

SAN DIEGO

AUGUST 2020
Official Publication of SDCMS

PHYSICIAN

the
Superhero
IN EACH OF US



"LIFE DOESN'T GIVE US PURPOSE.

WE GIVE LIFE PURPOSE."

-The Flash, Blackest Night Vol 1 #8

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2





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IMPROVING HEALTH
CHANGING LIVES

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South Bay Union School District
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St. Martin of Tours Catholic Church
Stellar Care
Teachers for Healthy Kids
Toby Wells YMCA
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UCSD Health Free Clinic
UCSD School of Pharmacy
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Health Annual
Report
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2018–19**



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San Diego Physicians Rally Around Dr. Wooten and Mask Wearing

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Champions for Health is dedicated to providing access to critically needed healthcare for uninsured, low-income residents of San Diego County who would otherwise face insurmountable barriers to care. We recruit, mobilize, and support hundreds of volunteer physicians and other professionals to provide free specialty healthcare.

Annual Report for Fiscal Year 2018–2019

Volunteers

Who is a hero? They have given their lives to something bigger than themselves. They overcome obstacles. They are highly motivated to make a difference in the world. They have a sense of responsibility and a calling to help and protect others. They have courage against daunting odds. They are selfless and put others first. They are humble and do not seek rewards for their actions. They are caring and kind, all to improve the lives of others. Our volunteers are our heroes! Our volunteers are Champions for Health!



Project Access San Diego physicians

223

Project Access San Diego specialty areas

34

Medical interpreters

181

Hospitals

6

Outpatient surgery centers

8

Ancillary partners

80

Live Well San Diego Speaker's Bureau

275

Health screenings

286

Immunizations

1,120

Interns

12

Community Wellness

Practicing and retired physicians, nurses, nursing students, and healthcare professionals all volunteer their time to reach people within their neighborhoods to have conversations about healthy lifestyles through our Live Well San Diego Speaker's Bureau, and provide venues for immunizations and health screenings — all free to participants through our Community Wellness Programs. Immunizations are provided at food markets, schools, community-based organizations, churches, the Mexican consulate, farms, and rural locations. Topics covered during Speaker's Bureau presentations include healthy eating and nutrition, mental health, heart health, vaccinations, Zumba, chair yoga, and food demonstrations.



Live Well San Diego
Speaker's Bureau sites

156

Live Well San Diego
Speaker's Bureau: San
Diegans served

2,849

Flu vaccines

3,500

Immunization
sites

85

Out-of-pocket
savings to consumers

\$112,000

Blood pressure
screenings

10,000

Colorectal cancer
screenings

50

Glucose screenings

1,000

Skin cancer
screenings

500

Eye pressure
screenings

50



"It's not who I am underneath, but what I do that defines me." –

BATMAN, *BATMAN BEGINS*



Project Access San Diego

In 2008, physician leadership of the San Diego County Medical Society was the impetus in creating a safety net of pro bono specialty care providers: Project Access San Diego. These pioneers faced daunting odds and were highly motivated to make a difference in the health and lives of uninsured San Diegans.

Specialty physicians and their medical care teams provide services, procedures, and surgeries. Ancillary healthcare partners provide their facilities and services. Medical interpreters create language access. All of these pro bono services are for uninsured San Diegans who are referred by participating clinics, transforming these patients' lives from pain and dire medical diagnoses to health, renewed family involvement, and productive work and community life.

Since 2008, Project Access has facilitated care for 6,500-plus uninsured patients by providing 14,000 free consultations and 1,563 free surgeries — totaling \$21.5 million in pro-bono services to date. For every \$1 spent on program expenses, we provide \$10 in contributed healthcare services — a return on investment of 1,000%.



Patients that relied on PASD as a safety net

496

Procedures and surgeries

157

Specialty appointments

1,380

Interpretation services

353

Transportation services

293

Reported improved health status

95%

Reduction in emergency departments visits

84%

\$2,671,703

in donated specialty medical care

12

Lives saved

Reduction in missed workdays

91%

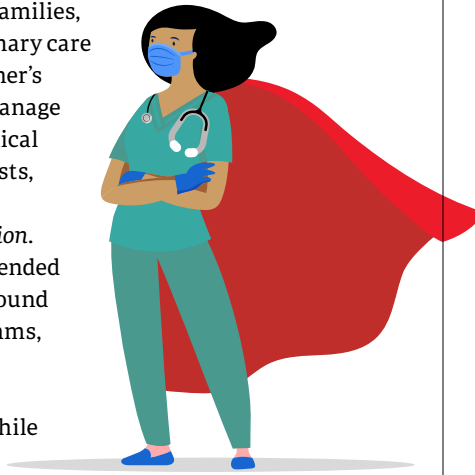


“I was living on my last lifeline ... had it not been for Project Access, I wouldn't be here. Project Access was there to support me. Without a family this would have been very hard for me to get through. You became my family.” –CASILDO

Physician Support

Physician support is provided in three ways: to medical students, practitioners, and retired physicians. UC San Diego School of Medicine students were awarded scholarships and provided with a firsthand view of the legislative process in Sacramento. Practitioners received expert advice and linkages through econsultSD, the Alzheimer's Clinical Roundtable, conferences, and the Alzheimer's Project app. The Retired Physician Society hosted seminars and social outings to the Salk Institute and the symphony.

The Alzheimer's Project is a regional initiative established by the San Diego County Board of Supervisors to address the toll of Alzheimer's disease and related dementias on families, communities and our healthcare systems. Primary care physicians can screen and evaluate for Alzheimer's disease with greater ease, and access tools to manage behavioral issues. The Alzheimer's Project Clinical Roundtable, a group of neurologists, psychiatrists, geriatricians, and geriatric psychologists, have developed *The Physician Guidelines Second Edition*. This comprehensive booklet contains recommended screening and evaluation instruments, background research and references, best practices algorithms, and resource tools for caregivers. The AlzDxRx mobile app assists physicians in screening and evaluation of patients with cognitive decline while maintaining eye-to-eye contact.



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The Future

Dear Friends,
The Board and Staff of Champions for Health and the San Diego County Medical Society convened regularly to discuss and determine a revised strategic vision and plan for Champions for Health. During this process, data was gathered, analyzed, and considered from a number of sources. Key stakeholders representing a variety of public, nonprofit, philanthropic, and private sector organizations were consulted. The CFH Strategic Plan represents the culmination of this deliberative process. CFH will carry out its mission by maintaining and fostering Project Access, ensure the viability of Community Wellness Initiatives, hone and deliver tailored messaging to target markets, engage in a multi-pronged revenue generation campaign, and establish and maintain Board-led working committees to effectively operationalize the strategic plan.

Thank you to all of our volunteers and healthcare partners for being the difference in the world. Your sense of responsibility to protect others is selfless, caring, and kind. The unending gratitude and renewed health of the people whose lives you have changed forever is your eternal reward.

With much appreciation for your time, talent and dedication,
Champions for Health Staff and Board of Directors **SDP**

“Dreams save us...until my dream of a world where dignity, honor, and justice becomes the reality we all share, I’ll never stop fighting. Ever.” – SUPERMAN, ACTION COMICS #775

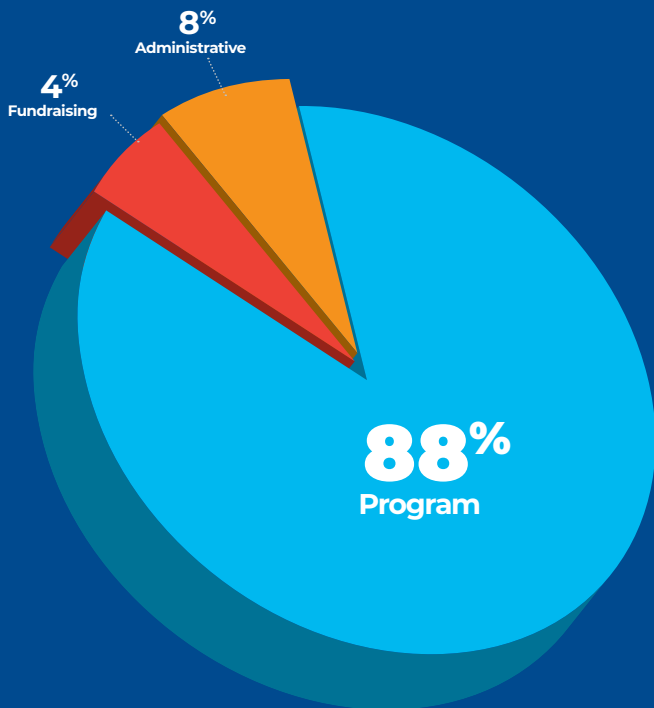
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ASMG
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cCare California Cancer Associates
Coast Surgery Center
CHIP
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SD County HHSA
CSUSM Student Healthcare Project
Escondido Surgery Center
Euclid Endoscopy Center
Eye Tech Service LLC
Family Health Centers-San Diego
Genzyme Corp

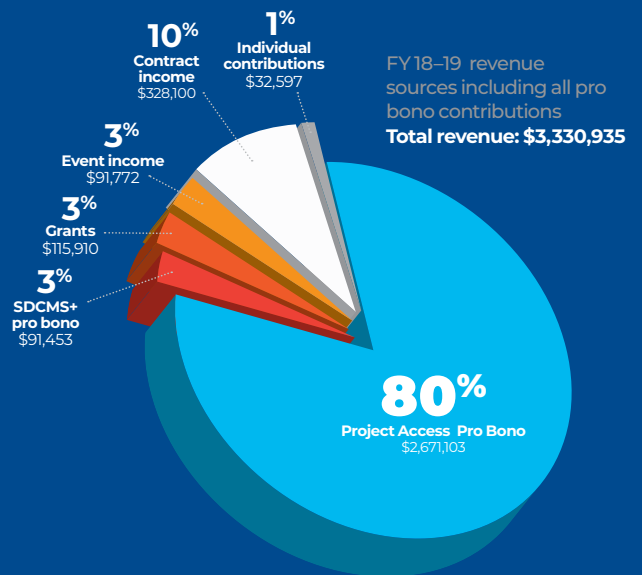
Grace Medical ENT Specialist
Greider Eye Associates
Hanger Prosthetics & Orthotics
Harmony Home Medical
IGO Medical Group
Imaging Health Care Specialists
IOP Ophthalmics
Kaiser Permanente
La Jolla Endoscopy Center
Longevity Physical Therapy
Neighborhood Healthcare
North Coast Pathology Medical Group
North Coast Surgery Center
North County Health Services
Outpatient Surgery Center of La Jolla
Otay Lakes Surgery Center
Pacific Surgery Center
Parkway Endoscopy Center
Poway Surgery Center

Premier Lithotripsy
Premier Surgery Center
Prime Anesthesia Services
Rancho Bernardo Surgery Center
SD County Speech Pathology Services
SD Digestive Disease Consultants
SD Outpatient Ambulatory Surgical Ctr
SD Pathologists Medical Group
Scripps Health
Scripps Mercy Surgery Pavilion
Spine and Support
St. Leo’s Medical Program
Surgical Center of San Diego
The Endoscopy Center
Tri City Medical Center
UCSD Health System
UCSD Student Run Free Clinic
Vista Community Clinic
Volunteers in Medicine

Financial Highlights

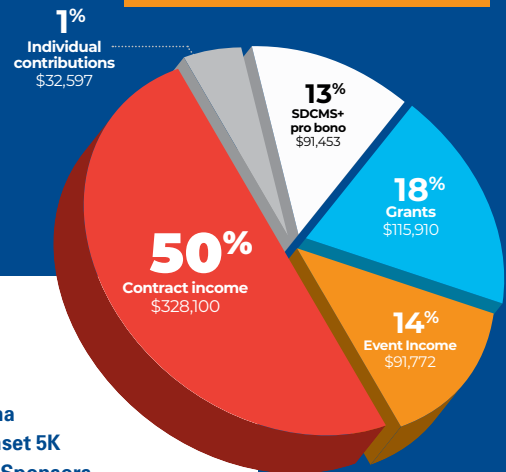


FY 2018-19 Expenses



FY 18-19 revenue sources including all pro bono contributions
Total revenue: \$3,330,935

Fiscal Year 2018-19 Revenues



FY 18-19 revenue sources without PASD pro bono contributions
Total revenue without Project Access pro bono: \$659,832

Thank you to Our Donors and Sponsors!

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 North Coast Family Medical Group
 Northgate Gonzalez Markets
 Roadrunner Sports
 Stretch Lab
 Skinny Gene Project
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 The Doctor's I A/Bob DeSimone

Therapy Specialists
 Urban Remedy

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 San Diego Health Connect
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Champions for Health Is Proud to Be a Live Well San Diego Partner



A BROTHERLY PACT IN THE ERA OF BLINDING RUBBER BULLETS

By Srinivas Iyengar, MD, FACS, and Justin Dhindsa

HC SPENT APRIL IN QUARANTINE

waiting for his surgery that had been delayed. The American Academy of Ophthalmology asked all eye surgeons to hold off on non-urgent surgery to help conserve PPE for the front-line workers. This kind, 77-year-old man presented to our clinic after a radiopaque foreign body was noted in his right orbit during screening for an MRI. He stated that when he was a 9 years old, he was playing with a BB gun with his brother and that a BB ended up in his eye socket.

I asked HC why he never had this removed despite the fact that he could feel it in his eye socket. This injury occurred prior to the presidential election of Dwight D. Eisenhower and now needing an MRI in 2020, it was time to remove this foreign body. He said that he and his brother made a pact to never tell their parents about the injury since they would likely have their BB guns confiscated. HC then asked me if I could extract the BB from his orbit and return it to him. I asked him if he was going to hand it to his brother. He said due to COVID-19, it would be a long time before he would see his brother, so he was going to mail it to him. One can only imagine the look on his face when he received a package from his brother containing the BB from their 1962 misadventure.

While there have been reports of MRI with a BB in the orbit, removal of easily accessible foreign bodies like this mitigate the risks of a magnetic field. Every eye surgeon around the world



Below: BB removed in 2020 from the orbit of a San Diego man that had been in his eye socket since 1952.

has seen a patient with an eye injury from a high-velocity projectile. During this quarantine period, we spoke to colleagues in countries like Mongolia and India, where archery is embedded in the culture, and they were seeing projectile injuries from recreational bow and arrow wielders who were now stuck at home. As July 4th approached, eye surgeons practicing

in states where fireworks are legal braced themselves for the busiest eye trauma day of the year. They have all treated children playing with projectile fireworks, and seen them lose an eye. In our practice, we have even seen nationally recognized professional athletes nearly end their careers from baseballs or hockey pucks hitting the eye. Even the smallest of high-velocity

projectiles can result in blindness, with metal foreign bodies causing siderosis or organic foreign bodies causing endophthalmitis.

In 2020, in the era of contagious respiratory viruses and continued racial disparity, there has been a more imminent risk of high velocity projectiles toward the face — rubber bullets and projectile tear gas canisters. On June 3, our nation's largest organizations of eye surgeons and eye plastic surgeons, the American Academy of Ophthalmology (AAO) and the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS), condemned the use of rubber bullets. The AAO called for physicians, public health officials, and the public to ask domestic law enforcement officials to immediately end the use of rubber

bullets to control or disperse crowds of protesters.

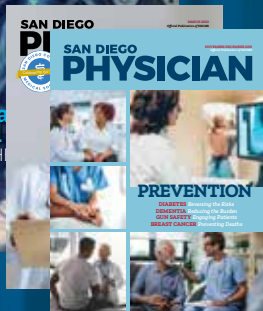
“Americans have the right to speak and congregate publicly and should be able to exercise that right without the fear of blindness. You shouldn't have to choose between your vision and your voice.” — American Academy of Ophthalmology

The following organizations also endorsed the Academy's statement:

- American Academy of Allergy, Asthma and Immunology
 - American Academy of Family Physicians
 - American Geriatrics Society
 - American Society of Nephrology
 - Society of Interventional Radiology
- Surgeons around the country have directly seen the impact of these high-velocity projectiles causing not only

vision loss and facial trauma, but also cases of severe globe rupture requiring removal of the eye. The immense danger posed by rubber bullets, that are not just rubber, has long been known. In a 2003 study, researchers detailed the severity of ocular injuries inflicted by rubber bullets in 42 patients.¹ Among their reports, they found that 54% of patients had lid or skin lacerations, 38% suffered a ruptured globe, and 26% experienced retinal damage. Consequently, 53% of patients had a visual acuity of less than 6/60 (20/200) at a follow-up appointment. Furthermore, a correspondence published in *The Lancet* concerning the French yellow vest protests also details the negative patient outcomes when struck with rubber bullets. The study reported that most ocular injuries

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LaToya Ratlieff, 34
Fractured skull and orbital bones



Adam Keup, 23
Vision-threatening bleeding



Russell Strong, 35
Lost an eye

#NotOneMoreEye

© 2020 American Academy of Ophthalmology

There are different ways high-velocity rubber bullets can cause blindness or loss of an eye. (Image Courtesy of American Academy of Ophthalmology)

4. Place a hard shield around eye. Even a temporary eye shield, such as paper cup or Styrofoam cup, may work in an emergency. The key with this is to minimize any direct pressure to the eye.
5. Seek ophthalmic consultation. Every major hospital system in San Diego is connected with an on-call, board-certified ophthalmologist that can recognize and treat these injuries, but preventive measures to “flatten the curve” of eye injuries isn’t enough. When that BB entered HC’s eye socket in 1952, neither he nor his brother would have thought it would be there for 68 years. Fortunately for him, he didn’t lose his eye or have any loss of vision. I wish we could say the same for those shot by rubber bullets in 2020. **SDP**

due to rubber bullets were extremely severe, as they observed “open-globe ruptures resulting in blindness” along with “severe closed-globe injuries such as choroidal detachment, and eyelid or lacrimal system lacerations.”²

Despite the empirical evidence on the perils of rubber bullets, law enforcement agencies continue to use them as a means for “crowd-control.” Consequently, protesters in the George Floyd-inspired demonstrations have suffered the expected ocular injuries. For example, protesters in Denver arrived at hospitals with injuries that caused one person to lose their eye and left three others with permanent eye damage.³ In total, rubber bullets and similar projectiles have damaged eyes or blinded at least 20 individuals ranging from age 16 to 59 since the George Floyd protests began, according to the AAO.

Physicians took the Hippocratic oath to do no harm, and often many are too busy to participate in political discourse. There comes a time when issues affecting public health supercede

theoretical debates on governmental ideologies. Republican or Democrat, employing rubber bullets in the use of crowd control is a dangerous practice that affects the health of our community. It is not enough for physicians to say they will care for those affected by these high-velocity projectiles. Our medical community must stand united and proactively oppose the use of these blinding weapons. In the meantime, we offer the following precautionary measures in the hope that it will ameliorate some of the inevitable eye injuries from rubber bullets and high-velocity projectiles (ie. tear gas canisters). Although eye protection may help, they should not be considered to be adequate.

Many of the same recommendations to care for any other types projectiles hurled toward the eye apply to rubber bullets as well:

If your eye is injured, protect the eye immediately.

1. Do not touch the eye.
2. Do not rub the eye.
3. Stay upright.

Dr. Iyengar is chief of ophthalmology at Scripps Encinitas and serves as its oculoplastic surgeon. He has been a member of SDCMS since 2014 and is owner of, and chief surgeon at, San Diego Eyelid Specialists. Justin Dhindsa is a current senior at Duke University, where he studies biology and chemistry. Outside of the classroom, he serves as a research fellow in Dr. Elmallah’s lab. He researches neuromuscular disorders such as ALS, multiple sclerosis, and Duchenne muscular dystrophy.

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“

We each have relationships — with family, friends, patients, and staff — that allow us to be effective influencers.

We Are Not Powerless

By Helene Fronck, MD, FACP, FACPh

THE CORONAVIRUS HAS KILLED MORE THAN 130,000 Americans, upending and constricting our lives. The disproportionate effect on people of color has highlighted the disparity in many health outcomes among racial groups, intolerance of the longstanding social injustice in our country has led to widespread protests, and our country seems more divided than ever. The unrest and deep divisions are complicating our ability to offer a coordinated, effective approach to a deadly worldwide infection whose end is nowhere in sight.

What can we agree on as a medical community so that our unified voice can be clear and strong?

As physicians tasked with safeguarding the health of our community, we can come forward with knowledge and experience and not be hesitant to take a stand for good health practices. We should encourage discourse — and insist that it rely on science, and maintain civility and respect. We should be vocal in pointing out when suggestions are not based on science, and when science itself is inconclusive.

We each have relationships — with family, friends, patients, and staff — that allow us to be effective influencers. While political differences complicate some conversations, there are responsible, educated recommendations to support and promote across the political divide. We can explain the dangers of large social gatherings or close contact with people

who may be unaware they are infected, and the importance of limiting our interactions if we become ill or have been exposed. We can emphasize that this is not a question of liberty but one of science, thoughtfulness, limited medical resources, and consideration for those who share our community. These conversations can be uncomfortable, and we tend to avoid uncomfortable things in life. But with practice, we can increase our tolerance and become effective sources of information for the public.

Another important action is to protect and defend public health officials. Kaiser Health News reported that at least 27 public health leaders from 13 states have resigned or been fired since April. They have been disparaged and threatened on social media, terrorized by armed demonstrations outside their homes, and have received death threats. Dr. Lynn Goldman, dean

of George Washington University's School of Public Health, explained that public health officials “faced blowback when they sought to curtail smoking ... launched lead paint abatement programs, and when they proposed ... bans on pesticides.” What's different now is that our politicians are not supporting public health officers or acknowledging their experience and expertise. At a recent San Diego Board of Supervisors meeting, our own public health official, Dr. Wilma Wooten, was publicly insulted and her home address was exposed. None of the elected officials objected at the time. While the San Diego County Medical Society issued a strong statement of support, each of us can contact our government representatives and lodge a similar testimonial. By not standing up for medical science and public health strategies we are failing our patients and our profession.

This may be uncharted territory and our future may feel uncertain, but we physicians can be a powerful force for good if we speak together. **SDP**



Dr. Fronck is a clinical professor of medicine at UC San Diego School of Medicine and a Certified Physician Development Coach.



Top 7 Insurance and Legal Questions for Resuming Medical Practice During COVID-19

By **Todd Zeiter**

AS A COMPANY FOUNDED AND LED BY PHYSICIANS, WE have unique insight into medical liability and the factors that lead to lawsuits against doctors. And in these unprecedented times, we are committed to providing information and support so you can focus on practicing medicine.

We've heard from physicians that they are concerned about the risks involved in reopening their practices, resuming elective procedures, or otherwise resuming something closer to their usual patient interactions. In response to these concerns, we're providing answers to common insurance coverage questions to help physicians anticipate issues before they become problems.

First and foremost, we urge physicians

to check daily for updates from the Centers for Disease Control and Prevention (CDC), local medical societies, and local health departments. We also urge physicians to have a plan for how to communicate changes to staff and to document that they are doing so—if only by jotting quick notes in an electronic calendar.

The following are answers to the top questions from our members and doctors across the country:

Am I covered for employee claims involving COVID-19?

If an employee of yours makes the claim that you failed to provide a safe work environment — for instance, that you did not provide PPE, and they subsequently

contracted COVID-19 — that claim would fall outside of your medical professional liability coverage. In those instances, your agent can advise you regarding whether the claim is covered by your employment practices liability insurance.

Am I covered if a patient alleges they contracted COVID-19 in my office?

If you are covered by The Doctors Company, the short answer is yes. The longer answer involves separating what the physician can't control from what they can: Of course, you cannot guarantee that any given patient will not contract COVID-19. However, you can perform daily reviews of any new CDC guidelines, train your staff, and maintain infection control standards — and document that you are doing those things. In case of a lawsuit, your good-faith effort to maintain the standard of care as it evolves is in your favor.

Can I continue my practice contrary to state recommendations?

We will rely on your professional judgment relative to your practice and your patients' best interests. That said, as you evaluate your patients' needs against your local backdrop of infection risks and legal changes, realize that mandates are stronger than recommendations. We encourage you to follow all state mandates, laws, bulletins, and orders.

For example, if a state has opened the door for elective procedures but not cosmetic procedures, and a physician is performing cosmetic procedures, this makes it almost impossible for us to successfully defend that physician in court because they have knowingly violated a state requirement or the law. Therefore, reduce liability by following your local health authority's recommendations and abiding by the local current standard of care.

If I cannot yet resume my usual level of patient interaction, can I adjust my coverage to reduce my premium?

Many practices have experienced a significant reduction in patient encounters and therefore revenue. Talk to your agent or underwriter about adjusting your service. The Doctors Company offers two types of coverage

adjustment: reduction in time (full-time to part-time practice) and/or reduction in the nature of procedures performed (surgical to office-based practice). Either or both would reduce premium. In case of temporary practice closure, we can temporarily suspend coverage.

Remember to work with your agent or underwriter to reinstate your customary level of coverage upon reopening or resuming your customary level of patient interaction.

Am I covered if I provide services outside the scope of my specialty?

Check with your agent or underwriter. If you're being requested to provide services outside of the scope of your specialty such as assisting with triage in an emergency department (ED), whether being remunerated or not, your coverage with The Doctors Company will not be impacted. We will rely upon your professional judgment. If you have the necessary training and are comfortable performing in that particular capacity,

your coverage will follow you.

The same holds true for your non-physician staff when acting under your scope and direction: If they are requested or volunteer to offer services outside of your practice insured with us, coverage under your policy will follow them.

If, however, a non-physician staff member is stepping outside of your scope and direction, they should seek coverage from the facility or practice with whom they're offering services.

Assuming elective surgeries or procedures are allowed, what special considerations apply during COVID-19?

The return to offering procedures will not be like flipping a switch; it will be a gradual process. Use your best judgment to determine whether you have the capability to safely perform the procedure based on your location, patient population, type of procedure, your assessment of the degree of increased risk, and your evaluation of the risks and

benefits to the patient.

Have a heart-to-heart with the patient, a true informed consent process that accounts for the increased risks during COVID-19, not just a form for the patient to sign — and document those conversations. No one knows what things will look like in a year or two, so documenting clinical reasoning based on conditions right now is critical.

What if I have documented my best clinical judgment, but the insurer disagrees? Will I still be defended in case of a suit?

If you are a member of The Doctors Company, you can count on aggressive, effective defense of your claim. We do not cast doubt on our members' clinical judgment. However, we strongly recommend that you document your clinical reasoning in case of a suit. **SDP**

Todd Zeiter is vice president of underwriting at The Doctors Company.

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TRIALS: Physicians in the following specialties are needed for participation as Principal or Sub-Investigator in Pharmaceutical sponsored Clinical research trials involving COVID-19 vaccine, RSV vaccine, Flu vaccine, Migraine, Multiple sclerosis, Parkinson's disease, Asthma, COPD, NASH, Diabetes studies. Prior Clinical Research Experience is preferred but not essential. Our team of Clinical Research Professionals will conduct the clinical trials under your supervision. Financial incentives and scientific publication opportunity. Will not take time away from your practice or increase liability. Primary care; Internal medicine; Pulmonology; Dermatology; Neurology; Gastroenterology. Please contact jsaleh@paradigm-research.com or anguyen@paradigm-research.com or Afalconer@paradigm-research.com

PHYSICIAN OPPORTUNITIES

INTERVENTIONAL PHYSIATRY/PHYSICAL MEDICINE SPECIALIST POSITION AVAILABLE:

Practice opportunity for part time interventional physiatry/physical medicine specialist with well-established orthopaedic practice. Position includes providing direct patient evaluation/care of spine and musculoskeletal cases, coordinating PMR services with all referring providers. Must have excellent interpersonal and communication skills. Office located near Alvarado Hospital. Onsite digital x-ray and emr. Interested parties, please email lisas@sdsdm.net

CARDIOLOGIST WANTED: San Marcos cardiology office looking for a part-time cardiologist. If interested, send CV to evelynchoa2013@yahoo.com or via fax to (760) 510-1811.

CHILD HEALTH OFFICER (MEDICAL

DIRECTOR): The County of San Diego Health & Human Services Agency (HHS), Medical Care Services (MCS), is seeking online applications and résumés from qualified individuals for Child Health Officer/Medical Director. This unclassified management position plays a key leadership role in our medical care system by supporting the planning, directing, and coordinating of all forensic and clinical functions specific to Medical Care Services. In accordance with Federal, state, and local policies and regulations, the Child Health Officer will have significant responsibility for monitoring and/or evaluating medical assessments of child abuse and/or neglect, pediatric care, and an array of services. Regular - Full time \$240,000.00 - \$250,000.00 Annually. Please visit the County of San Diego website for more information and to apply online.

PEDIATRIC POSITION AVAILABLE: Grossmont Pediatrics, a private pediatrics practice with Commercial HMO, PPO, Tricare, Medi-Cal patients, provides family-focused individualized care in East San Diego. Clinical cases include ADHD, asthma, adolescent behavioral health. Average 2.5 clinic patients per hour, 1-in-3 light call & newborns at one hospital. With Epic HER, access real-time care at Rady's and area hospitals. Working 24 or 28 hours weekly, you will earn \$130-150,000 annual compensation, up to 3 weeks PTO plus holidays, and future share in practice. Direct professional expenses are paid, Health, Dental, 401K, etc. Contact venk@gpeds.sdcxmail.com or 619-504-5830 with resume in .doc, .pdf or .txt.

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will conduct medical diagnosis and treatment of patients using medical office procedures consistent with training including surgical assist, flexible sigmoidoscopy, and basic dermatology. The incumbent must hold a current California license and be board eligible. Bilingual Spanish/English preferred. Founded as a small family practice in Escondido 1932 by Dr. Martin B. Graybill, today we're the region's largest Independent Multi-specialty Medical Group. Our location is 277 Rancheros Dr., Suite 100, San Marcos, CA 92069. We are an equal opportunity employer and value diversity. Please contact Natalie Shields at 760-291-6637/nshields@graybill.org. You may view our open positions at: <https://jobs.graybill.org/>

BOARD CERTIFIED OR BOARD-ELIGIBLE

PHYSICIAN DERMATOLOGIST: Needed for busy, well-established East County San Diego (La Mesa) private Practice. We currently have an immediate part-time opening for a CA licensed Dermatologist to work 2-3 days per week with the potential for full-time covering for existing physicians, whenever needed. We are a full-service Dermatology office providing general, cosmetic and surgical services, including Mohs surgery and are seeking a candidate with a desire to provide general dermatology care to our patients, but willing to learn laser and cosmetics as well. If interested, please forward CV with salary expectation to patricia@grossmontdermatology.com.

PHYSICIAN CONSULTANT FULL-TIME:

San Diego-Imperial Counties Developmental Services, Inc. (San Diego Regional Center). Great opportunity to work in a multidisciplinary setting in a private non-profit agency that serves persons with developmental disabilities. Must be licensed to practice medicine in California and certified by specialty board such as Neurology, Neurodevelopmental Disabilities, Developmental Behavioral Pediatrics, Pediatrics or Internal Medicine. Experience in the field of developmental disabilities and administrative or supervisory experience required. Please visit our website at www.sdrc.org for more information and to submit an application.

DEPUTY PUBLIC HEALTH OFFICER:

The County of San Diego is seeking a dynamic leader with a passion for building healthy communities. This is a unique opportunity for a California licensed or license eligible physician to work for County of San Diego Public Health Services, nationally accredited by the Public Health Accreditation Board. Regular - Full Time: \$220,000 - \$230,000 Annually. For more information and to apply: <https://www.governmentjobs.com/careers/sdcounty/jobs/2359704/deputy-public-health-officer-19092204u?keywords=Deputy%20Public%20health%20&pageType=jobOpportunitiesJobs>

TEMPORARY EXPERT PROFESSIONAL (TEP) MEDICAL DOCTORS (MD'S) NEEDED:

The County of San Diego Health and Human Services Agency is seeking numerous MD positions to work in a variety of areas including Tuberculosis Control, Maternal and Child Health, Epidemiology and Immunizations, HIV, STD & Hepatitis, and California Children's Services. Applicants (MD or DO) must hold a current California medical license. Applicants must be proficient in either Opioid Abuse Prevention and Treatment Strategies, Communicable Diseases and/or Healthcare Systems, and willing to minimally work three days a week. Hourly rate is \$103/hour. If interested, please e-mail CV to Anuj.Bhatia@sdcxmail.com or call (619) 542-4008.

PRACTICE OPPORTUNITY: Internal Medicine and Family Practice. SharpCare Medical Group, a Sharp HealthCare-affiliated practice, is looking for

physicians for our San Diego County practice sites. SharpCare is a primary care, foundation model (employed physicians) practice focused on local community referrals, the Patient Centered Medical Home model, and ease of access for patients. Competitive compensation and benefits package with quality incentives. Bilingual preferred but not required. Board certified or eligible requirement. For more info visit www.sharp.com/sharpcare/ or email interest and CV to glenn.chong@sharp.com

PHYSICIAN POSITIONS WANTED

PAIN MANGEMENT POSITION WANTED: Pain Management Physician Position Wanted: Fellowship-trained at MD Anderson Cancer Center, pain management with anesthesia background physician looking for a private practice, hospital, or academic position. Skilled in basic and advanced procedures, chronic pain and cancer pain management. Have CA, DEA, and Fluoro licenses. Please call/text (619) 977-6300 or email Ngoc.B.Truong@dmu.edu.

PRACTICE FOR SALE

PRACTICE FOR SALE IN ENCINITAS: A GYN-only practice for sale in Encinitas with a majority of the patients in North County. Insurance accepted are PPO, cash and some Medicare patients. Could be turnkey or just charts. Practicing is closing December 31st, 2019. Please call Mollie for more information at 760-943-1011.

CLINICAL RESEARCH SITE/MULTI-SITE SPECIALTY PHYSICIAN PRACTICE COMBO

FOR SALE: Great opportunity for a Group Practice. Clinical Research offers a way for physicians to continue to practice medicine the way they like and provide an additional source of income that is compatible with their goal of providing great care and options for their patients. Patients will have the opportunity to participate in the research of new treatments. Current site has staff and facilities for research, physician suites, and X-Ray. Use as a primary location or as a satellite office with research site. Current physicians and staff willing to train and work alongside physicians new to research. Contact E-Mail: CL9636750@gmail.com (Posted 9/13/2019)

PRACTICES WANTED

PRIMARY OR URGENT CARE PRACTICE

WANTED: Looking for independent primary or urgent care practices interested in joining or selling to a larger group. We could explore a purchase, partnership, and/or other business relationship with you. We have a track record in creating attractive lifestyle options for our medical providers and will do our best to tailor a situation that addresses your need. Please call (858) 832-2007.

PRIMARY CARE PRACTICE WANTED: I am looking for a retiring physician in an established Family Medicine or Internal Medicine practice who wants to transfer the patient base. Please call (858) 257-7050.

OFFICE SPACE / REAL ESTATE AVAILABLE

LA JOLLA OFFICE FOR SUBLEASE OR TO SHARE Scripps Memorial Medical office building at 9834 Genesee Ave. Amazing location by the main entrance to the hospital between I-5 and I-805. Multidisciplinary group available to any specialty. Excellent referral base in the office and on the hospital campus. Great need for a psychiatrist. We have multiple research projects. If you have an interest or would like more information, please call 858-344-9024 or 858-320-0525.

REDUCED PRICE El Cajon Medical Office Building For Sale or Lease. 3,700 square foot standalone medical building with 11 exam rooms & huge private parking lot available for sale or lease! Sink in all exam rooms, nurses station, break room, abundance of storage, etc. Building has been very well cared for and \$200,000+ has gone into it since 2006. Prime location only three blocks from I-8 freeway exit right off of Broadway. Property also features oversized lot with 20+ parking spaces. Asking Sale: \$950,000. Asking Lease: \$5,500/month + NNN. Terms are negotiable. Seller financing is available. Please contact: Dillon Myers@TonyFrancoRealty.com | (619) 738-2318

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LA JOLLA OFFICE FOR SUBLEASE OR TO SHARE: Scripps Memorial Medical office building at 9834 Genesee Ave. Amazing location by the main entrance to the hospital between I-5 and I-805. Multidisciplinary group available to any specialty. Excellent referral base in the office and on the hospital campus. Great need for a psychiatrist. We have multiple research projects. If you have an interest or would like more information, please call 858-344-9024 or 858-320-0525.

SHARED OFFICE SPACE: Office Space, beautifully decorated, to share in Solana Beach with reception desk and 2 rooms. Ideal for a subspecialist. Please call 619-606-3046.

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OFFICE SPACE FOR RENT: Multiple exam rooms in newer, remodeled office near Alvarado Hospital and SDSU. Convenient freeway access and ample parking. Price based on usage. Contact Jo Turner (619) 733-4068 or jo@siosd.com.

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MEDICAL OFFICE SPACE SUBLET DESIRED NEAR SCRIPPS MEMORIAL LA JOLLA: Specialist physician leaving group practice, reestablishing solo practice seeks office space Ximed building, Poole building, or nearby. Less than full-time. Need procedure room. Possible interest in using your existing billing, staff, equipment, or could be completely separate. If interested, please contact me at ljmedoffice@yahoo.com.

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FINANCE DIRECTOR: San Diego Sports Medicine and Family Health Center is hiring a full-time Financial Director to manage financial operations. Primary responsibilities include monitoring of income, expenses and cash flow, reconciling bank statements, supervision of accounts payable, oversee billing department, oversee accounts receivables, payments and adjustments, prepare contracts, analyze data, prepare financial reports, prepare budgets, advise on economic risks and provide input on decision making. MBA/Master's and 5+ years relevant work experience preferred. Excellent references and background check required. Salary commensurate with skills and experience. To apply, please send resume to Jo Baxter, Director of Operations jobaxter@sdsdm.com

NON-PHYSICIAN POSITIONS WANTED

MEDICAL OFFICE MANAGER/CONTRACTS/BILLING PERSON: MD specialist leaving group practice, looking to reestablish solo private practice. Need assistance reactivating payer contracts, including Medicare. If you have that skill, contact ljmedoffice@yahoo.com. I'm looking for a project bid. Be prepared to discuss prior experience, your hourly charge, estimated hours involved. May lead to additional work.

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Masks, Miasma, and Masuk Angin

By Daniel J. Bressler, MD, FACP

I HAVE THE GOOD FORTUNE OF WALKING TO THE office every weekday. During that walk I see many people outside sporting masks even when distantly separated from others. I see masked joggers, bikers, and drivers alone in their cars. I see masked neighbors on their front porches or mowing their lawns. Many of my patients tell me that they wear masks when outside from a sincere belief that they are protecting themselves. This reminds me of an experience I had over 40 years ago.

In Indonesia, where I lived and taught English in my 20s, there is a strong folk practice of avoiding exposure to the wind based on the belief that it carries disease. *Masuk angin* is the Indonesia phrase for “the wind enters.” The fear of *masuk angin* led my host family to insist that I always wear pajamas even on the hottest of tropical nights. It was why passengers on packed busses would insist that the windows stayed closed despite blazing temperatures and saturating humidity. The same general idea also leads parents across many cultures to warn their children to avoid cold breezes out of fear that it will lead them to “catch a cold.”

Before the modern science-based explanation for infectious diseases, prevailing theories were built on both instinct and empirical protoscience. In Europe from the mid 1200s until the mid 1800s, the most prominent explanation for infections — called the miasma theory — was akin to *masuk angin*. *Miasma* comes from the Greek word for foul-smelling fumes. Feverish conditions were thought to be fostered in swamps and carried on the wind. The miasma theory led “plague doctors” (like one in the illustration) to wear large bird masks that held sweet-smelling spices that were thought to counteract the foul miasma. It was also the theory that guided Florence Nightingale and her band of nurses during the Crimean War in the 1850s to sanitize the stench of the tent-hospitals holding injured British soldiers. Like so often in the history of medicine, she was doing the right thing for the wrong reason. The word “miasma” is carried into modern medicine as “malaria.” As its name suggests, the specific tropical disease of malaria was formerly believed to be the product of the “bad air” of swamps.

In the 1800s the miasma theory of infection competed with the *contagion* theory (contagion from the Latin “to touch together with”) which held that infectious diseases were transmitted



principally through direct contact. As it turns out, both of these theories had merit to them. Respiratory infections are spread via the air. Other infections such as staphylococcus are spread through touch. We have learned that the causative agents in infectious diseases are microscopic organisms whose mode of dissemination is determined by

the properties of both pathogen and host. It was this germ theory championed in the late 19th and early 20th centuries that has been accepted as the scientific explanation for the transmission of infectious diseases.

In early January of 2020, we concluded that the lethal outbreak that began in Wuhan, China, was caused



by a novel betacoronavirus related to the one that caused SARS in 2003. In a matter of days its gene was sequenced and the three-dimensional structure of its proteins determined. Yet, despite these lightning-quick scientific breakthroughs, the clinical management of SARS-CoV-2 has proceeded slowly. Even to this day (in mid-June) we have no proven specific therapeutic or preventive medicines. Vaccines are still in the early testing phase. And so, like the doctors of centuries past, we are relying on public health measures to try and reduce the impact of the disease.

Chief among the public health measures has been the wearing of masks. Mask use has been based on a

reasonable set of assumptions and observations: This is a respiratory virus; a mask can absorb the droplets from an infectious person; decreasing airborne scattering of droplets will lead to reduced disease spread. There is presumptive evidence that broad public mask use is effective. The countries where mask wearing has been most widely adopted (Hong Kong, Japan, Singapore) have had among the lowest rates of spread. That said, there are other probable contributing explanations for these countries' success besides mask use, including social distancing, business lockdowns, early testing, and aggressive case-identification with isolation. There are likely other social and genetic factors at play as well.

Modern medicine is scientifically based but socially practiced. Getting the science right isn't enough. We also have to address the fact that people will interpret the science through a range of instinct, culture, family lore, media headlines, and political affiliations. This is especially true in a country as diverse as ours. The current science indicates that masks are effective at reducing the spread of COVID-19 in certain settings but not others. The confusion regarding the use of a mask is partly a consequence of the mixed messages we've been getting from WHO, CDC, and others. Because of this confusion, many people fall back on their instinctive and cultural responses to the COVID-19 threat. They are attempting to protect themselves from miasma, malaria, and *masuk angin*. An insistence on unjustified mask wearing can lead to cynicism about *all* mask wearing. We have to take into account that we are living in a society where science, human instincts, and cultural beliefs coexist and often conflict. By clearly and consistently explaining what masks can and cannot do, we in medicine can provide a much-needed message that will contribute to the control of this terrible disease. **SDP**



Dr. Bressler, SDCMS-CMA member since 1988, is former chair of the Biomedical Ethics Committee at Scripps Mercy Hospital and a longtime contributing writer to San Diego Physician.

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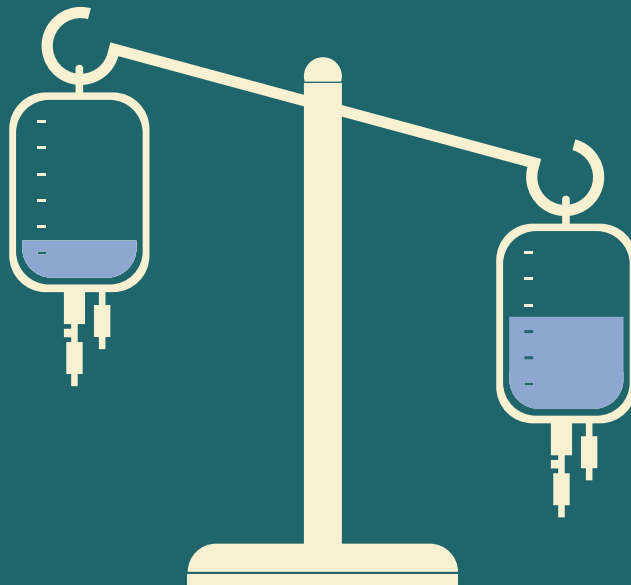
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