidden behind the Redwood Curtain to have such clout in Sacramento and Washington.

So why am I really a member? I have this crazy idea that I can make a difference. We, and especially our patients, need things to be different. HDNCMS and CMA are the vehicles most likely to facilitate the changes that are needed. §

SPEAKERS WANTED

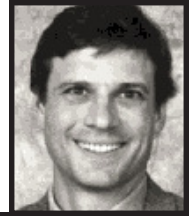
Interested in talking with HSU PreMed Students? Talks are being scheduled for 2010-2011.

Contact the Medical Society Office, (707) 442-2367. e-mail: hdncms@sbcglobal.net

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication.

An Inspiring Essay Leading to CMA Membership for All

LEE LEER, M.D.



Writer's block. It's the oddest thing. Not, mind you, that I'm really any sort of writer, but even so: at times the ideas for these articles far outpace the publishing schedule (then, why, you wonder, didn't I write some of these brilliant ideas down when they struck me? Good question... I think the answer has to do with my personal lack of brilliance). At other times, the old brain just seems dry. Energy level is low. Inspiration flows like molasses.

In my search for inspiration, I tracked down the first article I recall having submitted to the Bulletin. It was in 2003, and dealt with Big Pharma and its unhealthy influence on medical practice. In it, I advocated the radical concept that we eliminate the sample closet from our offices. Since then, many medical schools and large medical groups and clinics have done just that. But here in Eureka? I don't know, but speaking for my office, we still have a sample closet. So much for the power of words... at least mine.

An interesting fact about that article, however, is that I originally submitted it to the *California Family Physician* (monthly magazine of the CAFP). I knew all the folks at CAFP and the article was – I thought – warmly received. They told me that it was well written and would almost certainly get published, but the editor had to review it first. Literally months went by, and I heard nothing. When I finally asked, I learned that they were fearful of publishing it lest they annoy those upon whom they rely for their very existence. The CAFP Annual Scientific Assembly is funded in large part by Pharma grants, and many other CAFP projects depend upon Pharma support. At least, they had the decency to tell me that

was indeed the case. So instead, I submitted the article to the Bulletin. Fame and fortune, as you might imagine, soon followed.

I'm still saddened by that experience, because I really *really* like all the people at CAFP. Ironically, the American Academy of Family Physicians last year accepted some obscene grant from Coca-Cola, and family physicians all over the country are up in arms. AAFP argues that the grant funds are unrestricted and are being used to fund all sorts of good things, such as raising public awareness about healthy eating. The CAFP sees things differently, and has sent a letter to AAFP formally asking them to give back the grant. For this, I applaud the CAFP leadership. Concurrently, though, CAFP is promoting a smoking cessation program called "CS2day" that is funded by a grant to CAFP from Pfizer. It is, of course, just the wildest coincidence that Pfizer also makes and markets Chantix.

Other than scale, how are these two examples different? Yes, I know, Coca-Cola has no redeeming value (the drink, not the company... far be it from me to impugn one of the greatest corporations America has ever offered the world), and pharmaceuticals save millions of lives. But in both cases, the advice we're being taught to give our patients is at the very least tainted by its association with a multi-national corporation's marketing department.

Does the California Medical Association accept Pharma grants? I could find no evidence of such from perusing its various web pages. Sadly, the only link that wasn't functioning was the one to the Policy Compendium, which supposedly houses all of

CMA's policy statements. Thus, I was unable to discover if CMA has a policy on accepting (unrestricted or otherwise) grants from pharmaceutical companies.

Nonetheless, I did get reacquainted with a wealth of information on the CMA web page. I'd encourage you all to spend a few minutes surfing the Home Page. There are links to the *HIT* (Health Information Technology) *Resource Center*, *Health Reform* information - including an implementation timeline, a *Best Practices Toolkit*, as well as links to news releases, and links to discounted services for members, such as ePocrates web subscriptions.

I'm not a big organized medicine kind of guy, but the CMA started the first two medical schools in the state (Stanford and the University of California), started the state public health department, and was responsible for making immunizations mandatory for public school children. This is no run of the mill guild. It deserves our support, and deserves your membership.

See you next month. For your sake, let's hope I'm inspired! I'll happily entertain topic suggestions from the membership. Please contact me at leeleer@gmail.com if you have any ideas you'd like me to explore. I will – as per your preference – publish your suggested topics anonymously or by name at the beginning of next month's editorial. So bring it on! §



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

CMA Leveraging Our Strength in Numbers

J. BRENNAN CASSIDY, MD

President, California Medical Association



The challenges facing California physicians today have never been greater. Doctors face a veritable obstacle course of legislative, regulatory, legal, financial, and technological hurdles in their practices and more will come as a result of passage of the health reform law. At the California Medical Association, our mission is to provide our members with an impressive range of benefits and solutions to help doctors meet these challenges, so they can focus their efforts on caring for patients.

We realize that most of you belong to CMA for our legislative advocacy. Representing 35,000 physicians allows us to leverage our strength in numbers to exert a great deal of influence with government agencies and elected officials. Our lobbying efforts are effective in fighting off onerous regulations and in crafting physician-friendly language in major bills, at both the state and national levels. We've also waged a continuous battle on behalf of our members, to maximize reimbursements in programs like Medi-Cal and Medicare. As we all witnessed during the health care reform debates, medicine is coming under ever-growing legislative scrutiny, which makes the representation of our members, and our profession, absolutely imperative.

Perhaps a lesser known benefit is the legal support we provide to CMA members. We commonly file *amicus curiae*, or "friend of the court" briefs in health care-related suits and hearings, which often play a crucial role in the final outcomes. On a less frequent basis we file lawsuits against parties such as insurance companies, or even the state of California, in order to protect the best interests of our physicians. Besides active le-

gal representation, we also provide all of our members with access to an extensive online library of medical-legal documents that discuss court cases, laws and regulations as they apply to the practice of medicine in California. And our health law information specialists provide individual assistance to members with human resource, medical, regulatory or legal questions. This assistance is free of charge to all members.

Many members find our financial and economic services an invaluable benefit of membership. Our dedicated Economic Services team act on members' behalf in three key areas: (1) working with public and private payors to eliminate inequitable provisions from contracts; (2) providing members with tools to evaluate and negotiate payer contracts; and (3) assisting physicians with payment disputes with private and public payers.

Members are also eligible to receive a wide range of group discounts on products and programs used across most practices, including: insurance, practice financing, payment systems and office supplies. But the benefits don't stop with just financial or general administrative services. CMA recognizes the challenges doctors face in managing practices, especially in solo or small group settings. To help, we've published a Best Practices manual, which provides information and tools to help improve the efficiency and quality of practices. We've also created the Red Flags Rule Toolkit, along with a series of webinars, to help physicians understand and comply with the latest identity theft regulations enforced by the FTC. CMA is also developing educational materials and guiding principles for our members

interested in forming Accountable Care Organizations (ACOs).

As health care is going through an unprecedented revolution in electronic data, and as the costs and liabilities are too great for physicians to approach information technology decisions without weighing all of their options very carefully, CMA has been proactive in providing programs that cover health information technology solutions. From practice management systems, to clinical reference software for handheld devices, CMA is exploring solutions to assist members in choosing an effective electronic health record (EHR) system that will meet the government's meaningful use requirements.

Running a successful medical practice grows more challenging every year. It is more important than ever to have a partner in your corner that can provide you with all of the necessary tools to protect your practice and allow you to focus on what's really important: your patients.

As your organization, CMA's goal is to help you take charge of your own destiny. We want to ensure that medical decisions remain in your hands, so that you can serve your patients. We welcome your input and look forward to working with you. §

Did You Know.....

*The HDN Medical Society's Physician Residence Directory is **ONLY** available to members.*

PHYSICIANS MUST PROTECT MICRA FROM ATTACKS BY PERSONAL INJURY LAWYERS

BY JAMES HINSDALE, M.D.

*California Medical Association President-Elect
Director of Trauma, Marin General Hospital and
Executive Director of Trauma, Regional Medical Center, San Jose.*



For 35 years, California has served as a national model for medical liability reform.

The state's physicians have some of the lowest medical liability insurance rates in the country, and that has translated into improved access to care for patients and, overall, higher quality of care. All this, while patients still have the right to collect unlimited economic damages, in the rare cases where something goes wrong.

But the Medical Injury Compensation Reform Act (MICRA) is now under assault from California's personal injury attorneys, who have indicated they will stop at nothing to overturn this sensible reform for their own enrichment.

Long forgotten is the crisis of the 1970s, when medical liability insurance rates skyrocketed, thanks to voluminous, often meritless, lawsuits filed by personal injury lawyers who pursued massive awards.

Many physicians were forced to go without insurance, leave the state, or quit practicing medicine altogether. The flight of doctors out of California and the profession choked patients' access to care.

The California Medical Association responded to this challenge by tirelessly advocating for reform that became known as MICRA. This landmark law accomplished several important objectives:

1. It ensured injured patients receive fair compensation.
2. It tightened the medical liability legal environment, allowing for legitimate cases and discouraging illegitimate 'fishing expeditions' by personal injury lawyers.
3. It stabilized skyrocketing medical

liability rates, which helped keep physicians in practice and protected patients' access to health care providers.

Since MICRA has been in force, it has continued to work for patients and health care providers. MICRA allows injured patients to receive unlimited compensation for any and all economic damages. This includes all past and future medical costs, all past and future lost wages and unlimited recovery of punitive damages.

MICRA also set up a sliding scale for attorneys' fees so more money goes to patients, instead of to their lawyers.

The law imposes a \$250,000 cap on non-economic damages, also known as pain and suffering awards. This reasonable limit dissuades lawyers from filing meritless lawsuits that drive up liability rates and fuel unnecessary defensive medicine, which adds to the cost of health care.

This cap, though, has irked personal injury lawyers, who have repeatedly sought to overturn it in the courts and the California Legislature since MICRA's inception.

Thankfully, they have not succeeded. CMA has joined with physicians, hospitals, community clinics and other health care providers to protect MICRA.

Nevertheless, 2011 could be a busy year in Sacramento. With a new governor comes new hope for personal injury lawyers that they might be able to weaken MICRA for their own financial benefit.

After more than three decades, it's clear that MICRA has benefitted patients, their doctors and the entire health care system. A look at other states without MICRA-like protections demonstrates why rolling back

MICRA or weakening this law would be a disaster for patients and our profession.

According to the Journal of the American Medical Association, states with lower medical liability premiums tend to have more doctors per capita, including surgeons and specialists.

In New York, a state without medical liability reforms, eight counties are without obstetricians, according to the Center for Health Workforce Studies. The Center also found that 18 of New York's counties have fewer than five practicing OBGYNs.

California medical liability rates are one third the rate in other parts of the nation.

In California, patient safety has improved. And there's good reason for that. With the passage of MICRA, doctors, hospitals and other health care providers are better able to focus on their patients, instead of looking over their shoulders and worrying about getting sued.

A recent study published by the RAND Corporation in April 2010 reinforces this point. The study found that a reduction in the number of preventable patient injuries in California from 2001 to 2005 also corresponded to a drop in liability claims.

The public strongly supports medical liability reforms as well. A November 2009 Associated Press/Stanford University poll found that 54 percent of Americans favor making it harder to sue health care providers.

Because of public approval and strong factual evidence in support of medical liability reforms, personal injury lawyers have craftily disguised their efforts with front

MICRA. CONTINUED ON PAGE 27

CMA Working for You

DUSTIN CORCORAN

CEO, California Medical Association



This year has been incredibly busy for your California Medical Association. We lobbied aggressively against many onerous provisions in the health care reform legislation, on behalf of our physician members, and we will continue our work in that arena. With the new law are new CMA member programs that focus on Health Information Technology (HIT) and legal resources, to help ensure our physician members are prepared to meet the challenges and requirements of the bill. We are committed to providing members with every possible resource and tool to operate a successful medical practice.

This year CMA's legislative and government affairs efforts:

- * Saved doctors more than \$100 million by defending our injunction against Medi-Cal provider cuts;
- * Successfully fought against payment cuts of up to 22 percent for California physicians in the national health care bill; and
- * Worked with the AMA to push back the penalties for nonparticipation in Medicare's Physician Quality Reporting Initiative (PQRI) to 2014.

Our Economic Services team has been busy as well; last year alone this team helped recover more than \$100 million in delayed payments for our members, due to the Medicare transition to Palmetto. We've also used our influence to block much of the unscrupulous aspects of the California Physician Performance Initiative (CPPI), as they attempt

to economically profile physicians. CMA also continues to actively lobby and make efforts to:

- * Stop the 21 percent Medicare cut and repeal the Medicare SGR;
- * Eliminate the Medicare Independent Payment Advisory Board;
- * Increase Medicaid rates for all physician specialties; and
- * Ensure that reimbursement rates are structured to take into account the geographic differences in physician practice costs.

On the legal front, we've been involved in several critical lawsuits on behalf of physicians, including:

- * Suit against Aetna, Cigna and Blue Cross re: Ingenix price fixing scheme;
- * Suit against Governor Schwarzenegger re: the illegal transfer of physician licensing fees; and
- * Suit against the State of California re: Medi-Cal reimbursement cuts.

CMA has also filed a number of *amicus curiae*, or "friend of the court" briefs, on behalf of doctors involved in malpractice and peer review cases, and in industry-wide cases involving health plan rescissions and the defense of MICRA.

In addition we have built a strong portfolio of CMA member benefits. Some of the latest offerings include significant savings from:

- * Bank of America – CMA preferred credit cards
- * Banc of America – Practice finance

lines of credit

- * Epocrates – Point of care access to drug, disease and diagnostics information
- * Heartland Payment Systems, Inc. – Merchant services/payroll processing/ACH processing
- * Hertz – Rental car discounts
- * Marsh – Insurance services
- * Mercury – auto and home insurance products
- * MedicAlert – Vital medical emergency information program
- * RX Security – Secure prescription pads
- * Staples – Office supply discounts up to 80 percent
- * Subscription Services – Discounted magazine subscription service

We're especially excited about the work we've been doing in the HIT arena on behalf of our members. With the passage of the American Recovery and Reinvestment Act of 2009 (ARRA), most of the physician community is now facing a firm deadline for the adoption of electronic health record systems (EHRs) to meet federal meaningful use criteria. To access the CMA HIT Resource Center go to www.cmanet.org/HIT.


It would be impossible to list every accomplishment and mention every new benefit that your CMA has introduced in the last year. We know that in today's economic climate physicians are being assailed from nearly all directions; our goal is to provide our members with the necessary support, so that they can surpass these challenges and continue to run successful medical practices. §

MEET OUR NEW MEMBERS

Please join us in welcoming the following new members.

Contact the Medical Society Office if you wish further information about any of our member physicians.

(cut out on dotted line to add to your 2010 Physician Membership Resource Directory)



HANS-JUERGEN REBSTOCK, M.D.
General Surgery
Board Certification: *American Board of Surgery, General*
Medical Fak Der Freien Universztaet, Berlin (1966)
1703 Guintolli Lane
Arcata, CA 95521
(707) 822-3200
FAX: (707) 822-3200
Office Manager: Michele Rebstock

Humboldt-Del Norte “Tattler”

CONGRATULATIONS to Daniel Gehling, M.D. for obtaining his Board Certification by the American Board of Orthopaedic Surgery.

KUDO’s to Wendy Ring, M.D. and Norman Bensky, M.D. who both interviewed for The California Report - Health Dialogues “Rural Health on the Northcoast” which aired on the evening of June 22, 2010. An audio of the report can be found at: <http://www.californiareport.org/healthdialogues/special/SR299/>

HAPPY BIRTHDAY to: *DRS. Carlson, Disiere, Feuerman, hare, Homan, Hooper, Irvine, Iverson, C. Ray Jones, Kennedy, Kilgore, Lau, Luu, Mizoguchi, Nelson, Russ Pardoe, DK Stokes, and Walsh;*

COMING, GOING AND MOVING AROUND.....

WELCOME NEW PHYSICIANS:

Rachel Bailey, M.D.	Family Med	Eureka Family Practice
Sergio Rivero, M.D.	NeuroSurgery	Humboldt Medical Specialists - NeuroSurg.
Monique Schwartz, D.O.	Family Med.	Crescent City Family Practice
Thomas Faber, M.D.	Internal Med	Mad River Healthcare Clinic
Andrew Michaels, M.D.	Cardiology	Humboldt Medical Specialists - Cardiology

LEAVING:

Mark Phelps, M.D.	Family Medicine	To Ashland
James Quillen, M.D.	Cardiology	To Colorado

MOVING AROUND:

Neil Kushner, M.D.	General Medicine	No longer @ Occ., Envir. Health & Drug Screening
Sandra Hare, M.D.	Internal Medicine	to: 3798 Janes Road #20, Arcata (707) 825-4991

PRACTICE CHANGE:

Downtown Medical Clinic, Inc. **AND** Downtown Medical Express Group are no longer used for Dr. Badgley’s practice. Practice name is now: **Laurence E. Badgley, M.D.**

Talking about Dying

JOHN NELSON, M.D.

Medical Director, Hospice of Humboldt



In a recent article in the *New Yorker*¹, Dr. Atul Gawande wrote about the difficulty of talking to patients about dying. He describes the case of Sara, a young mother with advanced lung cancer. He was seeing her for an unrelated thyroid cancer. He writes: “Her lung cancer would almost certainly end her life long before her thyroid cancer caused any trouble. Given the extent of the surgery that would have been required, and the potential complications, the best course was to do nothing. But explaining my reasoning to Sara meant confronting the mortality of her lung cancer, something that I felt ill prepared to do.”

As Sara continued to decline over the next months, Dr. Gawande confesses: “After one of her chemotherapies seemed to shrink the thyroid cancer slightly, I even raised with her the possibility that an experimental therapy could work against both her cancers, which was sheer fantasy. Discussing a fantasy was easier – less emotional, less explosive, less prone to misunderstanding – than discussing what was happening before my eyes.”

We all have difficulty talking to someone about the fact that they are dying. Medical school does not prepare us well for these conversations. When doctors do discuss the end of life with a patient we tend to speak euphemistically, are overly optimistic, or delay discussions until the patient is close to death². When the conversation does happen it is frequently about options – guided by the type of questions asked on the POLST form – does the patient want resuscitation, or a feeding tube?

I’ve often felt that this is a mistaken approach, as it fosters the illusion that we

are always capable of delivering on these options. In fact what we need to have is some sense of the individual’s values and goals. As Dr. Susan Block, a palliative care physician about whom Dr. Gawande writes, puts it, “You are not determining whether they want treatment X versus Y. You’re trying to learn what’s most important to them under the circumstances – so that you can provide information and advice on the approach that gives them the best chance of achieving it. This requires as much listening as talking.”

Recently I talked to the daughter of a patient who died of pancreatic cancer under our care last year. Her father had undergone treatment at UCSF before returning to Eureka where he was admitted to St. Joseph Hospital for complications from his recent surgery. “No one would tell us what was really going on,” she said. “Finally Dr. Fratkin told us Dad didn’t have much time left. He helped Dad tell us what was important to him -- what he wanted, and didn’t want, for his last days and after he was gone. We are so grateful that someone finally was clear about what was going to happen, even though it was not what we wanted to hear.”

This family’s experience is not uncommon. Our medical system is designed to continue aggressive treatment until the patient is ready to stop. The responsibility is placed on the patient and family to say when. “But for most patients and their families this is asking too much,” Dr. Gawande notes. “They remain riven by doubt and fear and desperation; some are deluded by a fantasy of what medical science can achieve. But our responsibility, in medicine, is to deal with human beings as they are. ...They need

doctors and nurses who are willing to have the hard discussions and say what they have seen, who will help people prepare for what is to come...”

At Hospice of Humboldt we are often required to have these conversations with patients – particularly when they are trying to decide if it is time to begin Hospice care. To enroll in Hospice a patient must waive insurance coverage on curative treatment for their terminal diagnosis – a clear statement that cure is no longer possible. But as Dr. Block told Dr. Gawande, “Arriving at an acceptance of one’s mortality and a clear understanding of the limits and the possibilities of medicine is a process, not an epiphany.”

We have found that patients and families going through this process may need to hold on to two mutually exclusive possibilities for a while – the hope for a cure, and the acceptance that a cure is not possible. We try to be gentle. In our discussion we may ask, “We certainly hope that the new treatment will work. But if it doesn’t, what would be most important to you?” or “We share your hope that you will have many more years to live, but if your time is only a few weeks or months, how do you want to spend the that time?”

Even after Hospice enrollment I find it most useful to focus my conversations with patients on their goals and values. When goals and values are discussed openly between the patient and family, the discussion about how those values can be honored and those goals met becomes much easier.

Just having those conversations can



ANN LINDSAY, M.D.
Humboldt County Public Health Officer

Partners: Public Health and the Medical Society

My Health Officer colleagues from other California counties are often envious when I share with them about what an asset the Humboldt Del Norte County Medical Society is to us at the public health branch. Ms. Figas is invaluable in advising us how to communicate effectively with the medical community, beginning with keeping us apprised of provider “comings and goings.” Together we have built a health alert system to keep the medical community informed of emerging public health issues.

The Medical Society also brings messages about the public health alerts to the office managers to help ensure that faxes and e-mails make it to providers who need to see them.

As health officer, I have relied on the Society committee structure as a means to get formal input from local physicians about public health issues. For example, the ad hoc Public Health Advisory Committee convened to direct prioritization flu vaccine distribution when supplies were woefully short. When H1N1 hit, the committee was reconstituted to advise on communication, help promote full vaccination of health care personnel and high risk patients, ensure accurate and timely reporting of cases and advise on the availability of anti-viral medication. For years the Medical Society conducted the Medical Disaster Committee to promote coordinated county-side planning and response. Only recently was the responsibility transferred to Public Health staff when the budget grew tight at the Medical Society

As you probably know, Humboldt County has an extraordinarily high death rate due to alcohol and other drugs, with abuse of prescription drugs being a major contributor to mortality. About 5 years ago, the Medical Society and Public Health held a series of meetings to try to turn things around. The group expressed the need for a comprehensive pain clinic with a range of modalities offered in a coordinated setting. A feasibility study confirmed a need, but concluded that only a federally qualified health center, like the Open Door Clinic, could make such a clinic run and offer services to all who needed them. Unfortunately, the Pain Clinic did not make it to the top of the Open Door Clinic’s priority list. Meanwhile, the Medical Society helped get together a directory of pain management resources available in the community. The directory resides on the Medical Society website. It is due for an update, so please contact Ms. Figas if you are interested in helping to update it.

We are lucky to have the Medical Society *The Bulletin* as a way

for us all to sound off and educate each other about local health issues. I consider it a privilege to contribute a monthly column. Please let me know if there is a particular public health issue on which you would like a report.

During Public Health Week in April 2010, your Executive Director, Penny Figas, was honored before the Board of Supervisors as a public health hero because of her contribution to community wellness.

DISASTER PREPAREDNESS

GET READY NOW to participate in the **GREAT CALIFORNIA SHAKEOUT** on 10-21 at 10:21 (October 21 at 10:21 a.m.). Learn how to **PROTECT YOURSELF** before and during earthquake events and then **PRACTICE** what you learn by participating in the **SHAKEOUT DRILL**.

Check the Great California ShakeOut web site at <http://www.shakeout.org/drill/> to learn more about the drill and to register yourself or your organization.

This ShakeOut web sub link has good supporting documents and resources to assist your participation efforts: <http://www.shakeout.org/resources/index.html>

Plan to **PARTICIPATE** and **REGISTER NOW!**

PUBLIC HEALTH UPDATE, CONTINUED ON PAGE 26

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**CONSORTIUM FOR
CONTINUING MEDICAL EDUCATION
RUBEN BRINCKHAUS, M.D., CHAIR**



E. TERESA MARSHALL, M.D., VICE-CHAIR

The Humboldt-Del Norte Consortium for Continuing Medical Education is a self-supportive committee of the Humboldt-Del Norte County Medical Society. The Consortium (your colleagues) plans, coordinates and promotes local quality/ needs-oriented continuing medical education for local physicians. Accredited by the California Medical Association's Institute for Medical Quality (IMQ) to provide AMA PRA Category 1 CME Credits for educational programs which meet ACCME accreditation guidelines. We are working with the local Osteo-

pathic Physicians Committee in planning local educational programs for Category 1-A for D.O.'s. **Over 100 programs were accredited for our local physicians in 2009.** Programs also include Tumor Boards, Local ACLS/PALS, Quality Review and Improvement Activities, Case Conferences, Journal Club Meetings and many other non-grand round programs in conjunction with the I.P.A., Health Department, Breast Health Project, Hospice, etc.

For a small fee (**Members receive a 50%**

discount), The Consortium for Continuing Medical Education tracks attendance at all HDNCME-accredited programs and provides members with an official report of attendance for the year.

A two-month education calendar is published each month in The Bulletin and a six-month planning calendar is posted on the our website: www.hdnccms.org.

Contact our CME Coordinator, Terri Taylor, (707) 442-2353 for further information.

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District X CMA Trustee Report

By *JAMES BRONK, MD & MARK DAVIS, MD*



The Board of Trustees, at our last meeting, considered many pressing issues. Here is our report of that meeting.

The Board unanimously approved the nomination of Leonard J. Klay, MD, of Santa Rosa, as the 2010 recipient of the Frederick K. M. Plessner Memorial Award. We local physicians from District X have had our fair share of Plessner winners. We should be very proud of Len as he is an exemplary physician that we all know. Now all of CMA will too.

Unfortunately, the Centers for Medicare and Medicaid Services (CMS) Proposed Medicare Fee Schedule for 2011, unjustifiably reduces reimbursement to physicians by up to 5%, by cutting payment to physicians practicing in higher rent/higher wage regions. CMA is aggressively opposing the below results in the proposal. We in District X are very acutely aware that this effects us greatly. The information in the table below shows how drastically this will effect us.

California Impact of Proposed 2011 Fee Schedule Practice Expense Changes by County

Los Angeles	-4.1%
Ventura	-4.9%
Orange	-3.4%
Santa Clara	-1.0%
San Mateo	-4.5%
Alameda/CC	-1.9%
San Francisco	-3.9%
Marin/Napa/Solano	-1.3%
Rest of CA	+1.6%

Consequently, the Board approved the following recommendations:

1. That CMA oppose the geographic adjustments in the 2011 Proposed Medicare Physician Payment Rule that arbitrarily reduces the impact of rent-related costs on physician payment in California, and request

that implementation of the new GPCIs be delayed until 2012, with further study of the data sources.

2. The CMA support a Medicare fee schedule that is based on well-founded data and formulas that provide appropriate, accurate reimbursement that covers a physician's cost to provide care and protect access to care.

3. That CMA work with CMS to develop more appropriate data sources, such as a physician office expense survey, to ascertain a physician's true office expenses nationwide, and to develop specific criteria that can be objectively applied to existing data sources for use in developing cost indices.

4. That CMA continue to advocate for appropriate geographic cost inputs for physicians practicing in rural as well as urban areas.

5. That CMA continue to work to increase the physician workforce in areas experiencing physician shortages and access to care problems for patients.

SB 726 (Ashburn), a bill that would erode the ban on the corporate practice of medicine, was voted on in the Senate Business and Professions Committee. Thanks to all of your efforts, the bill failed with a vote of 3-4 (2 abstentions) and is dead for the year! This is another huge victory for the House of Medicine. Thanks for all of you who contacted your legislators.

CMA, the California Primary Care Association (CPCA), and the California Association of Public Hospitals & Health Systems (CAPH) have been awarded 31.2 million dollars in federal grant money to help primary care providers implement electronic health records (EHRs). This grant will help make Health Information Technology support ser-

vices available throughout most of California. Los Angeles and Orange Counties will likely be served by other organizations. Contact: Lisa Folberg (916) 444-5532 or lfolberg@cmanet.org for more information. Contact Lisa to get information on getting your share of this grant.

Dr GnanaDev has generously given a large donation to start the **The Dev A. GnanaDev Award for Membership Endowment Fund (permanently restricted)** through the generosity of a \$50,000 contribution. The Board unanimously approved this grant. The following criteria be used to determine the recipient: That a specific result of membership growth occurred as a direct result of the efforts of the recipient and can be documented and described. The recipient will receive a \$1,000 award and a recognition plaque be presented. A short video be produced also.

Last but not least the Board also conducted a strategic planning retreat for one and a half days in collaboration with the senior staff leadership, which was designed to produce consensus on critical portions of the CMA Strategic Plan. Lead by CMA's Strategic Planning Consultant, Michael Ward, the Board and Senior Staff actively participated and engaged in discussions to determine the Core Values for CMA that will guide planning, policy, advocacy, decision-making, governance, budgets, partnerships, member services and more. The retreat also facilitated a long-term vision of future success for the Association and members going forward. That vision will articulate a desired future for CMA that is aligned with the Core Values. **§**

A Hearty Redwood Like Hello!

KATE McCAFFREY, D.O.

Membership Committee Chair



Dear Readers:

Welcome new physician members to our beautiful rural and small town community here in Humboldt and Del Norte Counties!

On Behalf of the Humboldt-Del Norte County Medical Society/California Medical Association, I would like to extend a hearty Redwood-like Hello and hope that you are finding your way professionally and your family is happy here as well!

We on the Membership Committee have been hard at work lately to tell you all the reasons why it is a great idea to join your CMA colleagues at the local and state levels. As you know, there are many reasons to belong to the CMA. I want to highlight a creative idea Sandy Wilcox, M.D. came up with for our local physicians! Sandy had the idea of starting up a V.I.P. program to partner physicians with local businesses. Several businesses so far have agreed to extend a discount to members of the CMA locally. For example, one of our local restaurants has agreed to extend a 10% discount to local physicians for patronizing their establishment with their families and friends. We are designing a plastic card and key chain for members so they can take advantage of this discount and others!

On a good note, we have had a strong and getting stronger new physician membership enrollment this past year! Your colleagues would like to take this opportunity to invite past members whose membership might be lapsed as well as the new members of our physician community to join our ranks. Therein you will find a plethora of medical and legal resources. Have Penny help you and your staff and network with many of your physician friends in the area, new and old.

Peace

Kate

PHYSICIAN TALENT SHOW?

The Medical Society is in the early stages of planning a Physician Talent Show. It's been several years since we've had one and we've got a lot of new talent!

PLEASE contact the Medical Society office if your interested in working on a Planning Committee for the Talent Show.

PLEASE contact the Medical Society office and let us know you'd be interested in performing and what your talent is.

We look forward to hearing from you!

Did You Know....

Members may run classified ads in *The Bulletin* at no charge for the first six months for business-related ads and ½ price for personal ads.

CALL FOR NOMINATIONS 2011 OFFICERS, DIRECTORS, COMMITTEES

Emily Dalton, M.D.

Alan Glaseroff, M.D.

Jessica VanArsdale, M.D.

George Zibilich, M.D.

Student Update

KATE McCAFFREY, D.O.



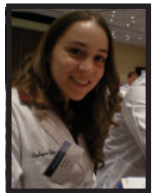
Hello Colleagues Present and Future!

I am happy to report that three medical schools have signed on with me formally and are sending medical students to our area: Touro University, College of Osteopathic Medicine, Vallejo (TUCOM-CA); Western University of Health Sciences, College of Osteopathic Medicine, Pomona, CA (WUHS); Lake Erie College of Osteopathic Medicine, Erie, Pennsylvania (LECOM); as well as a scattering of students from other medical schools both DO and MD.

You will see, in the coming months, a few biographies in The Bulletin about the medical students rotating through our practices and through local hospitals. I am proud to report that most of the primary care and specialties disciplines are accepting students! I

was surprised to find this since this area is so pressed for physician coverage. But I am not surprised because I know our physicians and I know that we care about attracting the next generation of physicians to our area (instead of the “Big Box” outfits stealing them!). A community that teaches students will remain vibrant, evidence-based and connected to the outside world!

Thank you everhonor who has dealt with students including physicians, APCs, Office and Hospital staff. Keep up the strong work! Also, we still need host housing from physicians, their friends and staff for the students. Please contact me if you would like to precept a student or two or if you have housing.



ROBYN YOUNG

My name is Robyn Young, and I am a third year osteopathic medical student from Touro University. I obtained my Psychology B.S. at UC Davis in 2007 and volunteered as an HIV test counselor for Stop AIDS and behavioral researcher for UCSF during the year after graduation. I began my medical education at Touro University in August 2008, and every day since has been an affirmation that I have chosen the correct career path. During the first two years of medical school, I became lead coordinator of the osteopathic manipulative medicine station at Suitcase Clinic for the underserved in Berkeley, CA. I also served as the president for the TUCOM-CA Student Osteopathic Medical Association Chapter, and coordinated our participation in patient advocacy in Sacramento and Washington D.C. In May 2010, I received the Student Doctor Network Community and Preventive Medicine Scholarship for my aspirations to become a life-long learner, teacher, and fulcrum to the healing of patients on the individual and community level. Now that my classroom training is over, I am enjoying the opportunity to experience patient care and practice my doctoring skills in a supervised environment. I am currently

enjoying my NMM rotation with Dr. Kate McCaffrey in McKinleyville, CA, where I am learning compassionate medicine, how to operate electronic medical records, and business techniques for running a practice. I look forward to rotating with Dr. Ted Humphry in Eureka, CA, for my pediatric inpatient and outpatient rotation. I thank all of my Humboldt preceptors for allowing me to download their knowledge and wisdom, and I will be a better physician because of their mentorship. I am also grateful to the Humboldt County Community for accepting me into their world and teaching me how to best serve my future patients.



VICTORIA PARSON

Victoria grew up in Northern California and went to her undergrad at Mills College, where she pursued a major in Bio and several medical anthropology classes. Her small town, community-oriented background and interest in rural medicine brought her to explore Humboldt County's medical system. Her goals are in Family Medicine, with an emphasis on natural health, pain management, and Osteopathic Manipulative Medicine. She hopes to someday practice in a area very similar to Humboldt.



JESSIE REINKING

Before I decided to attend medical school I majored in English at UC Santa Barbara, worked in an office setting, and taught various subjects to underserved middle school children. I later completed the medical pre requisites at UC Davis. I am currently a third year medical student at Touro University, an osteopathic school in the bay area. I am also working on my master's of public health degree. My long-term interests include PM&R and family medicine. My wife and I enjoy rock climbing, long distance running, and eating good food.



YAMINAH ESPINOSA

My name is Yaminah Espinosa and I was born in Los Angeles and raised in Chino, CA. I completed my osteopathic manipulative treatment rotation with Dr. McCaffrey August of 2010. My hobbies include cooking, hiking and amateur photography. While on my rotation in Humboldt county, I took many pictures that I would like to share.

Legislative Advocacy

The 2009-2010 regular legislative session came to a tumultuous end late Tuesday evening, with a slew of bills racing to beat the midnight deadline. Between August 16th and August 31st, several hundred bills were debated and heard, many needing rule waivers in order to be eligible for a vote. Many of CMA's sponsored and co-sponsored bills were passed and sent to the Governor's desk with bipartisan support, including **AB 2470** (De La Torre), which protects patients from unlawful rescission of health insurance, **AB 583** (Hayashi), which requires health care professionals in various settings to disclose to patients information about their license, education, and board certification, **AB 1235** (Hayashi), which helps to improve and strengthen the peer review system, **AB 2093** (M. Perez), which requires health plans and insurers to reimburse physicians for administering immunizations, and **AB 2248** (Hernandez), which addresses weaknesses in the accounting practice of counties for the EMS / Maddy Fund. CMA chose to hold back two sponsored bills that needed more work, **AB 2533** (Fuentes), which would have required the disclosure of policies and procedures for any kind of health insurer physician rating system, and **SB 1031** (Corbett), which would have provided malpractice insurance coverage to volunteer physicians. CMA will continue to be active in these important areas on behalf of physicians and will discuss the possibility of future legislation on these topics.

CMA also soundly defeated several bills that would have been detrimental to patients and to the practice of medicine. All three bills that would have eroded the ban of the corporate practice of medicine failed to pass and are now dead: **AB 646** (Swanson), **AB 648** (Chesbro) and **SB 726** (Ashburn). After the two Assembly bills were defeated in

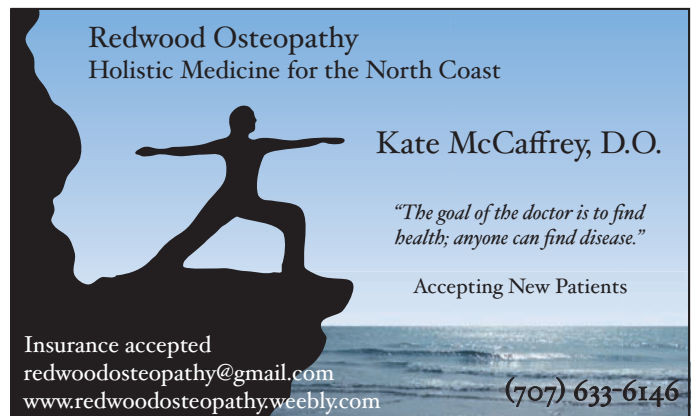
the Senate Business & Professions Committee (B&P) earlier in the year, SB 726 became the sole vehicle for direct-hire language and was still clinging to life. Once again, at the request of legislative leadership, CMA government relations staff engaged in discussions with the proponents of the bill. In the waning days of the legislative session, after intense negotiations, exchanging of language, calls from CMA member physicians and countless meetings, the proponents once again rejected a reasonable compromise offered by CMA, and the bill was referred to Senate B&P. With less than a week left in the session, the bill was brought up for a hearing with little notice. After yet another robust discussion in the evening hearing, the bill failed on a final vote of 3-4, with two abstentions — even fewer votes than the Assembly bills had garnered earlier in the year.

The health reform bills were largely successful, despite facing opposition through the process. The measures on the Health Insurance Exchange, **AB 1602** (Perez) and **SB 900** (Alquist), and the market reform / coverage expansion bills, **AB 1825** (De La Torre), **AB 2244** (Feuer), **SB 890** (Alquist) and **SB 1088** (Price), were sent to the Governor for his consideration. CMA expects the Governor to sign many of them in order to tout the prompt implementation of important provisions of federal health care reform. The bills concerning health premium rate review and

rate regulation were the subject of much debate and behind-the-scenes lobbying, with CMA being a strong voice for responsible legislation that doesn't harm providers and patient care. After **AB 591** (De La Torre) failed to get out of the Senate Appropriations Committee, the two remaining vehicles presented two very different choices. **AB 2578** (Jones) which would have given the government the authority to set health care premium rates, failed on the Senate floor on the last night of the session. CMA had opposed AB 2578 and had worked with stakeholders to craft a more reasonable, balanced approach in **SB 1163** (Leno), which is consistent with federal law and increases transparency for health plan rate filings while protecting providers' proprietary information. SB 1163, which received bipartisan support on its way to the Governor's desk, will also help the state draw down federal grants for rate review purposes.

Even though legislators wrapped up bill activity for the year without a new spending plan in place, their work is not complete. They will have to return to Sacramento for a budget vote in the coming weeks, notwithstanding a vote the last day of session on competing versions of the budget, which just added more fuel to the political fire blazing in the Capitol. Both houses had rousing debates on the measures, but the result was as fruitless as expected, lending validity to the claim that the vote was in fact a "drill."

LEGISLATIVE. CONTINUED ON PAGE 27



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Kate McCaffrey, D.O.

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MEMBER BENEFITS

Joining CMA/HDNCMS is like hiring a powerful professional staff to protect you from legal, legislative, and regulatory intrusions into your medical practice. Members are also entitled to a wide array of discounts, products, and services. Most physicians can save at least enough to cover their annual dues. Many save much more. Take full advantage of all the benefits available to you, and save your practice thousands of dollars a year! (More details on CMA/HDNCMS member benefits, services and discounts are available online at <http://www.cmanet.org> and published in your 2010 Physician Membership Resource Directory.

CMA Alert

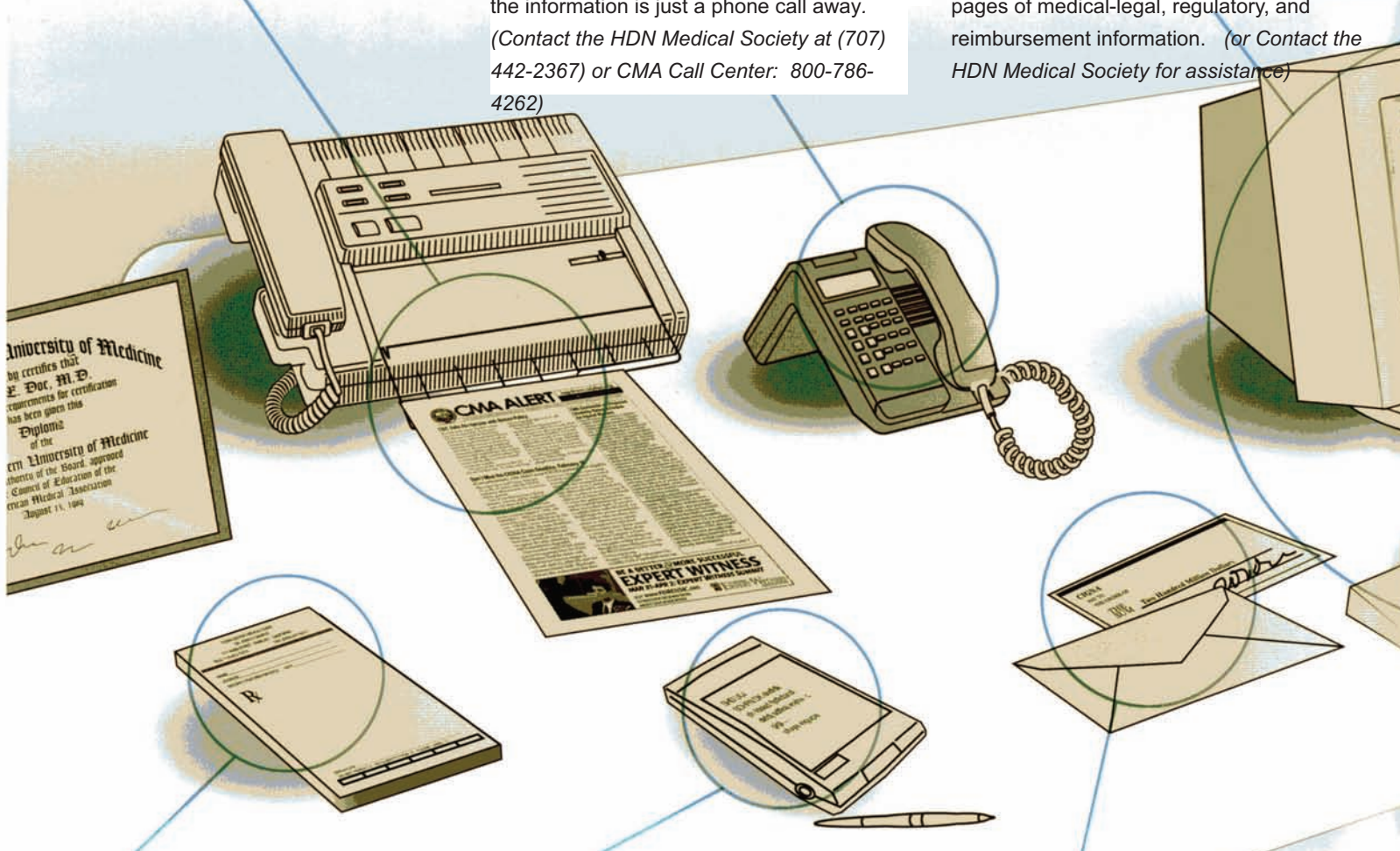
CMA Alert is CMA's bi-weekly newsletter. Delivered by e-mail or fax, *Alert* keeps physicians and their staffs informed about our legislative, legal, and public health activities.

Member Hotlines

Whether you have a legal question, need reimbursement help, want to know the status of legislation, or want to find out more about your CMA/HDNCMS member benefits, the information is just a phone call away. (Contact the HDN Medical Society at (707) 442-2367) or CMA Call Center: 800-786-4262)

Information on Demand

At CMA's members-only website, <http://www.cmanet.org>, physicians have free access to CMA ON-Call, a key member benefit. ON-CALL contains thousands of pages of medical-legal, regulatory, and reimbursement information. (or Contact the HDN Medical Society for assistance)



Security Prescriptions

CMA's security-prescription partner, RxSecurity, provides tamper-resistant prescription pads to members at a significant discount

Information Technology

Confused by IT choices? CMA is closely monitoring the standards development process and has developed a HIT Resource Center for our members. To help members assess their HIT needs, CMA has been hosting several EHR Webinars that are posted for members to view at their convenience.

Reimbursement Advocacy

CMA ensures that physicians get paid fairly. In addition to CMA's economic advocacy in the Legislature and in the courts, physician members can call on reimbursement specialists for one-on-one help with contracting, billing, and payment problems. CMA also publishes a quarterly communication for you and your billing staff: *CPR* (CMA Practice Resources) is full of tips and tools *The Bulletin*

Educational Programs

Locally our HDN Consortium for CME is accredited to provide AMA PRA Category 1 CME for locally coordinated educational programs. Members receive a discounted fee for annual CME reports. CMA has educational programs to help you meet regulatory and accreditation standards, learn effective practice management techniques, and provide quality care. HDNCMS coordinates many of these programs locally for the benefit of our members.

Publications

HDNCMS publishes a monthly *The Bulletin* - our regular communication with our members and member communications with their colleagues. HDNCMS publishes an outstanding Physician Membership Resource Directory - one stop shopping for all healthcare related resources in HDN. CMA publishes a variety of resources, including legal handbooks, HIPAA compliance toolkits, practice management guides, and patient forms.

Legislative Advocacy

CMA is distinguished by its political successes. Our lobbyists educate legislators about the impact proposed legislation has on patients' health and on the viability of physicians practices in California. HDNCMS meets with locally elected representatives. CMA publishes a Legislative Hot-List to keep members informed.

Legal Services

CMA legal experts provide assistance for HR, medical, regulatory, or legal questions - free to members.

Group-Buying and Discount Programs

Thanks to CMA's buying power, members receive discounts on everything from magazines to office furniture. CMA/HDNCMS members also receive discounts on a variety of insurance products, including workers compensation, medical, life, disability, long-term care, automobile and homeowner policies.

Institute for Medical Quality

JOHN A. KUSSKE, M.D.

Chair, IMQ Board of Directors

The Institute for Medical Quality (IMQ) is the quality arm of the CMA. Since January 1996, IMQ has helped improve the quality of care delivered to patients in California through a range of accreditation, certification, educational and consultative activities. The true strength of our programs are the hundreds of physicians who participate as surveyors, educators, committee and Board members. Their unwavering commitment to medical professionalism is a point of pride for organized medicine.

IMQ is particularly proud of several new offerings this year. Our Corrections and Detentions Survey Committee has initiated a membership program which offers a host of educational and consultative services not only to jails and juvenile facilities, but also to prisons and public agencies. The potential public health impact is significant! On another front, recognizing a need to better empower physicians, with funding from The Physicians' Foundation, IMQ will offer a Platinum Level Training Program for Medical

Staff Leaders in San Diego. We will use interactive teaching modalities to promote meaningful skill building that will benefit physicians in all types of practices. Medical staffs should be familiar with our peer review and medical staff consultation programs, which are tailored to meet the needs of medical staffs. All physicians can save time and stress by using IMQ's newly improved CME Certification Program to track CME hours in accordance with MBC requirements.

Please take a moment to explore our website www.imq.org and consider getting involved with IMQ. Our staff is happy to answer any questions. All of us at IMQ hope to welcome you as a new participant in the near future. §

Did You Know.....

Members can request mailing labels for sending Holiday Cards to their colleagues.

OCTOBER IS NATIONAL BREAST CANCER AWARENESS MONTH

**"I kicked cancer.
It's not going to kick me."**

Barbara Rincon of Fieldbrook received treatment for breast cancer at St. Joseph Hospital.

"Being diagnosed with cancer, boy, that's a reality check like you've never had before. I asked right away, 'Do I need to go out of town? I want the very best,' and my physician assured me anything that needed to be done could be done here with highly qualified people. I could get the care here at St. Joe's hospital and I did. I felt very comfortable going there. They're angels, every one of them – truly, that's from the heart. I love those people, and I kicked cancer, it's not going to kick me."

The Cancer Program is leading the way in the diagnosis and treatment of cancer with the latest technology including 64-Slice CT, Positron Emission Therapy (PET), PET/CT - the all-in-one full body scan, Magnetic Resonance Imaging (MRI), Intensity Modulated Radiation Therapy (IMRT), High Dose Rate Brachytherapy (HDR), and Prostate Seed Implants.

New at Redwood Memorial Hospital: RMH is pleased to announce that it is joining St. Joseph Hospital and the Outpatient Imaging Center in offering Digital Mammography to patients!

The Cancer Program

2700 Dolbeer Street, Eureka

www.stjosepheureka.org • www.redwoodmemorial.org



Barbara Rincon
Breast Cancer Survivor

The Cancer Program 
ST. JOSEPH
HEALTH SYSTEM

CMA
The California Medical
Association



IMQ
The Institute for Medical
Quality
*A subsidiary of the California
Medical Association*

CME Accreditation Program

Accredits providers within the State of California to offer *AMA PRA Category 1 Credit(s)*TM for continuing medical education activities.

CME Cultural & Linguistic Competency Program

Provides resources and contacts for Cultural & Linguistic Competency and assists California CME providers in complying with Assembly Bill 1195.

CME Certification Program

Assists physicians in providing documentation of *AMA PRA Category 1 Credit(s)*TM and awards a four-year *CMA Certification in Continuing Medical Education*.

Ambulatory Care Review Program

Accredits a wide range of healthcare organizations, including ambulatory surgery centers, occupational health centers, medical offices/medical groups and other outpatient settings administering anesthesia. Recognized by MBC and insurance carriers.

Consolidated Accreditation Licensure Survey Program

The Joint Commission, the Department of Public Health (DPH), and the Institute for Medical Quality (IMQ) jointly survey acute care hospitals for accreditation and licensure.

Corrections & Detentions Survey Program

Offers on-site reviews of medical programs in juvenile halls and jails for consultation and accreditation.

Peer Review & Medical Staff Consultations

Provides on-site objective peer review of physician clinical practice with a focus on education, consultation and quality improvement. Consultations individually designed for medical staffs.

Educational Programs

IMQ offers a series of educational seminars and webinars that help physicians and healthcare organizations meet regulatory and accreditation standards and provide better care. Topics include a series of ethics programs, medical staff education, disruptive physician, performance improvement, peer review, CME, regulatory requirements, standards, legal issues, etc.

***Interested in a program
or becoming a surveyor?***

Contact:

www.imq.org

(415) 882-5151

dly@imq.org

CMA

CMA Informational Webinars

CMA continues to host a series of live monthly webinars to educate physicians (and your staff) on a range of topics from health information technology to reimbursement issues. Space is limited for the live webinars, so register early. Go to CMA's website in the Members-Only section and click on the "Conferences, CME Education and Seminars" box on the right side. If you are unable to attend a live webinar, they will be posted on CMA's website for later viewing (*webinar archive*)

SEPTEMBER 22, 2010 - Members-Only 12:15 - 1:15 p.m.

Practical Steps Practices can take to Ensure HIPAA Compliance -

OCTOBER 13, 2010 - Members-Only 12:15 - 1:15 p.m.

Successful Preparation and Implementation of an EHR System

NOVEMBER 17, 2010 - Members-Only

Document, Document, Document - 12:15 - 1:15 P.M.

In this members' only webinar, Dr. Arthur Lurvey, Medical Director for PalmettoGBA, will illustrate the most common claims denials. It will also provide you with appropriate information on how to avoid or resolve these common denials.

DECEMBER 8, 2010 - Members-Only

ICD-10 UPDATE - 12:15 - 1:15 P.M.

In this member's only webinar, Practice Management Institute, Inc presents on this important issue.

ONGOING EVENTS:

EHR Best Practices Series Webinars - Held the first Wednesday of each month @ 1:00 P.M. PST. The EHR Best Practices Series Webinars by Maxwell IT are free for CMA Members. Please call 800-786-4262 for your unique coupon code to use when registering for this particular webinar.

WEBINAR ARCHIVE

All CMA webinars have been recorded and saved for our members.

Health Care Reform 2010

In this webinar, Elizabeth McNeil, CMA's Vice President of Federal Rela



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tions, explains the impact of Health Care Reform legislation on California physicians and CMA's on-going advocacy efforts for successful implementation of the bill. *Recorded July 22, 2010.*

Provider Incentives for Electronic Health Record (EHR) Adoption

This is a members-only webinar. More than a year after the passage of the Stimulus Act, the rules around the electronic health record (EHR) provider incentives are beginning to take shape. Tune in to this informative webinar to learn the basics of the provider incentive program, and to hear late-breaking updates about the proposed rules regarding the program, including "meaningful use". *Recorded June 29, 2010.*

Implementation of EHR: Practical Considerations

In this CME-approved, members only webinar, physicians will learn about implementing electronic health records (EHRs), and using them to drive practice improvement. Also, physicians will learn practical steps to protect the privacy and security of physician and patient data in the transition to EHR.

Recorded June 22, 2010.

2011 PHYSICIAN MEMBERSHIP RESOURCE DIRECTORY *PHOTOS*

Have you reviewed your photo in the 2010 Physician Membership/Resource Directory lately? Photos help our new physicians (and physicians you don't regularly work with) identify their colleagues. We encourage you to update your photo for the 2011 Physician Membership Resource Directory. PLEASE forward your favorite .jpg or send a photo to be scanned or cropped - to the Medical Society office or let us know if you'd like for us to make arrangements to take a new photo.

.....
• PLEASE notify the Medical Society when there are •
• changes in your office - new physicians, new NP/PA, •
• change in Office Manager, change in e-mail •
• addresses, etc. so we can keep the database up-to-date. •
.....

Did You Know...

You can save up to 80% on Office Supplies and Equipment from Staples, Inc. Visit www.cmanet.org/benefits to access the members-only discount link.

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Partnerships to Promote a Healthy and Active Lifestyle for Children

The CMA Foundation's Obesity Prevention Project continues in its work to reduce the prevalence of overweight and obesity in children and their families and carries out its purpose by working with Regional Physician Advocates.

A goal of the Project is to facilitate partnerships between schools and physicians for ongoing collaborations in support of the **Safe Routes to School (SRTS) Program**. Walking and bicycling to school is an easy and effective way for children to get their daily physical activity. Unfortunately, only 30% of California school children walk or bike to school in a typical week. Health care providers around the state can take steps to promote safe "walking and rolling" to school among their patients and their families. Providers can encourage parents to walk or bike to school with their children in order to ensure both children and adults get their daily physical activity. Providers can also lend a

strong and respected voice to community efforts to prevent pedestrian and bicycle injuries and deaths to children.

Contact your local public health department to learn if your community has a Safe Routes to School program or a child safety coalition and how you can lend your expertise to these efforts. Learn more about statewide efforts to promote Safe Routes to School and Walk to School at www.CAactivecommunities.org/safe_routes.html and www.cawalktoschool.com.

The CMA Foundation's Obesity Prevention Project has launched a new resource to raise childhood obesity awareness. The Project's monograph, *Inspiring Change in our Communities: Physician Champions Making a Difference* provides a snapshot of the innovative programs implemented by Physician Champions throughout California. The work of each of these physicians is

aimed at serving their communities, particularly low income and underserved communities, in a variety of settings. Each of these physicians was inspired by a patient, an incident, or a movement. Some have dedicated months and years while others could only spare a few hours; and each has changed behavior to break the cycle of childhood obesity by empowering patients to take control of their health.

Please visit the Obesity Prevention Project section of the CMA Foundation's website at www.thecmafoundation.org/projects/obesityProject.aspx to access the *Inspiring Change in our Communities: Physician Champions Making a Difference* monograph and other additional Project resources. For more information, please contact cmf@thecmafoundation.org or 916.779.6620.

THE DIABETES AND CARDIOVASCULAR DISEASE PROVIDER REFERENCE GUIDE IS NOW AVAILABLE!

The California Medical Association (CMA) Foundation's Advancing Practice Excellence in Diabetes Program is aware that many physicians feel overwhelmed and frustrated by the daunting task of addressing diabetes with their patients given the physical, emotional, social and environmental factors associated with this disease. Health care providers hear a variety of messages about the prevention, treatment and management of diabetes that make it increasingly difficult to determine the best plan of action to take with patients.

In an effort to address these issues and improve patient care and outcomes, this reference guide was developed in

cooperation with expert panels of physicians and other health care providers to determine the most effective ways to prevent, assess and treat diabetes and related cardiovascular disease.

The reference guide includes:

1. Guidelines supporting the screening and diagnosis of type 2 diabetes, dyslipidemia & hypertension
2. Approaches to the clinical management of type 2 diabetes and related cardiovascular complications
3. Effective communication techniques
4. Health care provider and patient education resources
5. Billing and procedure codes

To access the [Diabetes and Cardio-](#)

[vascular Disease Provider Reference Guide](#), go to http://www.thecmafoundation.org/projects/aped/Provider_DiabetesRefGuide2010.html

Your input is valuable in planning and updating future versions of the Reference Guide. Please take a moment to complete the survey by [downloading the PDF form](#) or [completing the on-line survey](#) posted on the [Project web site](#).

To learn more about the Foundation's Advancing Practice Excellence in Diabetes Program, please contact Senely Navarrete, MPH, Project Director at snavarrete@thecmafoundation.org §



3100 Edgewood Road, Eureka, CA 95501
Foundation: (707) 443-4563
IPA: (707) 442-2285

Christopher Cody, M.D.; President
Martin Love, Chief Executive Officer
Alan Glaseroff, M.D.; Chief Medical Officer
Linda D'Agati, Chief Operating Officer



North Coast Referral Network/IRIS

The **Humboldt-Del Norte Foundation for Medical Care** received a grant from the California Health Care Foundation to fund implementation of IRIS (Internet Referral Information System) in our community. IRIS is an internet-based system that has been used by safety net providers in Chicago (Cook County) for over five years, successfully coordinating thousands of community-wide referrals each day. IRIS has many time-saving features, including tracking referrals sent and received, collecting documentation, notifying and reminding patients of their appointments (via phone), and identifying services needing prior authorization.

Implementation began in September 2009 with a "pilot" in Fortuna. Our most recently added IRIS users include: specialists at Eureka Internal Medical (not yet all of them), Hospice of Humboldt, Redwood Osteopathy, and RMH/Dr. Feuerman's Pain Procedures. Many more practices are in the process of being trained! For information, contact Katie Vinson, Referral Network Project Manager at the Foundation, 443-4563 x47.

"Medical Home" Pilot Project comes to Humboldt

In January 2010 the **Humboldt-Del Norte Independent Practice Association** became part of a "Medical Home" pilot project for Ray's Market (C & K Markets, Inc.). Their benefit plan with the "Medical Home" feature includes incentives for employees to select a primary care provider and to get routine preventative care. Participating "Medical Home" PCP Practices are paid on a fee-for-service basis PLUS they receive a monthly fee for offering timely access based on acuity, coordinating specialty referrals and encouraging preventative care. The IPA will assist the participating PCP offices as needed with data management for this group of patients. If you have questions about this "Medical Home" pilot project, please contact Martin Love, at 442-2285.

OFFICE MANAGER NETWORKING MEETINGS

EUREKA: Professional Healthcare Managers Group *(an independent networking Group)*

Contact: Reggi Porter, 443-9577
3rd Wednesday each month @ 8:30 A.M.
Foundation Conference Room
*Meetings: 10/20 * 11/17 * 12/*

HDN Foundation for Medical Care is hosting the following Office Manager networking meetings:

Contact: Rose Gale, 443-4563 rgale@hdnfm.com

ARCATA: 1st Thursday of each month 12:15 - 1:15 pm
Quality Inn meeting room,
3535 Janes Rd, Arcata

FORTUNA: 3rd Thursday of each month 12:15 - 1:15 pm
Redwood Memorial Hosp., Marion Room

Did You Know.....

Members have access to the Medical Society's communication tools (broadcast e-mail/ fax/ labels/ *Bulletin*) for communications with their colleagues.

September 20, 2010

The meeting was called to order by President, Hal Grotke, M.D. at 7:10 P.M.

M/S/C to accept the items on the Consent Calendar as presented.

- Minutes of the August 16, 2010 Executive Board Meeting.
- Coming, Going and Moving Around, to file.
- Budget Committee Meeting Minutes (8/16/10)
- Editorial and Publications Committee Minutes (9/8/10)
- Membership Committee Meeting Minutes (9/13/10)
- CHA Aligning Forces Report, to file.
- Communication to St. Jos. Re: After Hrs Medication Policy
- Consortium for CME Budget Report/Balance Sheet
- Society Budget Report/Balance Sheet
- Membership Subcommittee Minutes (8/23/10)
- Nursing Workforce Issues, to file.
- Physician Well Being Committee Minutes (9/14/10)
- CMA Regulations Quick List, to file.

DISCUSSION followed regarding the upcoming CMA House of Delegates meeting. All resolutions are posted on line. Members are encouraged to review and post comment on-line. Comments will be included in the discussions at the Reference Committee meetings. Suggested sending a note out to the membership.

REPORTED sending Key Contact Letters at the request of CMA Government Relations regarding AB 2093 (*requiring payors to reimburse doctors for full cost of vaccines*) and AB 1235 (*Peer Review*).

M/S/C to also send a letter to the Governor in support of AB 1825 (*insurance coverage of maternity care*).

SHARED a copy of the CMA Foundations new toolkit "The Diabetes and Cardiovascular Disease Provider Reference Guide".

EXECUTIVE Director Update was presented as follows:

-2011 CMA/HDNCMS Dues Statements are being mailed out to members. After October Bulletin is mailed out, statements will be sent to ALL Non-members as well.

-Beginning stages of preparation for the 2011 Physician Membership Resource Directory. Sent out solicitation for advertising. Individual physician contacts encouraged!

-V.I.P. Program. Sending out letters to local businesses re: participation in the V.I.P. Program. Members are encouraged to help make "contacts" with local businesses and encourage their participation.

-EHR Meaningful Use Conference was held Sept. 17, 2010). Panel included Drs. Kessler and Ribordy.

-Resolutions for the 2010 CMA House of Delegates are now posted on the CMA website for review and comment by the membership. Encourage Exec Board to review the resolutions and provide feedback to our representatives.

-Reported on the recent NORCAL Risk Management Seminars that were held early September. "Disclosure of Unanticipated Outcomes" on 9/8 for physicians and 9/9 "Office Practice Strategies and Resources for Reducing Risk" for Office Managers, which was repeated in Crescent City on 9/10.

-Reported that the HEALTH CARE REFORM/ ACO's meeting with CMA's Elizabeth McNeil has been rescheduled as follows:

October 20, 2010 (Wednesday) - Del Norte

October 21, 2010 (Thursday) - Humboldt

-Mentioned the Medical Society Family Picnic is scheduled on 9/25 at Sequoia Park. Attendance is encouraged.

COMMITTEE UPDATES followed.

PUBLIC HEALTH UPDATE was presented as follows:

Pertussis: California continues to experience high levels of pertussis, although other states are not having such an outbreak. There have been 9 deaths of infants, mostly Latino. OSHA requirements are that all health workers get TDaP immunization by Sept 1 or sign a declination. California Department of Public Health is making free TDaP and immunization teams available to counties. Humboldt has had great success with these. 850 people were vaccinated at Redwood Acres last week, and over 500 at Humboldt State this week. There are other free clinics scheduled.

Flu: We are requesting that deaths and ICU admits for people under age 65 with lab confirmed flu be reported to public health during the work week. The State will want a lab specimen to be submitted via our lab for further testing. Dr Hunter, HSU Student Health and Eureka Pediatrics are participating in the state surveillance network. PH lab now has PCR testing for pertussis and flu and will be able to turn results around in 48 hours. We have scheduled 11 free flu vaccine clinics. Free vaccine will be available for everyone over age 9. There will be one free clinic for children ages 3-9.

PH hosted a regional Healthy Communities Conference September 16 in Fortuna. Over 80 people were signed up to attend from 5 counties.

MENTIONED that the CMA Trustee Update was forwarded

BRIEFS. CONTINUED ON NEXT PAGE

The Bulletin

Briefs, Continued

for publication in the October Bulletin.

TREASURER’S REPORT was presented as follows: Mentioned meeting recently to go over the Medical Society finances. Agreed that times are tough and membership needs to be increased. We will continue to closely monitor. Reported that the dues statements for 2011 will be going out within the next couple weeks. Mentioned again that the October issue of *The Bulletin* will be our Recruitment and Retention issue with a lot of information relating to the values of membership. A copy of the October issue will be included with our ALL Physician dues mailing.

REPORTED on the new Dev Gnanadev, M.D. Membership Award. Suggested checking on the flexibility of the deadline for submission. **M/S/C** to submit nomination of Kate McCaffrey, D.O. in recognition of her outstanding recruitment efforts.

LEGISLATIVE UPDATE was highlighted as follows:

- called attention to CMA Legislative Hotlist
- reported on upcoming fundraising event for Wesley Chesbro.

Mentioned unfortunately the event conflicts with the Medical Society picnic and a couple of other important events.

MEMBERSHIP COMMITTEE report was presented as follows:

-reported that the letters have gone out to local businesses regarding participation in the V.I.P. Program. Encouraged individual contact to encourage businesses participation in the program.

-mentioned that the October issue of *The Bulletin* is coming together nicely. This issue will be our Recruitment and Retention issue and sent to ALL local physicians. Suggested publishing extra copies to have on hand for including in our Welcome Packets.

-Shared a copy of the Member Benefit centerfold that will be included in the October Bulletin.

SHARED communications from the Solo and Small Group Practice Forum regarding the Patient Protection and Affordable Health Care Act (Healthcare Reform).

MENTIONED new CMA recognition award has been established to recognize a members efforts in membership recruitment. Dev Gnanadev, M.D. Membership Award. **M/S/C** to nominate Kate McCaffrey, D.O. for her local recruitment efforts.

DISCUSSION followed regarding letter received from Cloney’s Pharmacy expressing his frustration with the recent robberies targeting Oxycontin. Mentioned that the Consortium for CME is working on a Pain Management Conference for early 2011.

REPORTED that we are working on the Nominating Committee “worksheet” and surveying members who are currently serving on committees and/or as liaisons to assess their interest. A meeting of the 2011 Nominating Committee will be held soon. The 2011 Nominating Committee will be: Emily Dalton, M.D.; Alan Glaseroff, M.D.; Jessica Van Arsdale, M.D. and George Zibilich, M.D.

DISCUSSION followed regarding the local Times Standard’s plan for publishing a Health and Medical Directory for the public. Reported briefly meeting with them regarding their plans and provided them with a copy of our 2010 Physician Membership Resource Directory with the updates on our members. Agreed to meet with them again prior to publication.

SHARED a copy of communication from the Community Health Alliance in response to our letter concerning the timing of their meetings and the difficulty in physicians attending. Unfortunately they aren’t able to adjust the timing, but were willing to work with us in increasing communication efforts with local physicians through *The Bulletin*.

DISCUSSION followed regarding the Physician of the Year Award and the Dedication in our 2011 Physician Membership Resource Directory. **M/S/C** to nominate Russel Pardoe, M.D. Members are encouraged to contribute their stories as well.

DISCUSSION followed regarding request from a couple of our members asking the Medical Society to publish a public letter of support in recognition of one of our physicians that will soon be leaving the area. Agreed that it was not appropriate for the Medical Society, however, individual members can write letters and/or submit communication for publication to express their support.

M/S/C to approve the application for membership for the following physician:

Hans-Jurgen Rebstock, M.D. - General Surgery - Arcata

There being no further business, the meeting was adjourned at 8:45 P.M. Next meeting is scheduled for October 18, 2010. §

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GUIDELINES FOR PPV-23 VACCINE

Please consider enlisting the entire staff at your office to identify patients appropriate for PPV-23 vaccine and vaccinate them in your office or refer them to Public Health for vaccination. (445-6200 for appointments) The national Advisory Committee on Immunization Practices, ACIP-recommended groups for Pneumococcal pneumonia vaccination are:

- * All adults 65 years of age and older.
- * Any adult 19 through 64 years of age who is a smoker or has asthma
- * Anyone 2 through 64 years of age

who has a long- term health problem such as:

- heart disease
- lung disease, including asthma
- sickle cell disease
- diabetes
- alcoholism
- cirrhosis
- leaks of cerebrospinal fluid or
- cochlear implant

* Anyone 2 through 64 years of age who has a disease or condition that lowers the body's resistance to infection, s u c h as:

- Hodgkin's disease

- lymphoma or leukemia
- kidney failure
- multiple myeloma
- nephrotic syndrome
- HIV infection or AIDS
- damaged spleen, or no spleen
- organ transplant

* Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infection, such as:

- long-term steroids
- certain cancer drugs
- radiation therapy

HOSPICE, CONTINUED FROM PAGE 9

make a huge difference in both the quality of life the patient experiences, and in the emotional health of their caregivers and family during their final days and after their death.

A study published in the Journal of the American Medical Association³ examined whether or not such conversations would be distressing to the patient or family, and what affect they have on patients' mental health and quality of life, and caregiver bereavement adjustment. Of the 332 terminal cancer patients studied, only 31% had a discussion with their physician. Contrary to the fear that some doctors have that talking about death will be depressing for their patients, those discussions did not have an adverse affect on the patients' mental health; talking about the end of their lives did not cause patients to feel depressed, sad, terrified, or worried. Patients who had end-of-life conversations with their doctors chose a very different course for their final months than the patients whose doctors did not talk to them. They were:

- more likely to accept that their illness was terminal,
- more likely to prefer medical treatment fo-

cused on relieving pain and discomfort over life-extending therapies,

- more likely to complete end-of-life preference documents,
- less likely to receive aggressive medical interventions near death (mechanical ventilation, attempted resuscitation, ICU admission), and
- more likely to enroll in hospice.

End-of-life discussions were also correlated with improved quality of life of the patients and that of their caregivers. Patients who had the discussion experienced better overall health, higher physical functioning, and better mental health in their last months than did those patients who did not have conversations. This effect was not limited to the patient; their caregivers also benefited.

Caregivers of the patients with higher quality of life felt better prepared for the death, experienced less regret, reported better physical functioning and mental health, and were less likely to experience major depression six months after the death.

An interesting side-note: the study found that while Hospice enrollment is correlated with better quality of life for the patient and better bereavement adjustment for the caregivers, these positive effects disap-

peared when the patient was enrolled in Hospice for less than a week before death. Clearly, talking about dying is in the best interests of the patient and family. But knowing that doesn't make the conversation any easier.

If there is any way I or our experienced team of hospice admissions nurses can help you or your patients with the difficult but essential discussion about the end of their lives, please call us at 445-8443(main office) or 445-5042 (admissions office).

Notes:

1 Gawande, Atul, M.D., "Letting Go: What should medicine do when it can't save your life?" *The New Yorker*, August 2, 2010, pp. 36-49.

2 Wright, Alexi, M.D., "Associations between End-of-life Discussions, Patient Mental Health, Medical Care Near Death, and Caregiver Bereavement Adjustment", *JAMA*, , 300:14, pp. 1665-1673. October 8, 2008

3 *Ibid.* §

MICRA. CONTINUED FROM PAGE 6

groups and name changes that purport to represent “consumers” in the pursuit of “justice.”

At the national level, the Association of Trial Lawyers of America changed its name to American Association for Justice. In California, personal injury lawyers are known as the Consumer Attorneys of California and urge their members to contribute money to another group called Consumer Watchdog, which carries their water. Make no mistake. These groups main goal is to gain more opportunities for more lawyers to file more lawsuits.

In contrast, Californians Allied for Patient Protection (CAPP) is a coalition of California health care groups dedicated to protecting MICRA. The coalition, based in Sacramento, includes CMA, county medical societies – such as the Humboldt-Del Norte County Medical Society and the Mendocino- Lake County Medical Society – Humboldt-Del Norte Dental Society, North Coast Clinics Network, Mad River Community Hospital, California Hospital Association, California Dental Association, Planned Parenthood Affiliates of California, community clinics statewide, local government groups and many others. Each and every one of these groups strongly supports MICRA and will work to protect it against assault.

CMA, the Humboldt-Del Norte County Medical Society and other groups fighting for MICRA will need your help to preserve a law we know works.

Please talk to your local legislators now, if you have not already, and tell them how important MICRA is to you, your practice and – most importantly – your patients. California physicians, and our patients, cannot afford to lose MICRA. §

LEGISLATIVE. CONTINUED FROM PAGE 15

Assembly tally had the Democratic plan four votes shy of passage and the Republican version 32 votes short. In the Senate, the Democratic proposal was six votes short and the Republican budget plan needed 15 more votes to pass. As of Friday September 3rd, the budget will be 65 days overdue, closing in on the record of 86 days late. The budget deficit is reported to be \$19.1 billion, and the crisis worsens at an estimated rate of \$52.3 million dollars per day. Although the Governor has made pension reform a “must have” in a budget that would earn his signature, he has reported being optimistic that a deal is within reach. We also expect to see more activity on the Medi-Cal waiver, since the federal Health and Human Services Agency granted California an extension to its cur-

rent waiver until October 31st. We’ll likely see a budget bill and a waiver bill handled together, which of course could complicate both.

September 30th is the last day for the Governor to act on legislation sent to him in the final two weeks of the session. For months, CMA has been laying the groundwork with the Governor’s office and the relevant state departments to ensure that our sponsored legislation has a fair shot at becoming law. We will continue our advocacy, pressing our positions with the Governor and keeping you posted on developments. For more information on these and other bills of interest to physicians, see **CMA’s Legislative Hot List**.

Contact: Michelle Chapanian, 916/444-5532 or mchapanian@cmanet.org. §

How to get CMA On-Call Documents & Publications

CMA On-Call documents are free to members. Log on to the CMA Members-Only website at www.cmanet.org/logon. Use the quick search to access the document by number. CMA On-Call documents provide hundreds of law, regulatory, ethical, etc. documents written in plain English, on nearly every aspect of medical practice.

The CMA On-Call Index is published on pages 129-135 in the 2010 Physician Membership Resource Directory.

We encourage you to use this outstanding resource. Make sure that your Office Manager knows of the documents as well.

Contact the Medical Society office if you have any questions, (707) 442-2367

INTRO. CONTINUED FROM PAGE 2

healthcare related resources in Humboldt and Del Norte Counties? HDNCMS does, and it’s free to our members. Ask your office staff about the value of our annual directory, and how much they rely on the directory for referrals or useful numbers or just about anything you may need for your day to day activities.

I think that if you’re honest with yourself, you’ll agree (at least partly) with me. So, please, read this issue of The Bulletin, think long and hard about the articles, and then indicate to us your desire in joining an organization that is really looking out for your welfare. §

•••••
• **Did You Know....**
• The HDN Medical
• Society’s Physician Resi-
• dence Directory is **ONLY**
• available to members.
•••••

More health reform provisions took effect

September 23

Many provisions of federal health care reform, passed and signed into law last spring, took effect on September 23.

These provisions include:

- ***Lifetime/Annual Limits:** The law prohibits lifetime limits on healthcare benefits. Annual limits on benefits are restricted to no less than \$750,000 beginning September 23, 2010, and then gradually phased out until January 1, 2014, when they are completely banned.
- ***Emergency Room Patient Protections:** The law prohibits requiring prior authorization or higher cost sharing for out-of-network emergency services.
- ***Ob-GYN Patient Protections:** The law prohibits requiring a referral to see an obstetrician or gynecologist.
- ***Preventive Health Services:** The law requires first dollar coverage (no co-payment or deductible) for certain preventive services.
- ***Dependent Coverage:** The law requires insurers to allow adult children under the age of 26 to stay enrolled in a parent's health plan.
- ***Preexisting Condition Exclusions for Children:** The law prohibits denying coverage to individuals under the age of 19 based on a preexisting condition.
- ***Rescission:** The law prohibits insurance from rescinding coverage except in cases where the patient commits fraud or intentional misrepresentation of facts.
- ***Appealing Insurance Company Decisions:** The law provides consumers with a way to appeal coverage determinations or claims to their insurance company, and establishes an external review process.

For more information on these and other health reform provisions, see the CMA's Health Reform page at <http://www.cmanet.org/healthreform>. Contact: Elizabeth McNeil, 415/882-3376 or emcneil@cmanet.org

Medicare Par vs Non Par

From mid-November through December 31, physicians will have their annual opportunity to review and perhaps change their participation status with the Medicare program. Given the severe Medicare payment disruptions caused this year as Congress established, and then missed, multiple deadlines to stop payment cuts caused by the sustainable growth rate (SGR) formula, the AMA is encouraging physicians to prepare for this opportunity and review their options carefully. To help them choose the direction that is right for their practices, the AMA has developed the "Know your options: Medicare participation guide." This kit contains a detailed explanation of the three available options: participation (PAR), non-participation (non-PAR), and private contracting. It also includes a helpful revenue calculator and various sample materials to help physicians share information with current, new, and prospective patients.

The Medicare options kit is accessible to all physicians on-line at www.ama-assn.org/go/medicareoptions.

We encourage state medical societies and national specialty organizations to help us distribute this information so that all physicians have tools to help them make informed decisions about their Medicare participation status.

SEPTEMBER ISSUE OF CMA PRACTICE RESOURCES (CPR)

NOW AVAILABLE.

The September issue of CMA Practice Resources (CPR) is now available. The free monthly e-mail bulletin from the reimbursement experts in CMA's Center for Economic Services is full of tips and tools to help physicians and their staff improve practice efficiency and viability. Sign up now for your free subscription at <http://www.cmanet.org/news/cpr>. Contact Jennifer Williams, 916/551-2061 or economicservices@cmanet.org

MEDICAL BOARD OF CALIFORNIA SEEKS NOMINEES FOR PHYSICIAN RECOGNITION PROGRAM

The Medical Board of California through its Physician Recognition Program seeks to recognize the demonstration of excellence by individual physicians and/or groups of physicians who strive to improve access and to fill gaps in the healthcare delivery system. The program is designed to identify and reward individuals and/or institutions, otherwise unrecognized, who creatively meet the needs of underserved populations that fall between the cracks of the existing medical system, or who are outstanding in areas of service that advance the healthcare status of patients anywhere in the world. This may include the provision of healthcare services to other unique populations or thorough their contribution to education that exceeds the norm.

The Physician Recognition Committee

of the Board will review nominations and make their selection(s) by the end of 2010. Awards are granted annually. Persons or organizations making the nominations must complete and send to the Board the nomination form by November 30, 2010. Nominations (*copy of this form can be downloaded from www.mbc.ca.gov, "Licensees," "Physician Humanitarian Award."*) should be mailed to: Medical Board of California.

In addition to the completed application form, nominations should include letters in support of the nomination, as well as citations and reference to organizing efforts, successful projects, and newspaper or other articles; and the candidate(s)' curriculum vitae or biography that includes work history with dates.

Nominees must demonstrate a creative

model of dedication to the development and delivery of inspirational, successful, and replicable models of healthcare delivery, or demonstrate service in an area of medicine that advances the public's healthcare status through clearly outstanding service, education, or innovation. They must be California-base licensees in good standing and may be individual physicians or those physicians who comprise medical groups or teams.

The committee will select award recipients, making its decision based on the criteria set forth or comparable achievements and the strength of supporting letters.

Questions: Candis Cohen (916) 263-2394.

Did You Know.....

THE MEDICAL SOCIETY, UPON RECEIVING A CALL FROM THE PUBLIC WISHING TO LODGE A COMPLAINT AGAINST ONE OF OUR LOCAL PHYSICIANS, WILL DETERMINE IF THE PHYSICIAN THEY WISH TO REGISTER A COMPLAINT IS A MEMBER. IF THE PHYSICIAN IS NOT A MEMBER, THE CALLER WILL BE ADVISED AS SUCH, AND REFERRED DIRECTLY TO THE MEDICAL BOARD OF CALIFORNIA'S TOLL-FREE NUMBER. THE PUBLIC SERVICE AND MEDICAL ETHICS COMMITTEE WILL NOT ATTEMPT TO RESOLVE COMPLAINTS LOCALLY THAT PERTAIN TO NON-MEMBER PHYSICIANS.

Janssen, Malloy, Needham, Morrison, Reinholtzen, Crowley & Griego LLP

Attorneys at Law

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

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• MEDICAL BOARD INVESTIGATION
• PHYSICIAN RECRUITMENT CONTRACT
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CONTINUING MEDICAL EDUCATION

GRAND ROUNDS CALENDAR
OCTOBER & NOVEMBER 2010

ST. JOSEPH HOSPITAL - 12:15 P.M. Conference Room - C1

OCTOBER

10/6	TUMOR BOARD
10/7	"END STAGE HEART DISEASE - TRANSPLANT & IMPLANT"
10/13	TUMOR BOARD
10/14	NO GRAND ROUNDS
10/20	TUMOR BOARD
10/21	"DERMATOLOGICAL UPDATE"
10/27	TUMOR BOARD
10/28	NO GRAND ROUNDS

NOVEMBER

11/3	TUMOR BOARD
11/4	"STEM CELL: FROM BENCH TO BEDSIDE"
11/10	TUMOR BOARD
11/11	NO GRAND ROUNDS
11/17	TUMOR BOARD
11/18	"PAIN MANAGEMENT - OSTEOPOROSIS"
11/24	TUMOR BOARD
11/25	NO GRAND ROUNDS

MAD RIVER COMMUNITY HOSPITAL: 8:00 A.M. Minckler Conference Room

OCTOBER

10/7	"END STAGE HEART DISEASE - TRANSPLANT & IMPLANT"
10/14	NO GRAND ROUNDS
10/21	"DERMATOLOGICAL UPDATE"
10/28	NO GRAND ROUNDS
10/29	TUMOR BOARD

NOVEMBER

11/4	"STEM CELL: FROM BENCH TO BEDSIDE"
11/11	NO GRAND ROUNDS
11/18	"PAIN MANAGEMENT - OSTEOPOROSIS"
11/25	NO GRAND ROUNDS
11/26	TUMOR BOARD

REDWOOD MEMORIAL HOSPITAL: Wednesday, 6:00 P.M. OR Thursday, 12:15 P.M. Renner Room. A Video Conference will sometimes be held on Thursday at 12:15 P.M. Renner Room (Note: Day and Time will be provided below). Lunch is provided in the cafeteria.

OCTOBER

10/7	"END STAGE HEART DISEASE - TRANSPLANT & IMPLANT"
10/14	NO GRAND ROUNDS
10/19	TUMOR BOARD
10/21	"DERMATOLOGICAL UPDATE"
10/28	NO GRAND ROUNDS

NOVEMBER

11/4	"STEM CELL: FROM BENCH TO BEDSIDE"
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11/11 NO GRAND ROUNDS
11/16 TUMOR BOARD
11/18 "PAIN MANAGEMENT - OSTEOPOROSIS"
11/25 NO GRAND ROUNDS

NON-GRAND ROUNDS: SAVE THE DATES:

10/15 & 16 **"ADVANCES IN THE INTEGRATED MANAGEMENT OF PEDIATRIC BEHAVIORAL PROBLEMS AND LEARNING DISABILITY"**

- Deborah Waber, PhD, Richard Goldwasser, MD, Ronald Braunstein, MD
- 10/15 - 6:30-8:45 p.m., Humboldt County Public Library
- 10/16 - 8:30-3:30 p.m., Humboldt Bay Aquatic Center
- 5.0 hour's of AMA PRA Category 1 Credits™

11/6 **"INFECTIOUS DISEASE CONFERENCE"**

- 8:00-2:00 P.M.
- Red Lion Hotel
- Objectives and Speakers - T.B.A.

The Humboldt-Del Norte Consortium for Continuing Medical Education is accredited by the Institute of Medical Quality and the California Medical Association to provide continuing medical education for physicians. The Humboldt-Del Norte Consortium for CME takes responsibility for the content, quality and scientific integrity of this CME activity. The Humboldt-Del Norte Consortium for CME designates this educational activity for a maximum of 1.0 hour of AMA PRA Category 1 credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

The target audience is the Physicians of Humboldt and Del Norte Counties. The Northcoast Association of Advanced Practice Clinicians, RN's, RD'S, and Pharmacists are also invited to attend.

ARE YOU A CONSORTIUM MEMBER?

REMEMBER THAT CAT I CME CREDIT IS GIVEN TO MEMBERS ONLY

Medical Society Members – \$100.00 annually
Non-Medical Society Members – \$200.00

Credit for members is tracked for Grand Rounds, Tumor Board, Cardiac Cath. Lab, Non-Grand Rounds co-sponsored through the Consortium, and Journal Clubs, UCSF Case Conference Review, and Neo-natal Resuscitation.

Each hour of education is given one unit of credit.

Remember that you must fill out and sign an evaluation at each event to receive credit.

Contact Terri Taylor at the Consortium office, 442-2353.
Help support local continuing medical education.

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

Also refer to Practice Opportunities on our website
www.hdncms.org

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 Terri Clark at (707) 443-4666x22 or tclark@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 (GJ)

FNP NEEDED either part time or full time Private Family Practice, Rural Health Clinic Designation We have five Physicians and 1 FNP Experience with acute and chronic illness We offer an attractive benefit package and salary commensurate with experience. Please send resume to: Debbie Lee, Administrator, Redwood Family Practice, 2350 Buhne St, #A, Eureka 95501 or Fax to: (707) 443-7752. (LW9-10)

MEDICAL TRANSCRIPTION. Available Part-time. Contact Marilyn, 268-0737.

PROPERTY FOR SALE / RENT /LEASE

EXAM TABLE FOR SALE. Mid mark 404 Exam Table, 6 drawers with step up. 115 volt receptacle. \$400.00. If interested, please call 442-1200. (MR 10)

MEDICAL/DENTAL SPACE FOR LEASE, 1059 sq. ft.-efficient, 3 exam rooms, lab, ADA accessible throughout, new flooring/paint, excellent location very close to St. Joseph Hospital, with ample parking. Call 442-1020 to view.

MEDICAL OFFICE FOR LEASE. 2504 Harrison Avenue, Eureka. 1326 sq. ft. Can be seen by appointment. Phone: 530/755-1354 / 916/261-8088.

FOR LEASE: Join our new professional medical facilities near Mad River Hospital. Build to suit in new Planned Unit Development. 1200 - 4000 sq. ft. spaces. Contact Mark , 707-616-4416 or e-mail: Jones202@suddenlink.net.

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 : **PHYSICIAN RECRUITMENT VIDEOS** are :
 : **posted in the Recruitment Section of the Medi-** :
 : **cal Society's website. Link: Live. Practice.Play.** :
 : **Humboldt-Del Norte. www.hdncms.org** :
 :
 :

ATTN. PHYSICIANS, APCs and STAFF: HOST HOUSING NEEDED for medical students rotating through Humboldt and Del Norte Counties. The medical students need a desk, bed, a quiet room and wireless access for 4 to 6 weeks at a time. The students are part of our ongoing efforts to recruit physicians to our area! Please e-mail Kate McCaffrey, D.O. kmccaffrey123@gmail.com.

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HUMBOLDT-DEL NORTE COUNTY
MEDICAL SOCIETY



***HEALTHCARE REFORM 2010:
IMPACT ON PHYSICIANS***

This year, President Obama signed into law a sweeping overhaul of our nation's health care system. The presentation will cover the new law including Accountable Care Organizations (ACOs) and the impact on physicians. Please come and discuss the new law - both its challenges and opportunities for physicians and patients. Let CMA/HDNCM know what you think and find out how you can help improve the law.

Elizabeth McNeil

Vice President, CMA Federal Government Relations

HUMBOLDT:

DATE: OCTOBER 21, 2010 (*Thursday*)

TIME: 7:00 - 9:00 P.M.

PLACE: Umpqua Bank Plaza Community Room
2426 Sixth Street, Eureka

DEL NORTE:

DATE: ~~OCTOBER 20, 2010~~ (*Wednesday*) *To Be Rescheduled*

TIME: 7:00 - 9:00 P.M.

PLACE: Del Norte Healthcare District Conf. Room
550 E Washington Blvd, Crescent City

****MARK YOUR CALENDARS****

***Please confirm attendance asap:
(707) 442-2367 or hdncms@sbcglobal.net***



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