



HAL GROTKE, M.D.

Don't miss the HDNCMS Spring Social Friday, May 13th, at the Ingomar Club at the Carson Mansion. Not only is it cool to party on Friday the 13th at this fantastic old Victorian with Gothic influences, if recent stories in Times-Standard and Lost Coast Outpost are to be believed there may not be an Ingomar Club for much longer and there may not be opportunity to visit this building in the future. (I hope those reporters are overstating the troubles at the Club.)

Early in April I, along with Drs. Cobb, Jutila and Mizoguchi, attended (and participated in) CMA's annual Legislative Leadership Conference. Governor Brown gave an irrelevant but interesting speech about cost savings at the state level but pushing costs of "corrections" onto the counties. Lt. Governor Newsom gave a self-serving but interesting speech about the pseudo-single-payer system instituted in San Francisco while he was mayor. We then went into the capital to meet the legislators. We met directly with Senator La Malfa who represents

Del Norte County and areas inland. He seemed to support keeping MICRA intact and seemed to understand and support maintaining the corporate bar. I think we educated him on scope of practice and physician workforce issues.

We then met with a very pleasant but relatively uninformed staffer for Senator Evans who represents Humboldt County and points south. We discussed the same issues as we had with Senator La Malfa and later with a very involved staffer for Assemblyman Chesbro. It is unclear whether we had any real influence with Senator Evans and we don't know her position on issues important to physicians and patients to be faced by the legislature this year. Just moments ago I learned that Mr. Chesbro has withdrawn his bill that would have allowed hospitals to employ physicians. A similar bill faces the same fate soon. It seemed that Mr. Chesbro is probably on the "right side" (our side) of scope of practice issues and other workforce issues. It is unclear where he

stands on MICRA.

At our April Executive Committee meeting we had a webinar about a product called DocBooksMD. This is an iPhone (and soon to be Android) application that allows physicians to discuss patients securely. It will be free (paid for by NorCal insurance) to members and NOT AVAILABLE to non-members. It has other features as well. Stay tuned for roll-out. It will not be available for Blackberry.

We also have started the VIP program. You should have received your card with the members' home directory a few weeks ago along with information about participating merchants. This program will continue to grow. If you would like to see a particular merchant participate you may ask them yourself and refer them to the Medical Society or ask Dr. McCaffrey or Wilcox to approach them. Our terms are very flexible; essentially we will allow them to offer to our members whatever they are comfortable with. §

PLAN TO ATTEND.....

MEDICAL SOCIETY SPRING SOCIAL

**MAY 13, 2011
6:00 - 9:00 P.M.**

INGOMAR CLUB, EUREKA

* * * * *

SAVE THE DATE:

MEDICAL SOCIETY TALENT SHOW

**SEPTEMBER 24, 2011 (CHANGED TO SATURDAY)
6:30 P.M.
EUREKA INN**

****WATCH FOR MORE INFORMATION**

MARK YOUR CALENDARS

*The Next Step: Successfully Negotiating
Health Reform*
**14th Annual California Health Care
Leadership Academy**
June 3-5, 2011
Renaissance Esmeralda Resort and Spa
Indian Wells, California

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

All Work and No Pay.....

STEPHEN KAMELGARN, M.D.



In the April 1 edition of *The New York Times*, there was an interesting article titled: “More Physicians Say No to Endless Workdays.” The main character in the article is a young woman physician who has opted out of sharing the small town medical practice started by her grandfather and continued by her father for the shift-work of emergency medicine.

She’s becoming more typical: shift work in the hospital is becoming an ever more popular route that today’s young physicians are pursuing. Even if they opt to go into Internal Medicine or Family Medicine they’re going to work for large HMO’s like Kaiser where they routinely work 8-5 with little or no call responsibilities. Even we older physicians are opting out of the on-call rat race and are going into either full-time clinic or hospital shift work.

Our priorities as a profession have changed. Once, in the time of my mentors and teachers, medicine was a 24/7 commitment to patient care, and all else—normal family life, normal sleep hours, normal vacations—took a distant back seat to that overarching priority. However, many of us paid for it in broken marriages or children who would have nothing to do with us or drug and alcohol abuse or suicide. Our patients loved us, we made a lot of money and we had our egos fed by that love; all else paled in comparison.

We now value having time to spend with our families, being there while our children grow up and the balance between career and life is much more “in balance.” Why this is so isn’t terribly hard to understand.

The article seems to imply that much of this change in attitude was caused by more and more women of reproductive years entering the medical work force. They

weren’t going to give up child bearing and child rearing for the total immersion that their fathers had done. And while, on the face of it, that’s a plausible explanation for our change in attitude, I think the issue(s) is much deeper.

There’s an old adage: “He who pays the piper, calls the tune.” Well, the medical insurance industry (an oxymoron, if there ever was one) has been paying the piper for years. In the early days of medical insurance, the companies were nonprofit, technology and medical costs in general were much less expensive and things, at least on the surface, worked well. However, over the past twenty years or so, medical costs have skyrocketed, mostly due to a technology revolution, and the insurance industry has become ever more profit driven. They started referring to their subscribers as “medical loss indicators,” and returning a 3% per quarter return to their investors in the stock market became more important than actually paying for people’s health. In order for them to achieve this level of profitability they had to both increase their income (by raising premiums for their subscribers) and decrease their outlays (by denying services and cutting reimbursements).

In the last couple of years, ever since Congress opened up the financial bonanza known as Medicare Advantage, the industry has become even more obscenely profit driven. There has been a rash of new Medicare HMO’s (1,426 by last counting) taking premiums from their subscribers and not wanting to pay for anything. How this translates to physicians, primary care physicians in particular, is radically declining insurance reimbursements and astronomical quantities of denial of service, be it for medications, procedures or even visits. A physician in

solo or small group practice spends inordinate amounts of time contesting these denials either for patient care or the sake of her own income. The industry has made it plain that it doesn’t value the human skills that are, or were, such a large part of medicine.

Also, as medical technology exploded in the last 30 years, we’ve developed a much more technical skill set. Now, this would be fine, although, in order to perform highly skilled technical tasks one must have a good night’s sleep. Falling asleep over an open chest just isn’t an option. But more importantly, insurance companies—the folks that paid the bills—paid us better for technical stuff rather than that “mushy” cognitive and humanistic stuff. I don’t wish to point fingers at highly paid procedure oriented physicians, but the point is that technology and procedures will trump listening, talking and thinking every time.

In the article the young physician who opted to go into the ER was quoted as saying that treating chronic diseases like diabetes and high cholesterol—a huge part of her father’s daily life—was not that interesting. She likened primary care to the movie *Groundhog Day*, in which the same boring problems recur. She’s missing the joy of watching those people turn their lives around, not in six minutes, but in six months or six years. Treating those chronic conditions is only boring if one “cookbook’s” the treatment. If a physician spends the time to approach each patient with chronic illness individually then it’s the umpteenth ruptured appendix, drug-seeking back pain or laceration that becomes boring, because those are “merely” technical tasks. But since we’re not being paid to spend time with patients, to really see what makes them tick, we do wind

“All Work”, continued on pg 21

Public Service and Medical Ethics Committee

HARRY LESCH, M.D.

Chair



The Public Service and Medical Ethics Committee of the Medical Society is able to act as a mediator between patients and physicians. This committee reviews complaints from patients and attempts to resolve them before they escalate into reports to the Medical Board of California or the filing of lawsuits.

As our professional liability carriers like to remind us, a great number of lawsuits are due to inadequate communication between patients and their physicians. The HDNCMS Public Service and Medical Ethics Committee is often very successful in putting out these small fires before they become destructive. In many cases, patients just want to be heard.

If any of your patients expresses significant dissatisfaction, you can refer them to the Medical Society for a Patient Complaint Form. You can also obtain copies of these forms to hand to these patients as needed. You or your patient can also go to the Medical Society's website to download a copy of the form at www.hdncms.org.

In the past two years, the Medical Society has received 37 complaint calls, 28 of these callers requested and received complaint forms to express their concerns. Only 4 of these complaint forms were returned to us to be reviewed by the committee.

In the past year, the Medical Society has received 18 complaint calls. Of callers, only 3 of these complaint forms were returned to us and were reviewed by the committee. We also received 3 complaints from physicians regarding colleagues, but these were considered to be outside the scope of our committee's

knowledge of medical ethics.

We are only able to review complaints about current members of HDNCMS. If we receive a complaint about a non-member physician, we refer the caller to the Medical Board's complaint line. Three calls were handled this way in the past 2 years. (*Note: if the caller has already filed a complaint with the Medical Board, the committee will not review the complaint.*)

Happily, I cannot recall a single complaint which we reviewed that suggested that the physician had provided sub-standard care or had behaved inappropriately with the patient. Much of the time, our reviews provided the patient with realistic information about the nature of office practices, which they had seen as a lack of caring by their physicians. Sometimes, we expressed empathy with their unhappiness over office procedures and asked the physician to consider making some improvements.

I currently serve as the Chair of the Public Service and Medical Ethics Committee. The membership of our committee has increased this year. Members now include Drs. Copeland, Grotke, Jutila, Lesch, McKenzie, Ramos, Ribordy, Stauffer and Zibilich. One of us reviews the complaint and the response we receive from the physician who is the subject of the complaint. He or she then drafts a response. Both are then reviewed by the entire committee. The final draft of the response goes to the patient and to the physician.

If you have any questions regarding the activities of the Public Service and Medical Ethics Committee please don't hesitate to contact the Medical Society at 442-2367. **§**

Attn. Members:

You have an option of receiving The Bulletin electronically. If you're interested, please contact the Medical Society, 442-2367 or hdncms@sbcglobal.net.

Corrections.....

There was a mistake in Question 2 of the article "The Drug Expiration Date: A Costly Illusion, Part 3", by Scott Sattler, M.D. When comparing the price of gold to the price of the active ingredients in the top 10 meds. Corrections should read:all these drugs, but Lipitor, were generics. (Lipitor is a generic in Canada, but not in the USA until June).

Community Health Alliance Update

M. ELLEN MAHONEY, M.D.

Medical Society Representative to CHA



“Moon Landing” is a team-building activity that is often taught in leadership courses. The premise is simple. Participants are presented with the following scenario: *They are member of a space crew scheduled to rendezvous with a mother ship on the surface of the moon. Unfortunately, mechanical difficulties forces their ship to land at a spot 200 miles from the rendezvous point. Much of the equipment is damaged during the landing and now only the most critical existing items can be chosen for the 200 mile trek to the other side of the moon.* The participants are then given a list of 15 items still intact, and asked to individually rank the items in terms of importance. After this task is completed, participants are convened as a group and re-rank the items together. At the end of the process the facilitator reads off how Expert NASA Analysts have prioritized the items. It comes as no surprise that as a group, the participants are more likely to have a “successful moon landing” (i.e. rank the items similarly to the NASA experts). The lesson is simple: there is value in the collective wisdom of many. Such collective wisdom and the value of convening diverse stakeholders for community benefit are the principles upon which the Commu-

nity Health Alliance (CHA) was formed.

The earliest inception of CHA began in 1993 as a Humboldt County Board of Supervisors appointed “Access to Health Care” task force created to assess the feasibility of developing a Medical Managed Care Product for Humboldt County. Representatives of ambulatory care, in-patient care, federally qualified health centers, the Medical Society, the Foundation, and county government convened to capture diverse community-wide perspective while discussing local health issues. Consumer advocates and employer representatives were brought on shortly after as additional stakeholders. While the health plan didn’t see fruition, the group realized the immense value of bringing together diverse voices to tackle community health concerns as they arose.

Today, as 501(c)3 non-profit, the Community Health Alliance continues to serve as a forum for community-based health planning and advocacy, and maintains a board of health care providers, consumers, employers, and community leaders. The involvement of these diverse stakeholders builds the agency’s capacity to work to increase access to health care, improve the

quality of care, strengthen the integration of the medical community, and engage consumers in better managing their health and their health care.

CHA additionally fosters the work of collective wisdom through Aligning Forces for Quality, a health care quality initiative funded by the Robert Wood Johnson Foundation. This project brings together patients, providers (both ambulatory and in-patient), and payers to improve the quality of health care in Humboldt County. As the grant administrator and lead on Consumer and Patient Engagement activities, CHA collaborates with local partners to ensure that the patients are supported in their health (through the Our Pathways to Health workshops) and that their insight is a meaningful part of the improvement experience (through the Patient Partner Project).

CHA is committed to the process of working collaboratively to improve health care on the North Coast. As Henry Ford said, “Coming together is a beginning; keeping together is progress; working together is success.” Humboldt County Health Care Providers: CHA looks forward to the continued success of working together.

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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LICENSE NUMBER 09-00267

APRIL 20, 2011

The meeting was called to order by President, Hal Grotke, M.D. at 7:05 P.M.

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

- Reading of the Minutes (3/16/11)
- Coming, Going and Moving Around
- Society Budget Report/ Balance Sheet.
- CME Budget Report/ Balance Sheet
- Budget Committee Meeting (3/23/11)
- Editorial and Publications Committee Mtg (4/13/11)
- Regulations Quick List
- Directory Income/Expense Report
- Bulletin Advertising Income/Expense Report
- Public Service and Medical Ethics Committee Article

REPORTED on list of members dropped as of April 1, 2011 for non-payment. Stressed the importance of moving forward with member recruitment and retention efforts. Encouraged feedback re: contacts.

PRESIDENT'S UPDATE was presented as follows:

-reported on attending the CMA Legislative Leadership Day in Sacramento on April 5th and the issues discussed with our legislators and/or representatives.

TREASURER REPORT. Mentioned meeting scheduled with our accountant to discuss revising of the financial reports.

EXECUTIVE DIRECTOR UPDATE was presented as follows:

-Thank you to Dr. Ellis for reviewing the Medical Society ByLaws for proposed updates.

-referred request from Center for Health Reporting for physician contacts for local in-depth news articles about health care issues and challenges in rural areas (partnering with Times Standard).

-V.I.P. Program has officially started. Cards and list of participating businesses has been mailed out to the membership. ALL members are encouraged to help solicit local business participation in the program in order for it to grow. Please share any feedback you get from the membership.

-Residence Directories are now mailed. Members Only benefit.

-Reviewed MARSH membership mailings regarding Long Term Care & Workers Comp

-SPRING SOCIAL: Scheduled for May 13, 2011 @ the Ingomar 6-9 p.m. Notices went out with Residence Directory.

-Sent surveys to members who did not renew for 2011 for feedback. Updates to database.

-Set up Legislator Appointments for CMA Legislative Day in Sacramento, April 5th. Coordinating appt. with Senator Doug LaMalfa in Del Norte with Dr. Davis.

-Send communication from Dr. McCaffrey to Medical Student Preceptors re: April 15th meeting with Dean of Western University.

-Reviewing information posted on Physician Locator on CMA new website. Plan to gradually upload photos.

-Forward to Membership for information: Department of Health and Human Services initiative "Partnership for Patients: Better Care, Lower Costs"

-CMA Physician Locator now up and running. Local website is now actively linked to the C M A Physician Locator. Uploading changes to database at least

monthly. Members able to go into "profile" and expand on information.

-Follow-up documents sent as requested at CMA Seminar

-Terminating a Patient -

Physician Relationship

-Employment Contracts

-Contracting Letters

-Information on Prior Authorization

-Boutique Practices

-Medi-Cal Side Agreements with Patients

-Information on Fictitious Name Permits

COMMITTEE UPDATES were presented as follows:

CONSORTIUM FOR C.M.E. - Meeting held 1/13/11, minutes in Consent Calendar. Next meeting scheduled May 18th @ 12:15 p.m. Planning Committees continue to work on coordinating 2011 Pain Conference and the 2011 Infectious Disease Symposium. Extensive annual accreditation reports prepared and sent to IMQ.

EDITORIAL AND PUBLICATIONS CMT: Minutes of April 13th meeting in Consent Calendar for review/approval. Next meeting scheduled for June 8th @ 12:15 p.m. 2011 Residence Directory has been mailed to all members @ home address. Meeting to discuss re-design of local website.

MEDICAL QUALITY REVIEW COMMITTEE.

Meeting scheduled for May has been canceled - no cases for review. Next meeting to be held in September.

-Risk Management Seminar scheduled September 7, 2011. "Lessons Learned in Litigation: EHR Best Practices"

MEMBERSHIP COMMITTEE - Next meeting is scheduled for May 2, 2011 @ 6:00 p.m.

Focus of committee has been Membership Retention. 21 members did not renew for 2011 prior to the cut-off date of 4/1/11.

PHYSICIAN WELL BEING COMMITTEE - Next meeting scheduled June 14, 2011. Working on de-

BRIEFS, Continued Next Page

BRIEFS, Continued

sign of poster for medical staff lounge and libraries.

Working on outreach efforts for cmt.

PUBLIC SERVICE AND MEDICAL

ETHICS COMMITTEE - Working on outreach article AND communication to send out to Office Managers re: referring patients to committee when needed.

WOMEN IN MEDICINE GATHERING

scheduled for Sunday June 5, 2011, 1-3 p.m.

PUBLIC HEALTH UPDATE was submitted in writing from Dr. Lindsay to include information re: the Use of Tdap in healthcare personnel. Also, provided information regarding the FDA's approval of Zostavax vaccine to prevent shingles in individuals 50 to 59 years of age.

CMA TRUSTEE UPDATE was presented by Mark Davis, M.D. Brief discussion regarding issues discussed at the recent CMA Board of Trustees meeting.

MENTIONED nothing new to report for Del Norte Update.

DISCUSSION was held regarding presentation made prior to Exec Board Meeting on DocBooksMD and offering this as a member benefit (available ONLY to members). Reported that we're waiting official word from NORCAL regarding sponsorship of the annual fees for our members, but are being told they have agreed to pay 100% of the fees. **M/S/C** to endorse the program for our members.

M/S/C to approve the following policy regarding Office Manager/Administrator Communications:

The Medical Society relies in part on our members' designated Office Manager/Administrator to help us communicate with our members and keep them informed on important issues, upcoming meetings/events, etc. The Office Manager distribu-

tion list will include only those Office Managers/Administrators listed as such in the Physician Membership Resource Directory (which have been designated by the member physician). It will be the responsibility of the Office Manager/Administrators to forward information to their billers and staff, as appropriate. Reminders will be included that information should only be distributed to the physicians who are members of the HDNCMS/CMA and support what we do on their behalf.

M/S/C to endorse the California Cancer Research Act, a statewide initiative, which would raise the state's tobacco tax by \$1.00 per pack to fund research, education/prevention and smoking cessation programs.

M/S/C to submit the application for the *Spare Change Peer Education and Teen Theater Troupe* program through Planned Parenthood for the 2011 NORCAL Community Involvement Fund Grant. Thank you's will be sent to the other four programs that submitted applications.

SHARED information regarding CMA's "Strategies for Independent Physicians To Collaborate and Succeed in the Era of Health Reform" seminars that are being scheduled in several locations. Reminded that CMA is willing to come up and do a mini-presentation if wanted.

REPORTED on push for co-branding of HDNCMS and CMA as much as possible. Mentioned clearing it through CMA legal re: adding the CMA logo to the Medical Society letterhead.

M/S/C to endorse nomination of Alan Glaseroff, M.D. for the James Irvine Foundation 2012 Leadership Award to the CMA Executive Committee.

BRIEF discussion followed regarding ACO's and their impact on physicians. Dr. Jutila shared his concerns that the ACO's will not control costs and proposed a motion to sub-

mit comments on the Federal Register. Motion was not carried.

DISCUSSION followed regarding scheduling a meeting for physicians to get together to discuss the impact of the State Budget. Dr. Ring has done extensive research and has prepared a presentation that she has presented to a few community groups and wishes to also present to her colleagues. Agreed to work with Dr. Ring in scheduling a meeting.

The meeting was adjourned at 8:40 P.M. Next meeting scheduled for May 18, 2011. **§**

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*

Did You Know....
The HDN Medical Society's Physician Residence Directory is **ONLY** available to members. 2011 issue mailed to members in April.

up cook booking their therapy: "Here, take this med and this med and this med and come back in a month," it does become boring. And if it is so boring, why should we be doing it 24/7, when life could be much more interesting with our families or hobbies and going to work is just a "job," a means to earn a living?

In fact, society at large, is becoming more technically and superficially oriented, and those time-consuming skills really aren't valued: google it and look it up on Wikipedia rather than actually research. We, as a society, are looking for the quick fix. Is it any wonder that physicians, being as human as anybody else, are becoming more regimented, more "widget makers," and less sources of compleat care? Physicians, by becoming technically proficient and humanistically deficient are losing a lot.

Although, we've certainly gained a tremendous amount; more well-rounded and balanced non-professional lives by becoming more like industrial workers, and less like the monomaniacs we were, we have lost something in patient contact that is intangible, yet important. We shall never again have the closeness with patients that our predecessors had, and somehow, that's very sad. §

mine a culture of safety. Available on the Joint Commission Web site at: http://www.jointcommission.org/SentinelEvents/Sentineleventalert/sea_40.htm (accessed 1/21/2010).

California Medical Association (CMA). *Disruptive Behavior Involving Members of the Medical Staff.* CMA On-Call Document #1241. January 2009. Available on the CMA website at www.cmanet.org (accessed 1/21/2010). §

NEED HELP WITH NEGOTIATING CONTRACTS?

CMA's contracting toolkit, Taking Charge, which can be downloaded at no charge from the CMA website (*in the Members Only section*).

www.cmanet.org/ces.



ECONOMIC ADVOCACY

CMA REIMBURSEMENT HOTLINE: (888) 401-5911

**MEMBER BENEFITS....
CAR RENTAL
DISCOUNTS**

CMA/HDNCMS MEMBERS are eligible for up to 20% in discounts through AVIS and Hertz. Go to CMA's website: www.cmanet.org and log in to the Members-Only section. Go to the Member benefit section for instructions on how to enroll as a preferred member today.

**OFFICE MANAGER
NETWORKING MEETINGS**

EUREKA: 3rd Wednesday each month @ 8:30 A.M.
(unless notified otherwise)
Foundation Conference Room
Meetings: 5/24 * 6/15 * 7/20

ARCATA: 1st Thursday of each month 12:15 - 1:15 P.M.
Quality Inn Meeting Room
3535 Janes Road, Arcata

FORTUNA: 3rd Thursday of each month 12:15 - 1:15 P.M.
Redwood Memorial Hospital, Marion Room

CONTACT: Rosemary DenOuden, HDN IPA/FMC
(707) 443-4563, ext 39
rdenouden@hdnfm.com

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

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

BOARD CERTIFIED PRIMARY CARE PHYSICIAN needed at the Eureka Veterans Clinic. Part-time and full-time hours available. Please contact Nancy Craig at 442-5335 if interested. (BC511)

BUSY PSYCHIATRIC PRACTICE with Psychiatrist and P.A.-C looking for mid-level practitioner to join practice (part time at first) Pleasant office environment and staff. Practice focuses heavily on psychopharmacology and brief supportive counseling. Psychiatric experience a big plus but will train and supervise the right person. Please Fax Resume to 707-826-2481 (IT311)

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)

FAMILY NURSE PRACTITIONER OR PHYSICIAN ASSISTANT. (Smith River UIHS)- Current California FNP or PA license & ACLS cert. req'd. Individual will work closely w/ team of professionals to provide culturally sensitive, high quality, comprehensive health services to the Indian Community. Must have ability to work independently. Contact: Trudy Adams trudy.adams@crihb.net, Phone (707) 825-5000 ext. 4036.

FAMILY MEDICINE physician needed at United Indian Health Services (UIHS). We are seeking a California Board Certified/ Board Eligible Family Practice Physician to join our Del Norte County team at the Smith River Clinic to provide outpatient care; preferably with obstetric skills. Physician will work closely with a fellow physician and two other physician's assistants in providing culturally sensitive, family practice care, to achieve wellness for the American Indian community served. Contact: Trudy Adams Human Resources Recruitment Technician at (707) 825-4036 trudy.adams@crihb.net

TRANSCRIPTONIST AVAIL 4+ yrs exp. in GP, OB-GYN ultsnds, IM, ortho, cardiac, ltrs & C notes. Local/Reliable. (707) 725-6517 or (707) 845-6181.

PROPERTY FOR SALE/ RENT/ LEASE

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.

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)

MISCELLANEOUS

SMALL BACKPACKING TENT, excellent condition, room for one tall person or two small persons, being offered for a medical person to live in while volunteering in Haiti and leaving behind to shelter a Haitian. Call Gena Pennington at 822-4948.

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

SIZE	MONTHLY	SIZE
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