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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

Cover Photo

"BRIDGE AT COOPER GULCH"
Stephen Kamelgarn, M.D.

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Doctors Don't Just Heal The Sick. They Create Jobs

BY THEODORE M. MAZER, M.D.



During some of the worst wildfires in California's history, medical professionals stepped up to provide aid to neighbors and strangers, alike.

The incredible response is a testament to our collective strength. Heroes include Michael Witt, who risked personal safety to help evacuate babies from Sutter Santa Rosa Regional Hospital, and the staff at Kaiser Santa Rosa who helped evacuate patients attached to IVs as flames threatened the hospital.

And a new report illustrates how physicians do more than diagnose, cure and heal. They provide millions of jobs and generate billions in tax revenues and economic activity.

According to the American Medical Association's 2018 economic impact study, California's 90,000 physicians generate \$232 billion in direct and indirect economic activity, an average of \$2.6 million each. U.S. physicians produced \$2.3 trillion in economic activity, more than the total economic output for the entire country of Brazil.

California physicians generate \$11.2 billion in state and local tax revenue – an average of \$124,752 per physician – and support a total of 1.2 million jobs.

Despite the clear economic benefits, the U.S. is projected

to have nearly 100,000 fewer physicians than it needs by 2030. And because training can take as long as a decade, a physician shortage needs to be addressed now.

The shortage is especially acute in California, and is expected to get exponentially worse as the population grows and physicians retire. We need 8,243 additional primary care physicians by 2030 – a 32 percent increase. Six of nine regions have a primary care provider shortage, and 23 of 58 counties fall below the minimum physician-to-population ratio.

For patients, the shortage means longer delays for appointments, trouble finding a specialist and having to travel long distances to receive care.

California fills nearly 100 percent of its residency slots each year. Since 70 percent of those who complete their graduate medical education in the state stay to practice medicine, adding 1,000 more residency positions would expand our physician workforce by 7,000 within 14 years.

The new report demonstrates why tackling our state's physician shortage and supporting graduate medical education are so critical. More physicians will help keep our state's health and economy strong. **§**

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DOCTOR'S DAY, MARCH 30TH

“Caring Beyond the Call of Duty”. Thank you to all our dedicated doctors - we appreciate your commitment to building a healthy community for all.

This date recognizes the tireless efforts of physicians around the nation. March 30th is a day to show appreciation for the role of America's physicians in caring for the sick and advancing the art and science of medicine.

The date of Doctors' Day originates from the date widely considered to represent the discovery of anesthesia. On March 30, 1842, Barrow County, GA. Physician Crawford B. Long, M.D. administered inhaled ether to James M. Venable for the removal of a tumor from his neck.

In 1958, the House of Representatives passed a resolution officially recognizing Doctor's Day, and in 1990, legislation was introduced in Congress to make it a national observance. In 1991, following overwhelming approval by both the House and Senate, President George H.W. Bush issued an executive order that designated March 30 as National Doctor's Day.

HAPPY DOCTOR'S DAY!!!!

Guns and Public Health

Here Is The Evidence That Guns Are Dangerous To The Health Of Americans:

crickets



Jennifer Heidmann, M.D.

Oops, I forgot, you have to be able to study something scientifically to have evidence. The CDC is not allowed to do research that "advocates or promotes gun control." So for those of us who like to promote healthy choices based on studies that show what seems to be effective in a population, the gun control debate instead becomes rooted in emotions. Rage at the fact that mass shootings keep happening. Grief at the thought of the parents and children and teachers who have lost people they love or have had to hide in a closet hoping not to be shot next. Disbelief that our answer is doing drills to train our children and coworkers how to react when someone opens fire in our place of learning or where we provide healthcare.

Yes, the hard scientific evidence is scant. But there are some numbers. The American Journal of Medicine (129:3, Pp 266–273) published some data gathered from the World Health Organization that showed of 23 high income countries, 91% of bullet-related deaths in children occurred in the USA. 82% of all people killed by guns were from the USA. Accidental gun deaths were 6.2% higher in the USA.

The CDC did a survey (not research, just some facts) comparing the likelihood of being killed by a gun compared with other causes of death in various countries (2017-2012). In the USA, your risk of dying by a gun is similar to your risk of dying in a car accident. Here's the statistics from some other countries by comparison: in the Netherlands, accidental gas poisoning; in Germany, contact with a thrown or falling object; in New Zealand, falling from a lad-

der; in England, contact with agricultural machinery; in Iceland, electrocution; in South Korea, being crushed or pinched between objects; in Japan, being struck by lightning.

Although there are legislators have tried to make it against the law for doctors to discuss guns with patients, there is no federal or state law banning us from doing so at this time. Given the risk of gun-related death our patients face, it should cross our mind to inquire. Is this patient a child? From the journal Pediatrics in June 2017: about 1300 children die from guns, and over 5700 are treated for injuries related to guns annually. Is this patient at risk for suicide? Over 21,000 people kill themselves with guns in the US annually. Is your patient living in Humboldt County? In Humboldt County, we have some of the highest rates for firearms-related deaths as well as suicides in the state (CDPH County Health Status Profiles 2017). Does your patient fit the profile for someone who might be involved in gun-related violence? It is easy to tell, right? Because I can tell by looking at someone whether they are sexually active in unsafe ways, whether they drink too much, whether they are in an abusive relationship, or any number of other things.

Before you get up in arms, so to speak, I am being sarcastic. Of course we learn that profiling people is a good way to miss things in medicine, not to mention being ethically suspect. Unhealthy behaviors are equal opportunity employers. I can personally attest to this in my years of doctoring and in my experience as a parent. I have a son in prison due to his access to

guns, involvement in drugs, addiction and parental naivete. It was never something I considered a possibility in my own family. Thankfully, no one was physically hurt. The lesson here is that the statistics tell us we are all vulnerable. Our patients are vulnerable. Our children are vulnerable.

It is time for doctors to stand up and demand research. It is time for doctors to speak openly with patients about this risk, just as we discuss using seat belts and car seats for the thing that our patients are equally at risk of dying from as gun-related deaths. There is a position paper in the June 2014 Annals of Internal Medicine discussing our responsibility to work toward reduction of gun related deaths and injuries (Ann Intern Med 2014: 160 (12) 858-860). Just last week the AAFP, ACP, ACOG, AAP and APA made a joint statement calling upon our government to act to reduce risk of gun violence by:

- 1) Labelling violence caused by guns a national public health epidemic
- 2)Funding appropriate research at the CDC as part of the FY 2018 omnibus spending package
- 3) Establishing constitutionally appropriate restrictions on manufacturing and sale, for civilian use, of large capacity magazines and firearms with features designed to increase their rapid and extended killing capacity.

The children and adults being harmed and killed by guns in our country could be your children, your patients, or you. We can and we must do better to help each other

§

CLASSIFIED ADVERTISEMENTS

PRACTICE OPPORTUNITIES

Refer to Practice Opportunities on our website for a list of Practice Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure & Video; Links to Local Recreation; Links to Loan Repayment Programs; Norcal Medical Partners Facebook, and more....
www.hdncms.org

PROPERTY FOR SALE/ RENT/

OFFICE SPACE FOR LEASE. 4,000 sq. ft. medical office space to lease on the Mad River Hospital campus in Arcata. Contact John Biteman, MD (707) 499-0398.

MISCELLANEOUS

MEDICAL STUDENT HOST HOUSING NEEDED.

Do you have an extra room? Empty nest? Want to play a part in mentoring and welcoming a medical student to our rural county? Please call Kate McCaffrey at (707) 599-7832. In some cases a housing stipend is available. Thank You!

FIREWOOD for Sale.

Contact Lee (707) 499-2805

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.

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 1/2 price for personal ads (on space available basis).

ARE YOU A CONSORTIUM MEMBER?

Medical Society Members -
\$150.00
Non-Medical Society
Members - \$250.00

A self-supporting committee of the HDN Medical Society, our Consortium for Continuing Medical Education is accredited by the CMA Institute for Medical Quality to plan and accredit local programs to meet the needs of our physicians. Credit is provided for Grand Rounds, Tumor Board, Cardiac Cath Lab, UCSF Case Conference, Neo-Natal Resuscitation, etc. In addition to coordinating programs based on the feedback we get from the membership, we also work with the Humboldt IPA, Hospice, Public Health and other local agencies in coordinating CME credit for physicians.

HELP IDENTIFY LOCAL EDUCATIONAL NEEDS

HELP SUPPORT LOCAL EDUCATION - BE A CONSORTIUM MEMBER

Interested in speaking at Grand Rounds?
Contact CME Coordinator, Terri Taylor
442-2353
ttaylor_hdncms@sbcglobal.net

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