



# NORTH COAST PHYSICIAN



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### Cover Photo

*"Fern Canyon #3 2005"*  
*Stephen Kamelgarn, M.D.*

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# The Practice of Medicine: Vocation or Business?

SCOTT SATTLER, MD



I grew up on a farm just outside of Tiffin, Ohio and graduated from high school there in 1964. The practice of medicine was different in those days. Dr. John Leahy, our family physician, was in his late sixties when he sewed up my 5 year-old hand. I still think of him when I look at the scar on my right palm. A few years later when one of my inguinal lymph nodes swelled up and turned hard, he admitted me to the local hospital, put me to sleep with ether (after which I puked for at least twenty-four hours) and took the lymph node out. I remember my parents' relief when the pathology report returned the diagnosis of cat scratch fever and not lymphoma or leukemia. Funny how I can still see "Dr. John" in my mind's eye and smell the disinfectant scent of his office just as clearly as I can picture the smiling face of my first girlfriend and revisit the scent of her shampoo.

Yes, the practice of medicine was different in those days. Dr. John did centrifuge spindowns of your urine right there in his office, sucking up the sediment with a Pasteur pipette and examining it under the fanciest microscope I'd ever seen. It was black and only had one eyepiece. He knew the whole family and we knew that we could call him any time and he'd help us out, one way or another. It was nice to feel taken care of in that way.

Indeed the practice of medicine has changed a lot since those days, for better and for worse. On one hand we can pretty much cure testicular cancer now, and polio is almost gone from the world. It's rare for a child to die from H. influenzae meningitis anymore, and smallpox, well, it's locked away in the medical history books and military laboratories. People don't smoke cigarettes nearly as much as they used to, despite the seductive efforts of the tobacco

industry. Doctors no longer publicly recommend one cigarette brand over another. We have safe methods of birth control that work when women have access to them and can afford them.

On the other hand, the practice of medicine has become much more complex and commercialized for practicing physicians. I draw from an article by James D. Capozzi, M.D et al. in *The Journal of Bone & Joint Surgery*, November 2000.<sup>i</sup> Prior to the 1980's it was considered unprofessional for physicians and medical institutions to advertise. Names, specialties, office hours and practice locations could be made public, but further advertisement or commercialization of the practice of medicine was deemed unethical by the profession. Over time this position was challenged in the courts and a series of legal cases eventually brought an end to the profession's self-regulation of medical advertising, thus opening the door to the vast array of promotional activities that we now commonly encounter in print media and on television, radio, buses, subways, and roadside billboards. The expenses of public relations (PR) were suddenly added onto the overhead cost of patient care and physicians untrained in the mindset of commerce were forced to sink or swim in this new PR milieu. Capozzi posits that this emphasis on public relations shifted the focus of medical attention away from competition for expertise, which advances the practice of medicine, to competition for market share, which does not. I tend to agree with him.

One of the most frustratingly difficult changes in the practice of medicine during my lifetime occurred in 1997, when the pharmaceutical industry persuaded the FDA (actually they persuaded the congressional committees which control FDA regulations)

to remove its long-standing prohibition against direct-to-consumer advertising (DTCA) of prescription drugs. Suddenly my arthritic patients whose symptoms were well controlled on Drug X were presenting to my office in droves requesting that I stop their medication and start them on Drug Y, which was the drug that Mickey Mantle recommended. "And Mickey Mantle knows what he's talking about, that's for sure." Let there be no doubt: direct-to-consumer advertising is powerfully effective advertising, and the cost of dealing with it in terms of the time spent educating patients regarding its advertising claims adds considerable burden to those practitioners of medicine who prescribe these medications. The public commercialization of the pharmaceutical industry thus passively drew prescribers deeper into the web of medicine as a business, and it just keeps getting worse. An analysis provided by the managed care industry reported that from 1999 to 2000, prescriptions written for the top 50 most heavily advertised drugs rose 24.6 percent, compared to 4.3 percent for all other drugs combined.<sup>ii</sup>

And finally I must speak of one more compromise to the practice of medicine that has resulted from its transition into the business world, namely the introduction of the computer terminal into the examining room. The truth is that today's third party billing and reimbursement system has become so dysfunctionally complex that an equally complex computer system, upon which the survival of one's practice is absolutely dependent, has become an unavoidable expense. In fact current legislation mandates such a system if one wishes to be paid for billable services. Private health insurance

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**Your CMA**  
**JAMES HINSDALE, M.D.**  
*President, California Medical Association*



The challenges facing California physicians today have never been greater. 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 many of you belong to CMA for our robust legislative advocacy work. 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 legislative efforts, as determined by CMA's annual Council on Legislation, are effective in fighting off onerous regulations and in crafting physician-friendly language in major bills. 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 not immune to the cuts and eliminations that so many programs are enduring, 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 legal 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 payor contracts; and (3) assisting physicians with payment disputes with private and public payors.

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 Prac-

tices 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.

With health care policy constantly changing at both a state and national level, 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 give you those tools. 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. §



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**“CPPPH” continued from Pg. 12**

CPPPH is establishing regional networks, starting with workshops in the San Francisco Bay Area, Sacramento Sierra Valley area, and Los Angeles. These workshops and networks are designed to provide well being committee members throughout California with a mechanism for regional collaboration to share information, perspectives and resources and to consult on problems. We plan to offer workshops every four months and use group email communication between sessions. Regional coordinators will carry on this activity on a regular basis. The first workshop in the San Francisco Bay Area drew 30 eager participants from San Francisco, Oakland, Berkeley, Contra Costa and Marin counties and as far away as Modesto. The reviews of the program, which included a presentation by an attorney experienced with well-being issues, were very positive. The next workshops are in the Sierra Sacramento area on August 20 and in Los Angeles on August 27.

Physicians involved in well-being activities in the Humboldt Del Norte Region are encouraged to send us an e-mail expressing interest in attending a workshop so we can notify them of workshop schedules.

You can learn more about our organization’s plans and progress at our new Web site, [www.cppph.org](http://www.cppph.org) or contact us at [CPPPHInc@gmail.org](mailto:CPPPHInc@gmail.org) §



**Did You Know....**

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

**“Opinion” Continued From Pg 5**

carriers, Medicare and MediCal require such detailed reporting on the part of practitioners that only a computer system can oversee and coordinate its assembly in an efficient manner. It takes such a system to link together the extensive medical record with the current insurance plan, select and apply the detailed codes that define the nature of the encounter, and appropriately detail the final diagnosis and the services provided. The need for exact recording of the patient’s history and physical exam in specific detail has made the presence of the computer in the examining room a medicolegal and financial necessity. The side effect of this practice is that the demands of the computer for adequate and accurate input, and thus the legal protection it mandates and the reimbursement for services that it mediates, often require as much if not more time and attention than do the concerns of the patient at any given visit, and there is no joy in this. One can but rarely grab the unscheduled moment to explore the family life of the patient, for appointments must be rigorously scheduled. Patients learn that they must come prepared to address only one problem per visit, for there simply isn’t time for more, as each visit requires feeding the insatiable computer its new data, and this computer input time must by necessity be contained within the scheduled office visit. There is no joy in this.

Most of us enter our profession because we are called to do so from the very core of our being. The practice

of medicine is first and foremost a vocation, a calling, not a business. It involves a knowing and a yearning beyond both thought and wishful thinking. Its motivation is just there, like a knocking on one’s door from the inside. Somehow, in this shifting from vocation to business, our profession is losing this attunement, and we are the lesser for it.

The Bengali poet Tagore (1861-1941), winner of the 1913 Nobel Prize in literature, once wrote the following:

*“I slept and dreamt that life was joy.  
I awoke and saw that life was service.  
I acted and behold, service was joy.”*

We cannot let this joy escape us.

(Endnotes)

i Ethics in Practice: Advertising and Marketing. James D. Capozzi, M.D.; Rosamond Rhodes, Ph.D.

*J Bone Joint Surg Am.* 2000; 82:1668-1668

<http://jbjs.org/article.spx?articleid=24482>

ii Statistic from National Institute for Health Care Management Research and Education Foundation, Prescription Drugs and Mass Media Advertising, 2000. November 2001. §



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# CLASSIFIED ADVERTISEMENTS

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[www.hdnccms.org](http://www.hdnccms.org)*

**WANTED ADVANCED PRACTICE CLINICIAN** for multi-clinician Family Practice office with >20 years of experience, 2 locations; Fortuna and Ferndale, on the beautiful Northern Coast of California. Competitive salary and benefits package, Rural Health Clinic with federal loan payback options, equal opportunity employer. Minimum of 2 years experience required. For more information please call, 530-941-7612, or fax CV to 707-725-2978. (db911)

**PART TIME/FULL TIME OCCUPATIONAL HEALTH FAMILY NURSE PRACTITIONER OPPORTUNITY** – seeking a Certified Family Nurse Practitioner to work at St. Joseph Works - Occupational Health Clinic on a part time basis with the possibility of full time if desired. We offer excellent compensation and a robust benefits package. If interested, please apply at <http://www.cepamerica.com/careers>. (eg911)

**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)

**PART TIME (TEMPORARY) URGENT CARE PHYSICIAN OPPORTUNITY** – seeking a Board Certified Family Practice or Emergency Medicine Physician to work at St. Joseph Urgent Care Center on a part time basis for approximately 6 months. **If interested, please contact Eric Gerdes, D.O. at [ericgerdes@cep.com](mailto:ericgerdes@cep.com)** (eg711)

**FNP/NP NEEDED.** Pt time with option of full-time. Inpatient experience preferred, but not required. Contact Nina, 725-4477. (rr1011)

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

**FOR SALE.** House with ocean view for sale, CA 95503. 4 BR 4 BA. 3-car garage. 7000sqf. 9 acre lot. Fully fenced in. \$1,260,000 OBO. For pictures: [www.owners.com](http://www.owners.com), listing ID JMD6087. MLS listing 234140. Regina Scholz. [Regina\\_scholz@yahoo.com](mailto:Regina_scholz@yahoo.com), 707-845-4740. (RS1011)

## 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](mailto:Jones202@suddenlink.net).

## MISCELLANEOUS

**FOR SALE.** 4 locking file cabinets. Keys included. \$100 or best offer. Contact Elesha at Eureka Pediatrics, 445-8416. (me911)

**FOR SALE.**

- Welch wall mounted Blood Pressure Monitor
- Metal x-ray storage shelves - (2) 5 tier (1) 6 tier
- Blood draw chair
- Ambco Audiometer model 650
- Large Dry Erase Board
- 2 bullet proof reception desk windows with metal mounting hardware

Contact: Nancy Craig, 442-5335 X 338 (bc611)

### Did You Know....

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

## Display Advertising Rate Schedule

<u>SIZE</u>	<u>MONTHLY</u>	<u>SIZE</u>
1/4 Page	\$140.00	7.45" x 2.61"
1/2 Page	\$160.00	7.45" x 5.23"
1/3 Page Vertical	\$150.00	2.37" x 9.95"
Full Page	\$200.00	7.45" x 9.95"
Inside Cover/Full Page	\$275.00	7.90" x 10.40"
Business Card Ad	\$65.00	Copy Ready 2" x 3.5"
Classified Ads	\$5.25 per line	

*DEADLINE: 15th day of the preceding month to be published*