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

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Chief Complaint: My Doctor Doesn't Take My Insurance

HAL GROTKE, M.D.

Lately I have been having a number of new patient visits that have a very similar theme. It goes like this. I introduce myself and ask, "What can I do for you?" The response is, "I am out of refills on my medicines. I called my doctor's office and was told that my doctor doesn't take my insurance anymore and that I should find a new doctor. Since I called to make this appointment I have run out of my blood pressure and diabetes medicines. Can you give me prescriptions?" Of course the blood pressure and finger-stick glucose are both elevated. Thankfully the front-office people in our clinic are in the habit of telling new patients to put their pill bottles in a bag and bring them along to the appointment. Unfortunately most of these patients, or any patients I meet, don't have a good sense of when they last had labs done nor do they know their recent A1C or creatinine levels. Since they are out of medicine and their conditions are not controlled I am hesitant to get labs right away because the results don't reflect their steady states. It can, however, take a few weeks to get the old data.

This experience is not new to me nor geographically specific. I have seen this scenario played out through medical school, residency and a variety of practice settings since residency. It can happen either because the doctor changes contracts or the patients' employers change insurers. Either way it fractures the doctor-patient relationship and leaves patients feeling like doctors are part of the corporate machine that interferes with their ability to access quality care. It also frequently leaves their chronic conditions untreated for some period, albeit usually brief.

A parallel problem is described in this example, although, again, I have seen this played out many times. When I first moved here I saw a patient with acute, unilateral red eye with pain and vision loss. Being unfamiliar with ophthalmologists in the area I called to ER to find out who was on call. I called, briefly described the problem and the first question I was asked was the patient's insurance. It turned out that the ophthalmologist on call did not accept that patient's insurance. I made a couple more calls and the consultant exam did occur that day anyway. I can only assume that the doctor who saw that patient was underpaid since the amount that insurance pays for an urgent ophthalmology consult is unacceptably low for at least one colleague in the area.

I was touched more personally by this scenario as well. A couple years ago, with the help of my family doctor, I finally got around to proving that I have sleep apnea. I quickly learned that the doctors in this area who interpret polysomnograms are out-of-network providers for my employer-provided PPO insurance. I paid their fee and I'm doing well with treatment. I can afford to pay their fee. For many of my patients that fee would have been prohibitive.

I do not mean to suggest that we should all see all comers when doing so would put us in a position of working for unsustainable pay. I know that for anyone reading this I have not written any revelations. We are all aware that the current non-system by which we are paid is the main obstacle to our patients accessing quality medical care. We also all became physicians so that we would be able to improve and prolong the lives of our patients. We invested the time and money in education with the expectation of making a living but that was not our main motivator. If we were in it for the money we would have done something else.

If the reason that we cannot care for our patients and the reason that we cannot be paid fair fees is insurance then the only reasonable goal is to abolish insurance. Of course very few people can pay out of pocket for quality medical care. We need to have some other, some real, system of paying for all this and for paying us.

In my introductory "interview" article as president of HDNCMS I indicated my belief that access to quality medical care is a basic human right and presented a synopsis of one argument for that belief. A corollary to that is that medicine exists to protect the people. A parallel belief is that the fundamental role of government is to protect the people. That's what I learned in elementary school social studies, high school civics and college political science classes. That is stated in the Declaration of Independence, the Constitution and the Magna Carta. From this I must conclude that medicine and government have the same role. As such I think that medicine and government should be one entity. That certainly would solve the corporate interference to access to quality care. Maybe it would create other obstacles. Maybe I will explore that in next month's article. Maybe it is moot since we lost the super-majority in the Senate. Time will tell. I am hopeful that in my career I will be able to offer quality care to all my patients without consideration to an individual patient's ability to pay. *§*

STRENGTH IN NUMBERS

As a physician, you know there is strength in numbers. Organized medicine helps all physicians, regardless of specialty or practice setting, speak with a unified voice on the most important issues facing medicine. Please encourage all your colleagues to join or renew their membership.

Let Dignity be your Guide

Lee Leer, M.D.

I'm currently reading a book by Greg M. Epstein titled *good without God*. In it, he quotes Sherwin Wine's four components of his definition of dignity:

> *The first is high self-awareness, a heightened sense of personal identity and individual reality. The second is the willingness to assume responsibility for one's own life and to avoid surrendering that responsibility to any other person or institution. The third is a refusal to find one's identity in any possession. The forth is the sense that one's behavior is worthy of imitation by others.*

It struck me that this definition of dignity can be very helpful for physicians – or anyone, frankly - struggling with the health care reform dilemma. Using this "dignity tool," I worked through my thoughts, beliefs, and actions regarding health care and health care reform.

First: "high self-awareness, a heightened sense of personal identity and individual reality." I am fully aware that my life would not be anywhere near as rewarding and stimulating were I not a physician. Yes, I have worked hard to be where I am, but there was a fair bit of luck involved as well (e.g., I wasn't born in North Korea or Haiti; I didn't get hit by that car when I was 14). Inasmuch as I'm a competent physician, I owe that to my teachers: both medical school faculty – who responded to the call to teach above and beyond the call to make money – and to the myriad patients who trusted me to care for them at a time when I knew precious little more about medicine than they did. This awareness – of luck and of the shoulders upon which I stand – helps to keep me humble. Further, I know that being a good physician is not the be all and end all of my identity. I am also a father, a husband, a citizen, a consumer, a leaver of carbon footprints. And I'm no better or worse at any of these things than are my non-physician friends, patients, and relatives.

So, I'm lucky, well-trained, indebted to an untold number of people, and am an equal among equals. The only obvious and logically consistent conclusion I can draw from this is that I must support a process that favors the common good over, for example, my bank account and those of my fellow guild members.

Second: "the willingness to assume responsibility for one's own life and to avoid surrendering that responsibility to any other person or institution." In other words: the world doesn't owe me anything! Further, if I'm in a group practice, or a member of a hospital medical staff, or a member of an IPA, it's not good enough to assume that others, who are more interested in such things, will keep it all running smoothly so that I may attend to what I do best: see patients. For me to approach dignity, I must be involved and active, not detached and passive. Our current health care system makes it impossible for me to provide optimal care to my patients. Further, it makes it well-neigh impossible for my specialty to survive, and without my specialty – forgive my arrogance – patients would definitely be worse off. So, I conclude that it's my moral imperative to not only tacitly support but actively advocate for health care reform.

Third: "a refusal to find one's identity in any possession." In the health care arena, I see this as telling me not to be wedded to any specific system or method of delivering quality care. A small group practice might be fun (it is!), but a large integrated group practice might be better able to provide quality care to a population and might have greater long-term viability. I need to have an open mind and be able to adapt. Single payer might be best, but might not be essential. More to the point of the reality in which we live – where an American single payer system was never a viable option – I take this to mean I should not tilt at windmills, no matter how pure and beautiful they seem; rather, I should devote my energies to the possible. Sadly, with the Republican party's apparently successful destruction of the current legislative effort at health care reform (not to mention their destruction of the democratic process on a grander and more ominous scale), it also means that I must let go of possession of the hope for even semi-meaningful reform in the near future.

Lastly, "the sense that one's behavior is worthy of imitation by others." This is an interesting one. It doesn't say "one's behavior *is* imitated," but rather "the sense" that your behavior is "worthy" of imitation. Thus, just because Rush Limbaugh has many imitators, I don't get the sense that his behavior is worthy of imitation. In the health care domain, some of the changes I believe to be most important are: expanding access to care, reducing overall costs, improving quality of care, comparative efficacy research, removal of the influence of

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

Humboldt-Del Norte "Tattler"

CONGRATULATIONS to HAL GROTKE, M.D. on being awarded the Degree of Fellow of the American Academy of Family Physicians.

HAPPY BIRTHDAY to DRS.: Bell, Copeland, Gagnon, Gambin, J. Hoffman, Ingraham, LaClair, Lieberman, Mott, Ribordy, Siegfried, Sundeen, Tessler, and Zedelis.

Coming, Going and Moving Around

WELCOME NEW PHYSICIANS!

- **Harjin Der, M.D.**, Anesthesia, Redwood Anesthesia Services
- **Sandra Wilcox, M.D.**, Anesthesia, Redwood Anesthesia Services
- **Cherrie Andersen, M.D.**, OB-GYN, Center For Women's Health Care
- **Thomas Johansen, M.D.**, Ophthalmology, Humboldt Medical Eye Associates
- **Cynthia Rubio, M.D.**, Rheumatology, Eureka Internal Medicine
- **Kevin Brady, M.D.**, Anesthesiology, St. Joseph Hospital Anesthesiology
- **Donald Golden, M.D.**, Anesthesiology, Redwood Anesthesia Services
- **Harjinder Dhaliwal, M.D.**, Anesthesiology, Redwood Anesthesia Services

MOVING AROUND

- **Jack Bellah, M.D.**, Orthopaedics, working in Fort Bragg during week.

BEST WISHES TO:

- **Paul Stauffer, M.D.**, General Surgery, moving to Florence, Oregon

Your membership in CALPAC will make a difference.

Please join your colleagues in supporting CALPAC -- CMA's political action committee-- and help strengthen our political voice.

By joining CALPAC, you help support candidates who share our philosophy and vision of the future of health care and medical practice.

CALPAC
1201 J Street, Suite 275
Sacramento, California 95814

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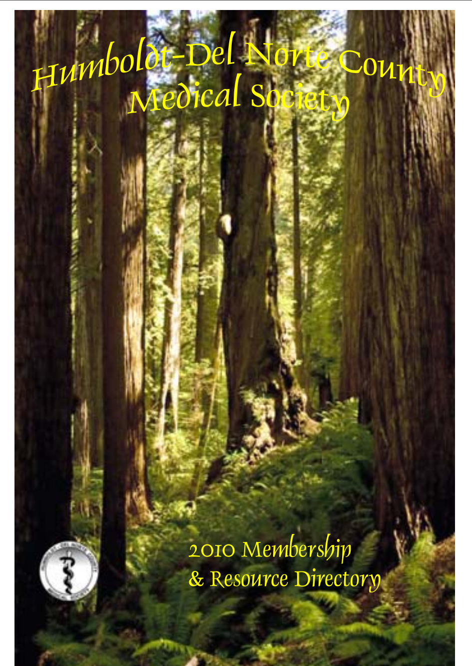
"Opinion" Continued from page 3

the pharmaceutical and device industries from physicians' offices, and improved Federal support for primary care. What behaviors do these positions encourage? Lots of things, some of which I'm better at than others, but following are a few examples. Voting for and supporting politicians who are strong advocates for reform; working to remove pharmaceutical industry marketing influence from physician offices; accepting best practices (e.g., USPSTF recommendations) even if they at times run counter to my personal "expert opinion." And, finally, what I'm currently really struggling with: staying involved and engaged, even when the cause appears to be lost. §

Order Your 2010 Physician Membership Resource Directory(s) Today!

For details, contact Beci Harmon at (707) 442-2367 or hdncms@sbcglobal.net



January 18, 2010

The meeting was called to order by President, Hal Grotke, M.D. at 7:10 P.M. Welcomed new board members, Drs. Kinsley and Nicely;

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

-Minutes of the November 17, 2009 Executive Board Meeting, as presented.

-Physician Coming/Going Grid, to file.

-Consortium for CME Mtg (11/4/09), approve as presented.

-2010 Suggested Candidate Questions, to file.

-Analysis Governor's Budget, to file.

-Oral Health Care Disparities (CCRP), to file.

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

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

-Hagadone Directories -Letter of Complaint, to file.

-Public Health Advisory Committee (9/29/09), approve as presented.

-Thank You Congressman Thompson (HR3961), to file.

-Health Care Reform Talking Points, to file.

Pulled from Consent Calendar for discussion included: 2010 CalPac State Core Issues and the NORCAL Budget 2010. Suggested Dr. Jutila craft a resolution for the next CMA House of Delegates. Also suggested we contact CMA for a write-up for *The Bulletin* to start encouraging the membership to submit resolutions for membership discussion throughout the year, which will be posted on CMA's website for review/comments. District X Caucus meeting is scheduled sometime in June with the deadline for resolutions in August.

SUGGESTED sending a thank you note to NORCAL for their continued support in advertising revenue and meeting sponsorship.

DISCUSSION followed regarding the scheduling for 2010 Executive Board Meetings. Agreed to change the February meeting to February 22nd, due to holiday conflicts.

HEALTH REFORM UPDATE. Dr. Cobb and Dr. Davis presented a update regarding the CMA Executive Committee, along with representatives from New York, Texas and Massachusetts, recent trip to Washington, DC to meet with legislators and the White House staff regarding health care reform. Mentioned that Mike Thompson is solidly in support of physicians.

EXECUTIVE DIRECTOR UPDATE was presented as follows:

-Forwarded phone triage chart for H1N1 from Dr. Lindsay to member physicians via e-mail @ suggestion of Exec Board.

-Sent memo to members re: information on the deadline for decisions on 2010 Medicare Participation (or non-participation) and reference to the discussion document #0151.

-Scheduled CMA 's Best Practices Seminar "Everything Physicians Need To Know About Their Practices" for March 17, 2010. Afternoon seminar for Office Managers and evening seminar for physicians. Location tba. CMA Economic Advocacy utilizes the Best Practices Toolkit.

-Reported on the Physician Membership Resource Directory which is going to the printer this week and will be distributed by the end of the month. Residence Directories will be printed soon after.

-Reported that the Physician Recruitment Videos are completed and will be posted to revised Recruitment Page linked to the Medical Society website. A Recruitment Postcard will be developed for posting/download from our website which will direct potential recruits to the website. A memo has been sent out to the membership giving them an option of ordering copies of the DVD (larger the order the less cost). Theme: Live. Practice. Play. In Humboldt-Del Norte.

Member requests for assistance included:

-Sending announcement re: practice opening;

- Information on "Variance for Hereditary Hemochromatosis";

-Sent information re: Medicare Consultation Codes, Consultation Crosswalk and 2010 Physician Fee Schedule;

-Provided updated listing of NPI Numbers;

-Notification to Office Managers re: Chamber of Commerce workshop on Labor Law for Healthcare Providers: How to protect your medical practice from costly sanctions" in March;

-Questions re: IRS deductibility for dues;

-Contacts re: Blue Cross Healthy Families Contract and subcommittee being formed by the Community Health Alliance;

-Met with FND/IPA regarding their HIT Grant in conjunction with the Northcoast Clinics Network;

-OMSS Policy on Disruptive Physicians to Physician Well Being Committee, to follow up with AMA version;

-Forwarded information on nominations for Radiology Fellowships to member radiologists;

-Committee Updates are included in minutes included in Consent Calendar.

HEALTH DEPARTMENT UPDATE was presented in writing, as follows:

-Estimate that almost 1/3 of the population in Humboldt County has been vaccinated for H1N1. Approximately 45,000 doses have been distributed. PH vaccination teams went to all schools > 250 students, with smaller schools bussing children in for vaccine. Coverage for students through middle school was approximately 50%. High schools coverage was 33% and college was 14% despite significant outreach. We also conducted community clinics in 5 communities. PH administered approximately 17,000 vaccines. The rest were administered by the medical community. Thank you!

-The budget situation looks grim. Our department is committed to not laying off staff. Big cuts are expected affecting vulnerable populations: Adult Day Health, In Home Supportive Services, and further medi-cal and Healthy Families eligibility cuts. We need more taxes to continue these services, and that seems unlikely to come from the legislature.

-Shared information regarding a Public Health Alert: Agranulocytosis Due to Contaminated Cocaine Reported in Humboldt County. A dangerous substance - levamisole - is showing up with increasing frequency in recent years in illicit cocaine powder and crack cocaine.

DEL NORTE UPDATE was presented, as follows:

-Improving primary care physician numbers in Del Norte County.

-Suggested scheduling Executive Board to meet with Del Norte physicians in conjunction with one of the Medical Staff Meetings. Ms. Figas will work with Dr. Davis in scheduling this meeting.

-Dr. McCaffrey mentioned making presentation to the medical staff regarding the medical student rotation this next year. Del Norte Rotary Club has previously assisted with host housing for the students.

REPORTED meeting is being coordinated with our new Secretary/Treasurer to develop the proposed budget for 2010.

TOURO MEDICAL STUDENT UPDATE. Update was presented regarding the plans for the 2010 Touro Student Rotation in Humboldt-Del Norte. There will be six core medical students that will live here next year. Mentioned that several of the students who have done rotations locally are very interested in returning.

MEMBERSHIP COMMITTEE UPDATE was presented. Meeting was held recently to go over contact information for new physicians to do peer-to-peer recruitment contacts. Reminded the Executive Board that one of their major roles is to help with member recruitment and retention.

RECRUITMENT VIDEO. Mentioned that the Physician Recruitment Video was extremely well done! Suggested sending to Residency Programs. Mentioned plans to work with our CMA Medical Student/Resident staff person to discuss distribution of the Recruitment Postcard. Mentioned that the Plessner Videos are also being posted on-line and linked, which are also great recruitment tools.

SOLO AND SMALL GROUP PRACTICE FORUM. Mentioned that the Solo and Small Group Practice Forum is planning to give a Dinosaur Award at the CMA House of Delegates and hopes to do a 30 second video on two physicians, including our young physicians.

CMA LEGISLATIVE DAY is scheduled for April 5th in Sacramento. Encouraged the Executive Board and the Membership to try to attend this meeting. Notices will be included in *The Bulletin*.

CMA LEADERSHIP ACADEMY is scheduled for April 9 - 11, 2010 in San Diego. Attendance is also encouraged for this meeting.

M/S/C to submit nomination for the 2010 CMA Frederick K.M. Plessner Memorial Award for Eva Marie Smith, M.D.

DISCUSSION followed regarding periodically running a notice in *The Bulletin* calling for nomination for Physician of the Year Award. Recognition could be presented at the Annual Meeting with a write up published in *The Bulletin*. **M/S/C** to approve developing of the nomination form and guidelines for a Physician of the Year Award.

SUGGESTED Call for Nominations for the 2010 CMA Committees be published in *The Bulletin*.

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

-D. Peter Goldberg, M.D. Anesth.., Eureka

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"Briefs" Continued from page 15

-Jonathan Greenberg, M.D. Psychiatry-County, Eureka
-Tom Johansen, M.D., Ophthalmology,Eka/For
-Daniel Lensink, M.D., Ophth.P.S., Mult Memb.
-William Pierce, M.D., General Surg., Fortuna
-Cynthia Rubio, M.D., Rheumatology, Eureka
-Sandra Wilcox, M.D., Anesthesiology, Eureka
-Shashi Armani, M.D. REINSTATEMENT
-Michael Willett, M.D. LEAVE OF ABSENCE

There being no further business, the meeting was adjourned at 8:40 P.M. Next meeting will be held Monday, February 22, 2010.§

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

2010 Medicare payment schedule summary now available.

Every year the 2010 Medicare physician payment schedule contains numerous policy changes that will affect different practices in different ways. Some of the major changes this year include revised practice expense relative values, elimination of Medicare payment for consultation codes, new quality reporting options and simpler reporting requirements for the e-prescribing incentive program. To learn more about these changes, including projected payment impacts for each specialty, go to www.ama-assn.org/go/medicarepayment kit and click on "2010 Medicare Physician Payment Schedule." An updated version of the AMA's "Medicare participation Options for Physicians" document is also available at this site, including information on a recent extension of the deadline for participation decisions to March 17, 2010.

LABOR LAW FOR HEALTH CARE PROVIDERS:
How to protect your medical practice from costly sanctions

Friday, March 12th 8:00 a.m. – 11:00 a.m.
Red Lion Hotel - Humboldt Bay Room
Cost: Chamber of Commerce Member rate $25.00 / Non-Member Rate: $35.00

Labor Law for Health Care Providers: How to protect your medical practice from costly sanctions – Kurt Barthel, former Deputy Labor Law Commissioner California Labor Law changes with every legislative session and the tenants of the law are multifaceted. Health care providers have unique operations that potentially put the business at risk. This workshop will focus on how health care providers can best navigate the various requirements and avoid costly penalties.

Please note:
reservations are requested by March 1st.
In the event of cancellation, we must receive notification by March 4th to receive a refund

Reservations/Questions:
Kathryn Blaisdell, Membership Services
The Greater Eureka Chamber of Commerce
2112 Broadway, Eureka, CA 95501
(707) 442-3738 (800) 356-6381