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COUNTY MEDICAL SOCIETY**

North Coast Physician

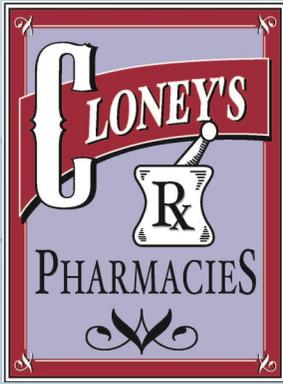
AUGUST 2019



In This Issue...

- "The Passing of a Canine Clinician"
- Welcome New Members
- Congenital Syphilis On The Rise
- Call for Annual Award Nominations

and more.....



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The Editorial and Publications Committee encourages our member's comments for publication.

Please submit electronically prior to the 15th of the month preceding publication. hdcms@sbcglobal.net

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"HERON HEAD"

ROBERT SOPER, M.D.

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 Web page: www.hdcms.org

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“The Passing of a Canine Clinician”

Luther F. Cobb, M.D.



Since I was a young lad, I have always been fond of dogs. The description of "man's best friend" has certainly been my experience. My first dog (actually my dad's) was Queenie, a short haired pointer that Dad used to hunt quail. I accompanied him on a few of those hunts, but when she was at home at our house in Pine Bluff, Arkansas, she was my dog for sure. She was very sweet and tolerant of a young guy trying to ride on her back as if she were a horse. I have a vivid memory of when, as she got older and less vigorous, and sick, that she took a trip to the veterinarian's office and didn't come back out. I was pretty young at the time, so it took a while for me to figure out that she was never going to come back, and it is still a memory both sweet and bitter. Such is our experience with our companion animals, as unless they are giant tortoises or African parrots, they are not likely to survive us. We accept that necessity as a condition of our relationship with them, but that doesn't really make it any easier when the time comes to part from them.

When I married Ellen, her 7 year-old son was a wonderful bonus. He immediately began a campaign for a dog. Ellen told him that in our new family, children could get their own dogs when they were ten years old. This was to ensure that the child could fully participate in pet care and training, and that during adolescence, that child would always have a friend who would love them unconditionally.

That worked out pretty well for David and his sister. What we didn't recognize was that when our children left for college their dog would help us with any empty nest sadness, as the dog reminded us of their owners every day. And the dog made them feel like celebrities every time they came home for vacations. Even when the kids left the nest, we continued to adopt dogs. We specialized in rescue terriers, because they can be difficult and are frequently

misunderstood. Over the 36 years of our marriage, we have had a total of 9 terriers. We almost always had two at a time, but at times three, depending on who needed a home.



Until last week, we had three, including the most remarkable dog I have ever known, Eugene the Jeep, aka “Jeep”. Jeep came to us from Russell Rescue. JRT's as we call them, are pretty popular with the public because they have been seen in TV and the movies, like the dog Uggi in the movie The Artist, or Eddie on the TV show Frazier. Those animals are truly remarkable, but what is not immediately apparent is that they are incredibly energetic fellows, who require a lot of room and a lot of attention, and they can be too much for some people to handle. The negative aspects of their intelligence and energy are in full display if they are abused, however. Russell Rescue takes in JRTs that their owners can't handle, or who have lost their home due to death or divorce.

Ellen drove down to Placerville to pick him up, sight unseen. At the time, he had pretty much decided that human beings were not worth bothering with. As we found out later he had received a lot of abuse from his first several owners in his early years, up to and including getting beaten and shot with birdshot.

He had finally found an owner who started his rehabilitation, but who died of a stroke shortly after adopting Jeep. Jeep was done with people, and on the way home made his point by repeated half-hearted escape attempts in his attempts to become a feral dog.

He was really, really wary of us for the first year, and we could not let him run free for the first 6 months. Until he realized that he was in a safe and loving home, and he became familiar with the hill we live on and decided he was the boss of the neighborhood, he remained aloof, but that changed over the first year. Ellen made the crucial call of choosing a name for him, and thought it was most appropriate that he be named after the magical dog-like creature from the "Popeye" cartoons, Eugene the Jeep. Eugene looked like a dog, but was so much more, as described in his Wikipedia page.

He became the most intelligent and affectionate dog I have ever known, mine or anyone else's. We adopted him around age 3, and he lived to a bit over age 17, and was active, affectionate, and playful until the very end. Several years ago, he became our office "therapy dog". He had a tremendous insight into people, and could pick out those folks in the waiting room who needed love, and most of all reassurance that they would be okay. With great dignity and intelligence he led them to believe that he understood suffering, and hope. He gave that love generously, only asked for the occasional pat, treat or a squeaky duck toy to play with. He put up stoically with the two younger terriers in our household that would occasionally pester him, but he never nipped or acted surly. He was a real, sentient, loving fellow.

“Jeep”, Continued on Pg 19.

CMA Federal Update

Elizabeth McNeil

CMA VP Federal Relations



LEGISLATION

Surprise Medical Bills Legislation

CMA is fully engaged in the federal surprise medical billing legislation that would apply to all ERISA Self-Insured Employer Plans not regulated at the state level. CMA is opposing legislation that mirrors the California surprise billing law. While the California law protected patients from surprise bills, it has not incented insurers to contract with physicians. Insurers across the state are refusing to renew longstanding contracts or imposing significant payment cuts which is diminishing physician networks and jeopardizing access to physicians. The California law is reducing access for patients to in-network physicians and harming access to on-call physician specialists needed in medical emergencies. Instead, CMA is urging Congress to support a bipartisan CMA-sponsored bill, H.R. 3502 "Protecting People from Surprise Medical Bills Act," authored by California physician Congressman Raul Ruiz, MD (D-CA) and Congressman Phil Roe, MD (R-TN). It is modeled after the proven, successful surprise billing law in New York State that has protected patients from surprise bills, incented insurers to

contract with physicians resulting in more stable networks, allowed a baseball arbitration process with a payment benchmark of the 80th percentile of billed charges from the independent FAIR Health database, and has not increased costs. Premiums in New York are not rising as quickly as the rest of the nation. All of organized medicine is unified in support of the Ruiz-Roe legislation. The following attachments (contact the Medical Society office if wish to review the attachments).

- 1- *CMA letter to the House Energy and Commerce Committee*
- 2- *Comparison of California's law to the New York law*
- 3- *Op Ed by CMA CEO, Dustin Corcoran and Medical Society State of New York CEO, Phil Schuh published in Morning Consult.*
- 4- *CMA Statement on the Ruiz-Roe NY model legislation.*

Recently, the U.S. Senate Health, Education, Labor, and Pensions Committee adopted on a bipartisan basis a surprise billing bill that protect patients from surprise medical bills but sets a benchmark payment rate for out-of-network services provided in in-network facilities at the median in-network rate. The bill does not include arbitration, an

independent databases of in-network rates, or network adequacy requirements. The CMA, AMA and all of organized medicine strongly opposed the bill. During the Committee mark-up several members expressed concerns with the bill and urged the Chairman to continue to work to find a better compromise. The surprise billing provisions were part of a much larger package of health care related bills. Since its passage, ten Senators have placed a "HOLD" on the legislation so it cannot move to the floor for a vote until a compromise can be reached.

Three committees in the U.S. House of Representatives have jurisdiction over this issue. The Ways and Means Committee, the Energy and Commerce Committee and the Education and Labor Committee. The House Energy Commerce Committee's Health Subcommittee recently adopted a surprise billing provision that mirrors the Senate HELP Committee proposal except it sets the median in-network rate at 2019 levels with an annual CPI-U inflation adjustment and it addresses accurate pro-

"Federal", Continued on Pg. 18



FRIDAY PM ROUNDS

(Save The Dates)

AUGUST 2, 2019
HOST: Humboldt IPA

SEPTEMBER 6, 2019
HOST: May Hong, M.D. Welcome Residents!
LOCATION: TBD

MARK YOUR CALENDARS: ATTENDANCE ENCOURAGED
PLEASE RSVP SO HOSTS KNOW HOW TO PLAN

H.S.U. PRE-MEDICAL SOCIETY



Caroline Connor, MD, MPH
Liaison



Joni McAtee, M.D.
Liaison



Kate McCaffrey, D.O.
Liaison

The Medical Society continues to work with the students who are interested in pursuing a career in medicine. We have, for years, partnered with the Premed Advisor and the elected officers of the PreMed Society at Humboldt State University, to help students increase their involvement with local medical doctors and hospitals. We believe that observing and interacting with local doctors is key to stimulate a student's vision and further certainty to pursue a career in the medical field. We, of course, also hope that someday they may be interested in returning to Humboldt-Del Norte to practice medicine.

The Medical Society continues to work with the students in developing contacts in the community to increase:

- Opportunities to observe, or shadow, health care professionals in doctors' offices/hospitals.
- Opportunities for physicians to discuss with the students their personal journeys.
- Opportunities for Medical Students and Residents rotating through Humboldt-Del Norte to also speak with the students.
- Opportunities for volunteering in

the local medical community (working with patients, participating in health fairs, etc.)

- Opportunities for part-time employment related to medicine - both during the semester and also during summer and winter breaks (including learning to serve as "Scribes").
- Opportunities for scheduling mock interviews and reviewing personal statements with the students to help them prepare for application to medical schools.

We would very much appreciate hearing from local physicians regarding ways that you would be willing to assist in these areas. Most importantly, we want pre-med students to have the opportunity to shadow doctors at work and develop a good understanding of medical practice. We are also very interested in suggestions on how we can increase community involvement.

The HSU Pre Medical Society will be working with the Humboldt-Del Norte County Medical Society to learn all the Rules and Rationale, Confidentiality Agreements,

and other directives used in previous internship Programs, and we will meet with students to make sure that they understand the importance of confidentiality and professionalism in their placements.

We realize that doctors are extremely busy, and we do appreciate any assistance given to the pre-medical students from Humboldt State.

The Medical Society keeps an on-going list of physicians interested in mentoring, speaking, doing mock interviews and reviewing personal statements; so please let us know if you are interested.

The current 2019-2020 Pre-Medical Society President is Tanae Nichols (Please contact the Medical Society office for contact information).

Let the Medical Society know you're interested in working with students - please return the recent survey that was circulated and/or contact us at hdcms@sbcglobal.net or (707) 442-2367.

HUMBOLDT-DEL NORTE MEDICAL SOCIETY FUTURE PHYSICIAN SCHOLARSHIP FUND

The Medical Society is committed to programs that help develop pipelines for future physicians interested in living and working in our beautiful area. We are hoping to build this fund into an endowment to make it sustainable for the future. This fund was created as another way physicians and our community can be involved in helping to recruit and retain physicians here on the North Coast. Make a tax deductible donation today through Humboldt Area Foundation: <https://www.hafoundation.org/Giving/Make-a-Gift-Today/Give-Now?fn=Humboldt-Del+Norte+County+Medical+Society+Future+Physicians+Scholarship+Fund>

WELCOME NEW MEMBERS

PLEASE JOIN US IN WELCOMING THE FOLLOWING NEW MEMBERS

Cut & Paste into Directory (s)



JEFFREY M. ARON, M.D.

Gastroenterology

U.C. Irvine (1967)

St. Joseph Health Medical Group - Gastroenterology/Hepatology

2752 Harrison Avenue, Suite A

Eureka, CA 95501

(707) 443-4869 FAX: (707) 442-5095

Office Manager: Tara Zetti-Groulx / Daniel Grant



YOUSEF HINDI, M.D.

Cardiology

University of Jordan Faculty of Medicine (2010)

St. Joseph Health Medical Group - Cardiology

2773 Harris Street, Suite A

Eureka, CA 95503

(707) 442-1182 FAX: (707) 442-1635

Office Manager: Lourdes Vazquez/ Shea Cheney



STEPHANIE KEKULAWELA, M.D.

General Surgery / Trauma Surgery

Penn State College of Medicine (2009)

St. Joseph Health Medical Group - General Surgery

2321 Harrison Avenue

Eureka, CA 95501

(707) 443-2248 FAX: (707) 443-4847

Office Manager: Kim Lindstrom / Daniel Grant



SURESHAN SIVANANTHAN, M.D.

Orthopedic Surgery

Board Certification: American Board of Orthopaedic Surgery

Queen's University of Belfast Faculty of Medicine (1997)

St. Joseph Health Medical Group - Orthopedics

2826 Harris Street

Eureka, CA 95503

(707) 443-8066 FAX: (707) 268-3251

Office Manager: Crystal Velasquez/ Shea Cheney



CANDY STOCKTON-JORETEG, M.D.

Family Medicine / Addiction Medicine

Board Certification: American Board of Family Medicine (2004 - MOC)

Loma Linda University (2000)

Humboldt IPA

2662 Harris Street

Eureka, CA 95501

(707) 443-4563

FAX: (707) 443-2527

Office Manager: Lisa Green

Priority Care Center

2316 Harrison Avenue

Eureka, CA 95501

(707) 442-0478

(707) 443-2527

Office Manager: Jane Brown

HSU Supervised Internship Course

Jianmin Zhong, Ph. D.

PreMed Advisor

Department of Biological Sciences

Humboldt State University

Dear Physicians and Healthcare Providers,

Humboldt State University Department of Biological Sciences and HSU PreMed Society are excited to share with you our new BIOL 482 course (Supervised Internship), which will be offered to Humboldt State University (HSU) students beginning Fall 2019.

In the past several years, students have been struggling to arrange clinical shadowing experiences on their own. As you may know, these clinical shadowing and observation hours are a vital way to expose the students to the possibilities of a medical career. The new Supervised Internship course at HSU will give students the ability to learn more about various healthcare careers in local clinics/hospitals by shadowing distinguished physicians and other healthcare professionals.

Collaborative activities have been scaled up, in the past years, among the following consortium special interest groups and individuals of local community: Penny Figas from Humboldt-Del Norte County Medical Society, Stacy Becker, Loren Collins, and Kelly Fortner from HSU Center for Community Based Learning, Brooke Reyes and Alexis Walker from HSU PreMed Society, Caroline Connor, MD, MPH, and many local physicians and healthcare

professionals, and Dr. Jianmin Zhong from the HSU Department of Biological Sciences. Due to the consortium's collaborative efforts, we proudly announce that seven interns have been accepted as the first cohort of students in BIOL 482 beginning Fall 2019.

Our goal is to increase community involvement, which ultimately strengthens support for HSU PreMed students to find more opportunities for them to shadow with local physicians and healthcare professionals. We strive to reach as many physicians and medical professionals as possible to ensure that HSU PreMed students witness first-hand what they are getting into and decide if a career in healthcare is right for them. Specifically, we'd like to invite physicians and healthcare professionals to be a part of the community supporting a team by hosting clinical shadowing for more HSU PreMed students, doing mock medical school interviews for PreMed, or giving a talk at the weekly HSU PreMed meeting.

To find ways to help HSU PreMed students and more information on the HSU Supervised Internship course (BIOL 482), please contact Dr. Jianmin Zhong at jz15@humboldt.edu.



Physicians for a Healthy California New Solutions to Expand Access, Address Chronic Physician Shortage

By Adam Dougherty, M.D.
apdougherty@gmail.com



It's not the CMA Foundation that you used to know! The "public health arm" of the California Medical Association has gone through a seismic transformation over the last two years, and we're only getting started. We've got a new name (Physicians for a Healthy California, or PHC), a dynamic new president/CEO in Lupe Alonzo-Diaz, a revamped board of directors, a growing staff, and an exciting new set of multimillion-dollar projects that puts physicians at the front of the effort to address health access and disparity issues in our state.

These projects fit well into the mission statement that PHC adopted over a year ago: "PHC is dedicated to improving community health, growing a diverse physician workforce, and promoting health equity." The chronic physician shortage in our state is well recognized, and PHC's new programs will create real solutions to expand access to physicians in the communities that need it the most.

These projects were made possible by Proposition 56, which was passed by voters in 2016. CMA led a coalition of parties to create and pass the tobacco tax initiative. CMA included two provisions in Prop. 56

that target funds to fuel our efforts to expand California gradual medical education (GME) residency programs and help pay down student loan debts for physicians who serve the underserved.

\$40 Million to Fund Residency Training Recognizing the demand to train more physicians in California and keep them in the areas with the greatest need, Prop 56 allocated \$40 million to fund residency training in the state, mostly those in primary care and emergency medicine. PHC is contracted to administer these funds, and the priorities for granting them include a

"PHC", Continued on Pg 18

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Well Physician California Announces New Executive Leadership Team

Well Physician California today announced its new executive leadership team, including Dave Logan, Ph.D, as Chief Executive Officer and Emily Coriale, PharmD as the company’s Chief Operating Officer.

Well Physician California is a joint effort from the California Medical Association and Stanford University to target physician wellness and reduce burnout and attrition from the profession. Well Physician California aims to be the most comprehensive program in the country to increase physician wellness and ultimately improve the quality of care for patients.

In a recent study, nearly 44% of U.S. doctors reported one or more symptoms of burnout, depression, or both. One in five doctors reported they’ll reduce clinical

hours over the next two years, while one in 50 said they plan to quit medicine for a different career. Physicians are at 50-300% increased risk for death by suicide compared to professionals in other fields. Physician burnout is costing the nation’s hospitals and health systems \$1.7 billion per year, according to the National Taskforce for Humanity in Healthcare.

“We are seeing an alarming increase in burnout rates in our profession,” said David H. Aizuss, M.D., president of the California Medical Association. “Dave and Emily have the skills and experience to help oversee the creation and implementation of a program that will help doctors and patients address the growing demands and pressures physicians face.”

Before joining WPCA, Logan served as Chief Transformation and Innovation Officer for P3 Health Partners, a population health management organization, focused on improving patient outcomes through value-based care. He was the co-founder and Senior Partner of CultureSync, a management consulting firm that creates high performance through an alignment of strategy, structure, systems and culture and has been on the faculty at the University of Southern California since 1996, teaching in the Executive MBA, Executive Master of Leadership, and Master of Medical Management programs. He holds a Ph.D. in organizational communication from the Annenberg School at

“Well”, Continued on Pg. 19

May is Better Hearing Month



Trisha Ostermeier, Au.D.
Doctor of Audiology

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William Speer, Au.D.
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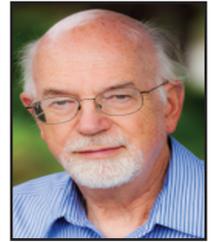
Congenital Syphilis on the Rise

Donald I Baird, M.D.

Humboldt County Public Health Officer

Kathie Kelly, RN, BSN, PHN

Communicable Disease Unit



What is CS?

Congenital syphilis (CS) develops when a pregnant woman with syphilis transmits the disease to her fetus. Syphilis in pregnancy can have devastating and even deadly consequences to the fetus.

Epidemiology of CS

The Center for Disease Control and Prevention (CDC) has announced that congenital syphilis cases have more than doubled in the past 4 years. In 2017 alone, there were 918 cases of CS nationwide which is the highest number of cases since 1997.

According to the California Department of Public Health (CDPH), California has seen a 750% increase in CS rising from 33 cases in 2012 to 283 cases in 2017. By 2017, our State saw up to one-third of the CS cases nationally. The resurgence of syphilis in California began in 2000 with primarily males affected, particularly among MSM (men who have sex with men). As of 2012, we began to see a rise in heterosexual transmission. This rise in females with syphilis, particularly of childbearing age, mirrors the alarming increase we are seeing in CS. As of 2017, the rate of CS births in California was (58.2) more than double the rate of the U.S. (23.3).

In Humboldt County, we have seen a concerning rise in syphilis cases among women of childbearing age (15-44), from one case in 2014 to 11 cases in 2018. As of May 31, 2019, Humboldt County had received 8 positive syphilis tests among women of childbearing age for 2019. Fortunately, Humboldt County has not yet had a confirmed case of congenital syphilis.

Risk Factors for CS

Statistics from CDPH for 2017 showed the majority of pregnant women with syphilis in California were white and Hispanic between the ages of 20-34. The highest incidence rate of CS was among black mothers. Drug use and homelessness were self-identified as significant risk factors among mothers of CS infants. Maternal methamphetamine use was reported in 38% of cases and 28% reported having sex while high. Almost one-quarter of pregnant women with syphilis reported homelessness. The majority of mothers of infants with CS received delayed or no prenatal care posing a significant barrier to early detection and treatment.

The Consequences of CS

The consequences of CS depend on a variety of factors including the stage of maternal syphilis, previous vs. new infection while pregnant, immune health and genetic background. Up to 40% of untreated CS cases will result in miscarriage, stillbirth, and early infant death. Infants with CS who remain untreated, may go on to develop severe morbidity including early or late manifestations. Early manifestations occur during the first two years while late manifestations occur >2 years after birth and can result in lifelong disabilities. Some of these complications include: hepatosplenomegaly, splenomegaly, cutaneous lesions, mucous patches, pneumonia alba, copious nasal secretions, skeletal abnormalities, interstitial keratitis sensorineural deafness, meningitis, seizures, blindness and death.

Prevention & Screening

CS is totally preventable. Our best strategy to prevent CS is early detection with timely and effective treatment of all pregnant women with syphilis. In addition, all women who could become pregnant should be screened for syphilis with any STD/HIV testing and when entering a correctional facility.

California law requires all pregnant women receive routine screening for syphilis at their first prenatal visit. According to the CDC, “no mother or neonate should leave the hospital without serologic status having been determined at least once during pregnancy, and again at delivery, if at high risk”.

Syphilis screening should be repeated during the third trimester (28-32 weeks gestational age) and at delivery for all women who are considered at high risk for syphilis.

CS risk factors include:

- Have signs and symptoms of syphilis infection
- Were diagnosed with an STD during pregnancy
- Have a history of syphilis infection
- Live in areas with high rates of syphilis, particularly among females (residency in Humboldt County)
- Live in areas of high rates of congenital syphilis
- Receive late, limited or no prenatal care
- Use methamphetamine, IV drugs, or other illicit drugs

“Syphilis”, Continued on Pg. 14

HDN TATTLER

CORRECTIONS: Photo credits were omitted from the photo of Drs. Bireley, Heston, and McGoldrick at Botanical Gardens. Apologies to photographer: Join Luh, MD.

CONGRATULATIONS to MADELINE RAMOS, MD who was elected as President of the California Society of Allergy, Asthma and Immunology (CSAAI) for fiscal year July 2019 - June 2020.

CONGRATULATIONS to CANDY STOCKTON, M.D. for being hired as Medical Director of the Humboldt IPA.

CONGRATULATIONS to JOIN LUH, M.D. who was elected as Vice Chair of the CMA Solo and Small Group Practice Forum!

CONDOLENCES to LUTHER COBB, MD and ELLEN MAHONEY, MD and staff on the loss of “Jeep” (see story page 4)

CONGRATULATIONS to STEPHEN KAMELGARN, M.D. for winning the “Award of Excellence” for his photo “Low Tide at Stone Hinge West” in the Humboldt Photography Exhibition.

CONGRATULATIONS to SEAN PURTELL, M.D. who was elected as District X Resident Delegate! Representing Humboldt-Del Norte, Mendocino-Lake, Sonoma, Napa and Solano counties!

DIRECTORY UPDATES:

CORRECTION: NICOLE SHATTUCK, D.O.

Pg. 37: ADD: Board Certified:

American Osteopathic Board of Emergency Medicine (2017 - 2027)

HAPPY BIRTHDAY to: *Drs. Bireley, J. Davis, Dittmer, Gannon, Harmon, J. Johnston, Kessler, Koch, McCaffrey, McKenzie, K. Oliver, Parks, Rush, M. Sugiura, Swenson and Zibilich;*

If you have any news you'd like to share with your colleagues..... births, marriages, get well wishes, something you'd like to “brag” about to your colleagues, etc., Please let us know so we can include it in the “HDN Tattler”.

SAVE THE DATES.....

August 2, 2019	5:00 - 7:00 p.m.	Humboldt IPA Social	Humboldt IPA
September 6, 2019	6:00 - 8:00 p.m.	Friday PM Rounds	Host: May Hong, MD / Residents Location: TBD
September 25, 2019	6:30 - 8:30 pm	Cooperative of American Physicians - Risk Management	Location - Sea Grill, Eureka
October 4, 2019	6:00 - 8:00 p.m.	Friday PM Rounds	Host: Lei Han, M.D. Location: Eureka Inn
November 1, 2019	5:30 - 9:30 pm	Annual Membership Gala	Location: Ingomar Club, Eureka

Coming, Going and Moving Around

COMING/NEW:

Yousef Hindi, M.D.

Cardiology

SJHMG - Cardiology

Thach Mai, D.O.

Anesthesiology

SJHMG - Anesthesiology

Christopher Myers, D.O.

General Surgery

Mad River Community Hospital

LEAVING AND/OR RETIRING:

Christopher Lee, M.D.

Internal Medicine

to Retired Status

WELCOME MEDICAL STUDENT(S)

The following Medical Student(s) are currently/or will be doing rotations in Humboldt-Del Norte



NICOLE URMAN

Hi! My name is Nicole Urman and I am a 3rd year medical student originally from Tucson, Arizona. I attended Stanford for undergrad, majoring in molecular biology and economics. After undergrad, I took one year off before starting medical school to finish some research projects studying basal cell carcinoma resistance pathways and novel therapeutics. One of the projects has now advanced to a clinical trial which I am lucky enough to run while in medical school! Growing up, I always had an interest in healthcare as my younger brother had type 1 diabetes,

but my interest in research really sealed the deal in sending me toward medicine. I am especially interested in internal medicine and dermatology-oncology, but have really only seen medicine in the context of a large research hospital. The Humboldt Rural Track gives me an opportunity to experience medicine in an environment outside of Stanford (especially nice since I am not the biggest fan of cities!). Outside of school, I love hiking, cats, eating, and spending time with loved ones. Nicole will be rotating with Dr. Korenstein.



CLARE WISE

I grew up in a small town in central Washington where I spent a lot of time outdoors, hiking and backpacking with my sister and parents in the summer, and skiing in the winter. I attended the University of Colorado at Boulder and graduated with a degree in Chemical and Biological Engineering and a minor in Business in 2016. While there, I was a student-athlete on the ski team, where we won two national championships. I was also involved with the Student Athlete Advisory Committee at CU for three years, and represented the PAC-12 athlete body as the first ever student-athlete representative to the PAC-12 Committee my senior year. Before coming to medical school, I spent a year coaching a local ski team in Colorado where I shared my passion for skiing and sports development with the next generation of athletes.

At Stanford, I'm currently interested in orthopedics and sports medicine, and am involved in data-claims research that centers around hip impingement in athletes. I also am the head coach for the Stanford club ski team. As a rising third year medical student, I'm really excited to be here in Humboldt to work on my clinical skills, and experience a rural healthcare delivery system in an area similar to where I grew up. I also am an avid hiker, runner, and cyclist, so I'm very excited to explore beautiful northern California! Clare will be rotating at Redwood Urgent Care.

Members Welcome To Submit Photos for NCP Covers

"We at NCP are always happy to receive photos of local scenery by our member physicians who would like to have their art displayed on the cover of the North Coast Physician. However, we have certain requirements before we print. At a minimum, please send you photos as a JPEG with minimal compression (level 8 or higher). Also please size the photo to 6 inches on the "short" side at a screen resolution of 125 dpi. If you're looking for total file size for email submission we would like something of at least 0.25 MB (250 KB) up to 2.5 MB. This gives the best screen resolution plus it provides adequate resolution for anyone who wishes to print out the cover. We will also accept TIFF or PSD files, although we prefer JPEG. If you need assistance, please let us know and the editor will be more than happy to work with you in obtaining the appropriate resolution."

PHYSICIAN RECRUITMENT BROCHURE....

Reminder: the Medical Society has a Physician Recruitment Brochure available to download/print from the Medical Society's website www.hdncms.org under Physician Recruitment section.

“Syphilis”, Continued From Pg. 11

- Are homeless or have unstable housing
- Have partners who may have other partners or partners who are MSM
- Have history of incarceration or partners with history of incarceration
- Exchange sex for money, housing, drugs, etc.

Treatment

All pregnant women with syphilis should be treated as soon as possible, ideally in the first trimester. When a pregnant woman with syphilis is treated, her fetus is treated as well.

According to a study analyzing CS data reported to the CDC, “to potentially reduce mortality by 70%, all pregnant women with syphilis must be treated by 21 weeks of gestation” [Gust DA, Levine WC, St. Louis, M, et al. Mortality associated with congenital syphilis in the United States, 1992-1998. Pediatrics, 2002; 109(5):E79-9.]

The only CDC approved treatment for syphilis in pregnancy is penicillin. The dose of penicillin given during pregnancy is based on the stage of the infection. If a pregnant woman has a type-1 penicillin allergy, she should receive a timely referral for desensitization and treatment in a hospital setting in collaboration with an allergist. Type-1 penicillin allergy can be confirmed with skin testing by referral to an allergist. Women who receive treatment during the second half of pregnancy are at increased risk for premature labor and/or fetal distress as part of Jarisch-Herxheimer reaction. Although treatment risks exist, concern for complications should not delay treatment for syphilis in pregnancy.

Overall, maternal treatment for syphilis is highly effective (98.2%) in the prevention of CS. However, all women treated for syphilis in pregnancy should receive monitoring with follow-up titers at 28-32 weeks and more regularly if at high-risk for reinfection. This is especially important

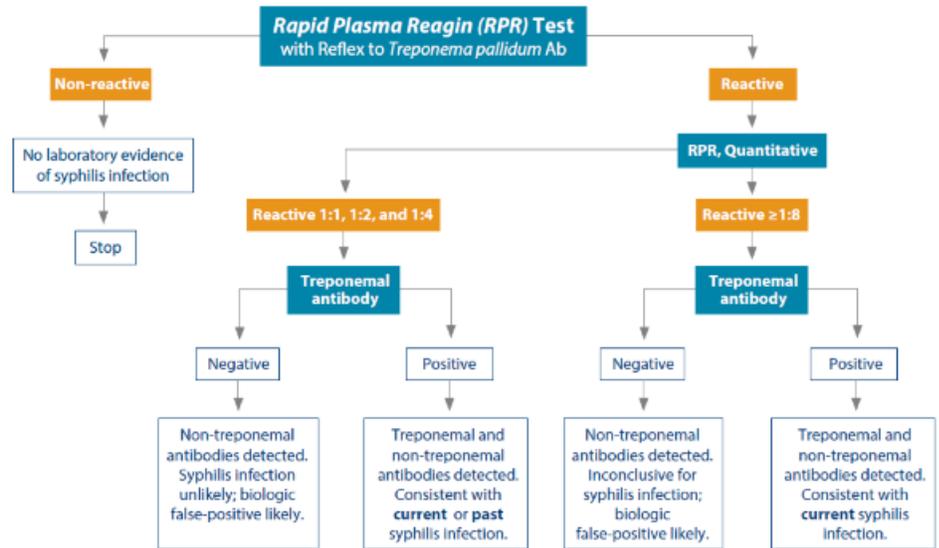


Image Source: Labcorp- <https://www.labcorp.com/assets/5131>

in the cases of treatment for early syphilis or later in pregnancy due to higher risk of treatment failure.

Evaluating Infants for CS

Infants born to women with syphilis during pregnancy must receive evaluation for CS prior to hospital discharge. This includes syphilis serology drawn at delivery for both infant and mother, a thorough physical exam and determination of adequate maternal treatment. Depending on these findings, infants may need further diagnostic testing and treatment for CS.

Community Approach in CS Prevention

Effective CS prevention requires collaboration among multiple community partners including OB/GYN, family planning, pediatric and primary care medical providers, jails, hospitals, homeless outreach, HIV programs and local health departments.

Early Screening of all pregnant women and those who may become pregnant according to risk

Follow state disease reporting guidelines to allow local health departments to perform timely disease investigation. Title 17 of the California code of regulations require all cases of syphilis be reported to the local public health department within

one working day of identification.

· Appropriate, education, diagnosis, treatment and follow-up for syphilis infections, especially in pregnant women and women who may become pregnant.

· Management of sexual partners is critical to prevent reinfection. All sex partners of pregnant women with syphilis should receive clinical evaluation, testing and treatment for syphilis. Medical providers are strongly encouraged to work closely with local public health departments to facilitate the identification and treatment of partners to break the cycle of syphilis infection and prevent congenital syphilis.

For detailed diagnostic and treatment information visit: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Congenital-Syphilis.aspx>

Confidential Communicable Disease Reporting Fax#: (707) 445-7346

Call Humboldt County Public Health Communicable Disease line at (707) 268-2182 for syphilis questions, treatment guidance and to report a possible case of congenital syphilis.

“Syphilis”, Continued on Pg. 16



HEALTH LAW LIBRARY

The California Medical Association's (CMA) health law library is the most comprehensive health law and medical practice resource for California physicians.

The library contains nearly 5,000 pages of up-to-date information on a variety of subjects of importance to practicing physicians. It includes content from the California Physician's Legal Handbook, as well as more specialized information on peer review, payor contracting and other topics.

Access is free to CMA members - www.cmadoes.org

MEDICAL RECORDS- REQUESTS FOR ACCESS

- | | |
|---|---|
| 4200 Attorney Pre-Litigation Request for Medical Information | 4205 Patient Access to Medical Records |
| 4201 Employer Access to Medical Records / Employment Physicals | 4206 QIO Access to Physician Office Charts |
| 4202 Health Plan Access to Medical Records | 4207 Requests by 3rd Parties,; CMIA, IIPP, and the HIPAA Privacy Rule |
| 4203 Requests by Law Enforcement/Search Warrants | 4208 Subpoenas: Guide for Responding |
| 4204 Medi-Cal and Medicare Investigators' Access to Medical Records | |

Note: These documents are also great for staff training.

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“Syphilis”. Continued From Pg. 14

Provider Resources

How to Stop Congenital Syphilis Surge

<https://content.govdelivery.com/accounts/USCDCNPIN/bulletins/2308f26>

Concerning Increases in Syphilis in Women and Congenital Syphilis: An Update for California Health Care Providers

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Congenital_Syphilis_Provider_Update.pdf

Syphilis in Pregnancy Pocket Card

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Congenital_Syphilis_Clinical_Pocket_Card.pdf

Evaluating Infants for Congenital Syphilis

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Congenital_Syphilis_Algorithm.pdf

CDPH STD Clinical Guidelines: California STD Screening and Treatment Recommenda-

tions in Pregnancy, 2017 (PDF)

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CaliforniaSTD-Sxand-Tx-in-Pregnancy2017.pdf>

CDC STD Treatment Guidelines App:

Apple devices and Android devices
CDPH Education Materials Brochures and Posters

Congenital Syphilis Flyer

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Syphilis-in-Pregnancy-Get-Tested-Flyer.pdf>
Syphilis Fact Sheet (PDF)

English <https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>

Spanish <https://www.cdc.gov/std/spanish/sifilis/stdfact-syphilis-s.htm>

ATTN. YOUNG PHYSICIANS

Members who are under forty (40) years of age or within the first eight (8) years of professional practice after completion of formal training programs shall be eligible for membership in the Young Physicians Section.

Are you interested in helping to coordinate a local Young Physicians Committee or Group?

Please contact the Medical Society office, hdcnms@sbcglobal.net - (707) 442-2367

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Outpatient Imaging Scheduling Service Update

Roberta Luskin-Hawk, M.D.

Chief Executive, St. Joseph Hospital - Humboldt



At St. Joseph Health Humboldt County Outpatient Scheduling we are continuing our efforts to better meet your needs and improve our service to you. We continue to actively work to address the scheduling challenges we have been experiencing and want to thank you for your continued patience!

OUR PHONE SYSTEM IS NOW LIVE!

REMINDER: THE DIRECT NUMBER TO CALL IS (707) 269-4211. THE DIRECT EXTENSIONS THAT WERE BEING USED ARE NO LONGER ACTIVE. Physician offices should select option #1 to have calls prioritized to scheduling.

Please continue to use the following numbers to fax your scheduling requests to OIC:

STAT exams 833-233-4655
(SJE Eureka)

NON-STAT exams 855-677-5550
(SJE Eureka)

Dedicated fax for scheduled Radiology procedures

(Redwood Memorial Hospital ONLY)
833-233-4654

* Please note: Faxed Orders may take 24 hours to be processed; therefore it is suggested that for all STAT orders, please

fax to the dedicated STAT number listed above and call the same day to schedule the appointment. For all NON-STAT orders, please encourage the patient to contact the scheduling department 24 hours after their office visit to schedule their appointment.

Again, our sincere thanks for your patience as we work to improve our scheduling process. If you have any additional questions or concerns, please feel free to call Laurie Watson Stone, Chief Ancillary and Support Services, on her cell (707) 496-8352.

CMA Continues Advocacy on Recent Anthem Modifier 25 Policy



The California Medical Association (CMA) along with the American Medical Association (AMA) and other state and specialty societies continue to voice concerns with the recent implementation of the Anthem Blue Cross 1. policy denying certain evaluation and management (E/M) services submitted with modifier 25. The new Anthem policy will deny an E/M service with a modifier 25 billed on the day of a related procedure when there is a recent service or procedure for the same or similar diagnosis on record for the same provider (or a provider with the same specialty within the same group TIN).

In a response to a recent CMA letter regarding our concerns with the policy, Anthem reiterated the purpose of this initiative is to “avoid overpaying claims when modifier 25 is used inappropriately overriding claim edits intended to prevent

duplicate payment for the E/M service.” At CMA’s request, Anthem clarified that it defines “recent” services as the billing of services occurring within an approximate two-month timeframe and defines a “same/similar” diagnosis as those within the same diagnosis family.

Anthem had committed to reviewing examples of certain code combinations it should consider excluding from the edit. While we appreciate that commitment, CMA and other stakeholders remain concerned that there are numerous unidentified scenarios that would be subject to the edit, resulting in inappropriate denials for physicians.

CMA remains very concerned with the adverse impacts of this new policy upon our physician members and is continuing the dialogue with Anthem regarding our concerns.

The policy became effective March 1, 2019, for commercial claims, but was delayed until June 1 for its Medi-Cal line of business. Additionally, Anthem reports it has indefinitely delayed implementation date for Medicare Advantage claims, which was originally scheduled for May 1.

How Do I Know if My Claims Are Affected?

Anthem reports there is not one single denial reason code to identify claims denied due to the new modifier 25 policy, because it is dependent on how the code has been billed. Some examples that physicians may see include, but are not limited to:

This service is denied because it is considered to be part of another service already performed and reimbursed.

The service is denied because the service

“Modifier, Continued On Pg 19

“Federal”, Continued From Pg 5

vider directories. CMA and all of organized medicine strongly opposed this bill as well. At least ten members of the subcommittee expressed concerns that this approach would harm physicians and seriously compromise patient access to physicians. Members of the subcommittee urged the full Committee Chairman to work with them to develop a compromise before the full committee vote. These concerned members, led by California Congressman Raul Ruiz, are meeting with the Committee leadership over the next week to discuss alternatives.

CMA leaders have been in Washington, D.C. advocating for the Ruiz-Roe bill and educating members about the unintended consequences of the California law. CMA has been in a full-court press on this legislation. Congress will recess during the month of August and CMA will be conducting meetings with all Members of the California Congressional delegation at home in their district offices. CMA will undertake a hard-hitting grassroots campaign to educate Members of Congress about the profound negative consequences of the Senate HELP and House Energy Commerce Committee bills. We will be urging our Congressional delegation to cosponsor the Ruiz-Roe NY model bill.

Additional legislation

Prior Authorization Reform: CMA is supporting a bipartisan bill “The Timely Access to Care for Seniors Act,” authored by California physician Congressman Ami Bera, MD that will reform the Medicare Advantage Prior Authorization system by reducing administrative hassles for physicians and patient care delays.

Lowering Prescription Drug Costs: Congress continues to move legislation aimed at curbing prescription drug prices and drug pricing transparency. CMA is fully supportive of these efforts. However, CMA is strongly advocating that Congress

authorize Medicare to negotiate drug prices with drug manufacturers. The Veterans Administration is allowed to negotiate with the drug-makers and their prices are much less than Medicare.

Physician Supply: With CMA/AMA support Congress reauthorized the Conrad 30 J-1 VISA physician program and several committees are successfully moving legislation to reauthorize the successful Teaching Health Center Primary Care GME program.

Medicare Physician Payment Update and MACRA Regulatory Relief: CMA continues to work with AMA to achieve a Medicare physician payment update in 2019 legislation as physicians face a five-year payment freeze. We are also working to obtain a significant reduction in MACRA-related administrative burdens.

I. REGULATION

Electronic Health Record Interoperability Enforcement Regulations

CMA submitted comments on the recent regulations promulgated by the Office of National Coordinator that would promote stronger enforcement of the HIT interoperability laws on vendors and hospitals. It would strengthen enforcement, increase penalties for data blocking, reduce vendor fees and gag clauses, require real-world testing of EHRs, and modernize interoperability standards – all of which are creating practice burdens for physicians.

Trump Administration Rules to Reduce Eligibility for Federal Poverty Programs
CMA joined its coalition of state medical societies in opposing recent Trump Administration rules to reduce eligibility for federal poverty programs, including Medicaid.

“PHC”, Continued From Pg.

preference for new residency positions in under-served areas.

Named the CalMedForce Program, a board and advisory council comprised of subject matter experts were tasked with steering the funds. In all, 131 programs requested \$147 million to expand their numbers, and PHC ultimately awarded \$38 million to 73 residency programs supporting 156 residents. Of these, 82 are brand new residency slots.

Clearly, there is an even greater need in California than we can answer. While initially a one-time allocation, we are thrilled that Governor Newsom’s 2019-2020 budget includes this funding as an ongoing appropriation.

Up to \$300,000 Available to Pay Debt
Prop 56 also allocated \$220 million to assist physicians and dentists with significant student loan debt who are committed to serving Medi-Cal beneficiaries. The CalHealthCares Loan Repayment Program payments will be made to awardees who are accepted over a five-year period, so the program actually extends to 10 years to assist those chosen in the fifth year. Individual awardees are eligible to receive as much as \$300,000 to repay educational debt incurred in pursuit of a medical or dental degree.

The first cycle attracted more than 1,200 applications from physicians and dentists who agreed to see more of California’s 13 million Medi-Cal patients in exchange for repayment of their student loans. In all, requests totaled more than \$300 million, and the 2019 awards will be announced by June 30. We received even more good news to help meet this need, as Governor Newsom’s revised 2019-20 Budget proposes an additional \$120 million for loan repayments.

Adam Dougherty, MD practices Emergency Medicine at Sutter Medical Center in Sacramento, a member of the Sierra-Sacramento County Medical Society and serves on the board for Physicians for Healthy California.

“Jeep”, Continued From Pg. 4



He was my best little buddy ever. He even got an award from the Cancer Society's "Bark for Life" as the "Hero Dog of the Year". in 2018 by popular acclaim when the patients in our office told the story of what comfort he gave them. He wore the accolades nonchalantly. We were not the only ones to fall under his spell; many of our patients, upon learning of his passing, commented on how much they would miss seeing him in the clinic.

Last week, the time came for him to leave this world. He knew it, and was ready to rest. He could no longer prance around, he had arthritis, cataracts, and his hearing was not good either. But he maintained a good humor about it all, as those of us humans getting on in years understand. Our veterinarian (who several years ago overcame a serious illness herself, with the help of Stanford, her family, and our cancer program), came to our house to ease him gently across the Great Divide in a true sacred encounter. Ellen and I, along with Cindy, our office manager of over 20 years, were there and we all wept unashamedly as he slipped away.

It may seem an exercise in anthropomorphism to attribute human emotion and sentiment to a dog, but one look into Jeep's eyes would assure one that inside his small body dwelt a true sentient soul, with deep understanding of his and our human condition. There was a remarkable intelligence, and dare I say, a humanity to him.

I miss him greatly, and will never forget what a wonderful creature he was, and how he added to my, and so many others' lives.

“Well”, Continued From Pg. 10

USC.

“My lifelong work has been physician leadership and physician empowerment,” said Logan. “It is humbling to step into a role that could make such a great difference in the lives of physicians and the patients that they serve.”

Coriale joins WPCA from Medi-Qualite, where she served as Senior Vice President of Patient Access for the U.S. She previously held executive leadership roles for Medicare for both Humana and Blue Shield of California, where she led the delivery of annual growth strategies, medical and administrative expense targets, and margin targets. She previously was the Director of Pharmacy for the San Francisco City/County Health Plan and practiced as a Pediatric Oncology and Hematology Pharmacist at Massachusetts General Hospital. She holds a Doctor of Pharmacy from Northeastern University in Boston.

“Improving the physician experience is instrumental to the sustainability and viability of healthcare,” said Coriale. “It is an honor to join the team that puts the physician at the center of their own care, helping them to maximize their per-

sonal health and well-being. This increases patient satisfaction, and results in healthier patients.”

For more information, go to <https://www.cmadoes.org/wellness>.

“Modifier, Continued From Pg. 17

billed is not covered separately and is considered part of the member's primary procedure. Participating providers are prohibited by contract from balance billing the member for this charge.

Service is denied because it is incidental based on the National Correct Coding Initiative as published/maintained by CMS. Participating providers are prohibited by contract from balance billing the member for this charge.

If you believe you have been impacted by these denials when your medical records support payment of the unrelated, significant and separately identifiable E/M service, CMA wants to hear from you. Contact CMA's Center for Economic Services at (888) 401-5911 or [email us at economic-services@cmadoes.org](mailto:email_us_at_economic_services@cmadoes.org).

CMA On-Line Member Directory
<https://www.cmadoes.org/membership-directory>

PHYSICIANS WELL-BEING COMMITTEE

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* Dr. Frugoni: 845-0242 * Dr. Hunter: 498-0607
* Dr. Rydz: 616-3522 *Dr. Alsbury: 464-2750

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2019 ANNUAL AWARDS CALL FOR NOMINATIONS

“GOOD LEADERS CAN INFLUENCE AND MOTIVATE OTHERS”

Good leaders have the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. Do you know individual colleagues who demonstrate excellence and a strong commitment to improving our communities?

The Humboldt-Del Norte County Medical Society (*HDNCMS*) Awards Committee is seeking nominations for 2019 awards, which honor individual physicians who have demonstrated exemplary service. The awards reflect a significant tribute of respect, recognition and appreciation from their colleagues.

The Awards Committee will select one recipient for each award - to be recognized at the Annual Membership Gala in November, in the *North Coast Physician* and a media press release, as appropriate.

The awards are as follows:

#1. OUTSTANDING CONTRIBUTION TO THE COMMUNITY

Presented to a physician whose work has benefited the community.

#2. OUTSTANDING CONTRIBUTION TO LOCAL MEDICINE

Presented to a physician who has improved local medical care.

#3. OUTSTANDING CONTRIBUTION TO HDNCMS

Presented to a member who has served the medical association beyond the call of duty.

Physician candidates must be in good standing in the community and may be nominated for more than one award. Please submit nominations and supporting documentation by September 1st. For more information, contact Penny E. Figs at 442-2367 or hdncms@sbcglobal.net

Self-nominations are encouraged and accepted!

HDNCMS 2019 ANNUAL AWARD NOMINATIONS

TO: Humboldt-Del Norte Medical Society 2019 Awards Committee *(Please print legibly)*

FROM: _____ **PHONE:** _____
(Name Required)

NOMINEE: _____ **AWARD:** _____

For more than one nomination, submit separate forms for each. Please provide supporting information, including accomplishments and contributions that will help the Awards Committee evaluate your nominee. Nominations must be received by HDNCMS by September 1st. *Submit via any of the following methods:*

*E-Mail to: hdncms@sbcglobal.net / Fax to: (707) 442-8134
Mail to: Humboldt-Del Norte County Medical Society, P.O. Box 6457, Eureka, CA 95502*



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Note: Luther F. Cobb, M.D. is our District X Cal Pac Representative & local Legislative Committee Chair.



CME CALENDAR

GRAND ROUNDS / CASE CONFERENCE CALENDAR

AUGUST - SEPTEMBER 2019

Grand Rounds at St. Joseph Hospital (SJH) SJH Grand Rounds at St. Joseph Hospital (SJH) SJH Case Conference at St. Joseph Hospital (SJH) Grand Rounds at Mad River Hospital (MRCH) Grand Rounds at Redwood Memorial (RMH)	Thursday 12:15 pm or 6:00 pm - Conference Room C1 Fridays 12:00 pm - 1:15 pm - Conference Room C1 Fridays 12:00 - 1:15 p.m. - Conference Room C1 Thursday 8 am - Minckler Conference Room Thursday 12:15 pm or 6:00 pm - Video Conference (VC) - Renner Room
---	--

Tumor Board Calendar listed on bottom of calendar

AUGUST

- | | | |
|--------------|---|--|
| 8/5 (Monday) | "Nutrition & Exercise in Primary and Secondary Prevention of Cardiovascular Disease"
-Miroslaw Sochanski, M.D. | SJH Conf. Room C2 & C3
Evening 6-7 p.m. |
| 8/22 (Thurs) | "ACRA's Quality Payment Program - Surviving MIPS in Small Rural Practices"
Join Luh, M.D. | SJH Conf Rm C 1
Evening 6-7 p.m. |

SEPTEMBER

- | | | |
|-------------|--|------------------------|
| 9/5 (Thurs) | "Psychiatric Round Table Discussions"
-Robert Soper, M.D. | SJH, RMH (VC), No MRCH |
|-------------|--|------------------------|

TUMOR BOARD

AUGUST

8/7 (Wed)	TUMOR BOARD	SJH
8/14 (Wed)	TUMOR BOARD	SJH
8/21 (Wed)	TUMOR BOARD	SJH
8/28 (Wed)	TUMOR BOARD	SJH

SEPTEMBER

9/4 (Wed)	TUMOR BOARD	SJH
9/11 (Wed)	TUMOR BOARD	SJH
9/18 (Wed)	TUMOR BOARD	SJH
9/25 (Wed)	TUMOR BOARD	SJH

IDENTIFYING EDUCATIONAL GAPS

**Suggestions for strengthening our local CME Program are always welcome -
We encourage you to get involved**

The target audience is the Physicians of Humboldt and Del Norte Counties. Advanced Practice Clinicians, RN's, RD'S, and Pharmacists are also invited to attend. Please contact Terri Rincon-Taylor, CME Coordinator at (707) 442-2353 or ttaylor_hdncms@sbcglobal.net if you have any questions.

YOU MUST BE MEMBER OF THE CONSORTIUM FOR CME TO CLAIM CREDIT

The Humboldt-Del Norte Consortium for Continuing Medical Education is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Humboldt-Del Norte Consortium for Continuing Medical Education designates this live activity for a maximum of 1.0 hour of AMA PRA Category 1 CME Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
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www.hdncms.org

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