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Sonoma Medicine

The magazine of the Sonoma County Medical Association

Telemedicine

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Sonoma Medicine

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See page 47 for new member and resident details.

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www.scma.org

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Looking Outward and Helping Those in Need

As I write this, I'm savoring time with my family over the Thanksgiving holiday and feeling very blessed by the progress of our community over the last year. This time last year, my family was bringing store-bought prepared turkey, stuffing, and all the fixings to our FEMA-contracted debris removal crew, who worked on Thanksgiving to clear our lot while separated from their families.

This year, I actually prepared and cooked our Thanksgiving meal like I used to in our old home, and felt truly "at home" because my family was all together. That feeling of being at home comes from the people at the table and the love we share, and not the location. Now the residents in Paradise to our north are facing horrifying devastation, and many of us are assisting with donations of money, on-site help, food, and supplies. Our community loves to give back, even while mourning the losses from 2017.

I truly believe that one of the secrets to healing from any loss involves looking outward and helping others in need. So, let's keep giving in person and donate to relief efforts like Red Cross and Convoy of Hope, when we can't offer help in person. But, can we also harness that generosity and bring it to our everyday world? When we're waiting for a late arrival in the office and burning with attitude that they're taking time away from both the next patient and our families, can we stop and smile and give them grace and understanding? Maybe they're moving slow from pain; maybe they don't have a car and haven't learned the fastest transit route yet; or maybe they're dreading what we have to say. We have a million opportunities to give back and be generous with our spirit, our kind words, and our time, on a daily basis.

Speaking of giving back: this issue of *Sonoma Medicine* covers exciting ways our members are helping others around the world with mission trips, obesity research, and telemedicine. Dr. Jim Gude details how he's partnered with Rotary International to support hospitals worldwide to reduce mortality and morbidity. Drs. Courtney Stewart and Joseph Stewart write about their on-site research into the obesity epidemic in the Cook Islands and strategies to help address it. Dr. Jeff Sugarman is covering thousands of miles in lightning time with his teledermatology clinics across the California prison system. Then, there's Liz Madison and Dr. Albert Chan describing how Sutter Health used video visits to provide guidance and timely care to patients shortly after the Tubbs fire, and Morgan Jolley outlining St. Joseph Health's growing telehealth program.

SCMA continues to grow and change in exciting ways. Wendy, our executive director, is tireless in her efforts to work on our behalf to touch our community and connect us. She and the SCMA team organized another successful Fire Recovery Workshop in September with Medtronic and Kaiser Permanente, assisted by a panel of community leaders armed with resources. We had our first Women in Medicine event at member Dr. Joanne Tsai's home, and it was well attended and fun, with lots of ideas and planning work from our members for future events. Much planning went into another successful Annual Holiday Gala, and also our health careers scholarship fundraiser. We're trying to engage with our community needs more, and Rachel Pandolfi and I spent "One Cold Night" in December to raise funds and awareness for our homeless youth. It is no surprise, then, that last October Wendy was honored for outstanding service to the community at the *North Bay Business Journal's* Nonprofit Leadership awards. We are so lucky to have her as our executive director!

I do have one complaint: she allowed an award from SCMA to me which, if I'd known about in advance, would have been vetoed. I like to give and NOT receive, and still feel I have work to do to be worthy of it. (Or maybe that's the point—to guilt me into better performance!). At any rate, I look forward to growing and sharing with you all and finding new ways to touch our community with SCMA.

Here's to joy in service,
Tricia May

SONOMA COUNTY MEDICAL ASSOCIATION

Positive Developments Coming in 2019

"Winter issue 2019"? Where did last year go? There was so much we planned to do last year that didn't get done. I would take a guess that you feel the same way, in both your professional and personal lives. With that said, the new year is a great time to take stock in what we have actually accomplished. If you take a moment and reflect, I am sure you will find you have done more than you thought.

Now that we have reflected on 2018, let's talk 2019! As the publisher of this *Sonoma Medicine* magazine and the executive director of the Sonoma County Medical Association and the newly formed Medical Society of Sonoma County, I sometimes have conflicting challenges. My task as publisher of *Sonoma Medicine* is to create a publication that is of interest to the medical community. As the ED for SCMA|MSSC, my task is to be a steward of your membership dues and provide value to our members. You will be happy to know that I take these roles very seriously and hope to represent you to the best (and beyond) of my abilities. I strive to challenge not only myself, but the team that stands steadfast behind all that we do here at the SCMA office. SCMA is a very fortunate medical association. I can honestly tell you that the team that works on SCMA publications and activities is absolutely dedicated to YOU, the member.

Toward that, let me share my dilemma with you. The magazine that you are now holding takes considerable time to put together. There is an editorial board, chaired by Dr. Allan Bernstein and populated by a number of dedicated physicians, some of whom have served continuously for many years now. Their job is to come up with topics and then identify potential articles and authors to fill the next issue.

Consider this. Have you, or anyone you know, written an article for this publication? If you cannot say yes to this question, perhaps you will say yes to this question: Do you want to see the magazine continue? Our challenge is that we have an obligation to use member dues/resources wisely and provide you with member value. We understand that we are not a publishing house—we are a medical society. We spend many hours, resources and staff time producing the quarterly magazine that could be spent elsewhere if the publication is not exactly what you want and need from your medical society.

Let's try something different: I challenge you to call or email me saying "yay" or "nay" to continuing this publication (707-525-4375 or exec@scma.org). I wonder which direction, if either, will get the most responses? You see, here is what is possible without the publication. With your direction and input, my team will spend more time doing other activities/events/programs that create value for you. Either way, it is your membership dues we are spending. How would you like to see this organization focus our efforts? Your feedback is valuable to this discussion.

Physician wellness in 2019! That is where we are headed. CMA is strategizing a robust physician wellness program that will roll out shortly. I am touring medical offices saying hello to group leaders and solo physicians, letting them know about the new program. If you are interested in hearing more, I am happy to come meet with you as well. Contact me at the email or phone listed above.

I took part in the (very intense) Sonoma Community Resilience Training at the end of November. The scary part is that the four-day workshop was just the first part of the training. We have another four-day advanced training in January 2019. There were several other physicians going through the training along with me and 120 community trailblazers.

Our goal after the advanced training is to be a resource to our community on dealing with daily stresses and PTSD. We will be putting together eight-week small group sessions (8–10 people per session) and sharing what we have learned, so you can use these skills yourself, and with your patients. I didn't realize there were so many ways to meditate! I thought that meditation was always about being quiet and still. I discovered that meditation can also be about movement, breathing, and releasing energies that are weighing us down. For me personally, the movement-based practice seemed to work better. I talk too much (to myself) for the still and quiet type of meditation to be effective. I look forward to sharing all of this with you soon.

2019 is coming at us, and it has a plan! Are you ready? Have you joined the local medical association? If not, now is the time. In 2017 we changed the face of SCMA by hiring a new executive director when our longstanding director retired. In 2018 we changed the logo, and in 2019 we are stepping up the game even more by seriously addressing physician wellness and burnout. To reap the most benefits, you will need to be a member. Now is the time to get involved. How may I help you?

May this year bring good health and good fortune to all the generous, kind, and talented members of our local medical community. ■

Email: exec@scma.org

Pictorial of 2018 SCMA Events


Sonoma Community Collaborative Resilience Training


St. Joseph Health Golf Tournament


SCMA House of Delegates Representatives in Sacramento

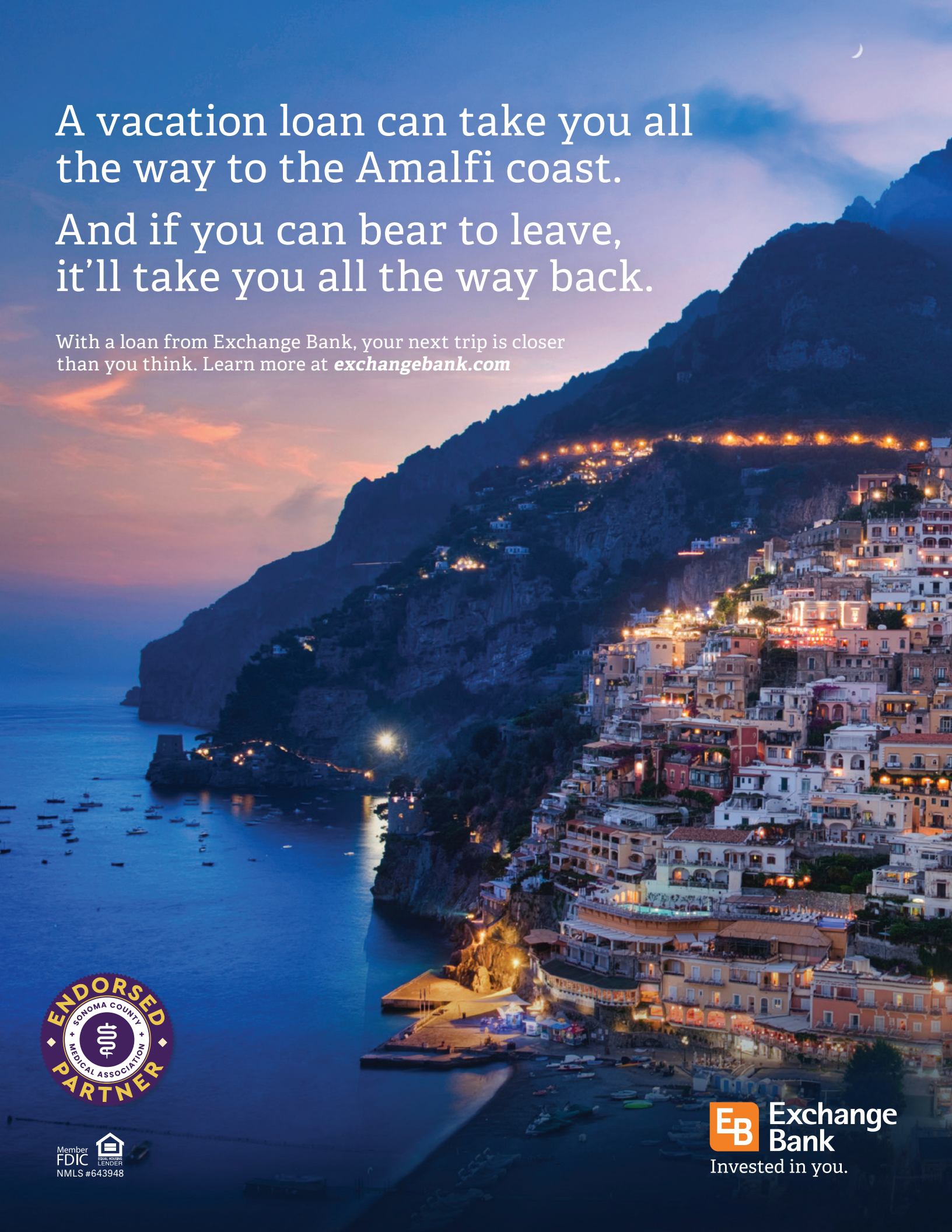

SCMA Physician Appreciation Reception at La Crema Winery


SCMA Women in Medicine Event


SCMA Fire Recovery Resources Workshop


Sutter Health Catwalk for a Cure

Exchange Bank Reception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Providence St. Joseph Health: Improving Patient and Partner Outcomes

Morgan Jolley, MHA, with *Sonoma Medicine* Staff

According to St. Joseph Health Regional Director of Market Development, Morgan Jolley, St. Joseph's telemedicine offerings are robust now and growing more so for the future. "We are integrating a very strong technical and programmatic component with an emphasis on physician experience to telehealth that can only mean good things for our patients moving forward, "he told *Sonoma Medicine*.

The Providence St. Joseph Health System provided over 20,000 acute care telehealth consultations in 2017 from over 100 sites across six states, utilizing the same specialists for both on-site and telemedicine applications. "Patients can access round-the-clock, seven-day-a-week, specialty consultations in the hospitals via secure video," Mr. Jolley said.

"Telehealth overcomes several hurdles that can traditionally be barriers to the effective practice of medicine," he says. "Geography—when the patient and healthcare professional are separated by physical distance. Time—where care must be provided quickly, such as a stroke, for example. And the nationwide shortage of specialists: we can now connect a specialist to a patient, regardless of either's location," Mr. Jolley notes.

There are three acute care areas that are benefitting from the Providence St. Joseph Health telemed initiatives: stroke, acute psychiatric care, and hospitalist care.

Mr. Jolley serves as regional director of market development for St. Joseph Health Northern California.

TeleStroke

Providence St. Joe's Telestroke Service provides instant access to board certified neurologists and their teams to improve clinical outcomes at a lower cost. Providing immediate acute stroke assessment and determination of therapy is often a challenge for rural, community, and other health centers. "TeleStroke overcomes those barriers," Mr. Jolley says. "Under this initiative, regardless of their location, our patients have 24-hour access to highly trained neurologists. Our installed technology platform allows us to provide expert medical care, from initial evaluation through follow-up. We can even partner with local stroke care services to provide a one-stop solution," Mr. Jolley remarks.

TelePsych

In a similar fashion to stroke treatment, Providence St. Joseph Health's telepsych program enables 24-hour access to highly trained and experienced board certified psychiatrists. "Each psychiatrist is interviewed and vetted prior to being assigned to the system call panel, and they all have experience in telepsychiatry," Mr. Jolley says. "Our healthcare system nationwide is suffering a shortage of psychiatrists, so telemedicine is making significant strides in helping us overcome that deficit," he says.

TeleHospitalist

Providence St. Joseph notes that it is difficult to maintain 24/7 inpatient coverage in a rural hospital. When it's hard to justify having a physician on site during nighttime hours, employing a telehealth solution can be more affordable. To ensure the highest quality and consistency of care, Providence St. Joseph's hospitalist telehealth program offers "immediate access to experienced hospitalists during the night, and expedites the time from diagnosis to treatment, improving both clinical and financial outcomes, and reducing stress for staff." This service can also be used during peak periods to help support on-site hospitalists when necessary.

Affordability

The oft-stated goal of truly affordable healthcare is fully realized with this telehealth program. Depending on a patient's insurance benefits, the cost of a telehealth e-visit is around $49. Patients can verify that their insurers include telehealth coverage when they activate an account with Providence St. Joseph Health.

E-Visits

New for Northern California are "e-visits" offered by Providence St. Joseph Health in the outpatient setting. "For basic, nonemergency visits, patients can now use an app on the iPhone or Android system for a medical consultation, Mr. Jolley notes. "Healthcare is now finally catching up to our patients' adoption curve of technology. Instead of the old model, requiring patients to visit a doctor's office or the hospital, we are now meeting the patient literally 'where they live' to receive healthcare," he remarks.

Mr. Jolley says the benefits to the healthcare consumer of Providence St. Joseph's telehealth initiatives are fivefold. "Our patients enjoy increased access to specialists. They get the care they need faster, and better outcomes as a result. Costs are lowered, and care is kept local. Finally, both our patients and our providers are expressing higher satisfaction when telehealth is employed," he told *Sonoma Medicine*.

continued on p. 12

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Video Visits Help Meet Patients Where They Are for Primary Care

Liz Madison

The fires that surrounded the North Bay in the fall of 2017, ripping through neighborhoods and displacing hundreds of people, helped fully illustrate the value of Sutter Health's video visits. Imagine waking up in the middle of the night with just moments to make decisions about what to take with you. While thinking you are grabbing the most meaningful things, inevitably there could essentials left behind—like medications. Or, the choking smoke spreading across the region is seeping into your lungs and rattling your asthma. You are desperate for relief and need to see a doctor, but you are moving from location to location, just to stay safe from the flames.

Twenty-three Sonoma County-area Sutter Health patients ended up connecting with clinicians online in the days following the Tubbs Fire. Sutter Health clinicians addressed a range of ailments during that time—including respiratory issues, sore throats, and nausea—providing comfort in a time when nothing seemed certain. Albert Chan, MD, MS, Sutter Health's chief of digital patient experience, whose team helped launch video visits, recalls the story of a pregnant woman who tapped into the service. She was unable to get in touch with her doctor, but was vomiting and running the risk of dehydration. But with Sutter Health's video visits, she was referred to another OB-GYN who could see her immediately.

Liz Madison serves as media relations manager for Sutter Health.

Albert Chan, MD, MS, Sutter Health's chief of digital patient experience.

"That was a powerful 'a-ha' moment for me," said Dr. Chan, who grew up in nearby Petaluma. "Sutter's video visits are meant to add a convenient, flexible option for people's primary care needs. It's a means to meet people where they are for care; and during the fire crisis, that was essential for so many who had to be evacuated."

Sutter Health had just started to "pilot" video visits in June 2017 in the Sacramento Valley. Dr. Chan and his team flipped the switch to include the option for Sonoma-area patients when the North Bay fires started. Video visits are now readily available for any Sutter Health patient in Northern California who is signed up for My Health Online, Sutter Health's online patient portal.

In a day and age where convenience is king, Sutter Health set out to create more options for patients after listening to their feedback. And a new front door to access Sutter's high-quality care—albeit virtual—was opened.

"Dependable, quality care and a positive consumer experience are equally important to patients. Video visits hit on both of those notes," said Dr. Chan.

Sutter Health video visits are available for those 18 months or older from 8 a.m. to 8 p.m., seven days a week. Video visits are also available 8 a.m. to 2 p.m. every holiday with the exception of Thanksgiving and Christmas. Patients log in, select a time that works best for their schedule, and eventually consult with an advanced practice clinician. The clinician can help them with a variety of primary care concerns, including but not limited to abdominal pain, the flu, earaches, or even urinary tract infections. In many instances, insurance covers video visits, but it is best for people to check with their insurance providers.

"These are really meant to complement and be an extension of the personalized care our patients get from their Sutter primary care doctors," added Dr. Chan, who also cares for patients as a family medicine doctor with Sutter Health's Palo Alto Medical Foundation.

Sutter Health's video visits are staffed by nurse practitioners or physician assistants who work out of Sutter Walk-in Care centers—another creative primary care option located in several Bay Area and Sacramento Valley communities. Some nurse practitioners have part of their shifts at the Walk-in Care sites devoted to video visit consultations. While each provider is well-versed in traditional bedside manner, video visits require something that Dr. Chan refers to as "webside manner." Webside manner

means paying close attention to ways of connecting to patients, even if it's virtually. For instance, video-visit providers are coached to place more emphasis on eye contact, since the provider and patient are in different locations.

While it's always exciting to think about the next new care delivery for patients, Dr. Chan and his team are focused on taking the time to analyze and evaluate how patients are embracing the video-visit platform.

"What's cool about our jobs is that we can dream up ideas and actually see firsthand how they can make a difference for patients," said Dr. Chan. "And because we're always focused on improvement, we will continue to refine and enhance this approach to care."

Email: MadisoL@sutterhealth.org

Telepsychiatry Broadens Access to Specialized Care

Telemedicine comes in all shapes and sizes, from the more basic uses to the highly specialized. One of the more intriguing developments in telemedicine has been telepsychiatry. The growing demand for mental health support comes alongside an attitude shift where people are more transparent about their mental health challenges. And while that shift is encouraging, there will always be those moments where people experience a mental health crisis. In some of those cases, a trip to the emergency department may be most appropriate. But it could be hours before a qualified mental health professional is available.

Sutter Health collaborated with virtual medical staff to provide reliable and consistent mental health consultation virtually in 15 of its medical centers, including Sutter Santa Rosa Regional Hospital. Telepsychiatry services are now available 24/7/365 to patients inside emergency departments or who are otherwise admitted into these hospitals.

Timothy Jones, MSN, PMHNP-BC, Sutter Health's telepsychiatry program manager.

Timothy Jones, MSN, PMHNP-BC, Sutter Health's telepsychiatry program manager, explains that extra layer of support broadens access for patients across Sutter's diverse not-for-profit network, which ranges from the Gold Country foothills to the North Bay and downward to Silicon Valley.

"We have several rural-area hospitals inside our geographic footprint. In some instances, there are very limited options for psychiatry services, or none at all," Jones said. "But the need for psychiatric care is constant. We worked very hard to identify an option that would treat the whole patient, mind and body, in an acute-care setting."

Using safe and secure video conferencing technology that is also HIPAA compliant, telepsychiatrists can visit with patients 13 years or older via a workstation equipped with a computer screen that can be wheeled into the patient's room. On average, it takes about an hour from the time a consult is requested to the telepsychiatrist's meeting with a patient. Depending on the patient's needs, the telepsychiatrists, who are board certified, can spend anywhere from 45 minutes to an hour with each patient, supporting them through their crises. They are also given real-time access to the patient's electronic health record history, so they can review recent diagnoses or medications.

The benefits of telepsychiatry haven't gone unnoticed. The American Psychiatric Association notes the service improves access to mental health evaluations, reduces delays in care, and enhances continuity of treatment, since outpatient care is often recommended for patients once they are released from the hospital.

Since Sutter Health's telepsychiatry program launched, more than 2,100 patients have received services. For Jones, it's a sign of progress.

"We believe this is the right thing to do for patients. It can have a very powerful cumulative effect," he said. "By actively treating patients' psychiatric symptoms, we can reduce their lengths of stay, and in many instances reduce their need for higher levels of care."

PROVIDENCE ST. JOSEPH HEALTH: IMPROVING PATIENT AND PARTNER OUTCOMES *(continued from p. 9)*

"This is really changing the game for the better," he says. "After being in development for 15 years, Providence St. Joseph was able to assist patients with 20,000 telehealth acute-care encounters in 2017 alone. About 2,000 of those occurred in Northern California. If you have a cellphone, a landline, or a computer with internet access, you can use them for a healthcare consultation. When you think of what this is doing for young mothers, for millennials, for the elderly with limited access to transportation, telehealth is truly transforming and expanding access to medical care—and that is a goal we all share," he notes.

As for the future, Mr. Jolley is optimistic about the growing prospects for telemedicine in the patient population of Providence St. Joseph Health. "Providence St. Joseph is proud to offer the largest not-for-profit telehealth system in the United States," he says. "This is patient-centric healthcare, and we are continuously integrating additional training and best practices to provide outstanding health access to our rapidly expanding community. For both the provider and the patient, telemedicine will soon be a seamless component of the healthcare delivery system," he said.

Readers wishing to know more are encouraged to visit:

https://www.providence.org/telehealth

https://members.mdlive.com/sjhnorcal/landing_home.

Email: morgan.jolley@stjoe.org

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Global Telemedicine: a Rotary Initiative

James K. Gude, MD

2015: Dr. Arthur Bikangaga prepares to take equipment donated by Global OffSite Care back home to the Kabale Medical Center, Uganda.

In 2006 I had the good fortune to team with Dr. Lew Solomon, my best friend, and Jeff Dunbar, my son-in-law, to found OffSiteCare (OSC). OSC provides telemedicine clinical services to hospitals including intensivist, hospitalist, cardiology, stroke, infectious disease, psychiatry, and dermatology. OSC currently services 14 sites nationally, and our goal is to provide quality, economical specialty telemedicine consultations. Our current niche is providing tele-intensivist night care to long-term acute care hospitals.

2015: KIST Hospital, Kathmandu, Nepal, joins our network.

On a Fulbright Grant in 1960/61 at the University of Goettingen in Germany, I ran across the autobiography of Dr. Albert Schweitzer. As a well-known Bach organ interpreter, theologian, and philosopher, he wrote at age 30, "On October 13th, 1905, a Friday, I dropped into a letter box in the Avenue de la Grande Armee' in Paris letters to my parents and to some of my most intimate acquaintances, telling them that at the beginning of the winter term I should enter as a medical student, in order to go later on to Equatorial Africa as a doctor."[1] His plan was one of direct human service as a physician. In 1952 he was awarded the Nobel Peace Prize. While attending the Yale School of Medicine, I considered joining Dr. Schweitzer in Lambarene, Gabon; but he died on Sept. 4, 1965.

Dr. Gude serves as medical director at OffSiteCare, Global OffSite Care, and Med Wave.

With good fortune and luck I married Sally, as Philip did in Of Human Bondage.[2] I trained at Stanford as an intern, resident, and fellow, and was drafted during the Vietnam War to serve as a physician aboard a nuclear submarine, where I survived by reading Montaigne.[3] Sal and I moved to Santa Rosa in 1971 with three amazing young children. I had a private practice in Pulmonary and ICU Medicine, and taught in the UCSF Santa Rosa Family Medicine Residency Program, becoming a UCSF clinical professor of medicine in 1989. My three children with variable marriages led to 11 even more amazing grandchildren. At age 79 I remain a practicing intensivist, hoping to bring better medical care to Africa and elsewhere in the world, using telemedicine via the internet, in the spirit of Dr. Schweitzer.

Partnering with the Methodist Church in 2011, I attempted to establish telemedicine in the Democratic Republic of the Congo, Liberia, and Sierra Leone. But it did not take hold, and I surrendered my Schweitzer aspirations. Then, in 2012 Gail Thomas, president-elect of the Rotary Club of Sebastopol Sunrise, and Mikel Cook, incoming international chairman, approached me about a Rotary initiative

2015: Graduation ceremony for the first Heberden Telemedicine Seminar Class.

2017: Dr. T. Rubanazbigwi, Shyira Hospital, Rwanda.

regarding global telemedicine. They proposed forming a non-profit 501c3, Global OffSite Care (Global OSC), which would partner with Rotary International (there are over 30,000 Rotary Clubs) to support in-need hospitals worldwide in adopting telemedicine to improve healthcare by reducing mortality and morbidity. They consulted with Dr. John Philip, president of the International Fellowship of Rotary Physicians, and he supported this global telemedicine initiative. In May 2013, Global OSC was formed as a non-profit, 501c3, with Mikel Cook serving as president. My medical mission aspirations were thus reborn: my goal was now to pursue global telemedicine in the Schweitzer tradition as medical director of Global OSC.

The strategy of Global OSC is to offer local hospitals anywhere, sponsored by a local Rotary Club, three services: education, consultation, and electronic medical record support. The education consists of weekly live internet "grand rounds" provided on Wednesday mornings from the Sebastopol Specialty Hospital Main Conference Room for the Africa/Atlantic/South America sites; and monthly Thursday evening live internet "grand rounds" for the China/Pacific Region sites from the Global OSC Sebastopol office. The local supporting Rotary Club provides internet, Wi-Fi, a large monitor screen, speakers, a computer, and a microphone. We encourage local high school (Interact) or college Rotary Clubs (Rotaract) to support these Global OffSite Care educational meetings with technical support and refreshments.

The consultation is accomplished by providing an Android tablet with a KUBI device for pan and tilt movement for clinical consultative use by a panel of consultants chosen by the hospital. The electronic medical record (EMR) portion of the initiative provides a cloud-based EMR (HarmoniMD donated by MedWave in Sebastopol) for use with education and consultation. Via a per-patient subscription that is far more cost-effective than paper records, this EMR can be used for expanded hospital EMR services.

On Dec. 11, 2018, in Nassau, Bahamas, Mary Graves, rotarian, and Dr. Jim Gude, medical director, Global OffSite Care, met with Mr. Barry Rassin, the president of Rotary International, to discuss initiatives to support worldwide telemedicine. The opportunity to take telemedicine to a new level in improving world healthcare is at hand. By means of telemedicine education, consultation, and EMR use, world healthcare with Rotary support can be improved.

Dr. Albert Schweitzer had an "I and thou" direct approach to the delivery of medical care in Lambarene, Gabon. In the same spirit, Global OSC offers a "telemedicine and thou" internet approach by which many more patients in Africa and elsewhere in the world can be reached and helped.

Please view our introductory video created by Sonoma State University Rotaract Club at https://vimeo.com/297405239.

2013: Medical staff of the Mary Johnston Hospital participating in telemedicine grand rounds.

2013: The Federal Medical Centre of Yenagoa, Nigeria, joins our network.

Email: jim.gude@offsitecare.com

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Teledermatology in the California Prison System

Jeff Sugarman, MD

Dr. Sugarman conducts a teledermatology clinic from his office in Santa Rosa.

The prison population represents a setting with unique barriers to specialty healthcare. Most prison physicians and advanced care practitioners are unfamiliar with managing dermatology diseases, leading to misdiagnosis, delayed diagnosis, and inappropriate management. Even if the prison could find a local or regional dermatologist who would allow a shackled prisoner in an orange jumpsuit in an office waiting room, the cost of providing such care is enormous, often requiring traveling long distances with two armed guards.

Teledermatology services in the prison system may offer cost-effective access to this special and underserved population. The use of teledermatology in general has increased significantly in the past decade. By January 2012, 37 teledermatology programs were active in the United States. "Store-and-forward" teledermatology was the most frequent delivery modality, offered by 30 (81 percent) of the programs. The majority of the programs were based at academic institutions (49 percent), Veterans Administration hospitals (27 percent), private practice (16 percent), and HMOs (8 percent).

Dr. Sugarman is a dermatologist and member of the Sonoma Medicine *editorial board.*

An updated study in 2018 revealed 40 active nongovernmental programs, amounting to a 48 percent increase and a 30 percent discontinuation rate over five years. Academia remained the most common practice setting, at 50 percent. Median annual consultation volume was comparable with 263 consultations, but maximum annual consultation volume increased (range: 20 - 20,000). The most frequent payment method was self-pay, at 53 percent. Store-and-forward continued to be the most common delivery modality. In Fiscal Year 2016, the VA system consisted of 62 consultation sites performing a total of 101,507 consultations (Yim telemed *J E Health* 2018).

A retrospective analysis of 1,500 patients evaluated via live, interactive teledermatology over 2003–2005 at UC Davis compared diagnoses and treatment plans between referring physicians and teledermatologists. Patients with two or more teledermatology visits within a one-year period were assessed for changes in clinical outcomes. Teledermatology resulted in changes in diagnosis in 70 percent of cases, and resulted in changes in management in 98 percent. Furthermore, teledermatology was associated with significantly improved clinical outcomes ($p<0.001$). (Lamel and Armstrong *Arch Derm* 2012). Store-and-forward dermatology has also been shown to improve knowledge among primary care providers (Mohan *JAAD* 2018).

I have been conducting real-time teledermatology clinics with a high-resolution camera two mornings a month for the past six years for the California State Prison System. A local company, OffSiteCare, handles the contracting and scheduling. I am templated for 12 patients in a morning, and each visit is scheduled for 15 minutes. In this way I am able to "travel" remotely up and down the entire state, covering thousands of miles in three hours. Records for each patient are delivered securely in advance of each clinic.

At the patient's allotted appointment time, he or she "videos-in" to my large,

portable monitor from a prison's nursing or medical clinic. In real time, I take the patient's history and perform the exam. We alternate to a second camera, called a "derm" camera, used by the prison nursing staff for high-resolution examination of particular skin lesions. This can sometimes be frustrating if the nurse is not familiar with the equipment. I then dictate my report, which is delivered on a secure website that day or the next. I edit the report and OffSiteCare sends it back to the particular prison housing the patient.

If I am unsure of the diagnosis, I order a biopsy, which can be done on-site at the prison. The patient then follows up with me after the results are back for a discussion of the diagnosis and creation of a management plan. The biggest pitfall here is that often the physician performing the biopsy does not outline clearly the clinical appearance of the lesion and the differential diagnosis on the pathology requisition form. Without this important information, often the pathologist has more trouble rendering an accurate diagnosis. Compounding this problem is that many of the pathologists reading these biopsies are general pathologists rather than dermatopathologists. The prison formulary is another barrier to optimal management. For example, I have seen quite a few young men with nodulocystic scarring acne requiring isotretinoin, an item not found on the formulary.

Data from an analysis I performed couple of years ago with Dr. Tyler Gray, then a resident at the Sutter Family Practice Residency Program, revealed that I performed 58 clinics over 2.5 years. There were 587 total patient visits, 448 of whom were unique patients (422 men and 23 women). Of the unique patients with available race data, 44 percent were Caucasian, 35 percent were African-American, 18 percent were Latino, and 3 percent were Asian. The average age was 47.9 years. The most common diagnoses were skin cancer including melanoma, actinic keratosis, psoriasis, acne, folliculitis, tinea, and eczematous conditions.

There are many barriers to offering teledermatology, including disparate billing policies and regulations, especially when providing services across state lines. One needs specialized and sometimes expensive equipment to perform these services. Live, real-time visits involve scheduling challenges and workflow issues, including requirements for staff presence and training at the originating site. The availability of specialists via telehealth is improving, but still an issue. Reimbursement models are still nascent and inconsistent. At times there are inappropriate referrals and poor workups prior to a consult. The diagnostic accuracy of virtual visits may be inferior to live visits, resulting to inferior management. Diagnostic accuracy, especially for pigmented lesions, needs improvement. Virtual visits do not allow for the ability to perform diagnostic procedures to confirm clinical suspicions. And there are liability concerns, as well.

However, despite these challenges, teledermatology clearly improves access to healthcare and lowers costs. Live, interactive teledermatology may be superior to store-and-forward. Just as the internet transformed the world of commerce, telemedicine has the potential to transform the world of healthcare.

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Obesity in Paradise

Courtney Stewart, MD, MS, MPH, and Joseph Stewart, MD, MA

Drs. Courtney and Joseph Stewart take a break from their Cook Islands research.

We arrived in the Cook Islands in May 2018 for a one-month elective project, seeking shelter from our in-baskets and hospital shifts, while craving escape and inspiration for our future. As family medicine residents interested in global health, we viewed the opportunity to peek into preventive-health issues occurring in far-flung locales was irresistible. Pacific Island countries represent nine out of the world's 10 most obese nations; the Cook Islands rank number one.[1] We wanted to study why obesity has so disproportionately impacted the islands, so we researched literature, spoke with local physicians, visited public health sites, and immersed ourselves in the day-to-day lives of Cook Islanders. We could only scratch the surface of this issue, though, because one would need advanced degrees in political science, economics, anthropology, and public health to fully understand the context.

The Cook Islands are a collection of 15 small isles with a population of roughly 17,000. The islands are named for Captain James Cook, who "discovered" them in the late 1700s, despite having never set foot on their soil. In a familiar colonial pattern, this was soon followed by the arrival of missionaries, who "civilized" and evangelized the Cook Islanders, and capitalized on the bounty of the region. The missionaries succeeded in shaping Cook Islanders' dietary habits by introducing fried food, with the dual aim of teaching food preservation and how to not "eat like savages." The centuries of development that followed brought modernization and globalization, with an influx of industrial conveniences that drove up both productivity and obesity rates. Agrarian tendencies and native diets were replaced by sedentary vocations and imported foods.

Plentiful imports are often very low in nutritional value, but nevertheless benefit the pockets of foreign governments at the expense of local ones. The Cook Islands and other South Pacific countries are relative minnows in the global food trade, and the sharks of Australia, New Zealand, and America out-compete them, aided by trade agreements that limit exports and discourage domestic consumption of local goods in favor of overseas products.[2] The traditional Cook Islander diet of taro, fresh-caught fish, papaya, breadfruit, and coconut has been overtaken by fast-food stands, sugary beverages, salty snacks, canned corned beef, and low-tier meat imports.

Controversial examples in the public-health world are the mutton flap and the turkey tail.[3] Both the New Zealand mutton flap (an inexpensive cut of low-quality rib meat from sheep) and the American turkey tail (a gland near the turkey's feathers) are very high in fat, low in nutritional value, and often regarded as inedible in their originating countries. In the U.S., turkey tails are often reserved for dog food. Nevertheless, the U.S. and New Zealand have been exporting these products to the Pacific Islands, and in recent years have been criticized for "dumping" these unhealthy products onto the South Pacific market.

The quantity of food consumption has strong cultural ties, as well. The tradition of "feasting" encourages generous portions of unhealthy foods served buffet-style, with social graces that reward extra helpings and clean plates. Culture intertwines with physical fitness, as well. The shift from fisherman to desk jockey led to more sedentarism and less caloric expenditure. Exercise for its own sake has been slow to take hold: in Samoa, another South Pacific country, it has been said that "stillness is an embodied mode of wellness that indicates status." Efforts to adopt an exercise routine or change one's diet can lead to accusations of wanting to "be like a white person."[4] More recent research, though, has shown that the long-held cultural assumption that obese physiques are valued in the South Pacific is changing toward the desire to be thin, often at the expense of self-esteem.

If a Cook Islander is interested in talking with a physician about healthy diet and exercise, it can be a tough proposition. There are only 15 physicians in the entire country, most of whom are based on the main island, a several-thousand-dollar flight from the outermost islands. This is not likely to change anytime soon; the nearest medical schools are in Fiji and New Zealand, and many Cook Islanders choose to stay in those areas upon graduation, where they can earn higher salaries.

Drs. Stewart and Stewart both practice family medicine with Sutter Health, Santa Rosa.

This has led to difficulty in luring aspiring physicians back home to practice, as is the case with the so-called "brain drain" so common in less-developed countries.

At the public health level, the lack of infrastructure and support limit the focus on addressing obesity and its non-communicable disease sequelae. As a "developing country" by international standards, the Cook Islands rely heavily on foreign aid for development. Even though it is well understood that non-communicable disease is a major cause of morbidity and mortality in Cook Islanders, other governmental sectors often take priority in consuming slices of the financial pie.

Now What?

Existing literature, researchers, and Cook Islanders all share many ideas about why the isles have been struck by this epidemic. However, there seems to be a lack of good, proven ideas on how to reverse this trend. In some ways, it seems as if any solution would involve reversing years of colonial influences, generating formidable sums of money from thin air, turning away foreign capitalism, shredding unfavorable trade agreements, and unweaving sociocultural traditions and habits about food and health.

Signage urging dietary health in the Cook Islands.

Nevertheless, several efforts are underfoot:

- Taxing less healthy food and beverages as a means of reducing unhealthy consumption.
- Financial incentivization to cultivate more native fruits and vegetables to bolster local agriculture.
- Public health campaigns focused on portion control and nutrition education.
- Provision of healthy lunches at school and prevention of unhealthy options being sold nearby.
- Increasing popularity of group fitness classes such as Zumba.
- Using digital platforms to improve access to healthcare professionals such as telemedicine or social networking applications.

Hopefully such a multi-pronged approach will put a dent in the issue, but it will take time to undo the damage that has been done. Perhaps the best advice comes from Danny Mataroa, a cultural historian we met. When asked how long he thought it would take obesity rates to improve, he shrugged and said, "The best way to eat an elephant is one bite at a time."

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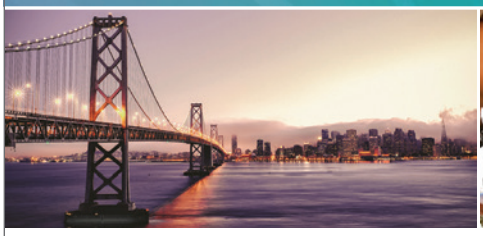

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Vasectomy Mission to Cap-Haitien, Haiti, 2018

Douglas Jimenez, MD

From left are Drs. Classaint St. Vil (Limonade, Haiti), Seema Shah (New York City), Sejal Quayle (Durango, Colo.), and Douglas Jimenez (Santa Rosa).

Family planning is unique among medical interventions in the breadth of its potential benefits: decreased maternal and child mortality; empowerment of women by lightening the burden of excessive childbearing; reduction of poverty; and enhancement of environmental sustainability by stabilizing the population of the planet.[1] Ensuring access to sexual and reproductive health services, including integrated family planning services, remains a critical strategy for improving the health and well-being of women and alleviating poverty.

Family planning not only prevents maternal, infant, and child deaths, but also empowers women to engage fully in socioeconomic development and provides them with reproductive choices.[1] Despite progress, for many women, access to contraceptives and contraceptive security (reliable supplies and quality of commodities) remains a challenge. As long as there remain issues around gender inequality, contraceptive security and supply, and medical barriers, the need for varied and more definitive family planning options will persist.[2]

Dr. Jimenez serves on the faculty of the Santa Rosa Family Medicine Residency.

In particular, the promotion of family planning in countries with high birth rates has the potential to avert 32 percent of all non-abortion-related maternal deaths annually and nearly 10 percent of childhood deaths overall.[1] The United States Agency for International Development (USAID) estimates that providing contraception to women with unmet needs would prevent 36 million abortions, 70,000 maternal deaths, and 52 million unintended pregnancies during the lifetime of these women overall.

In addition to maternal and child health benefits, there is also increasing evidence of economic and environmental benefit to family planning programs and population stabilization. Poverty is worse in countries with high fertility rates. Unchecked population growth has detrimental effects on the local environment and can lead to depletion of usable farmland and drought. These in turn can cause food shortages and famine. Many of the areas with high unmet need for family planning and low access to healthcare are also ecologically fragile. Family planning has been suggested as a cost-effective, health-improving way to lessen the effects of climate change and mitigate water and food shortages related to this phenomenon.[2]

The visionary 1994 Cairo ICPD Program of Action asserted: "It is critical to recognize that appropriate methods for couples and individuals vary according to their age, parity, family size preference and other factors (e.g., reproductive stage and intention), and thus policies and programs should ensure that women and men have information and access to the widest possible range of safe and effective family planning methods, in order to enable them to exercise free and informed choice."[3]

When a couple desires to limit their family size, the most effective methods with the least side effects should be available. Vasectomy is one of these methods, but it is under-utilized around the world, including the United States. By contrast, female sterilization (tubal ligation) is the most commonly used form of contraception worldwide: 19 percent of women in

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union are sterilized versus 2.4 percent of men globally. This is despite the fact that vasectomy has no long-term side effects and, compared with female sterilization, is a less risky procedure, provides a quicker recovery period, and costs the health system less per client.[4] Mythology regarding the detrimental effects of sterilization remains a major challenge. Common misconceptions include that it leads to ill health, death, or even death of a child. Additionally, vasectomy has been blamed for interfering with sexual ability in men. These concerns can also lead to dependence on less effective forms of contraception, which put women at higher risk for unwanted pregnancy.[2]

Honoring these well-established facts, I spent a few intense days on a surgical mission to Haiti over Sept. 19–22, 2018. According to the Center for Reproductive Rights, Haiti is a low-income country with medium population growth but high unmet contraceptive need relative to 75 other low- to medium-income countries.[1] I traveled with the organization No-Scalpel Vasectomy International (NSVI), which focuses on family planning in the developing world. Specifically, the mission statement of NSVI is "to promote and provide free No-Scalpel Vasectomy services worldwide, but especially in developing countries whose infrastructure and environmental resources are challenged by rapid population growth unchecked by established and/or effective family planning programs."[5] To this end, NSVI has completed over 20 missions to Kenya, the Philippines, and Haiti, dating to 2001.

Haiti was chosen as a target country for NSVI shortly after the devastating earthquake of 2010. There have been some advances in comprehensive maternal and child health in parts of Haiti, such as the Hôpital Albert Schweitzer in Deschapelles, which has demonstrated improved outcomes with a strong focus on family planning. Nonetheless, widespread availability of the most effective methods for contraception, including sterilization, remains limited.[6] Haiti is a natural choice for NSVI to pursue its mission statement. It is the poorest country in the Western Hemisphere with a per-capita gross domestic product of $1,800 (2017), which compares to $59,500 in the United States and $5,600 in Honduras, which is the second poorest country in the Western

Hemisphere.[7] With a growing population of 10,646,714, and a contraceptive prevalence rate of only 34.3 percent, any intervention that lowers the fertility rate would be a useful step towards improving the health and well-being of the nation and its people.[6]

This was my first time joining NSVI on a mission, and I couldn't have been happier or more grateful for the experience. We literally hit the ground running and operating. We flew into Cap Haitien, the "birthplace of liberty" for Haiti where independence was won in 1804, and drove immediately to Hôpital Fort St. Michel, 10 minutes from the airport. Twenty men were waiting for us, and after about 30 minutes of set-up we were operating.

We spent the next three days going to various clinics in the area around Cap Haitien and providing vasectomies. In addition, ongoing training of the local team is part of the mission of NSVI. Some sites were busier than others. During our four days, we performed surgery on 121 men. Every man undergoing vasectomy filled out a questionnaire regarding his age, number of children fathered, number of different women with whom he had children, and a few other details. The average age of men undergoing vasectomy was 48. Many were well into their sixties. The 121 men had a total of 587 children (average 4.8 children per man), often with multiple women. There were many men whose offspring approached double digits, and I performed a vasectomy on one man who had 14 children! If you're interested in hearing how vasectomy counseling is done in Haitian Creole, here is a link: https://www.nsvi.org/haiti/. Complete data is available at the NSVI website.[5]

Vasectomy patients are reimbursed for meals, transportation, and loss of family income for the day of the procedure and the following day of recuperation. This wage replacement is provided since many live at a subsistence level and even the loss of two days of income could prove catastrophic. Wages are paid in local currency (gourdes) and the amount paid to the men depends on current local wages. In Haiti, men were paid approximately 10 dollars for the two days of lost labor.

It was a brief but satisfying trip. It was a good reminder that in healthcare, we have to consider the individual in front of us as well as the impact on the greater population from the care that we provide.

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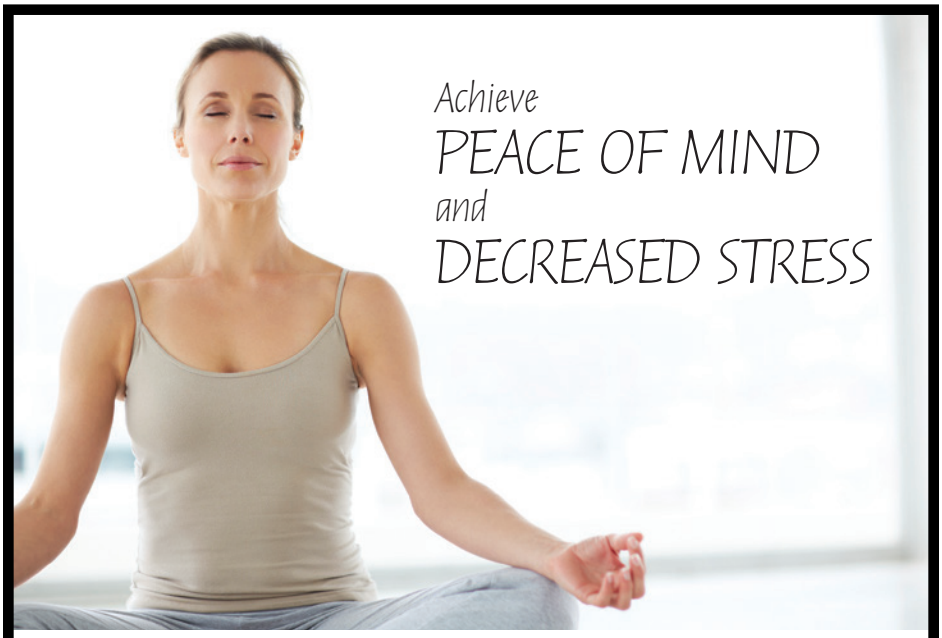

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Dr. Sejal Quayle, left; our patient, center; and Dr. Douglas Jimenez.

Drs. Douglas Jimenez and Sejal Quayle working together and sharing ideas.

The full vasectomies team. Front row: Dr. Douglas Jimenez, second from left; center, Dr. Doug Stein, the president of NSVI.

We made a difference for 121 men and their respective families. They are now empowered to more effectively control and plan for their futures. Moreover, as more men choose the option of vasectomy, struggling nations are afforded opportunities to focus on the population that they currently have instead of ongoing growth they cannot support. These nations will inevitably benefit from improved maternal and child mortality rates and can more effectively invest in their children. Ultimately, there may even be an improved environmental situation as the population stabilizes.

Closer to home, vasectomy remains an underutilized form of contraception. In particular, the United States lags substantially behind both the United Kingdom and Canada. If U.S. rates were equal to Canada's, there would be about 4 million more couples relying on a vasectomy for contraception rather than female sterilization.[8]

When counseling patients, you can describe many advantages to vasectomy:

- Low, one-time expense, often covered by insurance companies, and by federal grant money through state programs for low-income men with no insurance. Many low-income patients can qualify for a no-cost vasectomy through F-PACT.
- More dependable than any other form of contraception, including female sterilization, except possibly Nexplanon.
- Eliminates risks associated with birth control pills, shots, implants, and the IUD.
- Vasectomy reversals are less costly and more successful than tubal ligation reversals.
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- In addition, after vasectomy, there are essentially no noticeable changes for the man. The only discernible difference is that there will be no sperm in the semen under microscopy.
- Specifically, after vasectomy, most men notice:
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  No change in orgasm
  No change in the testes or scrotum
  No change in erection

To learn more about No-Scalpel Vasectomy International, or if you are a vasectomy provider and are interested in joining NSVI for a mission, please visit the website: www.nsvi.org. Thanks to Allison Bacon, MD, for her editing and suggestions.

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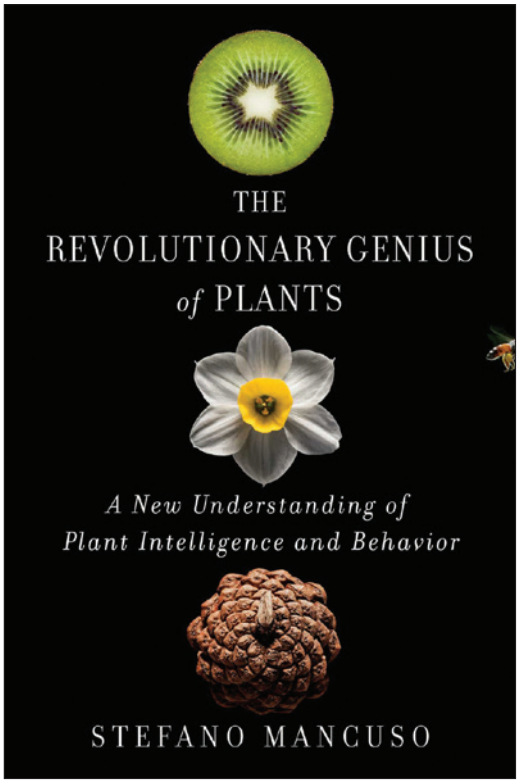
Natural Intelligence: *The Revolutionary Genius of Plants: A New Understanding of Plant Intelligence and Behavior*

Brien A. Seeley, MD



The best books are those that pull lots of things together into one, coherent picture. But what possible connection could there be between wildfires, nicotine addiction by vaping pods, and the architectural magnificence of the Crystal Palace in London? To see how these phenomena are linked, we must first examine each a bit further.

In September 1861, long before there were highways and CAL FIRE, Mark Twain gave this account in *Roughing It* of starting a horrific wildfire at his campsite[1] in a forest of *Pinus jeffreyi* on the northeast shore of Lake Tahoe:

"I heard a shout from Johnny, and looking up I saw that my fire was galloping all over the premises! Johnny was on the other side of it. He had to run through the flames to get to the lake shore, and then we stood helpless and watched the devastation. . . . The ground was deeply carpeted with dry pine-needles, and the fire touched them off as if they were gunpowder. . . .We were driven to the boat by the intense heat, and there we remained, spell-bound.

Within half an hour all before us was a tossing, blinding tempest of flame! It went surging up adjacent ridges—surmounted them and disappeared in the canyons beyond—burst into view upon higher and farther ridges, presently—shed a grander illumination abroad, and dove again—flamed out again, directly, higher and still higher up the mountain-side—threw out skirmishing parties of fire here and there, and sent them trailing their crimson spirals away among remote ramparts and ribs and gorges, till as far as the eye could reach the lofty mountain-fronts were webbed as it were with a tangled network of red lava streams. Away across the water the crags and domes were lit with a ruddy glare, and the firmament above was a reflected hell!"

Today, the Tahoe basin has recovered from the Twain fire with an abundant forest carpeted with *jeffreyi* and several other species of pine tree.

On Nov. 16, 2018, *The New York Times* published a syndicated story of the epidemic of nicotine-addicted teens using vaping pods with the brand name Juul. An 18-year-old describes one whiff of this concentrated plant alkaloid from *Nicotiana tabacum* as producing an astonishing, euphoric head-rush that led to an irresistible, toxic addiction that left him broke, desperate, and in a shouting confrontation with his parents.

Famed British horticulturist Joseph Paxton credited the intricate structure of the giant Victoria *amazonica* tropical water lily as the inspiration for his award-winning design for the 990,000-square-foot Crystal Palace in Hyde Park, London.

The common link for these three disparate events is plants. A delightful new book on this topic is Stefano Mancuso's *The Revolutionary Genius of Plants: A New Understanding of Plant Intelligence and Behavior.* Mancuso explores how plants survive wildfire, why they produce addictive alkaloids, and what innovative structures they have evolved to optimize their strength and survival. But this book is so much more. It presents clear evidence for actual sentient intelligence and memory in plants.

The best science writers are also good storytellers and Stephano Mancuso is certainly both. He is not only the world's foremost authority on plant neurobiology; his book is a fascinating tour of the many elegant ways by which plants survive as immobile life forms. Moreover, he translates what it all means for humanity and our shared planet, revealing such big-picture insights that I would consider him the "Carl Sagan of Botany." He shows

Dr. Seeley is a Santa Rosa ophthalmologist and serves on the editorial board of Sonoma Medicine.

how much we have to learn from plants with clearly understandable, engaging examples.

Mancuso describes his and his predecessors' explorations of plant "behavior" as if he were a detective, assembling subtle, microscopic clues and testing each hypothesis until step-wise discoveries reveal the how and why of what plants actually do to survive. This author is not afraid to amble into entertaining digressions that greatly enrich the particular example being explored.

Mancuso points out that humans cannot survive without the plants that make the oxygen that we and all animals breathe. More than 80 percent of the biomass on earth is in plants, collectively an enormous oxygen-producing factory. Mancuso carries on with the plant-animal dichotomy: "Animals move, plants do not; animals are fast, plants are slow; animals consume, plants produce; animals make CO2, plants use CO2," says the author. The author goes on to say that the most decisive difference is that animals centralize functions and plants distribute them. The vital organs of animals can suffer fatal injuries, while injury to a plant's branch, root, or flower is almost never fatal. Plants can survive where animals go extinct.

Unlike animals with brains, the natural intelligence in plants is also decentralized, meaning every leaf, flower, and root can sense, react, and even remember on its own. By remembering, plants can learn, and Mancuso cites several examples.

He describes the amazing *Boquila trifoliolata* as a plant whose leaves show a unique capability to mimic the size, shape, and color of the very plants that are growing next to it. As this plant winds its vines amidst those of other plants, its leaves will take on an uncanny resemblance to not just one other plant, but even two or three different ones. Mancuso contends that this can only be achieved if the *Boquila* has some form of vision to "see" what is adjacent to it. He presents evidence for how plants can have primitive microscopic eyes that use cell membranes as lenses in order to see what is near them, and goes on to suggest that they can even respond to sound.

Plants move to new domains by spreading their seeds widely. Mancuso points out that this strategy also helps plants, as "parents," avoid competing with their offspring for resources. Plants by necessity create seed designs that ensure that their offspring will scatter and leave an "empty nest." Among the seed designs evolved to accomplish this are ones whose stems store energy to function as a leaf spring that catapults them far from their mother, and other seeds that attract or cling to highly mobile seed vectors such as birds, insects, or humans. One such parent, *Erodium cicutarium*, has self-planting seeds with a corkscrew shape that is able to ratchet them into the soil, with one-way barbs on the seed so it can only bore deeper, and not back out. Mancuso used time-lapse and high-speed video to capture how the twisting movements of these self-planting seeds have osmotic actuators that harness the energy of naturally occurring diurnal humidity gradients to make them move. This work has convinced the European Space Agency to use a similar concept for autonomous space robots called "planetoids," designed to explore the soil on Mars. The author adds, "whatever destination—near or far—we choose as the next step of our

From left to right: Barbara Kangas, NP; Michael Yang, MD, and John Hau, MD

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expansion into space, we cannot go there without plants."

Mancuso claims that for decades, it has been known that there is something beneficial to the human mind about working or studying in a place that looks out over greenery. Research at Mancuso's lab produced a study in which the attention and concentration of 7- and 9-year-old students was "far better" when they studied in the school garden amidst trees than when they studied in an indoor classroom with windows that did not look out over greenery. This suggests that having more house plants and even classroom plants could have incalculable benefits, and affirms our unconscious attraction to homes with lawns and gardens, and windows that look out on verdant scenery.

Our attraction to nature—the symbiosis for survival between plants and humans—has recently been found to have great economic importance. In the Nov. 21, 2018, issue of *The Press Democrat* reporter Hanna Beausang covered the results of a new report from the Healthy Lands and Healthy Economies Initiative. It demonstrated that open space and working lands, including greenbelts, valleys, forests, nurseries, and grasslands, provide a value of up to $6.6 billion annually to Sonoma County. The active environmental community in the county should take pride in having helped ensure such value by promoting greenbelts, community separators, agriculture, and open space.

In addition to its importance to humanity and the planet, Mancuso's wonderful book contains beautiful, glossy, full-color photos and images that clarify the descriptions in the text. It is annotated with references and sources and provides a comprehensive index.

I highly recommend this book for everyone. It confers new insight into the natural world and great appreciation for the intelligence and importance of plants. My next visit to a nursery will be with a whole new perspective.

Email: brien.seeley@gmail.com

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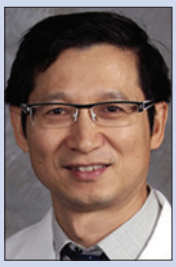
MEDICAL ARTS

The Photography of Dr. Liansong Chen

In my spare time I follow two passions: poetry and photography. I've had the pleasure of seeing several of my poems published in the years since I completed medical school.

Photography is also a passion because it is such a departure from my daily work. During my travels I always pack my camera. Nature presents us with striking images, and in our habitual rush, they can be so easy to miss if you don't slow down and take a moment to appreciate them.

Medicine is my calling. But to be completely fulfilled, I think it's important to pause, take a look around, and absorb your surroundings. The wonders of nature are ever-present, and I take joy in recording them.



Email: liansongchenmd@gmail.com

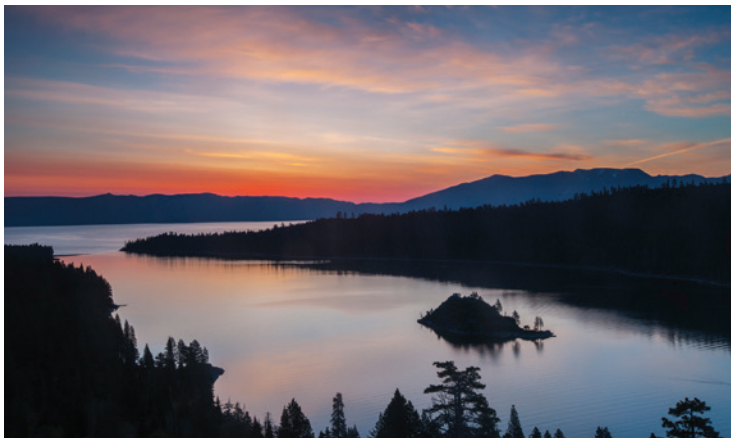
Dr. Chen serves as medical director of the pathology/clinical lab at Kaiser Permanente Medical Group, Santa Rosa.

China Beach, San Francisco.

Trees in Autumn, Modesto, Calif.

Bisti Badlands, New Mexico.

Golden Gate Bridge, San Francisco.



Sunrise, Crystal Bay, Lake Tahoe.

Milky Way above Haleakala National Park, Maui.

CMA Outlines Bold Healthcare Agenda to Improve Patient Affordability, Access, and Quality

In October, the California Medical Association (CMA) convened its 147th annual House of Delegates (HOD) meeting in Sacramento. Over 500 California physicians convened to debate on the most critical issues affecting members, the Association and the practice of medicine.

The major focus of HOD was the creation of an initial framework for a bold agenda to increase health care affordability, improve health care delivery, create efficiencies throughout the health care system, and improve health outcomes, which includes addressing social determinants of health and expanding telehealth services.

Virtually all of us have directly witnessed the impacts on our patients, but the following statistics bear repeating because they reinforce the critical nature of CMA's charge:

- Prescription drugs prices have increased 25 percent since 2012 (Health Care Cost Institute).
- Health insurance deductibles have more than doubled since 2008, and half of all workers now have a deductible of at least $1,000 for an individual, up from 22 percent in 2009 (Kaiser Family Foundation).
- Employer-sponsored insurance premiums have risen from $6,000 in 1999 to more than $18,000 in 2016, and out-of-pocket costs have increased by more than 53 percent between 2006 and 2016 (Economic Policy Institute).
- The average American spent $10,345 on healthcare in 2016, yet roughly 41 percent of Americans say they can't pay a $400 emergency expense without borrowing or selling something (Centers for Medicare and Medicaid Services, Federal Reserve).
- Thirty-three percent of Americans with health insurance said they or a family member had problems affording care in the last year (Kaiser Family Foundation survey).
- Twenty-seven percent of our time is spent with patients, while nearly half is spent on electronic health records or other desk work. Spending three hours a day on administrative tasks equals a loss of 2,200 patient visits per physician per year. (Annals of Internal Medicine)

CMA President David H. Aizuss, MD, put it best:

"Healthcare costs continue to grow, with patients paying more and getting less – except for more runarounds, fine print and larger medical bills. This is our current reality and the battle we must fight, because it's hurting our patients' ability to access needed care, treatment and medications. No family should have to forego medical care to pay household bills or take on debt, yet that is exactly the situation more Californians are facing. If health care isn't affordable, then it isn't accessible, and the California health care system must do better for our patients."

With physicians at the center of health care delivery, CMA has long advocated on behalf of our patients to ensure they are receiving affordable, timely and quality care, and we doubled down on that commitment at HOD.

Dr. Peter Bretan, District X member from San Francisco Marin Medical Society, was elected CMA president-elect.

After hearing expert testimony, CMA debated and identified four critical issues that California must address to make health care affordable while improving quality and access:

- Reform health care delivery and utilization by making payment and delivery more efficient, as well as expand telehealth.
- Expand patient choice and affordability by increasing competition throughout health care with market-based solutions.
- Maximize physicians' time spent with patients by reducing administrative burdens and eliminating duplicative tasks that add unnecessary costs without improving health outcomes. CMA also remains committed to ensuring that all modes of medical practices are financially vibrant.
- Ensure patients have access to necessary treatment and medications by addressing pharmaceutical costs.

In the coming months, CMA will develop targeted, pragmatic and workable solutions, as well as continue to work with our members, health care stakeholders and policymakers to ensure patients can access quality care in an affordable and timely manner.

As a physician-led organization, CMA's collective strength is derived from the dedication and passion of its membership. We thank the HOD delegates, and we thank you for your continued commitment to patients and the profession.

— Lee T. Snook, Jr., MD
CMA Speaker of the House
— Tanya W. Spirtos, MD
CMA Vice-Speaker of the House

Get Involved

Do you want to help establish CMA policies on major issues that affect the practice of medicine? Physicians interested in influencing CMA's advocacy agenda can serve in the House of Delegates or on one of CMA's councils and committees. For more information, contact the Sonoma County Medical Association.

Save the Date: 2019 House of Delegates

2019 House of Delegates will be Oct. 26-27, 2019, in Anaheim, at the Disneyland Hotel.

Los Angeles ophthalmologist installed as 151st president of CMA

CMA installed Los Angeles ophthalmologist David H. Aizuss, MD, as its 151st president during the organization's annual House of Delegates meeting in Sacramento.

In his address to the delegates, Dr. Aizuss said that physician satisfaction and practice sustainability would be among his top priorities in the upcoming year.

"The presence of third parties in clinical decision-making is corrosive to our relationship with patients," said Dr. Aizuss. "We must protect both our patients and professional prerogatives, independence and authority."

Dr. Aizuss also noted that heavy administrative demands and emerging

Center (from left): Drs. Patricia May, Regina Sullivan and Rob Nied.

Center (from left): Drs. Patricia May, Regina Sullivan and Rajesh Ranadive.

payment systems have forced physicians to spend increasing amounts of time on computer work at the expense of patient care, leading to physician dissatisfaction and burnout.

"CMA recognizes the urgent need for additional programming to mitigate physician burnout...Good care includes caring for us, the physicians," said Dr. Aizuss.

Dr. Aizuss officially took over from Immediate Past President Theodore M. Mazer, MD, at the end of HOD, and will serve a term of one year..

"Our CMA brand has strength, effectiveness, power and influence," said Dr. Aizuss. "My goal as your president is to be an effective spokesman and to communicate your concerns, desires, needs and hopes for a professionally satisfying medical practice and effective patient care."

Dr. Aizuss has been a CMA and Los Angeles County Medical Association (LACMA) member for 37 years. He has been a member of the CMA Board of Trustees since 2010—serving as vice-chair and chair of the board before being named president-elect at last year's HOD. Dr. Aizuss has also represented the physicians of California as a delegate to the American Medical Association (AMA), and is currently serving on the AMA Council on Legislation. Dr. Aizuss is a former president of LACMA and the California Academy of Eye Physicians and Surgeons.

Through the David H. Aizuss, MD, Medical Corporation, and the Ophthalmology Associates of the Valley Medical Surgical Group, a partnership of medical corporations, Dr. Aizuss focuses exclusively on direct patient care. He is a medical staff member at Tarzana Hospital and West Hills Hospital in Los Angeles County, and serves as an assistant clinical professor of ophthalmology at the David Geffen School of Medicine at UCLA.

He received his medical degree from Northwestern University Medical School and completed his residency and fellowship in ophthalmology at the Jules Stein Eye Institute in Los Angeles.

Far right: Dr. Catherine Gutfreund.

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TOGETHER WE ARE STRONGER

The California Medical Association (CMA) and its county medical societies have represented California's physicians for 160 years as the recognized voice of the house of medicine. Together we stand taller and stronger as we fight to protect patients and improve the health of our communities. We are a dominant force in health care – but all the great work we do wouldn't be possible without the support of members like you.

SHAPE THE FUTURE OF MEDICINE

Members receive direct access to our state and national legislative leaders to influence how medical care is provided today and in the future.

PROTECT THE PROFESSION

Your membership affirms your commitment to the medical profession and ensures physicians remain in control of the practice of medicine.

GET PAID

Members receive one-on-one assistance from CMA's reimbursement experts, who have recouped $24.5 million from payors on behalf of CMA physicians in the past 10 years.

LEAD BY EXAMPLE

CMA and its county medical societies provide many opportunities to get involved, including opportunities to volunteer, serve on a committee, council or board, and shape the future of the medical profession.

HEAD SEAT AT POLICY TABLE

Through aggressive political and regulatory advocacy, CMA and its county medical societies are positioned among the most influential stakeholders in the development and implementation of health policy.

COLLABORATE WITH COLLEAGUES

CMA and its county medical societies bring together physicians from all regions, specialties and modes of practice through leadership, collaboration, social and educational events, and community service.

PROMOTE PUBLIC HEALTH

From tobacco use and obesity to prescription drug abuse and vaccinations, your membership dollars support forward-thinking public health advocacy to improve the health of Californians.

PROTECT MICRA

CMA staunchly defends the landmark Medical Injury Compensation Reform Act (MICRA) year after year, saving each California physician an average of $75,000 per year in professional liability insurance premiums.

STAY IN THE KNOW

CMA and its county medical societies produce publications to keep you up to date on the latest health care news and information affecting the practice of medicine in California.

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Holiday & Awards Gala 2018

"A celebration for our medical community"

The Sonoma County Medical Association honored physician achievements at its 34th annual Awards Gala on Dec. 5. The event, held at Vintners Inn in Santa Rosa, hosted more than 120 attendees and dignitaries who gathered to celebrate and recognize achievements of their physician colleagues. SCMA President Dr. Patricia May and SCMA Executive Director Wendy Young acted as hosts for the event.

SMCA recognizes annually the work of physicians who demonstrate sustained, exemplary service. Awards are also given for Practice Manager of the Year, for contributions to SCMA's quarterly magazine, *Sonoma Medicine*, and to a non-physician who made a significant contribution to the local medical community.

2018 Awardees

Introduced by Wendy Young and Dr. Allan Bernstein, awardees included:

Ramzi Deeik, MD In recognition of his initiative and guidance in bringing new surgical advances and technologies to Sonoma County and steadily improving cardiac surgical outcomes since 2006, the Sonoma County Medical Association presented Ramzi Deeik, MD, with the award for **Outstanding Contribution to Sonoma County Medicine.**

Joshua Weil, MD In appreciation of his selfless devotion to community as a volunteer medical director at Jewish Community Free Clinic and exceptional leadership at Kaiser Hospital's evacuation during the 2017 firestorm, the Sonoma County Medical Association presented Joshua Weil, MD, with the award for **Outstanding Service to the Community.**

Patricia May, MD In appreciation of her exemplary level of leadership and steadfast commitment to SCMA through continuous service on the Board of Directors and as a representative to the CMA House of Delegates, the Sonoma County Medical Association presented Patricia May, MD, with the award for **Outstanding Contribution to SCMA.**

Judy Coffey, RN In recognition of her leadership at Kaiser Permanente, including her courageous evacuation and reopening of the Santa Rosa hospital after the 2017 firestorm, and her widespread involvement to improve the health of our community, the Sonoma County Medical Association presented Judy Coffey, RN, with the award for **Recognition of Achievement.**

Ted Hard, MD, FACEP In appreciation of his article, "Touched by the Dragon's Tongue," which appeared in the winter 2018 issue of *Sonoma Medicine* magazine, the Sonoma County Medical Association presented Ted Hard, MD, FACEP, with the award for **Article of the Year.**

Karen Weddle In recognition of her implementation of the highest possible standards of practice management for Redwood Orthopaedic Surgery Associates, and a stellar 35-year career in healthcare management and patient advocacy, the Sonoma County Medical Association presented Karen Weddle with the award for **Practice Manager of the Year.**




Kevin White-Barth, Drs. Lillian Yang & Gary Barth; Maria Pappas, Sydney Weil with her dad, Dr. Joshua Weil; Dr. Ramzi Deeik with wife Isabel; Dr. Anish Shah.



Drs. Gary Johanson, Rick Auld & Lisa Johanson; Drs. Rajina Ranadive, Rajesh Ranadive, Dr. Jeannette Currie with husband Graeme Currie; Drs. Marshall Kubota, Jackie Senter & Kathryn Kubota.




Drs. Lela Emad & Stanley Jacobs; Dr. Gary McLeod; Drs. Joseph Clendenin & Gary Barth; Dr. Shazah Khawaja & guest Toni Simmons.




Dr. May addressing the guests; Dr. Brien Seeley with wife Anne; Dr. Allan Bernstein & Summer Essay contest winner, Siya Shah; Dr. Brad Drexler & Pam Drexler.



Award recipient Judy Coffey; Aly & Wendy Young; 2019 SCMA Board of Directors.

MEMBERSHIP PAYS FOR ITSELF

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Bundle your **auto and home insurance** through Mercury Insurance.
SAVE $230

Track your **CME credits** through IMQ's online CME certification portal.
SAVE $24

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SAVE $10

TOTAL SAVINGS: $41,378

SONOMA COUNTY MEDICAL ASSOCIATION

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When you join CMA, you hire a powerful professional staff to protect the viability of your practice. By protecting your practice from legal, legislative and regulatory intrusions, your membership lets you focus on what's really important: your patients. Here are a few examples:

- **MICRA:** CMA and its county societies led the successful fight against the trial lawyers' Proposition 46, in one of the most contentious and high-stakes ballot fights in California history. Had it passed, the ballot measure would have decimated the landmark Medical Injury Compensation Reform Act (MICRA), which has kept access to affordable health care a reality for patients across the state. CMA stalwartly defends this landmark law year after year.

- **WORKERS' COMP:** Thanks to a new CMA-sponsored law, California medical groups will save millions in workers' comp premiums. As of July 1, 2018, physician owners of professional corporations will be able to exempt themselves from workers' compensation coverage—regardless of percentage of ownership—resulting in significant premium savings.

- **TOBACCO TAX:** In 2016, and with a one-time $1 million investment, CMA led a coalition of health care advocates to take on Big Tobacco to drastically expand funding for existing health programs and research into cures for cancer and other illnesses caused by tobacco products. Under CMA's leadership, California voters overwhelmingly approved Proposition 56, which imposed a $2-per-pack tax hike on tobacco products that will generate over $1 billion a year dedicated to increasing access to health care by improving provider payments and other crucial health care programs.

- **PHYSICIAN WORKFORCE:** CMA is committed to expanding funding for graduate medical education (GME) to ensure that there are enough residency slots to train physicians in regions where health care services are needed most. CMA was able to secure $100 million in the 2016-2017 state budget to expand the Song-Brown Program to create more residency slots in California. Thanks to Prop. 56, the California legislature also created a $40 million graduate medical education (GME) fund for the University of California to sustain, retain and expand GME programs, with the goal of increasing the number of primary care and emergency physicians in California.

- **DIRECT PAYOR ASSISTANCE:** In addition to advocacy that benefits every physician in California, CMA members also benefit from one-on-one assistance from the practice management experts in CMA's Center for Economic Services (CES). CES has recouped $24 million from payors on behalf of CMA member physicians in the past 10 years. These monies represent actual physician reimbursements that would have likely gone unpaid without the intervention of the CES team.

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Sonoma County Medical Association Holds Fire-Recovery Workshop

CHERYL SARFATY, NBBJ REPORTER

United Policyholders representatives answer questions from attendees.

Like anyone who has been affected by October 2017's wildfires, physicians need ongoing support and assistance in rebuilding their lives. And they continue to receive it.

On Sept. 26, 2018, the Sonoma County Medical Association held the third in its ongoing series of fire-recovery programs and workshops aimed at providing area physicians with the timely information and resources they've asked for, according to Wendy Young, executive director.

SCMA, an arm of the California Medical Association, supports local physicians and their efforts to enhance the health of the community. It also offers legal, collegial and advocacy benefits.

The physicians' most requested topics for the September program revolved around insurance, permits, construction and rebuilding, Young said.

"Many of you are still in the insurance process, many of you are looking for a contractor or are in discussions with a contractor; some of you are looking for a homebuilder and some of you are already applying for permitting," Young said. "So these are the people you have (tonight) who are going to answer questions for you and chat with you."

Young previously told the *Business Journal* that out of the more than 250 physicians that lost their homes in the wildfires, four physicians subsequently left the area, which she described at the time as being a low percentage.

"SCMA recognizes that a lot of our physicians are still facing great personal challenges in the wake of the October fires," she previously told the *Business Journal*. "Many lost their homes and are trying to manage the insurance and rebuild tasks on the side of very busy full-time work demands."

And September's program addressed those very topics. The evening's panelists included Keith Woods, CEO of the North Coast Builders Exchange; Amy Bach, executive director of United Policyholders; Gabe Osborn, deputy director of development services at the City of Santa Rosa Planning and Economic Development Department; and Tom O'Brien, co-founder of Homebound, a logistics-management company founded following the fires to vet and bring in out-of-area contractors, both to help with the rebuilding process and going forward

to address the overall housing shortage.

"We've already brought in 10 contractors who will build 10 to 15 homes a year," O'Brien said, adding the goal is to bring in an additional 30 to 40 builders to address the overall housing shortage. "We now need to rebuild 6,200 homes, plus another 15,000 to 20,000 on top of that."

Osborn said he was on hand to answer any questions about the permitting process, as the City of Santa Rosa is now getting a "significant number of permits," and people are asking about neighborhood-specific factors about topics ranging from mailboxes, sidewalks and roadways, to tree removal and neighborhood bus stops.

United Policyholders, a nonprofit information resource and voice for consumers across the country for all types of insurance topics, over the past year has been holding workshops covering a broad range of fire-recovery topics, and that all are available for viewing on its website, Bach said.

"If you are still in the throes of either negotiation with your insurance company over what they still owe you, or you don't understand what you're still entitled to, or you're hearing rumors that your neighbor got a great deal and (you didn't), those would be some of the questions you could come and ask us," Bach said. "We are all about helping you find the leverage to get your insurance company to do what is right."

> "We are not only Sonoma strong, we are still Sonoma uncertain, and I get it." — Keith Woods

North Coast Builders Exchange, a construction association that services Sonoma, Napa, Mendocino and Lake counties, has been surveying its approximately 1,250 members to ask about their capacity to take on rebuilding projects, Woods said.

"I might be able to help you in that sense," Woods said. "I can talk about contractors who say they are available. ... We know the quality of their work."

Woods added he's also met with fire survivors in Lake and Mendocino counties, so could offer their perspective on the rebuilding process as well.

"We are not only Sonoma strong, we are still Sonoma uncertain, and I get it," he said. "There are lot of factors that go into rebuilding a home and I don't blame you for being uncertain at this point."

September's program drew approximately 65 people, Young said, and was held at Medtronic's Brickway location in Santa Rosa. SCMA has been holding these ongoing workshops in partnership with Medtronic and Kaiser Permanente. The two previous events held earlier in 2018 took place in January and May. Young said SCMA will continue to put on these programs for as long as there is a need.

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OPEN CLINICAL TRIALS IN SONOMA COUNTY

Sonoma Medicine lists open clinical trials in Sonoma County to increase awareness of local medical research and to benefit physicians who may wish to refer patients. This list includes research groups that both responded to our request for information and are conducting open trials. The clinical trials at other research groups are only open to their own patients.

Each listing includes the group's name and address, along with the phone number and email address of the appropriate contact person. As the list is subject to change, contact the individual research groups for the latest information.

If you know of other local open trials, contact SCMA at 707-525-4375 so the information can be listed in the next issue. This section is provided as a free service by *Sonoma Medicine*, and we rely upon voluntary input from the medical community in order to provide it. ■

NORTH BAY EYE ASSOCIATES

104 Lynch Creek Way #12, Petaluma
Contact: Angela Reynolds
707-769-2240
research@northbayeye.com

Glaucoma

iDose-Intraocular Travaprost implants (MIGS) for either Phakic or Pseudo pt's

- Criteria: OHT (on 0-3 meds) or OAG (PEX or PIG OK) with VF or nerve abnormality, Phakic or Pseudo. No cataract sx needed within 3 years. IOP (off Meds) >21 and <36, C/D. < 0.8, VA 20/80 or better. Pachy >440 and <620. SLT ok.

EP2 receptor agonist with non-prostaglandin structure

- Criteria: OHT or OAG (PEX or PIG OK), IOP (off Meds) >22 and <34, less than -12db VF, VA 20/80 or better. Pachy >480 and <600. No SLT's, MIGS, Lasik. No steroids.

SLT or sustained-release, P.F., biodegradable implant for non-compliant pt's

- Criteria: OHT or POAG (secondary glaucoma ok- PEX or PIG). Not compliant with drops or unable to get drops in. Suitable candidate for SLT. IOP ≥22 and ≤34 off meds at washout. Pachy ≥480 and ≤620.

Nitric Oxide (NO)-donating bimatoprost prostaglandin analog

- Criteria: OHT or OAG (No PEX or PIG), IOP (off Meds) >26 and <36, C/D. < 0.8, VA 20/100 or better. Pachy >480 and <620. SLT's ok. No MIGS, ALT or LPI. Inhaled steroids ok. Must be >80 years old.

Cataract surgery

- New Post-op drop. Free drops provided for surgery.
- Sched. for Cataract Sx. BCVA 20/200 in fellow eye, No OAG drops, must washout of antihistamines, NSAID's and steroids prior to surgery.

Ptosis

- An eyedrop for Ptosis (drooping upper lid).
- Criteria: Dx of Blepharotosis, VA 20/80 or better.

Dry eye

- A new eyedrop for dry eye.
- Criteria: Dx of moderate to severe dry eye, blurry vision caused by dry eye, no Omega 3or 6 or herbal supplements, no contact lens wear during the study.

Blepharitis

- New treatment for blepharitis.
- Criteria: Subjects >1 year, Active blepharitis (eyelid redness, swelling, debris, irritation) IOP >8 and < 22 in either eye, no mod to sev dry eye, preferably no eye lid medications or steroid use w/in 14 days.

Bacterial conjunctivitis

- Criteria: Suspect bacterial conjunctivitis w/discharge and conjunctival injection. Symptoms < 4 days. No topical ophthalmic medications or ATs w/in 2 hours. NO topical ophthalmic antimicrobial or anti-inflammatory agents w/in 48 hours.

Adenoviral conjunctivitis

- Only potential treatment for viral conjunctivitis.
- Criteria: Subjects of ANY age. Suspect adenoviral conjunctivitis w/watery discharge and injection. Signs/symptoms ≤ 4 days. No antivirals or antibiotics w/in ≤ 7 days; topical NSAIDs w/in ≤ 1 day; Top/systemic steroids w/in ≤14 days.

NORTH BAY NEUROSCIENCE

7064 Corline Court, Suite A, Sebastopol
Contact: Lauren Weber
707-827-3593, Fax 707-861-9465
lauren.weber@northbayneuro.org

Novartis Generation 1 Study, CAP015A2201J

- This randomized, double-blind, placebo-controlled study evaluates the efficacy of two investigational drugs, CAD106 and CNP520, in comparison to respective placebo in participants at high risk of developing dementia based upon their age and genetic status. Cognitively unimpaired individuals age 60 to 75 years, inclusive, with APOE4 homozygote (HM) genotype are selected, as they represent a population at particularly high risk of progression to dementia due to Alzheimer's disease. Treatment will occur for at least 60 months, and up to 96. Approximately 1340 participants will be randomized across at least 80 study sites across the worlds.

Novartis Generation 2 Study, CNP520A2202J

- A randomized, double-blind, placebo-controlled study to evaluate the efficacy and safety of CNP520, an investigational drug, in comparison to placebo in participants at risk for the onset of clinical symptoms of Alzheimer's disease. The study analyzes the effects of CNP520 on cognition, global clinical status, and underlying AD pathology. It recruits cognitively unimpaired participants aged 60 to 75 years, with at least one APOE4 allele, and if heterozygous for this gene, with evidence of elevated levels of amyloid in the brain. The study will consist of approximately 2,000 participants who will receive treatment for at least 60 months, and for a maximum of 84 months.

Upcoming: Roche Graduate Study, WN29922

- This phase III multicenter, double-blind, placebo-controlled study evaluates the efficacy and safety of the investigational drug gantenerumab compared with placebo in patients with early (prodromal to mild) Alzheimer's disease. The study plans to enroll approximately 760 participants worldwide. Eligible patients must be between ages 50-90 years old inclusive and must show evidence of beta amyloid pathology. The duration of the study is 104 weeks of treatment, plus follow up visits at 14 and 50 weeks after the final dose of study drug.

ST. JOSEPH HERITAGE HEALTH

3555 Round Barn Circle, Santa Rosa
Contact: Kim Young: 707-521-3814
kimberly.young@stjoe.org

Bladder cancer

- Chemotherapy versus combination checkpoint inhibitor therapy in metastatic bladder cancer.
- Durvalumab in locally-advanced and metastatic bladder cancer.

Breast cancer

- Adjuvant aspirin versus placebo after chemo in node positive or high risk node negative patients.
- A breast cancer vaccine after adjuvant chemotherapy in high-risk, triple negative breast cancer.
- BriaVax vaccine with ipilumumab or pembrolizumab for patients with metastatic breast cancer.
- Fulvestrant with or without venetoclax in metastatic disease after progression on a CDK4/6 inhibitor.
- Capecitabine with or without an oral taxane in ER+/HER2- metastatic breast cancer.
- Post-operative study of genetic risk factors in lymphedema (UCSF).

Colon cancer

- Chemotherapy with or without a stem cell inhibitor for patients with metastatic colon cancer.

Endometrial cancer

- Sodium cridanimod and progestins in metastatic or recurrent endometrial cancer.

Head and neck cancer

- Chemo/radiation with or without pembrolizumab for locally advanced head and neck cancer.

Kidney cancer

- Cabozantinib with or without a glutaminase inhibitor in relapsed renal cell carcinoma.

Lung cancer

- Pre-operative chemotherapy with or without pembrolizumab for resectable stage IIB/IIIA disease.
- Post-operative adjuvant chemotherapy plus a third-generation tyrosine kinase inhibitor.
- Maintenance therapy with rovalpituzumab following chemotherapy for small cell lung cancer.
- A Notch receptor inhibitor (rovalpituzumab) versus chemotherapy in recurrent small cell lung cancer.
- Pembrolizumab with or without interleukin-10 in first line metastatic disease with high PDL1 expression.
- Nivolumab with or without interleukin-10 in second line metastatic disease with low PDL1 expression.
- Osimertinib vs. placebo as maintenance after chemoradiation for EGFR-mutated stage 3 disease.
- Osimertinib with or without a CDK4/6 inhibitor in metastatic lung cancer containing an EGFR mutation.
- Platinum/pemetrexed with or without pembrolizumab in EGFR-mutated, TKI-resistant, metastatic dz.

Lymphoma

- A novel PI3K inhibitor in patients with relapsed follicular, marginal zone or mantle cell lymphoma.
- Tomivosertib (a MNK1/MNK2 inhibitor) for relapsed diffuse large cell lymphoma.

Multiple myeloma

- Pomalidomide/dexamethasone versus ixazomib/dexamethasone for relapsed/refractory myeloma.

Myelodysplasia

- Roxadustat for patients with transfusion-requiring low grade myelodysplasia.

Pancreatic cancer

- Chemotherapy with or without hyaluronidase in patients with metastatic tumors expressing hyaluronan.

Prostate cancer

- Androgen deprivation with or without enzalutamide in metastatic hormone-sensitive prostate cancer.
- Rucaparib in patients with HRD-positive metastatic castration-resistant prostate cancer.

Solid tumors

- Fruquintinib for recurrence in multiple solid tumor types.
- Tomivosertib (a MNK1/MNK2 inhibitor) plus a checkpoint inhibitor for patients who relapse after an initial response, or are refractory to checkpoint inhibitors as single agents.

Stomach cancer

- Maintenance therapy with a PARP inhibitor after chemotherapy for unresectable/metastatic disease.

SUMMIT PAIN ALLIANCE

392 Tesconi Ct., Santa Rosa
Contact: Leny Engman
707-623-9803, Ext 118
leny.engman@summitpainalliance.com

Upper back and/or trunk pain

- Efficacy of spinal cord stimulator to treat patients with upper back axial and/or radicular thoracic pain.

Lower back and/or leg pain

- Hi-Fi Study. Comparing Ultra-High versus Traditional Pulse Widths using ALGOVITA® SCS Spinal Cord Stimulator in the treatment of Persisting or Recurrent Back and/or Leg Pain Following Spinal Surgery.

SYNEXUS RESEARCH

4720 Hoen Ave., Santa Rosa
Contact: Vicki Lynch
707-542-1469
victoria.lynch@synexus-us.com

Psoriasis

- 24-week study to assess the safety and efficacy of tepilamide fumarate in adults with moderate to severe plaque psoriasis.

Statin Intolerance

- Effects of bempedoic acid in the occurrence of major cardiovascular events in patient with, or at high risk for, cardiovascular disease, who are statin intolerant.

Introducing SCMA's NEWEST Business Partner

SCMA's **BUSINESS PARTNER PROGRAM** adds a valuable benefit for SCMA members. The program is dedicated to offering products and services designed to support the business and personal needs of practicing physicians. Physicians benefit from discounts and referrals to quality services, and partners benefit from ongoing visibility with the medical community. Exclusive, Endorsed and Partner levels are available to qualified companies.

The **SUPPORTING PARTNER PROGRAM** offers local businesses an opportunity to affiliate with SCMA. Our supporting partners are recognized as advocates of the medical profession and the contributions made by physicians to the well-being of our community.

We welcome the new partner shown below with a full description of services. **Complete listing details are available for all SCMA partner organizations at www.scma.org.**

BUSINESS PARTNER

Insurance Services

COOPERATIVE OF AMERICAN PHYSICIANS

The Cooperative of American Physicians, Inc. is pleased to support Sonoma County physicians with superior medical malpractice coverage and valuable services to help you prosper and maintain your independence. Our comprehensive risk management programs help ensure your patients are safe and satisfied, while our value-added practice management benefits provide you with the administrative support you need to focus on what's most important—patient care.

CONTACT: For more information, please visit **www.CAPphysicians.com** or call **800-356-5672.**

Current SCMA Partners

ENDORSED BUSINESS PARTNERS

Exchange Bank
Invested in you.

Since 1890, **Exchange Bank** has been serving the local community through trusted banking, financial services and charitable giving. Exchange Bank differs from national and regional banks by focusing 100% of its charitable giving on the community it serves. In 2017, Exchange Bank and its employees contributed over $665,000 to the community. 50.44% of the Bank's cash dividends go to the Doyle Trust, which funds the Doyle Scholarship at Santa Rosa Junior College. Since 1948, the Doyle Scholarship Fund has provided $83 million to over 127,000 students.

BENEFIT: Exchange Bank has designed special checking benefits and discounted residential and auto loans exclusively for SCMA members. Our staff is available to review these programs and benefits with you—contact our Customer Care Center at 707-524-3000 or visit a local branch. Please indicate you are an SCMA member when you call; have your membership ID number available. **www.exchangebank.com.**

In addition, Exchange Bank has developed five Community Rebuild Loan Programs that offer flexible lending options to those who experienced a direct property loss during the North Bay fires. Our local, experienced lending consultants are available to discuss which program works best for your needs. Contact us at **communityrebuild@exchangebank.com** *or call Kevin Smart, VP, Residential Mortgage Manager at* ***707-541-1252.***

Medtronic
Further, Together

Medtronic plc, headquartered in Dublin, Ireland, is among the world's largest medical technology, services, and solutions companies—alleviating pain, restoring health, and extending life for millions of people around the world. Medtronic employs more than 86,000 people worldwide, serving physicians, hospitals, and patients in more than 150 countries. The company is focused on collaborating with stakeholders around the world to take healthcare Further, Together. **www.medtronic.com.**

BENEFIT: Medtronic Santa Rosa partners with SCMA to provide fire recovery support for Sonoma County physicians and the local medical community.

EXCLUSIVE BUSINESS PARTNER

Home Rebuilding Services

HOMEBOUND

Homebound provides a start-to-finish concierge solution for homeowners who have lost their homes in the Sonoma firestorm. We will help you navigate your insurance and financing options, provide full design services, and bring you licensed, vetted contractors ready to build your home right now. We manage every step of the process, and leave you free to spend your time with your family, friends, career, and recovery. Lean on Homebound and know home is on the way. **Visit www.homebound.com/sonomamedical to see our special support program for physicians.**

BENEFIT: Exclusively for SCMA members: Homebound offers Informational Events and Curated Dinners; Complementary Insurance Optimization Review with one of our insurance experts; and a Move-In Service when you finish construction with one of our quality contractors. *Homebound also provides an initial Home Recovery Consultation (1-hour meeting with Homebound staff to discuss insurance, design, construction, and concierge services to make your rebuilding an enjoyable experience from beginning to move-in).*

CONTACT US at **rebuild@homebound.com** or call our Homeowner Support team at **707-244-1011**. Please indicate you are an SCMA member.

BUSINESS PARTNERS

Real Estate Services

Sheela Hodes & Tammra Borrall
COMPASS

Sheela Hodes & Tammra Borrall/Compass: Business partners since 2007, we have consistently ranked in the top 1% of realtors in the county. Our priority remains quality over quantity; we have built a team of professionals who provide personalized service focused on individual clients. Over the past 11 years we have served the medical community in Sonoma County, helping more than 50 local physician families buy and sell property—and build connections in the community.

BENEFIT: SCMA buyers package: Professional services including home design consultation and comprehensive 1-year home warranty (up to $1,000 value). SCMA sellers package: Professional services to prepare home for sale, including staging, landscaping and trade consultations/services (up to $1,500 value). Contact us at **707-547-3838** or **Team@SonomaWineCountryHomes.com**.

Sudha Schlesinger
Luxury Property Specialist
—
707.889.7778
sudha@sschlesinger.com
WINECOUNTRYLUXURYHOMES.COM | LICENSE #01846825
COMPASS

Sudha Schlesinger/Compass: Since moving to Sonoma County with my physician husband in 2007, I have been actively representing physician families in the local housing market. My savvy and experienced team at Compass repeatedly exceeds expectations with customized marketing and purchase strategies; efficient execution; tough negotiating skills; and state-of-the-art marketing tools. Sellers receive consultations for home/landscape staging and buyers enjoy tours of housing, inventory and analysis of neighborhood, amenities and schools available.

BENEFIT: SCMA buyers receive an exclusive $1,000 voucher toward closing fees. SCMA sellers also receive a free Pest Inspection, $1,000 toward staging costs, and if selling lot only—a complimentary estimate of value. Please let me know how we can help you in this challenging post-firestorm market. **707-889-7778 or sudha@sschlesinger.com. | www.winecountryluxuryhomes.com.**

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Add your company to this exclusive list of organizations that support the professional and personal well-being of Sonoma County physicians. Contact SCMA today: **Susan Gumucio** at **707-525-0102** or **susan@scma.org.**

SONOMA COUNTY MEDICAL ASSOCIATION

2019

SIGNIFICANT NEW CALIFORNIA LAWS OF INTEREST TO PHYSICIANS

The California Legislature had an active year, passing many new laws affecting healthcare. In particular, there was a strong focus on healthcare coverage, drug prescribing, public health, and mental health issues. Below is a small sampling of the new laws.

For a comprehensive list, please visit: https://www.cmadocs.org/Portals/CMA/files/public/New%20California%20Health%20Laws%202019.pdf?ver=2018-11-09-105543-217.

ALLIED HEALTH PROFESSIONALS

AB 2281 (Irwin) – Clinical laboratories: licensed medical laboratory technicians

Exempts blood smear reviews other than manual leukocyte differentials, microscopic urinalysis, and blood typing of moderate complexity such as automated ABO/Rh testing and antibody screen testing from the prohibition of licensed medical laboratory technicians from performing microscopic analysis or immunohematology procedures.

ALLIED HEALTH PROFESSIONALS

AB 2423 (Holden) – Physical therapists: direct access to services

Provides physical therapists with an exemption from the provision in the Physical Therapy Practice Act that prohibits the physical therapist from continuing treatment beyond 45 calendar days or 12 visits, whichever occurs first, without receiving specified doctor approval of the physical therapist's plan of care to enable them to provide services within their scope of practice under the federal Individuals with Disabilities Act (IDEA) under a school-developed Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP).

ALLIED HEALTH PROFESSIONALS

AB 2589 (Bigelow) – Controlled substances: human chorionic gonadotropin

Current law lists human chorionic gonadotropin (hCG) as a Schedule III controlled substance under the California Uniform Controlled Substances Act. This bill exempts hCG from being subject to the reagent regulations of the Controlled Substances Act when possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian's designated agent, exclusively for veterinary use.

CONSENT

AB 3189 (Cooper) – Consent by minors to treatment for intimate partner violence

Authorizes a minor who is 12 years of age or older and who states he or she is injured as a result of intimate partner violence, as defined, to consent to medical care related to the diagnosis or treatment of the injury and the collection of medical evidence with regard to the alleged intimate partner violence.

DRUG PRESCRIBING AND DISPENSING

AB 315 (Wood) – Pharmacy benefit management

Requires a pharmacy inform a customer at the point of sale for a covered prescription drug whether the retail price is lower than the applicable cost-sharing amount for the prescription drug unless the pharmacy automatically charges the customer the lower price. If the customer pays the retail price, the bill requires the pharmacy to submit the claim to the plan or insurer in the same manner as if the customer had purchased the prescription drug by paying the cost-sharing amount when submitted by the network pharmacy.

HEALTHCARE COVERAGE

AB 595 (Wood) – Healthcare service plans: mergers and acquisitions

Requires a healthcare service plan that intends to merge or consolidate with, or enter in an agreement resulting in its purchase, acquisition, or control by, any entity, as defined, including another healthcare service plan or a licensed health insurer, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care.

HEALTHCARE FACILITIES AND FINANCING

AB 1953 (Wood) – Skilled nursing facilities: disclosure of interests in business providing services

Requires an organization that operates, conducts, owns, or maintains a skilled nursing facility to additionally report to the office whether the licensee, or a general partner, director, or officer of the licensee, has an ownership or control interest of 5% or more in a related party, as defined, that provides any service to the skilled nursing facility. If goods, fees, and services collectively worth $10,000 or more per year are delivered to the skilled nursing facility, the disclosure shall include the related party's profit and loss statement, and the Payroll-Based Journal public use data of the previous quarter for the skilled nursing facility's direct caregivers.

INSURANCE

SB 910 (Hernandez) – Short-term limited duration health insurance

Prohibits a health insurer from issuing, selling, renewing, or offering a short-term limited duration health insurance policy, as defined, for healthcare coverage in California. Makes conforming changes.

MEDI-CAL

AB 2861 (Salas) – Medi-Cal: telehealth: alcohol and drug use treatment

Requires, to the extent federal financial participation is available and any necessary federal approvals have been obtained, that a Drug Medi-Cal certified provider receive reimbursement for individual counseling services provided through telehealth by a licensed practitioner of the healing arts or a registered or certified alcohol or other drug counselor, when medically necessary and in accordance with the Medicaid state plan.

MEDICAL CANNABIS

AB 710 (Wood) – Cannabidiol

Provides that, if specified changes in federal law regarding the controlled substance cannabidiol occur, a physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses a product composed of cannabidiol, in accordance with federal law, is deemed to be in compliance with state law governing those acts. Excludes from the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), any medicinal product composed of cannabidiol approved by the federal Food and Drug Administration and either classified as a Schedule II-V controlled substance or exempted by MAUCRSA.

COOPERATIVE OF AMERICAN PHYSICIANS

Are Your Patients Giving You FIVE STAR REVIEWS?

CAP's Free Guide Can Help You Optimize Patient Experience and Improve Your Ratings!

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Physicians' BULLETIN BOARD

IN THE NEWS

- **Drs. Lela Emad and Susan Logan** are pleased to announce the recent opening of their **women's OB/GYN private practice** in Sonoma County. "For over 25 years we have been dedicated to providing compassionate, personalized obstetrical and gynecologic services to the women of Sonoma County. We are grateful for the trusted relationships we have developed with our physician colleagues and our patients. We are proud to be recognized among the top physicians in Sonoma County and the North Bay area."

The new practice welcomes physician telephone consults and offers same day appointments. Most insurance plans accepted.

Women's OB/GYN Health and Wellness:
1111 Sonoma Ave., Suite 202, Santa Rosa, CA 95405
Tel 707-575-1626 • Fax 707-575-3941

- **Sutter Medical Group of the Redwoods** welcomes two local physicians to the Santa Rosa OB/GYN office at 34 Mark West Springs Road. Both can be reached at 707-541-7900.

Tara Bartlett, DO, is board certified in OB/GYN. Dr. Bartlett completed her doctorate of osteopathy at Western University of Health Sciences, California, and her residency at Genesys Regional Medical Center, Michigan. She has a special interest in robotic minimally invasive surgery.

Melissa Seeker, MD, is also board certified in OB/GYN. Dr. Seeker completed her doctorate at Creighton University School of Medicine, and her residency at Banner University Medical Center, Phoenix. She has an interest in minimally invasive surgery, including vaginal hysterectomy and robotic surgery.

Children and Their Families Are at Risk for Lyme Disease, Even in Winter. In Sonoma and Marin counties, studies show that ticks that carrying Lyme disease in Northwest California are active throughout the year. For the full article focused on children and Lyme disease, please see www.gordonmedical.com/children-at-risk-for-lyme-disease by **Elizabeth Large, ND**, an independent practitioner with offices at Gordon Medical Associates in Santa Rosa and San Rafael.

- SCMA was honored last October at the *North Bay Business Journal's* annual Nonprofit Leadership Awards event, when Executive Director **Wendy Young** was one of 20 awardees recognized for outstanding service to the community. Top executives, nonprofit organizations, volunteers, and board members were honored at the function, held Oct. 25 at the Hyatt Regency Sonoma Wine Country.

CLASSIFIEDS

- **Medical equipment for sale.** Ceiling mount surgical light for medical office, Medical Illumination Inc. MDL #014011 $200; Birtcher Hyfrecator $75; upright balance scale $30; 12-liter liquid nitrogen thermos (Union Carbide) $25. Contact Dr. John Fries at 707-486-9557 or 23bella100@gmail.com.
- **Jewish Community Free Clinic Seeking Volunteers to Provide Psychotherapy.** In order to provide more comprehensive services and as part of the ongoing Santa Rosa fire recovery effort, the Jewish Community Free Clinic, jewishfreeclinic.org is offering free mental health services to all members of the community.

  Interested volunteers who can offer three or more hours per week can contact Mark Bender, PhD, at Mark.JCFC@gmail.com. Spanish-speaking therapists are especially encouraged to apply. Help us to better serve the uninsured and under-insured community members of Sonoma County.

- **Cynthia Cantril,** RN, MPH, OCN, CBCN, director of Cancer Support Services and Patient Navigation for not-for-profit Sutter Health's Sutter Pacific Medical Foundation, has been recognized by the Biden Cancer Initiative for making a transformative impact on the lives of cancer patients. Cantril received a first-ever FIERCE Award at a ceremony held at the Biden Cancer Summit for her work establishing patient navigation systems that help cancer patients and their caregivers find their way through the complicated and confusing cancer journey.

To post an item on the Bulletin Board, contact Rachel at 707-525-4375 or rachel@scma.org.

Welcome New SCMA Members!

LaserVue Eye Center

Swati Singh, MD, Ophthalmology*, Univ Chicago 1993

Eye Care Institute (ECI)

Lillian Yang, MD, Ophthalmology*, Univ Kansas 2012

Sutter Medical Group of the Redwoods (SMGR)

Gary McLeod, MD, Family Medicine*, UC San Francisco 1987

Tara Scott, MD, Family Medicine*, Harvard Med Sch 2002

Ana Pacheco-Clark, MD, Family Medicine*, UC San Francisco 1986

St. Joseph Health Medical Group (SJHMG)

Jaya Mallidi, MD, Cardiovascualr Disease*, Johns Hopkins Med Sch 2009

Farid Osman, MD, Nephrology*, Univ Hassan

Anna Paulsson, MD, Radiation Oncology, Wake Forest Univ 2013

Elizabeth Tito, MD, Surgery*, Dartmouth Med Sch 1992

Jennifer Walker, MD, Emergency Medicine*, Univ Texas

Grace Zhang, MD, Ophthalmology*, Baylor Coll Med 2002

The Permanente Medical Group (TPMG)

Andrew Barrow, MD, Diagnostic Radiology*, Baylor Coll Med 2011

Kambria Beck Holder, MD, Family Medicine*, Univ Arizona 2006

Joy Bhat, MD, Occupational Medicine, Ross Univ 2012

Christine Bilbrey, MD, Psychiatry*, Univ Texas 2006

Joshua Blume, MD, Psychiatry*, Thomas Jefferson Univ 2006

Karendip Braich, MD, Nephrology, Ross Univ 2012

Benjamin Bursell, MD, Emergency Medicine*, Univ Minnesota 2004

Sean Calandrella, MD, Family Medicine*, UC Irvine 2004

Tiffany Camarillo, MD, Pathology*, UC Davis 1994

Jennifer Cannon, DO, Psychiatry, Kansas City Univ 2013

Indranushi Chaliha, MD, Pediatrics*, Gauhati Med Coll 1996

Monica Chiu, MD, Obstetrics & Gynecology, Creighton Univ 2014

Anthony Chu, MD, Internal Medicine, SUNY Brooklyn 2015

Janet Coyne, MD, Pediatrics*, Chicago Med Sch 1986

John Dahmen, MD, Pediatrics*, UC San Francisco 1994

Dennis Dias, MD, Pediatrics*, Med Coll Virginia 2007

Aman Dua, MD, Cardiovascular Disease*, SUNY Brooklyn 2008

Patrick Flynn, MD, Family Medicine*, Georgetown Univ 1993

Louise Forrest, MD, Psychiatry*, UC San Francisco 2003

David Giannetto, MD, Emergency Medicine, Loyola Univ 1989

Margaret Gold, MD, Family Medicine*, Loyola Univ 1996

Michael Gomez, MD, Family Medicine*, Case Western Reserve Univ 2007

Gabriel Gonzalez, MD, Diagnostic Radiology*, Harvard Med Sch 2005

Susan Gross, MD, Family Medicine*, Univ Alabama 1998

Galen Hegarty, MD, Family Medicine*, Univ Florida 2003

Kisha Hughes, MD, Internal Medicine*, Meharry Med Coll 2007

Ida Jahed, MD, Internal Medicine*, Shahid Beheshti Univ 1999

Kumari Jayawarden, MD, Geriatric Medicine, Univ Sri Lanka 1996

Paul Kefalides, MD, Gastroenterology*, Univ Pennsylvania 1995

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In Memoriam

JEFFREY STEVENSON, MD

Dr. Jeffrey L. Stevenson died December 22 in a cycling accident on the Pacheco Pass trail. He was 65. Dr. Stevenson was a physician for over 32 years in the Bay Area and served the Marin community in general practice and occupational medicine. He is survived by his wife, Charmaine, and sons, Vincent, 22, and Kirkum, 20.

Dr. Stevenson received a degree in neurobiology in 1978 from UC Berkeley and obtained his medical degree from George Washington University in 1986. He is a veteran, having served in the United States Army during the invasion of Panama. He volunteered for the infantry and was commissioned Second Lieutenant for signing up under the HPSP scholarship. Part of his time in the service was spent racing bicycles in Europe for the Army's world championship team. He eventually achieved the rank of Captain.

He served at Novato Community Hospital before establishing his own practice with his wife in 2005. Dr. Stevenson was a member of the San Francisco Marin Medical Society Board of Directors, and was recently re-elected to the California Medical Association House of Delegates.

He was an avid cyclist and enjoyed working on old cars and motorcycles. He especially loved driving his 1966 Alfa Romeo Giulia Super.

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