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20 Classifieds

MEDICARE

CMS Proposes 2024 Medicare Physician Fee Schedule

ON JULY 13, THE CENTERS FOR MEDICARE

& Medicaid Services (CMS) released the proposed 2024 Medicare Physician Payment Schedule, which impacts Medicare physician payments and the Quality Payment Program (QPP). The California Medical Association (CMA) will be submitting comments by the Sept. 11, 2023, deadline.

Below are important American Medical Association (AMA) analyses of the fee schedule proposal:

- · A detailed summary of the MFS, which discusses these crucial provisions in depth, as well as many other provisions in the proposal and will provide further understanding of the potential impacts of these changes.
- · A specialty impact analysis developed by AMA, which illustrates the combined effect of the budget neutrality proposals in the rule and the reduction to the conversion factor under current law.
- A comprehensive QPP data analysis based on the 2021 performance period, including information about Merit-Based Incentive Payment System (MIPS) scores by specialty and state. Key highlights of the proposed rule are below:
- The 2024 Medicare conversion factor (CF) is proposed to be reduced by 3.36% from \$33.8872 to \$32.7476. The anesthesia conversion factor is proposed to be reduced from \$21.1249 to \$20.4370. The CF cut is the result of the 1.25% payment cut that Congress allowed to happen in the 2022 year-end legislation and a negative budget neutrality adjustment stemming mostly from the adoption of a new G2211 Evaluation and Management (E&M) office visit add-on code. Overall, the impact by specialty results in a 1-3% increase for primary care and a 0-4% payment cut for specialists, depending on the specialty.
- Unfortunately, these cuts coincide with ongoing increases in the cost to practice medicine. CMS projects the increase in the Medicare Economic Index (MEI) practice expense for 2024 will be 4.5%. Physician practices cannot continue to absorb these increasing costs while their payment rates are cut. This is why AMA, CMA, and our partners in organized medicine strongly support H.R. 2474, the Strengthening Medicare for Patients and Providers Act, which would provide a permanent, annual inflation update equal

- to the increase in the MEI and allow physicians to sustain their practices, make investments in high-value care and maintain patient access to care. Visit AMA's Fix Medicare Now site and join the fight for financial stability for physician practices and to preserve access to care for Medicare patients. Through the Take Action Now link, CMA is urging you to contact your Member of Congress to urge them to provide an annual inflation update. AMA and CMA are also strongly urging Congress to enact reforms to the Medicare budget neutrality requirements to reduce the severity of cuts.
- In a major win for CMA, CMS announced that the agency will postpone implementation of the reweighted MEI practice expenses. The proposal would have reduced the impact of rent and staff wages on Medicare physician reimbursement. Because California is such a high-cost state to operate a medical practice, California physician Medicare payments would have been cut by nearly \$100 million. CMA fought the proposal and led a coalition of other high-cost states to urge a delay. CMA joined AMA in urging CMS to wait for the results of the AMA Physician Practice Information Survey (PPIS), which launches on July 31, 2023. CMA believes it will provide more accurate practice expense data to better inform fee schedule payments and urges all California physicians who receive the survey to complete it. Ensuring that California's higher costs are included in the survey is crucial for California physician stability.
- · CMA and AMA are strongly opposing the proposal to increase the MIPS performance threshold from 75 points to 82 points, which could result in some physicians receiving a -9% penalty. Research continues to show that MIPS is unduly burdensome; disproportionately harmful to small, rural, and independent practices; exacerbates health inequities; and is not clinically relevant.
- Finally, due to AMA advocacy, CMS proposes to delay mandatory electronic clinical quality measure (eCQM) reporting by Medicare Shared Savings Program (MSSP)/accountable care organization (ACO) participants who may continue to use the CMS web interface in 2024. +

Dr. David Bazzo Awarded the 2023 Family Physician of the Year Award



THE CALIFORNIA ACADEMY

of Family Physicians (CAFP) is proud to announce David Bazzo, MD, FAAFP, CAQSM, was selected as the 2023 Family Physician of the Year. CAFP presents this prestigious award to an individual who exhibits the finest qualities of family physicians, and who goes above and beyond in service to patients, community, and colleagues.

Dr. Bazzo has helped to lead family medicine and primary care by serving in leadership roles, educating future family physicians, and through community engagement.

Dr. Bazzo has served as the University of California, San Diego (UCSD) interim department chair for Family Medicine since July 2020. His influence also includes helping guide policy, advocacy, and physician education in his leadership roles at CAFP, the California Medical Association, and the American Academy of Family Physicians, including as president of CAFP in 2020–2021. He was also appointed by the American Medical Association in 2022 as chair of the PacWest Reference Committee on. Furthermore, Dr. Bazzo was promoted in 2022 from Physician Assessment and Clinical Education (PACE) fitness for duty director to PACE program director.

Dr. Bazzo was recently awarded the UCSD Medical Staff Physician Professionalism Award 2023, and recognized in many areas, including: Castle Connolly Top Doctor in 2022, recipient of the San Diego County Medical Society 2023 Jim Hay Award for distinguished service to SDCMS membership and the entire San Diego community, Best of California magazine — Doctor Edition in the field of Sports Medicine 2022, and San Diego's Physicians of Exceptional Excellence "San Diego's Top Doctors" in the field Sports Medicine, San Diego Magazine in 2022. Dr. Bazzo has received numerous other well-deserved awards throughout his career, and CAFP is proud to add 2023 Family Physician of the Year to this long list of accomplishments.

Dr. Bazzo went to Medical School at Rosalind Franklin University of Health Sciences/The Chicago Medical School Doctor of Medicine, June 1990. And undergrad at University of California, Irvine Bachelors of Science (x2) with Honors: Biology, Chemistry, 1985. He was president of the San Diego County Medical Society 2018–2019. Currently he is head team physician, San Diego Seals Professional Lacrosse Team, Major League Lacrosse, 2018-present.

Congratulations, Dr. Bazzo, and thank you for all you do for family medicine in California! +



Risky Drinking Behavior Common Among Cancer Survivors, Even During Treatment

By Charles Bankhead

NEARLY FOUR IN 10 CANCER SURVIVORS WHO

drank alcohol engaged in risky drinking behaviors, a large retrospective study showed.

Overall, 38.3% of survivors who reported current alcohol use met validated criteria for hazardous drinking. The data also showed that almost 15% of the patients exceeded an accepted definition of moderate alcohol consumption, and almost a fourth acknowledged binge drinking. Patients who had a cancer diagnosis before age 18 and those who had ever smoked were more likely to report hazardous drinking.

"This cross-sectional study of a diverse U.S. cohort suggests that alcohol consumption and risky drinking were common among cancer survivors, even among individuals receiving treatment," wrote Yin Cao, ScD, MPH, of Washington University in St. Louis, and co-authors in JAMA Network Open. "Given the short- and long-term adverse treatment and oncologic outcomes associated with alcohol consumption, additional research and implementation studies are critical to address this emerging concern among cancer survivors."

Alcohol consumption has a causal relationship with multiple types of cancer and is associated with adverse outcomes in patients with cancer. In 2017, the American Society of Clinical Oncology cited a need to prioritize alcohol consumption as a key modifiable behavioral risk factor for cancer control research. Nonetheless, no specific guidelines for surveillance and counseling about alcohol use have been developed for cancer survivors, the authors noted.

Understanding alcohol use among cancer survivors remains limited by lack of evidence. One recent study showed that 35% of cancer survivors who reported current drinking exceeded moderate drinking limits (more than one drink per day for women and more than two for men), and 21% engaged in binge drinking (five or more drinks on one or more occasions in the past year).

"However, to our knowledge, patterns of drinking, including frequency as well as the co-occurrence of multiple risky drinking behaviors, have not been described," the authors continued.

To gain more insight into alcohol consumption behavior among cancer survivors, Cao and colleagues queried the NIH All of Us Research Program database, a diverse U.S. cohort with electronic health record (EHR) linkage, for data collected from May 2018 to January 2022. The cohort included 15,199 participants who reported a cancer diagnosis, including a subgroup of 1,839 with EHR data relative to cancer treatment within the past year.

The primary outcomes were prevalence of current drinking and risky drinking behaviors, defined as:

- Exceeding moderate drinking: more than two drinks on a typical drinking day
- Binge drinking: six or more drinks on at least one occasion
- Hazardous drinking: Alcohol Use Disorders Identification Test-Concise (AUDIT-C) score ≥3 for women, ≥4 for men

The study population had a mean age of 63.1, and women accounted for 62.6% of the participants with a cancer diagnosis. The data showed that 77.7% of participants were current drinkers. Among those, 13% exceeded moderate drinking, 23.8% reported binge drinking, and 38.3% met AUDIT-C criteria for hazardous drinking.

Multivariable analysis yielded higher odds ratios for exceeding moderate drinking among patients with the following characteristics: age <65 (OR 1.84–2.90), male sex (OR 2.38), Hispanic ethnicity (OR 1.31), age <18 at cancer diagnosis (OR 1.52), former smoking (OR 2.46), and current smoking (OR 4.14). Binge drinking was more common among the same subgroups: age <65 (OR 2.15–4.46), men (OR 2.10), Hispanic ethnicity (OR 1.31), age <18 at cancer diagnosis (OR 1.71), former smokers (OR 1.69), and current smokers (OR 2.13).

The numbers were similar in the subgroup of patients currently receiving treatment for cancer.

"Our study extends the scope of prior understanding through using a diverse U.S. cohort to characterize risky drinking behaviors comprehensively among cancer survivors," Cao and team wrote. "More important, by linking with EHR data to annotate treatment information, we found that drinking and risky drinking behaviors are prevalent even among individuals concurrently receiving treatment for cancer."

"Alcohol consumption and risky drinking behaviors among cancer survivors are associated with various adverse long-term outcomes, including higher risk of recurrence, secondary primary tumors, and increased mortality," they added. "More studies are warranted to elucidate the role of each risky drinking behavior and the overall pattern in long-term outcomes."

Charles Bankhead is senior editor for MedPage Today, where this article first appeared, on oncology and also covers urology, dermatology, and ophthalmology.



Annual Report for Fiscal Year

2021-2022

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 preventive and specialty healthcare.

Dear Friends,

Our medical volunteers, community partners, sponsors, friends, and supporters all help Champions for Health to succeed at our mission of health equity! When together we rise, we are like the phoenix, symbolizing hope, rebirth, and transformation. The phoenix can heal itself in the transformation of fire and rebirth from its ashes. The phoenix is a symbol of strength: the ability of our patients to endure tough times. Their transformation from pain and medical distress to health and renewed life inspires hope from within themselves and each of us who touch their lives. CFH's partnerships collectively meet the needs of priority populations where they live, work, play, and pray. Our job is connecting the strengths of phenomenal partners to build community capacity. Thank you to our phoenixes for rising with us making San Diego a healthy place to live!

With much appreciation,

Adama Dyoniziak

Executive Director
with Champions for Health
Board of Directors and Staff

Volunteers

Together with our diverse physicians and healthcare volunteers, Champions for Health transforms communities. Our numerous CFH volunteers — students in medicine, pharmacy, and nursing; or seasoned medical and healthcare professionals — administer vaccines, provide health screenings, educate about health topics, and provide primary and specialty care services. This transformation is possible when we remove the barriers of insurance, transportation, language, and technology to make access to care within reach for everyone. Community- and school-based events are local for easy access through transportation corridors or within walking distance. Health and medical information sessions are delivered in threshold languages. Staff, consultants, and volunteers represent the communities in which they are delivering services to increase service utilization through both cultural and linguistic match. Local community stakeholders outreach directly with people where they live, work, play, and pray.

















Outpatient surgery centers 8

Medical interpreters 126

> Physician volunteers recruited 7

Ancillary partners 80



Project Access specialty areas













"For he who has health has hope, and he who has hope has everything."

- OWEN ARTHUR, FORMER PRIME MINISTER OF BARBADOS



Homebound COVID vax

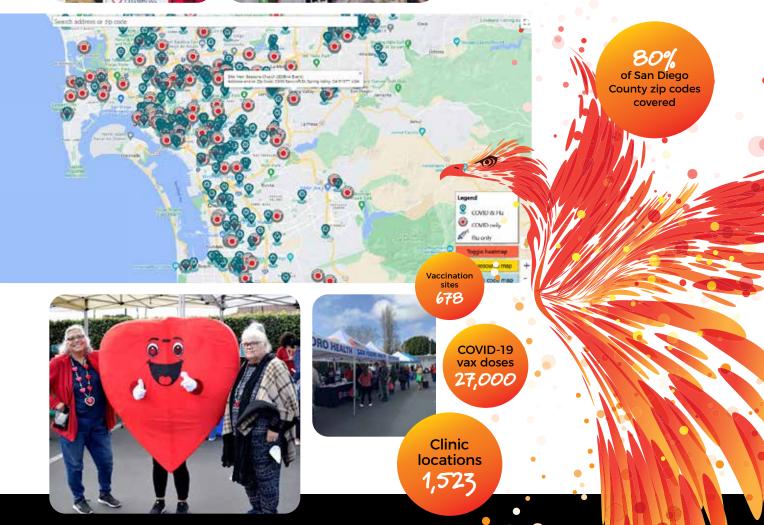
administered in **Healthy Places** Index zip codes

Community Wellness

Immunize San Diego addresses the health needs of low income, uninsured, and under immunized populations within San Diego County by providing free COVID and flu vaccinations in tandem, in health equity priority zip codes (see map). Our priority locations include skilled nursing facilities, senior and low-income housing and service centers, K-18 schools, businesses, farms, faith-based organizations, community-based organizations, free clinics, hotels, parks, small medical practices, and community centers.







Community Wellness

The Speaker's Bureau focuses on improving the health of San Diego to make healthy choices to support the Live Well San Diego vision. Volunteer physicians and health professionals deliver health and wellness presentations to a network of collaborative partners, which include faithbased organizations, FQHCs, community-based organizations, community groups, individuals, businesses, and employers.

CFH is part of a unique private-public partnership called Collaboration for Action to Achieve Results Toward the Elimination of TB (CARE-TB San Diego). CARE-TB's goal is to provide immediate and convenient opportunities for Filipino and Vietnamese individuals to receive TB education at CFH COVID/flu vaccine clinics in high-risk TB areas with low access to healthcare. Appropriate TB testing for those at risk was provided at two cultural outreach events to 13 people, with over 100 people completing a TB risk assessment. A subsequent chest X-ray, clinical evaluation, and treatment are available to those testing positive. Community Health Workers from Central and South San Diego were trained on TB risk assessment implementation to engage and educate community members about the difference between active and latent TB infection.

> Diegans educated









LANGUAGES EDUCATED IN:

English

Spanish

Arabic

Tagalog

Vietnamese











Project Access San Diego

Project Access provides a referral pathway for uninsured adults ages 26-49 years old up to 250% of federal poverty level, who are not eligible for Medi-Cal, Medicare, and cannot afford insurance. The Community Health Clinics refer patients for specialty care. The primary care physician provides ongoing care during the process. Project Access staff coordinate every aspect of the process between the community clinics and the specialists, facilitate the provision of medical interpreters, transportation, medicines, diagnostic tests and imaging. Our volunteer physician specialists, hospitals, surgery centers and medical partners donate their time, expertise, and services. Our patients have been able to regain their health, return to work, care for their families, and remain productive members of their community. Our patients have been through the fire and are transformed in partnership with our community of healers. Our Project Access volunteers and staff have risen up — high like the waves, moving mountains, bringing San Diego to its feet. All free for Project Access patients — so they can have hope. So they too can rise again.

Our Project Access Partners

Alcon Alliance Retina Consultants Arthritis Care & Research Center Arthritis Care of North County **ASMG** Balboa Nephrology California Center for **Neurointerventional Surgery** California Health & Neck Specialists cCare California Cancer Associates ChEARS Coastal Gastroenterology - Unio **Health Partners** Coastal Pain & Spinal Diagnostics Medical Group, Inc. Coastal Skin & Eye Institute Core Orthopaedic Medical Group County of San Diego HHSA **Davies Eye Center** The Endoscopy Center of Encinitas Eye & Retina Institute of San Diego Eye Care of La Jolla Eye Institute of California Fallbrook Family Health Center Fallbrook Healthcare Center Family Allergy, Asthma, Immunology and Sinus Center **Greider Eye Associates Grossmont Dermatology** Hanger Prosthetics & Orthotics **IGO Medical Group** Imaging Health Care Specialists

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Physician Support

Champions for Health supports physicians with professional development. Our Academic Detailing project for licensed prescribers of opioids has five education modules available in person and on demand for CME credit through The Doctor's Company. 877 Providers gained invaluable information to better serve patients needing a multimodal approach to pain management with these modules: (1) Eliminating Stigma through Clinical Understanding, (2) Alternatives to Opioids for Pain, (3) Safe Prescribing of Opioids and CNS Depressants, (4) Recognition, Diagnosis, and Treatment of Substance Use Disorder, (5) CURES 2.0.

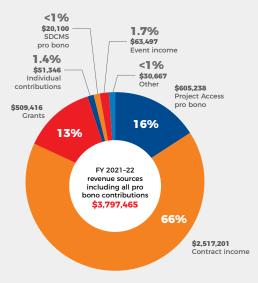


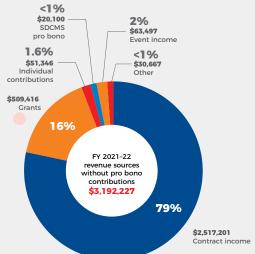
The Alzheimer's Project Clinical Roundtable with the County of San Diego Healthy Brain Initiative educated San Diego County and outof-state providers on clinical guidelines and on-demand Alzheimer webinars. Outreach to physician leadership at health systems throughout the county resulted in membership expansion of the roundtable, broader adoption of the guidelines, and availability of the Healthy Brain tool and exam room posters in five languages. Thanks to ongoing support from the County of San Diego Aging and Independence Services, the Clinical Roundtable is on target to expand systemic adoption of standards of practice on dementia.

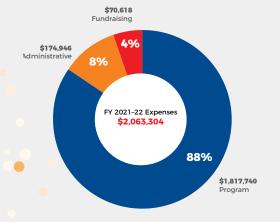
on clinical

guidelines









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Health Equity Partners: Together We Rise!



144th Minimal Care Detachment Company

3167 Art Gallery

AGA Columbia Exports Group

Albert Einstein Academy Charter Elementary School

Alpha Project - Alpha Lofts Alpine Special Treatment Center Arbor Hills Nursing Center ARC of San Diego Armstrong Nursery Atlantic Care Home

Avalon Palms **BAE Systems**

Barham Villas Apartments **Bayside Community Center** Bethel AME Church Bethlehem Food Pantry

Beyer Courtyard Apartments Bonsall Community Center Bonsall Elementary School Bread and Salt Art Gallery **Bright Horizon Academy** Camp Lockett Middle School Canyon Guest Home

Casa Colina Del Sol Senior Apartments Castle Manor Nursing & Rehabilitation Center

Cathedral Plaza Senior Apartments Center for Employment Training

Central Library

Christ the King Catholic Church Chula Vista Charter High School

City Heights Library Clairemont Guest Home **Coast Pediatrics** Community Health Group County of San Diego HHSA Copley Price Family YMCA

Crawford High School Crestview Hills Cross Border Xpress

Cuvamaca Community College

Del Lago High School Del Mar Race Track EJE Academy Charter School El Caion Senior Towers El Cajon Valley High School **Employee Rights Center** Erickson Elementary Escondido High School **Escondido Senior Apartments**

Everde Farms Fallbrook Library

Fallbrook Regional Healthcare District

Father Joe's Villages Fay Elementary Fletcher Elementary Freese Elementary Fresh Origins Nursery George Stevens Senior Center Grace Church San Diego

Grape Park

Greenwood Healthcare College

Grossmont College

Grossmont Health Occupations Center

Grove Family Apartments

Hawthorne CAT Hope Through Housing

Howard Gardner Community School

Iftin Charter School Iglesia Estrella del Mar Iglesia San Francisco de Asís

Imperial Beach Sports Park and Recreation Center

Jackie Robinson Family YMCA

Jaguar Land Rover

Japanese Friendship Garden of San Diego

Jinny Jo Park

Juniper Senior Village Just in Time Foster Youth

Kearney Mesa Nursing and Rehabilitation

Knox Middle School Kurdish Christian Church

Kurdish Community Islamic Center of Greater San Diego

La Fuente Post Acute

Lemon Grove Farmer's Market Lemon Grove Recreation Center

Linda Vista Multi-Cultural Fair and Parade

Little House Family Resources

Live Well San Diego

Loma Portal Elementary School Loma Verde Elementary School Los Vecinos Apartments MAAC Charter School

Magnolia Adult Day Health Care Center

Maie Ellis Elementary Malcolm X Library

Manchester Grand Hyatt Hotel Maranatha Seventh-Day Adventist

Mark Twain High School

Medical Operational Readiness Unit (MORU) 7452

Mellano Farms Memorial Park Mesa College Mexican Consulate Mira Costa College Mira Mesa High School

Monarch School (Mostly Youth In Transitional Housing)

Monte Vista High School

Most Worshipful Prince Hall Grand Lodge Imperial Beach Sports Park & Recreation Center Muslim Community Center of Greater San Diego

NASSCO Shipyard Nativity Prep Academy New Seasons Church

North County Family Justice Center Northgate Markets

O'Farrell Charter School

Old Town Trolley Tours of San Diego

Olive Hill Green Houses Inc. Oliver Hazard Perry Elementary Olympian High School Orange Glen High School

Pacific View Leadership Elementary

Palomar College

Palomar Community College PIMA Medical Institute Pine Valley Middle School Point Loma Nazarene University

PRIDE by the Beach Rancho Bernardo Inn

Recovery Happens

Redwood Garden Family Apartments Reliable Care Medical Group

River De Ville Family Apartments Roger Elementary School

Salk Institute

San Diego Black LQBTQ Coalition

San Diego Central Library

San Diego City College

San Diego Co-op Charter School

San Diego County Fair San Diego LGBTQ Center San Diego Mesa College

San Diego Pride

San Pasqual High School San Ysidro High School San Ysidro Senior Village Senior Towers of El Cajon Shadow Hill Family Apartments Shady Lane Family Apartments Sherman Heights Community Center Solana Pacific Elementary School Sons and Daughters of Guam Club

Sorrento Towers Senior Apartments SOUL Swapmeet Southwestern College Spectrum Floral Service St, James Senior Apartments

St. John's Plaza St. Leo's Free Clinic Talmadge Senior Village The Crossings Golf Course The Meadows of Chula Vista Torrey Pines Elementary School

Twin Oaks Golf Course

TURN Behavioral Health Services

Universidad Popular University of San Diego Urban Discovery Charter School USS Midway Museum Vallecitos Elementary School

Valley High School Vista High School

Vista Del Sol Family Apartments

Westfield Malls

Westlake Village Family Apartments

Willer Henderson Park

Not Knowing Is Most Intimate

By Helane Fronek, MD, FACP, FASVLM, FAMWA

MY SECOND DAY ON THE UROLOGY SERVICE AS A

medical student remains seared into my memory. Having been absent the day before, I didn't know the department chair would be visiting, nor what I should study in preparation. The 45 minutes of humiliation, unable to answer any question the chair asked, while my fellow student offered thoughtful explanations for each inquiry, were torturous. I vowed never to be unprepared again — not knowing was

In fact, not knowing is among the biggest fears in our profession.

Although much in our profession is unknown or continuously changing, physicians thrive on certainty. Given the stakes of making the wrong clinical decision, we gain confidence and take comfort in knowing the literature and accepted guidelines, which we believe offer reasonable guidance. For other, less demanding situations, uncertainty still feels risky. When coaching people preparing for interviews or presentations, I specifically address how to respond when they don't know the answer to questions they are asked. Their sense of terror is palpable when we begin the discussion.

Given our professional training and preference for certainty, the Buddhist maxim that "not knowing is most intimate" might trigger confusion and resistance among us. Most physicians would vigorously defend the virtues of knowing. I ask that you consider another perspective.

When we enter a discussion certain we are right, where is the room to learn something new or consider a different view? It's as if a wall surrounds us that ideas must penetrate before we can be touched by them. Instead, if we believe we may not have the correct or only answer to the issue, there's an opportunity to connect with others, share our beliefs, and perhaps discover a deeper or more nuanced understanding of our own beliefs. Each of these creates a sense of intimacy — with others and with ourselves.

Listening to others is a gift — with our listening, we communicate they are worthy of our attention. Each of us craves this sense of worthiness, as both trust and intimacy are generated. As we listen, we enhance and expand our understanding of who they are as a human being. I imagine that you, as I did, have had moments of insight when patients



shared their viewpoints you suddenly appreciated why they had difficulty following your recommendations or had chosen one path over another. Greater intimacy helps us provide better care.

And when a conversation fails to change our mind, we deepen our understanding of our own belief and the values that underlie it, as we are challenged to wonder why we believe as we do. Marc Lesser, author of Finding Clarity, offers

another argument in favor of not knowing: "Knowing can be an obstacle, can even be our enemy. Our knowing can limit our vision. ... When I let go of my own ideas, I can be present, humble. When I am humble. I am not afraid. I can enter this moment engaged, moved, open — intimate."

Try entering your next conversation without a sense of certainty. You may be surprised and delighted as you notice the intimacy of not knowing. 🛨

Dr. Fronek is an assistant clinical professor of medicine at UC San Diego School of Medicine and a Certified Physician Development Coach, CPCC, PCC.

Contemplations on Vulnerability and Trust

By Nicholas "Dr. Nick" Yphantides, MD, MPH



VERY EARLY ON IN MY CAREER SERVING THE

indigent patients of North County, I realized the critical importance of trust in the context of my clinical encounters. I so quickly discovered that trust was central to my patient's willingness to listen, receive, and act upon our therapeutic recommendations and interventions. So much so that I used to joke with them that if they had TDS in me (trust deficiency syndrome) that we would be wasting our time together. Unfortunately, I am sensing, observing, and hearing that trust in this time of COVID and leading up to it has been compromised. Perhaps TDS has escalated and become more of a challenge at a systemic level in society and in healthcare delivery.

I grew up in Greece with limited financial resources and had a rough transition to the United States culturally, socially, and linguistically as a 9-year-old. Perhaps related

to some of those adverse childhood challenges, I have struggled with obesity since my early teens. In my fourth year of practicing medicine I discovered I had testicular cancer, which required surgery and subsequent radiation therapy. As I started openly sharing some of my own health challenges as part of my personal story with my patients, I was truly amazed with the level of trust, receptivity, and compliance they displayed to me in response.

I recognize that physician self-disclosure can occur either naturally, based on our style and personalities, or perhaps by some more intentionally as a tool of enhancing trust and communication. Either way, some consider it controversial. It has the potential to expand appropriate professional boundaries and can shift the focus from our patients onto ourselves. My own observation in over 30 years as a clinician are that the desired and favorable outcomes of enhancing trust, increasing receptivity, hope, and motivation can actually increase a patient's sense of being understood.

More recently, I have found even further utility of vulnerability and the dissipation of trust deficiency syndrome professionally as a colleague and socially as a friend. It's no secret nor is it something I am ashamed of that the second half of 2020 through the first part of 2021 was by far the most challenging crisis of my life. In the midst of the worst COVID surge and under an enormous amount of stress as a single father of two teenage daughters struggling with work-life balance, I experienced a psychiatric crisis that led to suicidal ideation that nearly brought an end to my earthly existence.

Intentionally as I did with my earlier life challenges, I have chosen the path of vulnerability, transparency, and authenticity with regard to openly sharing this trauma. While no longer serving my own clinical practice, the disclosure has been at an even more broad and public level. At times it has certainly been hard and embarrassing to say the least, and has unfortunately led to some very difficult and unexpected relational consequences with some that I had considered to be close friends. More thankfully and strategically, it has led to many encounters, new friendships, and healthy intimacy that have been impactful and very meaningful to me socially

— especially with those perhaps now navigating some of the same types of challenges personally or with their loved ones.

C.S. Lewis, one of my favorite authors, wrote a book called The Four Loves from which I've gleaned the following two quotes: "Friendship is born at the moment when one says to another, 'What! You too? I thought I was the only one.'" He also wrote, "I have no duty to be anyone's friend and no man in the world has a duty to be mine. No claims, no shadow of necessity. Friendship is unnecessary, like philosophy, like art, like the universe itself. ... It has no survival value; rather it is one of those things which give value to survival."

Facing the reality of the lack of trust in these times of COVID and having experienced the benefit both clinically and socially by being vulnerable, I very humbly but honestly challenge you, my medical society colleague, to consider a path of greater vulnerability and authenticity. Revealing ourselves appropriately through the story of our lives even if it involves acknowledging some of our vulnerabilities as physicians may enhance the quality of your clinical and social encounters. I offer this as something for you to contemplate. Vulnerability breeds receptivity and receptivity enhances

trust. Trust enhancement for me is the best way to dissipate the currently prevailing trust deficiency syndrome so evident in our society and perhaps in some of our personal and clinical relationships! +

Dr. Nick is president of the San Diego County Medical Society. His professional mission focuses on advocating for those in our community who are in most need through the transformation of population health and more holistic approaches to the planning and delivery of healthcare. Until March of 2021, he was blessed to serve as the first chief medical officer for San Diego County and its nearly 3.4 million residents. Currently, he is focusing on furthering his mission to address public health and healthcare systems' challenges to better serve those in most need through a variety of strategic clinical consulting opportunities. His teenage daughters, Veronique and Zoe, are the joy of his life and they make their home in Escondido.

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The Importance of Preserving **Telehealth Flexibilities for Seriously III People**

By Holly Yang, MD, MSHPEd, HMDC, FACP, FAAHPM



THE COVID PANDEMIC BROUGHT MANY

disruptions into our lives and medical practices, some of which continue to be deeply challenging. In every crisis, opportunities for innovation occur. One important area of opportunity and innovation that grew exponentially was the provision of telemedicine and virtual healthcare. Prior to the pandemic, the restrictions on care provision, medication prescribing, and reimbursement limited telemedicine to a much smaller group of patients and clinicians. The flexibilities that occurred during the pandemic because of rules and reimbursement changes allowed all patients to be able to have greater access to care with greater convenience. The challenge is now to learn from that experience and preserve the things that worked well for patients, their families, and clinicians.

In palliative care and hospice, the regulatory flexibility and payment parity for virtual visits allowed greater access to care in ways that have been transformational. Patients with serious illness and their families face unique challenges when trying to get care at a time of great stress. People

experiencing serious illness often have less ability to cope physically, emotionally, financially, and from a time perspective. Telemedicine has expanded our ability to care for patients in ways that reduce many challenges, and that impact can be even more important to people who may experience inequities in our healthcare system. It is important that patients always have the option to have in-person visits, and these are preferable and necessary in many situations. At the same time, many issues can be addressed virtually to allow more convenient and less burdensome healthcare that is safe and high quality.

Prior to the pandemic, a patient with metastatic cancer or end-stage lung disease would need to schedule an appointment, travel to the clinic, and wait in the waiting room with other patients to be seen in person, no matter how much fatigue, pain, or shortness of breath they had, before a palliative medicine physician could prescribe them medications. They would need to fit that into a busy schedule of appointments with primary care and multiple specialists, imaging, labs, and outpatient treatments in healthcare facilities, like infusions or physical therapy. They would often need to find someone to drive them, as taking public transportation is challenging when someone is feeling poorly and may have functional limitations. Family and friends would have to take off work and find childcare to help with visits and transportation, or patients would have to have the resources to pay for rideshare or taxis. After their appointment, patients would go to their pharmacy to pick up medications which are on different schedules, and many of these medications require frequent follow-up visits and dose changes as people's symptoms evolve throughout the course of their treatment and disease. For someone who has limited or geographically distant social support or constrained finances, it is obvious how all of this would be very difficult to manage, add to stress, and possibly impact treatment outcomes and prognosis for a life-threatening diagnosis.

With the pandemic telehealth flexibilities, physicians and patients can make decisions based on the individual situation about whether the visit should be in person, via synchronous audio/video telemedicine, or even by telephone alone. The ability to provide virtual care from any clinician location to any patient location, including patients' homes, has been a game changer for palliative care and hospice

patients. The telemedicine flexibilities have allowed palliative care teams to continue to care for patients in rural areas and have expanded virtual care to non-rural patients who travel long-distances, have prolonged travel time in urban traffic, or those who have functional, financial, or symptomrelated limitations that make travel burdensome. Being able to provide virtual care with payment parity for audio-only visits has also been important, as not all patients have access to smart devices, computers, or reliable connectivity, and many people struggle to use technology because of lack of tech skills or increased stress and fatigue. With the pandemic telemedicine and prescribing regulatory changes, hospice and palliative care clinicians can more rapidly see what is happening in the patient's home and can prescribe controlled medications for pain or other symptoms, when necessary, even before meeting them in person.

Removing barriers to healthcare makes a huge difference in helping each patient live well despite their medical conditions. People with serious illness and their families have a better quality of life when their care is coordinated with attention to social, practical, and financial issues in addition to their medical, psychological, and existential concerns. By

individualizing each person's healthcare to what they and their family need, it helps us deliver on the promise of highquality palliative care no matter the person's age, disease, or prognosis. Telemedicine is now a normal part of the healthcare delivery system including in palliative care and hospice care. Regulations around care delivery, prescribing, and reimbursement are intertwined and inseparable and much progress has been made because of the unique challenges the pandemic brought. It will require ongoing advocacy from a variety of stakeholders, including those of us in organized medicine, to make some of these telehealth changes permanent, allowing better and more equitable access to highquality care especially for people with serious illness. +

Dr. Yang is a hospice and palliative medicine physician in San Diego. She is a past president of the San Diego County Medical Society and current Communications Committee chair. She also serves as chair of the Governance Technical Advisory Committee for the California Medical Association. Nationally, she is the current president of the American Academy of Hospice and Palliative Medicine.



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Covered California to Cut Patient Costs After Democratic Lawmakers Win Funding From Gov. Newsom By Angela Hart



WEEKS AFTER DEMOCRATIC LAWMAKERS

forced Gov. Gavin Newsom to make good on a four-year-old pledge to use tax penalty proceeds from fining the uninsured to increase health insurance subsidies for low- and middleincome Californians, Covered California officials announced they will funnel that money into reducing out-of-pocket spending for many enrollees struggling with the cost of care.

The state's health insurance exchange will zero out some patients' hospital deductibles, up to \$5,400; lower the copay of primary care visits from \$50 to \$35; and reduce the cost for generic drugs from \$19 to \$15. Some enrollees will also see their annual out-of-pocket spending capped at \$6,100, down from \$7,500.

Covered California CEO Jessica Altman argues these are

tangible reductions — savings on deductibles and copays on top of subsidies to lower monthly premiums — that will affect hundreds of thousands of people and entice them to use their coverage.

"Deductibles uniquely detract people from seeking care, so that's a significant focus," Altman told KFF Health News. "California is really grappling with affordability and thinking about, 'What does affordability really mean?' Many people simply do not have \$5,000 sitting in their bank account in case they need it for healthcare."

Additional reductions in patients' out-of-pocket costs on top of existing federal health insurance subsidies to reduce monthly premiums — will take effect in January for people renewing or purchasing coverage during Covered California's next enrollment period, which begins in the fall. The state could go further in helping reduce patients' costs in subsequent years with future budget increases, Altman says.

Still, those savings may be offset by higher costs elsewhere. Covered California announced July 25 that inflation and other factors are driving up annual premium rates on participating health plans by an average of nearly 10% next year, the largest average increase since 2018.

California started fining those without health coverage in the tax year 2020, establishing its own "individual mandate." In that first year, the state raised \$403 million in penalty revenue, according to the state Franchise Tax Board. It has continued to levy fines, paid for largely by low- or middleincome earners, the very people the new subsidies are intended to help.

Legislative leaders had pushed Newsom, a fellow Democrat, to funnel the tax revenue into lowering healthcare costs for low- and middle-income people purchasing coverage via Covered California — many of whom reported skipping or delaying care due to high out-of-pocket costs.

The governor for years resisted pleas to put penalty money into Covered California subsidies, arguing that the state couldn't afford it and needed the money given looming economic downturns and the potential loss of federal premium subsidies — which could be threatened by a change in federal leadership.

But under ongoing pressure, Newsom relented in June and agreed to begin spending some of the money to boost state subsidies. According to the state Department of Finance, California is expected to plow \$83 million next year and \$165 million annually in subsequent years to expand financial assistance — roughly half the revenue it raises annually — into reducing Covered California patients' costs. The remainder of the money will be set aside in a special healthcare fund that could be tapped later.

The budget deal also allows the Newsom administration to borrow up to \$600 million in penalty revenue for the state general fund, which it must pay back. Penalty revenues are projected to bring in \$362 million this year with an additional \$366 million projected next year, according to Finance Department spokesperson H.D. Palmer.

Covered California board members approved the new plan design last week. They say the cost-sharing subsidies will lower out-of-pocket spending for nearly 700,000 people out of roughly 1.6 million enrolled in Covered California.

The boost in funding, which represents the state's most significant effort to slash patients' costs in Covered California, will largely benefit lower-income Californians who earn below 250% of the federal poverty level, which is \$33,975 for an individual and \$69,375 for a family of four for 2023, according to the exchange.

"Bringing down deductibles goes a long way to help middle-class California families struggling with increasing costs of living," said Senate President Pro Tempore Toni Atkins, who rallied fellow Democrats to block a plan by Newsom and his administration to keep the revenue for the state general fund, which can be used for any purpose.

Atkins added, "We will continue our work to lower the costs even more in the years to come."

Newsom spokesperson Brandon Richards defended the governor's healthcare record, saying Newsom is committed to ensuring Californians can access healthcare. In addition to boosting assistance in Covered California, Richards said, the governor has expanded public health insurance coverage to immigrants lacking legal status and is increasing how much doctors, hospitals, and other providers get paid to see Medicaid patients.

Originally required by the federal Affordable Care Act, the so-called individual mandate to hold health coverage or pay a tax penalty was gutted by Republicans in 2017, eliminating the fine nationally. Newsom reinstated it for California when he took office in 2019 — a key component of his ambitious healthcare platform.

California is one of at least five states, along with Massachusetts, New Jersey, Rhode Island, and Vermont, as well as the District of Columbia that have their own health coverage

mandate, though not all levy a tax penalty for remaining uninsured. Among them, California is most aggressively trying to lower healthcare costs and achieve universal coverage, says Larry Levitt, executive vice president for health policy at KFF.

"Even though they may disagree on the big picture of health care reform and single-payer, California Democrats have managed to come together and unify around these incremental steps to improve the current system," Levitt said. "Step by step, they have put in place the pieces to get as close to universal coverage as they possibly can."

Democratic leaders in the state have faced political blowback for not using the penalty revenue for healthcare, details first reported by KFF Health News, even though Newsom and other Democrats vowed to spend the money to make healthcare more affordable in Covered California.

Advocates say the deal represents a win for low- and middle-income people.

"We're excited that this money is protected for healthcare, and ultimately is set aside for future affordability assistance," said Diana Douglas, chief lobbyist with the consumer advocacy group Health Access California.

Advocates want the state to tap those healthcare dollars to get more people covered, such as lowering healthcare costs for immigrants living in the state without legal permission.

A bill this year by Assemblymember Joaquin Arambula, a Fresno Democrat, would require Covered California to establish a separate health insurance marketplace so that immigrants who lack legal status and earn too much to qualify for Medi-Cal, California's version of Medicaid, can purchase comprehensive coverage that is nearly identical to plans sold on Covered California. Currently, immigrants without legal residency are not allowed on the exchange. Other states, such as Washington and Colorado, have set up similar online marketplaces.

"We're working hard to create a system that has equal benefits and affordability assistance for everyone," Arambula said. 🛨

Angela Hart, Senior Correspondent for KFF Health News, where this article first appeared, covers healthcare politics and policy in California and the West, with a focus on California Gov. Gavin Newsom, government accountability, and political influence. She has been reporting on healthcare for more than five years, and has won awards for her work on homelessness, public health, and the COVID-19 pandemic. KFF Health News publishes California Healthline, an editorially independent service of the California Health Care Foundation.

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CHAMPIONS FOR HEALTH - PROJECT ACCESS SAN DIEGO:

Volunteer physicians are needed in the following specialties: endocri-nology, rheumatology, vascular surgery, ENT or head and neck, general surgery, GI, and gynecology. These specialists are needed in all regions of San Diego County to provide short term pro bono specialty care to adults ages 26-49 who are uninsured and not eligible for Medi-Cal. Volunteering is customized to fit your regular schedule in your office. Champions for Health is the foundation of the San Diego County Medical Society. Join hundreds of colleagues in this endeavor: Contact Evelyn.penaloza@championsfh.org or at 858-300-2779.

PHYSICIAN OPPORTUNITIES

PART-TIME CARDIOLOGIST POSITION AVAILABLE: Cardiology office in San Marcos seeking part-time cardiologist. Please send resume to Dr. Keith Brady at uabresearchdoc@yahoo.com

INTERNAL MEDICINE PHYSICIAN: Federally Qualified Health Center located in San Diego County has an opening for an Internal Medicine Physician. This position reports to the chief medical officer and provides the full scope of primary care services, including diagnosis, treatment, and coordination of care to its patients. The candidate should be board eligible and working toward certification in Internal Medicine. Competitive base salary, CME education, Four weeks paid vacation, year one, 401K plan, No evenings and weekends, Monday through Friday. 8:00 am to 5:00 p.m. For more information or to apply, please contact Dr. Keith Brady at: uabresearchdoc@yahoo.com

FAMILY MEDICINE/INTERNAL MEDICINE PHYSICIAN: San Diego Family Care is seeking a Family Medicine/Internal Medicine Physician (MD/DO) at its Linda Vista location to provide outpatient care for acute and chronic conditions to a diverse adult population. San Diego Family Care is a federally qualified, culturally competent and affordable health center in San Diego, CA. Job duties include providing complete, high quality primary care and participation in supporting quality assurance programs. Benefits include flexible schedules, no call requirements, a robust benefits package, and competitive salary. If interested, please email CV to sdfcinfo@sdfamilycare.org or call us at (858) 810-8700.

MEDICAL CONSULTANT (MD/DO): The County of San Diego is currently accepting applications from qualified candidates for Medical Consultant-Public Health Services. Vacancies are in the Public Health Services, Epidemiology and Immunization Services Branch (EISB) and Tuberculosis (TB) Control and Refugee Health Branch. Salary: \$183,747.20-\$204,900.80 Annually. An additional 10% for Board Certified Specialty and 15% for relevant Sub-Specialty. For job posting info visit https://www.governmentjobs.com/careers/sdcounty?keywords

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SEEKING MEDICAL DIRECTOR: subcontracted position 4-8 hours per month. Responsibilities: Support case conferences, refractory SUD, co-occurring conditions, specialty populations; Conduct clinical trainings on issues relevant to staff (e.g., documentation, ASAM Criteria, DSM-5, MAT, WM, co-occurring conditions); Provide oversight and clinical supervision; Refer co-occurring conditions; Lead Quality Improvement functions (e.g., Quality Improvement Projects, clinical team meetings, etc.); Attend annually 5 hours of continuing medical education on addiction medicine. Required by contract with San Diego County BHS, position is for a Physician licensed by CA Medical Board or CA Osteopathic Medical Board. Contact Name: Jennifer Ratoff: e-mail: jratoff@secondchanceprogram.org, phone: (619) 839-0950

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INTERNAL MEDICINE PHYSICIAN: Healthcare Medical Group of La Mesa located at 7339 El Cajon Blvd. is looking for a caring, compassionate, and competent physician for providing primary care services. We require well-organized and detail-oriented with excellent written and oral communication skills, and excellent interpersonal skills to provide high-quality care to our patients. We provide a competitive salary, paid time off, health insurance, 401K benefits, etc. We provide plenty of opportunities to refine your clinical competency. Our CEO Dr. Venu Prabaker, who has 30 years of teaching experience as a faculty at multiple universities Including Stanford, UCSD, USC, Midwestern, Western, Samuel Merritt, Mayo, etc., will be providing teaching rounds once a week. You will also get plenty of opportunities to attend other clinical lectures at many of the 4- to 5-star restaurants in San Diego. We also have a weekly one-hour meeting for all the staff for team building and to create a "family atmosphere" to improve productivity and thereby create a win-win situation for all. Visit us at caremd.us.

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PER DIEM ORGYN I ABORIST POSITION AVAILABLE: IGO Medical Group is seeking a per diem laborist to cover Labor and Delivery and emergency calls at Scripps Memorial Hospital in La Jolla. 70 deliveries/ month. 24-hour shifts preferred but negotiable. Please send inquiries by email to IGO@IGOMED.com.

MEDICAL CONSULTANT, SAN DIEGO COUNTY: The County of San Diego, Health and Human Services Agency's Public Health Services is looking for a Board Certified Family Practice or Internal Medicine physician for the Epidemiology and Communicable Disease Division. Under general direction, incumbents perform a variety of duties necessary for the identification, diagnosis, and control of communicable diseases within the population. This position works closely with the medical and laboratory community, institutional settings, or hospital control practitioners. Learn more here: https://www.governmentjobs.com/careers/ sdcounty?keywords=21416207

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Southern California Permanente Medical Group is an organization with strong values, which provides our physicians with the resources and support systems to ensure they can focus on practicing medicine, connecting with one another, and providing the best possible care to their patients. For consideration or to apply, visit https://scpmgphysiciancareers.com/specialty/physical-medicine-rehabilitation. For questions or additional information, please contact Michelle Johnson at (866) 503-1860 or Michelle.S1.Johnson@kp.org. We are an AAP/EEO employer.

PRIMARY CARE PHYSICIAN POSITION: San Diego Family Care is seeking a Primary Care Physician (MD/DO) at its Linda Vista location

to provide direct outpatient care for acute and chronic conditions to a diverse adult population. San Diego Family Care is a federally qualified, culturally competent and affordable health center in San Diego, CA. Job duties include providing complete, high quality primary care, and participation in supporting quality assurance programs. Benefits include flexible schedules, no call requirements, a robust benefits package, and competitive salary. If interested, please email CV to sdfcinfo@sdfamilycare.org or call us at (858) 810-8700.

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TrueCare is more than just a place to work; it feels like home. Sound like a fit? We'd love to hear from you! Visit our website at www.truecare.org. Under the direction of the Chief Medical Officer and the Lead Physician, ensure the provision of effective quality medical service to the patients of the Health center. The physician is responsible for assuring clinical procedures are continually and systematically followed, patient flow is enhanced, and customer service is extended to all patients at all times.

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PHYSICIAN POSITIONS WANTED

PART-TIME CARDIOLOGIST AVAILABLE AFTER 7/4/23: Dr. Durgadas Narla, MD, FACC is a noninvasive cardiologist looking to work 1-2 days/week or cover an office during vacation coverage in the metro San Diego area. He retired from private practice in Michigan in 2016 and has worked in a San Marcos cardiologist office for the last 5 years, through March 2023. Board certified in cardiology and internal medicine. Active CA license with DEA, ACLS, and BCLS certification. If interested, please call (586) 206-0988 or email dasnarla@gmail.com

PSYCHIATRIST AVAILABLE! Accepting new patients for medication management, crisis visits, ADHD, cognitive testing, and psychotherapy. Out of network physician servicing La Jolla and San Diego. Visit hylermed.com or call (619) 707-1554.

PRACTICE FOR SALE

GASTROENTEROLOGY GI PRACTICE FOR SALE: Looking to expand or move? Established 25+ years Gastroenterology GI office practice for sale in beautiful San Diego County, California. 500 active strong patient relationships and referral streams. Consistent total gross income of \$600,000 for the past couple years, even through pandemic. Located in a professional-medical building with professional contract staff. All records and billing managed by a professional service, who can assist with insurance integration. Office, staff and equipment are movein ready. Seller will assist Buyer to ensure a smooth transition. Being on-call optional. Contact Ferdinand at (858) 752-1492 or ferdinand@ zvbex.com

OTOLARYNGOLOGY HEAD & NECK SURGERY SOLO PRACTICE FOR SALE: Otolaryngology Head and neck surgery solo practice

located in the Ximed building on the Scripps Memorial Hospital La Jolla campus is for sale. The office is approximately 3,000 SF with 1 or 2 Physician Offices. It has 4 fully equipped exam rooms, an audio room, one procedure room, one conference room, one office manager room as well as in house billing section, staff room and a bathroom. There is ample parking for staff and patients with close access to radiology and laboratory facilities. For further information please contact Christine Van Such at (858) 354-1895 or email: mahdavim3@gmail.com

OFFICE SPACE/REAL ESTATE AVAILABLE

KEARNY MESA OFFICE TO SUBLEASE/SHARE: 5643 Copley Dr., Suite 300, San Diego, CA 92111, Perfectly centrally situated within San Diego County. Equidistant to flagship hospitals of Sharp and Scripps healthcare systems. Ample free parking. Newly constructed Class A+ medical office space/medical use building. 12 exam rooms per half day available for use at fair market value rates. Basic communal medical

supplies available for use (including splint/cast materials). Injectable medications and durable medical equipment (DME) and all staff to be supplied by individual physicians' practices. 1 large exam room doubles as a minor procedure room. Ample waiting room area. In-office x-ray with additional waiting area outside of the x-ray room. Orthopedic surgery centric office space. Includes access to a kitchenette/indoor break room exterior break room and private physician workspace. Open to other MSK physician specialties and subspecialties. Building occupancy includes specialty physicians, physical therapy/occupational therapy (2nd floor), urgent care, and 5 OR ambulatory surgery center (1st floor). For inquiries contact kdowning79@gmail.com and mgamboa@ortho1.com for more information. Available for occupancy projected as February 2024.

LA JOLLA/UTC OFFICE TO SUBLEASE OR SHARE: Modern upscale office near Scripps Memorial, UCSD hospital, and the UTC mall. One large exam/procedure room and one regular-sized exam room Large physician office for consults as well. Ample waiting room area Can accommodate any specialty or Internal Medicine. Multiple days per week and full use of the office is available. If interested please email drphilipw@gmail.com

ENCINITAS MEDICAL SPACE AVAILABLE: Newly updated office space located in a medical office building. Two large exam rooms are available M-F and suitable for all types of practice, including subspecialties needing equipment space. Building consists of primary and specialist physicians, great for networking and referrals. Includes access to the break room, bathroom and reception. Large parking lot with free parking for patients. Possibility to share receptionist or bring your own. Please contact coastdocgroup@gmail.com for more information.

NORTH COUNTY MEDICAL SPACE AVAILABLE: 2023 W. Vista Way, Suite C, Vista CA 92082. Newly renovated, large office space located in an upscale medical office with ample free parking. Furnishings, decor, and atmosphere are upscale and inviting. It is a great place to build your practice, network and clientele. Just a few blocks from Tri-City Medical Center and across from the urgent care. Includes: multiple exam rooms, access to a kitchenette/break room, two bathrooms, and spacious reception area all located on the property. Wi-Fi is not included. For inquiries contact hosalkarofficeassist@gmail.com or call/text (858)740-1928.

PHYSICIAN OFFICE SPACE FOR LEASE. 1500 Sq ft. 3 exam room Large private office. Large reception area and patient prep room. New upgraded flooring. Private entrance. Located in Rancho Bernardo in prime central location. Easy access to interstate 15. Palomar /Pomerado within 10 min. Security card access during off hours. \$2500/month. Contact: (619) 585-0476. Ask for Peg.

HILLCREST OFFICE TO SUBLEASE OR SHARE: Gorgeous office located across from Scripps Mercy hospital. Office is approximately 2000 sq. ft. with procedure/effusion room. Office is fully staffed and looking to add a new provider. We currently have Rheumatology/Pulmonary/Allergy specialists but can accommodate any specialty or Internal Medicine. Multiple days per week and full use of office is available. If interested please reach out to Melissa Coronado at Melissa@sdpulmonary.com or call (619) 819-7224.

SUBLEASE AVAILABLE: Sublease available in Del Mar off 5 freeway. Share rent. 2100 sq ft office in professional building. Utilities included. Great opportunity in a very desirable area. 858-342-3104.

CHULA VISTA MEDICAL OFFICE: Ready with 8 patient rooms, 2000sf, excellent parking ratios, Lease \$4000/mo. No need to spend a penny. Call Dr. Vin, 619-405-6307 vsnnk@yahoo.com

OFFICE SPACE AVAILABLE - BANKERS HILL: Approximately 500sq et suite available to lease, includes private bathroom. Located at beautiful Bankers Hill. For more details, please call Claudia at 619-501-4758.

OFFICE AVAILABLE IN MISSION HILLS, UPTOWN SAN DIEGO:

Close to Scripps Mercy and UCSD Hillcrest, Comfortable Arts and Crafts style home in upscale Mission Hills neighborhood. Converted and in use as medical / surgical office. Good for 1-2 practitioners with large waiting and reception area, 3 examination rooms, 2 physician offices and a small kitchen area. 1700 sq. ft. Available for full occupancy in March 2022. Contact by Dr. Balourdas at greg@thehanddoctor.com.

OFFICE SPACE IN EL CENTRO, CA TO SHARE:

Office in El Centro in excellent location, close to El Centro Regional Medical Centre Hospital is seeking Doctors of any specialty to share the office space. The office is fully furnished. It consists of 8 exam rooms, nurse station, Dr. office, conference room, kitchenette and beautiful reception. If you are interested or need more information please contact Katia at 760-427-3328 or email at Feminacareo@gmail.com

OFFICE SPACE / REAL ESTATE WANTED

MEDICAL OFFICE SPACE WANTED IN HILLCREST/BANKERS HILL AREA. Mercy Physicians Medical Group (MPMG) specialist is looking for office space near Scripps Mercy Hospital. Open to lease or share office space, full time needed. Please respond to rjvallonedpm@ sbcglobal.net or (858) 945-0903.

MEDICAL EQUIPMENT / FURNITURE FOR SALE

UROLOGY OFFICE CLOSING 6/2023-EQUIPMENT AVAILABLE:

Six fully furnished exam rooms including tables (2 bench, 3 power chair/table, 1 knee stirrup), rolling stools, lights, step stools, patient chairs. Waiting room chairs, tables, magazine rack. Specialty items -Shimadzu ultrasound, SciCan sterilizer, Dyonics camera with Sharp monitor, Medtronic Duet urodynamics with T-DOC catheters, Bard prostate biopsy gun with needles, Cooper Surgical urodynamics, Elmed ESU cautery, AO 4 lens microscope. RICOH MP-3054 printer with low print count. For more information contact: r.pua@cox.net.

NON-PHYSICIAN POSITIONS AVAILABLE

PROJECT SCIENTISTS: Project Scientists (non-tenured, Assistant, Associate or Full level): The University of California, San Diego, Office of Research Affairs https://research.ucsd.edu/, in support of the campus multidisciplinary Organized Research Units (ORUs) https://research. ucsd.edu/ORU/index.html is conducting an open search. Project Scientists are academic researchers who are expected to make significant and creative contributions to a research team, are not required to carry out independent research but will publish and carry out research or creative programs with supervision. Appointments and duration vary depending on the length of the research project and availability of funding. https://apol-recruit.ucsd.edu/JPF03262/apply

OFFICE MANAGER: 1. Hiring, Training, Managing staff on procedures/ policies. Monitors continuing compliance and office statistics. Oversee stocking/maintenance of supplies, retail. Equipment/facilities management. Daily bookkeeping, collections. 2. Ensure smooth/efficient patient flow with increasing production/collections. 3. Create a friendly environment where patients expectations are exceeded, where staff can work together as a team. 4. Ensure staff working at maximum productivity/efficiency. Salary: \$60-70K depending on experience/qualifications. Benefits: health care reimbursement, PTO, retirement, employee discount, bonuses, commission. Contact: info@manageyourage.com

ASSISTANT PUBLIC HEALTH LAB DIRECTOR: The County of San Diego is currently accepting applications for Assistant Public Health Lab Director. The future incumbent Assistant Public Health Lab Director will assist in managing public health laboratory personnel who perform laboratory activities for the purpose of identifying, controlling, and preventing disease in the community, as well as assist with the development and implementation of policy and procedures relating to the control and prevention of disease and other health threats. Please visit the County of San Diego website for more information and to apply online.





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