

THE BULLETIN

Our Mission:

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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HAL GROTKE, M.D.

The other night I attended the presentation about Patient Protection and Affordable Care Act, with emphasis on Accountable Care Organizations, by CMA Vice President for Federal Government Affairs Elizabeth McNeil. I had heard enthusiastic discussion on the topic at CAFP back in the springtime. Ms. McNeil's discussion was more tempered but also more informative. (Spoiler alert: she will give a similar talk November 10th in Del Norte County. If you didn't attend in Humboldt County it would be worth your while to attend that meeting regardless of what you read here.) The big, general, take-home messages were: ACOs are going to take many forms and will vary wildly geographically and etcetera; they do not have to be formed within any previously existing framework but they can (examples might include IPAs or hospital foundations); to be financially beneficial they have to demonstrate cost savings although there is still some lack of clarity of the denominator in that equation. Some existing local organizations seem to be taking a wait-and-see approach. CMA will soon have information on the web site to assist with formation of ACOs.

month. HDNCMS sent a significant delegation including Speaker-elect Luther Cobb. I was not able to attend. I had registered for AAFP annual Congress of Delegates (I'm not a delegate but wanted to attend anyway) and Scientific Assembly the same weekend before I had the dates for CMA's meeting. Our delegation did have significant success. Resolutions by Kate McCaffrey and George Jutila were adopted. One will encourage DO-friendly language on forms. The other will have CMA take a position that ERISA-governed institutions will have to follow HIPAA regulations when dealing with HIPAA protected information. CMA also adopted a policy lobbying for reconsideration of classification of marijuana as a schedule I drug so that it may be possible to meaningful research regarding possible risks or benefits.

California delegation to AAFP fought valiantly for what I thought would have been better positions on those issues. Maybe I should accept that the better approach is a California thing and not a specialty thing.

In other news:

"Meaningful Use" of EHR saw certification of the first batch of software products in early October.

California has a budget after the longest impasse in state history. The main immediate implication for doctors is that we will get all of our back pay for Medi-Cal patients from July 1 to current soon.

Meanwhile back in Denver AAFP decided to continue a promotional relationship with CocaCola and swore continued advocacy for pay equity for family doctors relative to members of other specialties. It was interesting for me to see CMA adopt loftier and more honorable positions than my specialty society. I don't mind saying that I am a little disillusioned. I can say that the Cali-

HDNCMS has had a number of local businesses sign on to our VIP program, offering discounts to members. We are hoping/expecting to go live in January.

The HDNCMS annual picnic late in September was nice. I enjoyed meeting some people new to the community and catching up and becoming better acquainted with others.

HDNCMS Annual Members' Meeting will be Thursday, December 2nd at Baywood Country Club. I will mention that again next month. I hope to see you all there. **\$**

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!

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

The Good Old Days. NOT.

LEE LEER, M.D.



The good old days perhaps weren't so good after all. When I was first starting out in medicine, I was regularly regaled by "old timers," docs who began practice in the 60's and even as late as the 70's, telling me what a shame it was that I'd missed the halcyon days of American medicine – before government and insurance companies got involved and made a mess of things.

These doctors missed the autonomy of their early days in practice, and who can fault them for that; however, I wonder if any of them ever thought about how well they were really taking care of their patients then compared to now? I recall seeing some of the chart notes from one of the family physicians who pioneered my residency program. If a patient came in with typical cold symptoms (sore throat, cough, rhinitis, perhaps a fever), the treatment was a penicillin injection + a corticosteroid injection. His rationale was that if they had Strep, the penicillin would get them well, and if they had anything else, the corticosteroid would make them feel better more quickly. And his chart note? It consisted of: "*cold. PCN, kenalog IM.*"

In our residency clinic, I actually saw some of these patients, who were none too happy when I declined their request for the cocktail injection to which they had become accustomed. Further, in my early years of practice, it wasn't uncommon for me to encounter patients who believed that I was treating them inappropriately if I did not give them an antibiotic injection rather than a prescription for antibiotic pills. I'm certain all of you reading this who are of a certain age have had similar experiences. I'm certain our colleagues who come after us will have similar

experiences with *our* practices and *our* patients.

What about chronic care back in the "golden age" (whenever that really was)? Unless you trained in some heretofore undiscovered utopian residency program in the 1960's, 1970's or early 1980's, the concept of population care and management was just that – a concept. The day-to-day reality was one of episodic care. Oh sure, we'd tell our diabetic patients to come back for a re-check, though how frequently we saw them was more a matter of personal physician taste and habit than any logic. And when we did see them, we might or might not pay attention to their sort of elevated blood pressure, thinking it wiser to focus our energies on getting that blood sugar below 200 than on getting that systolic pressure below 150. I recall one of my early mentors - a generally scientifically minded, well trained, caring physician – pretty much not believing the whole "cholesterol theory." His skepticism went something along the lines of "we never paid attention to it when I was a young physician, and my patients all did just fine."

One of the things I'm somewhat ambivalent about is the modern lack of need for routine visits to the medical library. In the early (read: pre-internet) days of my career, I would jot notes regarding conditions or medications or findings that I encountered during the week that I wanted/needed to know more about, and during a lunch hour, or on a weekend, I'd scurry to the local medical school library and hit the *Index Medicus*, then dive into the stacks to track down the articles in question. It was time consuming, and I did it less often than I should have, but I rather enjoyed it. Today, with publications such

as *Journal Watch*, *UpToDate*, *The Medical Letter*, *Prescriber's Letter*, and *PubMed* available 24/7 on line, I can do all my "research" from the comfort of my office, or home, or wherever. Often these days, I do a search directly from Google, while in the exam room with the patient. How things have changed!

Mostly, I must say, for the better. At least for me, ready access to timely information has really let me step up my game. Further, as my practice continues to refine our EMR (and the EMR continues to evolve and improve through successive upgrades), I see fewer and fewer of my patients falling through the cracks. Mind you, I do at times pine for the days when common sense trumped check lists developed by bureaucratic physicians with little common clinical sense. For example, given that diabetic retinopathy does not even potentially develop until a diabetic has had the disease for 10 years, why must I document that someone who I am certain wasn't diabetic until 6 months ago has had his/her annual retinopathy exam? I console myself with the hope that it's all a process. Some day in the future, computer assisted decision-making and common sense will work hand in hand. And for the time being, I'd rather do a bunch of annoying unnecessary tests to satisfy a check list than to be blissfully ignorant of the many important things that I perhaps should be doing that truly do effect my patients' health.

While autonomy was indeed probably a large part of what our older colleagues were pining for, they were also feeling the pain of declining incomes. As a primary care physi-

OLD DAYS, CONTINUED ON PAGE 23

MEMBER BENEFITS: DENTAL COVERAGE

It's Open Enrollment time for the Humboldt-Del Norte County Medical Society sponsored Group Dental program. This plan is designed to help you, your family and your employees minimize the out-of-pocket expense of regular dental care.

This program helps you maximize your out-of-pocket savings by using network dentists, but also allows you to use any dentist you like and receive lower benefits. Following are many valuable benefits that can save you money:

- Annual Benefits of \$2,000 per person for dental care, using network providers (\$1,500 if you use non-network providers).
- During Open Enrollment only, members may join as an individual or as a group with your employees.
- Low calendar year deductible of \$50 per person, (\$100 per calendar year maximum for families).
- Pay no deductible on oral exams, x-rays and routine cleanings.

Remember, the open enrollment period is available once per year. To be eligible for coverage, applications must be received during the special open enrollment period that ends on December 31, 2010.

Call a Client Service Representative at 800-842-3761 for more information, a brochure and application. Or visit www.MarshAffinity.com/cmdownload.html to download an enrollment kit.

Foundation, Continued on Pg. 23

viral upper respiratory infections among healthy adults and parents of young children, and

• Increasing adherence to prescribed antibiotics for upper respiratory infections. *Get Smart About Antibiotics Week* is November 15 – 21, 2010. During this week, the CDC, states, non-profit partners, such as the CMA Foundation's AWARE Project, and for-profit partners will bring attention to the problem of antibiotic resistance and the importance of appropriate antibiotic use. For more information about *Get Smart About Antibiotics Week*, please visit <http://www.cdc.gov/getsmart/index.html>.

Visit the AWARE website at www.aware.md for additional clinical resources and patient education materials. For more information about the CMA Foundation, please visit www.thecmafoundation.org. §

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.

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OLD DAYS, CONTINUED FROM PAGE 3

cian living at the bottom of the payment barrel from day one, I've been spared the agony of seeing an unfettered revenue stream drying up. Anyway, I doubt those aspects of physician angst have ever weighed too heavily on our patients' minds. What does seem to bother them lately is the fact that I no longer see them in the hospital, and that their care at times seems more fragmented than ever.

Hopefully, the next wave of American medical progress will include improved continuity of care and improved information transfer. Part of the problem, in my humble opinion, is once again generational. Many physicians who are my age and older simply refuse to, or are unable to, access the technology that we currently have. They find the technology (e.g., the computer in the room) gets in the way of their interactions with patients. A wonderful physician who left the community a few years ago was on a personal crusade to never use a computerized medical record. I trust – and hope, for the sake of his colleagues and patients – that he abandons that crusade before he retires. I doubt that physicians coming out of training today would even consider being such Luddites. I see the next generation being able to slide right into the computerization of medicine without even thinking about it, saving the thinking for what really counts: that time in the exam room or at the bedside with another human being who needs to know that we see her (or him), hear her, understand her, and care about her. §

Did You Know....

The Medical Society offers NOTARY PUBLIC services for our members at no charge.



For the Love of Ghost and Machine

MICHAEL FRATKIN, M.D.

This tired and broken mechanism,
Seized up and frozen,
Almost.

Rustiness of texture, surface, and structure.
Frayed and a bit tattered,
Yet not yet,
Shredded.

Heaps of cracked,
Not shattered,
Fragments of pottery,
Not dust,
Approaching stasis.

Dragging, lifting, and heaving tools.
Buckets of sloshing mucilage.
 Hammers and stripped screws.
 Bent nails and twisted rivets.
 Rolls and rolls and rolls of duct tape.

Wrenches and cross-threaded bolts,
 Dragged, lifted, and heaved by tools,
 Themselves in serious need of repair.

Strings, wires, rope, and silk thread bind,
 Their dreams of inflated influence.

Crumbling and held barely aloft,
 By the distracted effort of a dozen tinkerers.
Quivering and cast mostly adrift,
 And jerking in the clang of their earnest shift work.

Grinding and still nearly alive, Being breathed.
Gasping and grasping,
 With fingerless hands.

Strengthen yourselves as you listen,
 To the itch and scream,
 Of their dreamless sleep.
 To their waiting and their reaching.
 To the friction of their resistance to release.
Their script forgotten.
Absent prompting from the voice of mystery.
Deus et Machina.
 They are lovers and tense friends.
 They are night and day.
This machine is now anxious and frantic and desperate,
 Addicted to time and loves with a lusty grip.
This anima is now circumspect and still and patient,
 Integrated with space and loves endlessly with
delicate agape.

This world, this body, this concrete dream,
 So dear and transient.

This time, this blink, this arc of presence,
 So elegant and beautiful.

This form, this family, this one true home,
 So spacious and comfortable.

This chain of experience, this string of pearls and
stone, this strobic show,
 So dazzling and entertaining and complete.

October 17, 2010

*Dedicated to Nancy Jo, Sandra, Guillermina, Ernie,
Jim, Sharon, and Tom*

PHYSICIANS WELL-BEING COMMITTEE
CONFIDENTIAL ASSISTANCE

Physician-to-Physician

Dr. Soper: 445-4705 * Dr. Gardner: 445-0373

Dr. Hunter: 441-1624 * Dr. T. Dennis: 725-6101

Dr. Frugoni: 825-5000 * Dr. Fratkin: 496-6846 * Dr. Rehwaldt: 464-3513

Or contact a physician through CMA at **650/756-7787**



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

Childhood Lead Poisoning Prevention Guidelines

Each year in California, over 3000 children are lead-poisoned. Children under the age of six are especially vulnerable to the effects of lead because their bodies absorb lead easily. Even at low levels, lead may lower IQ scores, damage the nervous system, harm hearing, and make learning difficult.

Prompt identification of at-risk children is essential. A blood-lead test is the only way to identify lead poisoning. The following are the CHDP requirements for health care providers doing assessments on children between the ages of 6 months and 6 years:

Provide oral or written guidance on lead poisoning at each assessment at 6 months to 6 years.

Screen (order blood-lead tests for) children in publicly supported programs at both 12 months and 24 months. Publicly supported plans include Medi-Cal, CHDP, WIC, Head Start,

and Healthy Families.

Order a blood-lead test at any well-child exam that takes place between the ages of 3-6 years if there is no documentation of a lead-level test having been done at age 24 months.

Assess whether children in publicly supported programs are at risk of lead poisoning by asking, "Does your child live in, or spend a lot of time in, a place built before 1978 that has chipped or peeling paint or that has been recently renovated?"

Order a blood-lead test if the answer is "yes" or "I don't know".

This standard of care is a minimum. Any child may receive a blood-lead test at the discretion of the practitioner or at parental request.

The Humboldt County Public Health Branch continues to offer fingerstick protocol training at provider offices. The trainings include a short video, presentation, laboratory forms, and incentives for children receiving blood tests. Trainings may be scheduled through the Childhood Lead Poisoning Prevention Program at (707) 441-5564.

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Oxygen

Respiratory Equipment

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OCTOBER 18, 2010

The meeting was called to order at 7:00 p.m. by President, Hal Grotke, M.D.

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

-Reading of the Minutes (9/20/10), approve as presented.

-Coming, Going and Moving Around, to file.

-Consortium for CME Budget Report/Balance Sheet, approve as presented.

-Society Budget Report/Balance Sheet, approve as presented.

-CMA California State Budget Summary, to file.

BRIEF REPORT was presented regarding the recent CMA House of Delegates meeting held in Sacramento. Reported that the Actions are now posted on CMA's website. Mentioned that there was a good overview published in the recent CMA Alert. Encouraged Delegates to serve on Reference Committees. Congratulations to Dr. Cobb who was elected as Speaker of the CMA House of Delegates and to Dr. Davis who was re-elected for another term as District Ten Trustee.

DISCUSSION followed regarding the CMA Strategic Plan and the consultant that has been hired to help move things forward. Dr. Davis has served on CMA's Long Range

Planning Committee for the past several years, where there continues to be discussion of re-designing CMA for the future: integrating more of the state and local activities. Increasing membership must be the main focus. Both local and state are operating with bare-bones staffing. Mentioned that CMA is in the process of redesigning the website to make it more useful to our members.

DISCUSSION was held regarding local recruitment and retention efforts by our local hospitals. Mentioned that St. Joseph Hospital is working on building a local 1201 (L) Foundation and has opened several new sites for Humboldt Medical Specialists. Concerns were noted regarding efforts to assist with recruitment to existing practices.

REPORTED that the Medical Society has applied for funding through the CalHIPSO Outreach Grant, which will provide funding for communication efforts as they relate to electronic medical records and helping practices reach meaningful use. Mentioned that this would be a coordinated effort locally along with the HDN IPA/FMC and Northcoast Clinics Network.

EXECUTIVE DIRECTOR UPDATE was presented as follows:

-Reported that Dr. William Rush has

agreed to serve as the Medical Society's representative to the Disaster Preparedness Committee. M/S/C to appoint Dr. Rush to the Disaster Preparedness Committee and to the Emergency Medical Care Committee (EMCC) as the Medical Society representative.

-Reported working on coordinating the CMA President, Jim Hinsdale, M.D. to speak at the December 2nd Annual General Membership Meeting.

-Reported that the 2011 CMA/HDNCMS Dues Statements have been mailed and are coming in. 2 responses regarding the statement to non-members.

-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. Responses received from: Eureka Inn, Sequoia Park and Zoo, Hopkins Fine Portraiture, Curley's Restaurant, and the Lobby Café.

-Reported on the EHR Meaningful Use Conference was held Sept. 17, 2010.

-2011 Nominating Committee: cur-

Continued next page

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*Member of the California Society for Healthcare Attorneys

Briefs, Continued

rently polling Nominating Committee re: scheduling meeting to discuss slate of Officers, Directors and Committees. Input re: nominations is encouraged!

-Reported on the upcoming Health Care Reform/ACO's meeting with Elizabeth McNeil. October 21st in Humboldt and November 10th in Del Norte. Attendance is strongly encouraged.

-Reported on the recent Medical Society picnic held at Sequoia Park on September 25th.

Committee Updates followed:

CONSORTIUM FOR C.M.E. - *Next meeting: November 17, 2010 @ 12:00.*

Working on 2010 Infectious Disease Symposium - November 6, 2010.

EDITORIAL AND PUBLICATIONS COMMITTEE: *Next meeting: Dec. 8th.*

2011 Physician Membership Resource Directory and Residence Directory

Continue working on re-design of our Website.

MEDICAL QUALITY REVIEW COMMITTEE. *Next meeting scheduled January 2011.*

MEMBERSHIP COMMITTEE - Scheduling sub-committee meetings to discuss Member Orientation Meeting and use of PowerPoint Presentation, V.I.P. Program Promotion and Recruitment and Retention Issues. Next meeting scheduled for October 25 @ 5:00 p.m.

OSTEOPATHIC PHYSICIAN COMMITTEE: meeting to be scheduled to discuss functions of committee.

WOMEN IN MEDICINE BRUNCH scheduled for Sunday, October 17, 2010. 19 RSVPs so far.

PHYSICIAN WELL BEING COMMITTEE - *Next meeting schedule December 14, 2010.*

HEALTH DEPARTMENT UPDATE was presented as follows:

-Dr. Lindsay suggested that the Medical Examiner Support Committee, which has

not met since it was formed several years ago, be folded in with the Public Health Advisory Committee. **M/S/C** to remove the Medical Examiner Support Committee as a standing committee of the Medical Society. The bylaws deletion will be forwarded to the ByLaws Committee.

-Shared information regarding the planned Childhood Lead Poisoning Prevention Week, October 24-30.

-Reported at request of Dr. Lindsay that there is plenty of vaccine around. The incidence is still low in the Northern Hemisphere so far. Mentioned that the Health Department has scheduled additional Flu clinics later this month.

CMA TRUSTEE UPDATE was presented as follows:

-Reported that CMA and AMA are working on articles and sample letters to educate patients regarding the pending cuts in Medicare reimbursement to physicians which may impact their access to care. We have the support of our California representatives, it's a couple other states that are holding things up. There will be a "lame duck" session in a couple weeks in which we hope the proposed cuts will be stopped at that time, other wise, they will have to be reversed when Congress is back in session.

DEL NORTE UPDATE was presented, as follows:

-Mentioned new Pediatrician coming to Del Norte, Angela Young, M.D., who will be joining the Sutter Foundation.

-Discussion was held regarding getting more of the Sutter Foundation physicians involved. Suggested coordinating a program in Del Norte to help with recruitment efforts.

MEMBERSHIP COMMITTEE UPDATE was presented as follows:

-Agreed that the October issue of *The Bulletin* was outstanding. Developed as a recruitment and retention issue, it was mailed

to ALL physicians and will be used in recruitment packets. Statement for 2011 CMA/HDNCMS Dues was also included with the mailing to non-members.

-Reported that the V.I.P. Program is developing (see Executive Director report) Assistance in outreach is encouraged.

-Reported on plans to start a Member Orientation meeting, utilizing the Member Orientation Power Point Presentation.

-Reported that the Women in Medicine Brunch held on Sunday was very successful. There were 12 women physicians who attended. Agreed to coordinate a couple times each year.

MENTIONED receiving a nice sponsorship plaque from NORCAL at the dinner meeting held during the CMA Annual Session. The plaque will be displayed at the Medical Society office.

SHARED a copy of the letter drafted by Dr. Cobb, in response to Mr. Cloney's concerns expressed regarding recent Oxycontin thefts at several local Pharmacies. Mentioned that copies of the letter will also be sent to Lima's Pharmacy, Redwood Pharmacy and both Cloney's Pharmacies.

M/S/C to approve the following applicant for membership:

-Rachel Bailey, D.O., Family Medicine, Eureka Family Practice

There being no further business, the meeting was adjourned at 9:15 P.M. Next meeting is scheduled for November 15, 2010. **\$**

Did You Know.....

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

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

EXAMTABLE 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)

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MEDICAL OFFICE SPACE AVAILABLE in Fortuna. New clinic -- 2,500-5,000 sq ft. Equipt for lab; has comfortable waiting room, eight treatment rooms and 4 private offices for providers and/or office/nurse managers. Please contact Arlene Guccione for more information , (707) 725-8770 . (JG7-10)

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

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.

Display Advertising Rate Schedule

<u>SIZE</u>	<u>MONTHLY</u>	<u>SIZE</u>
1/4 Page	\$120.00	7.45" x 2.61"
1/2 Page	\$140.00	7.45" x 5.23"
1/3 Page Vertical	\$130.00	2.37" x 9.95"
Full Page	\$170.00	7.45" x 9.95"
Inside Cover/Full Page	\$240.00	7.90" x 10.40"
Business Card Ad	\$60.00	Copy Ready 2" x 3.5"

Classified Ads
 4.75 per line