

North Coast Physician



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Acting Presidential

Luther F. Cobb, M.D.

For a bit over a year, Penny has been gently prodding me to pen a few remarks about the experience of being President of CMA. I have to say that it has been one of the highlights of my professional career to have had the opportunity to serve my fellow physicians and the public we serve in that capacity.

For 10 years, I was a member of the seven-member Executive Committee of CMA, the members of which are the current and immediate past Presidents, the President-Elect, the Chair and Vice-Chair of the Board of Trustees, and the Speaker and Vice-Speaker of the House of Delegates. Of course, each of these persons also have the individual roles assigned to their offices. The EC meets at least monthly, usually in person in Sacramento or occasionally in conjunction with Board, House of Delegates, or other meetings of the Association. This body performs the day to day direction of the 75 or so employees of the Association, who carry out a wide variety of tasks, most of which I think are "below the radar" of the average County Medical Society member.

For example, in Dustin Corcoran we have a CEO/Executive Vice President who really is the envy of all other advocacy organizations in the State. He is a bright, articulate, and very well-connected player in the Sacramento sandbox. He has the ability to figure out directions of political and regulatory currents and poise CMA to meet these challenges in a direct and effective way.

Perhaps the best example of this was the battle over Proposition 46. It seems a long time ago now, but this was without a doubt the gravest threat to the viability of medical practice in this state. For a short bit of background, since the mid-70's, California has been recognized as the leader in medical malpractice reform with

the institution of MICRA, the Medical Injury Compensation Reform Act. I won't review the various provisions of the act (passed under first Jerry Brown administration!), but it stabilized a very unstable and dangerous malpractice litigation situation that threatened the viability of medical practice. I was a mere medical student at the time, but recall the danger well.

Prop 46 would have increased the "non-economic damages" cap on malpractice awards at least fivefold, with an open-ended escalator clause that would have increased litigation drastically. Whether your practice is solo, group, academic or large group, this would have not only affected the reimbursement and costs of practice, but would have exposed all of us to myriad nuisance suits that anyone who has been sued knows is a major blow to a doctor's equanimity if not sanity.

When this was proposed, initial polling suggested that it had a very high chance of passage, based on the deceptive arguments in favor, and support of many prominent politicians at the State as well as Federal level. This truly execrable law would have also imposed drug testing on the flimsiest of pretexts, with automatic suspension from practice while the process dragged on. It would have been a practice death penalty, even for those who had committed no infraction.

With the dynamic CMA team, we not only turned back what appeared at first to be an irresistible tide, but we defeated the Proposition by a 2:1 majority, which is almost unheard-of in California proposition battles. It did not win a majority in ANY California county, which had never occurred before. This was a truly remarkable outcome, and it was far from inevitable at the onset of the struggle.

This was without a doubt the most impor-

tant and hard fought issue in my tenure, and I'm proud to have been one of



those to help push this across the finish line. This took place while I was President-Elect, and in fact I held off taking office for a few weeks so that Dick Thorp, my predecessor in the office, could offer continuity in the advocacy. But it was expertise of both the full-time and contract employees arranged by Dustin that put this over the finish line.

In Janus Norman, we have the best legislative lobbyist in Sacramento, and I have known quite a few in my tenure in office and before. We were able to entice him from arguing for Labor issues. He is also an incredibly bright and articulate man, and also personally charming. He is the one who carries the brunt of the hundreds of proposed bills that are considered every year in the Assembly and Senate. It is almost always the case that if there is a bill that is not seen favorably by CMA, it does not get through the legislative process. Although we tend to get blase' about this at times, it takes continued and dedicated effort, and Janus is the tip of the spear for the effort, aided by a small but effective crew of lobbyists. Sometimes the term "lobbyist" is viewed with disdain, but all that is implied is an advocate that takes the policy that we the physicians of CMA develop through our Council on Legislation, House of Delegates, and Board of Trustees, and use that as a guide to the various proposals that crop

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"Bookmark" - www.cmanet.org/HOD & Bookmark: www.cmanet.org/grassroots

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the form of a patchwork or band-aid approach to a comprehensive solution to the problems of medical practice, access, and resources.

CMA actually has a policy compendium with well thought out and consensus approaches to policy. Perhaps the best example of this, in my personal experience, was the debate over Physician Aid in Dying, which probably was the hottest issue of debate while I was President. This was a very emotional debate, with sincere and deeply held opinions on a wide variety of "sides". There was no simple pro or con opinion, but a lot of issues to consider. CMA did a deep dive on the opinions of physicians throughout the State, CMA members, and public opinion, finding out somewhat to our surprise that there was really a much more broadly held view that this could be done ethically and with consideration of most points of view. I had the opportunity to meet with the authors in the Senate of the bill that finally was passed, as well as the Governor and other officials. I think we made the best compromise possible, although of course not everyone was satisfied. At least we made a sincere and good faith effort to get opinion from all sides.

Another key CMA employee is Francisco Silva, our Chief Counsel. Francisco is a very experienced and keen attorney, who prior to being chief of our legal department also had experience as a lobbyist. Most of the legal issues that CMA has to contend with are not obvious to the rank and file membership, but there are important challenges all the time, and Francisco and his staff keep a close track of all these. I think the best evidence of his effectiveness is that you don't often hear about it, because bad things don't happen. It's like a good baseball umpire; the best ones are not noticed because they don't miss the calls.

The last CMA employee I wanted to mention individually is Elizabeth McNeil, our Federal Affairs lobbyist. I wish all of you

could meet her (and she has been here a few times to give talks; if she returns, don't miss it). She had a prior career as a Congressional staffer, and she is well acquainted with all the key personnel, especially the staffers, who do most of the real work that is done in Washington. She was absolutely key to getting the passage of the SGR Reform bill of 2015. You may not recall that too much, as it prevented rather than treated a potential disaster, but if it had not passed, you surely would have noticed, as it would have led to a mandatory arbitrary cut of about 30% in Medicare reimbursement, across the board. Of course, the other payers would have followed gleefully. Why that would have happened is a long story which I won't recapitulate, but because that reform was successful, and one of the only bipartisan bicameral policy initiatives to happen in DC in the past several years, it is a remarkable outcome. I was proud to have had some part in getting that through, and probably the most memorable event in my Presidency was the privilege of going to the Rose Garden of the White House to celebrate and acknowledge that legislative accomplishment.

Of course, the final person I wish to acknowledge is someone that I know all of you do know, our own Penny Figas. Penny is perhaps the most accomplished, and one of the longest-term, County Medical Society executives in the State. She is very highly regarded all across the State. Again, because we all know her, and because she tends to be modest, she won't trumpet her accomplishments, but I can assure you that she is the glue that keeps our small, rural Medical Society active and vital.

Of course, all of this activity does not come for free, and here is my final note and appeal. No one likes to spend money when you think someone else can spend it for you, but support of HDNCMS and CMA is something that depends on all of us. I can assure you based on long experience that without the advocacy and support that these

organizations provide us, our life would be much more difficult, and our patients would suffer as well. It really is incumbent on all of us to support this effort. We pay our taxes, we pay our specialty society dues, we pay the medical staff dues required of our hospital membership, and we don't have a choice about that. We do have a choice about supporting our Medical Society, but trust me, it is money very well spent. I am sure that there are policies that CMA supports that may be objectionable to any one member, but failure to support on that account is short sighted and foolish. If we do not have these effective organizations looking out for the interest of our practices and our patients, then the other forces in the arena, most notably the Trial Attorneys, will be unopposed and that would be tragic, and once legislation is passed, or regulations established, it is very much more difficult to reverse than to have prevented.

I finally would take this opportunity to thank all of you here in HDNCMS and elsewhere around the State that have been so helpful in allowing me to have the privilege of the offices I have held. It truly was an adventure. If any of you have interest in filling one of these offices or contributing in one of the many ways to CMA, I would be happy to talk to you and help you in your efforts.

Are you 65 years of age or above and work under 20 hours per week?

If so, you are eligible to apply for a new HDNCMS membership category called, "Semi-Active." This category allows members to pay half of the regular HDNCMS, CMA and AMA membership dues. To apply for Semi-Active status, call the HDNCMS Office today (442-2367)