

Homogenizing Health Care



CCLHO 2014 Fall Semi-Annual Meeting
Todd Stolp MD, Tuolumne County Health Officer
October 3, 2014

Dr. William Hood, Tuolumne County Health Officer, 1911

ELECTRICITY A NATURAL CURE!

NO MORE USE FOR CRUTCHES OR DRUGS.
TAKE A TREATMENT FREE!

I have so adapted my application of medical electricity that I positively cure Rheumatism, Kidney and Stomach Troubles and all affections of the vital organs. To illustrate the remedial power of my

Dr. McLaughlin's Belt

I will give you a free treatment in my office by the galvanic current from my grand stationary battery. This is a breezy and exhilarating test of that curative power now used the world over.

To cure your ailment I will fit you with one of my famous Belts, which you wear at night until your system becomes charged with the reviving voltage. This keeps up the action of the blood vessels, contracts and strengthens relaxed muscles and glands. It casts out impurities, which are the cause of pain, and restores to the body its wonted energy. You feel the glow, the enlivening sensation of this power from the start. The improvements my Belt possesses above all others are recognized and appreciated by the thousands who are using my appliances. The cures I have made, the testimony from all quarters, the comfort of wearing my Belt, the method of adjusting the power, its thoroughly curative work, constitute it the pre-eminent remedy for the severest pain or the most trying weakness.

Call and take a treatment free from my Static Battery and test my Belt, or let me send you my new book, free.

DR. M. A. McLAUGHLIN,

702 Market Street, Corner Kearny, S. F.

And Herald Block, cor. Spring and Second Streets, Los Angeles.

Office Hours—9 a. m. to 1:30 p. m. / Sundays, 10 to 12 a. m.
NEVER SOLD IN DRUG STORES.



Rheumatism and Kidney Trouble.

122 Henry St., San Francisco, Jan. 14, 1900.
DR. M. A. McLAUGHLIN—Dear Sir: I am now perfectly cured of all my pains and from the first time of using your Belt I have been able to keep up at my work. Yours respectfully,
DANIEL MULLER (Cooper).

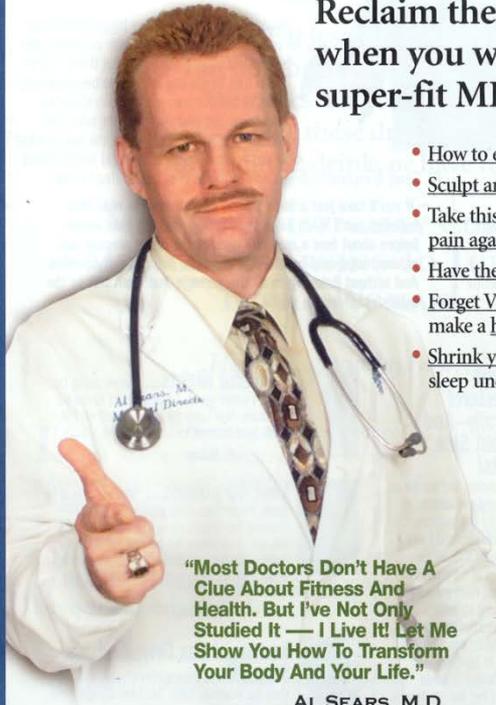
Found in my mailbox at home, 2009

It's A Lot of Bull!

Don't Believe What You've
Been Told About Your Health...

Tired of getting health advice from fat doctors with pasty faces and big red noses? Sick of people telling you to eat less meat? Frustrated at how your body seems to be getting softer and more feminine no matter how hard you work out?

Reclaim the masculinity you had
when you were 20. This 46-year old
super-fit MD will tell you...



- How to eat fat and get thin and healthy fast.
- Sculpt an athletes body in 10 minutes a day.
- Take this little-known supplement and never feel joint pain again.
- Have the vitality, energy and stamina of a 20-year-old.
- Forget Viagra! This new natural formulation will make a huge difference quickly.
- Shrink your prostate fast (with my new discovery) and sleep undisturbed at night!

"Most Doctors Don't Have A Clue About Fitness And Health. But I've Not Only Studied It — I Live It! Let Me Show You How To Transform Your Body And Your Life."

AL SEARS, M.D.

**MODERN MEDICINE
WANTS TO TURN YOU INTO
A WOMAN — AND YOU
DON'T EVEN KNOW IT!**

Discover the true facts of
male aging, health and virility from
America's only Alternative Medicine
Specialist for Mature Men.

See inside for your **10 FREE REPORTS:** The Real Truth About Male Health And Aging... →

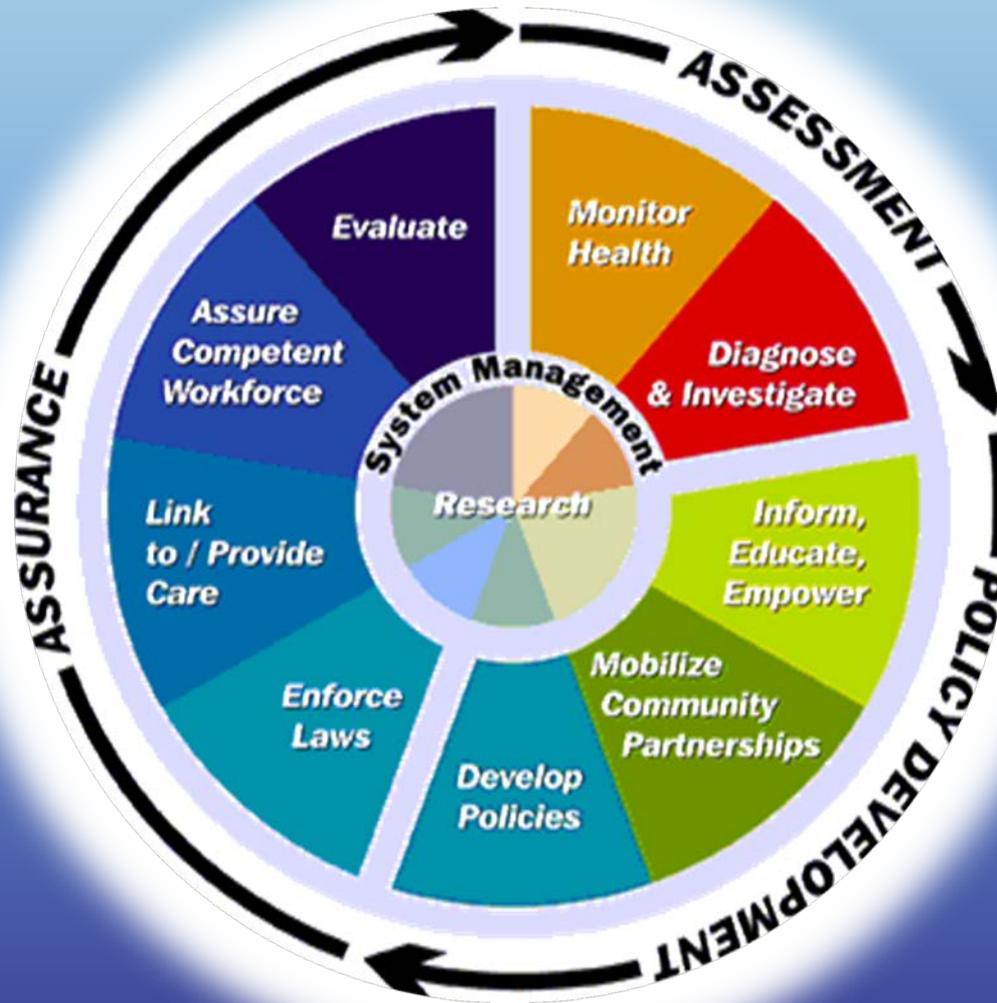
Keeping Our Perspectives on Practice...

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Ten Essential Services of Public Health



Features

2015

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Health Care
LEADERSHIP ACADEMY



With Keynote Speaker **MALCOLM GLADWELL**

MAY 29 - 31, 2015 • HOLLYWOOD, CA • LOEWS HOLLYWOOD HOTEL



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No on Prop 46 – get engaged!

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New rules on prescribing hydrocodone combo products

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9/23/14

Enterovirus D68 confirmed in California; Physicians urged to

NEWS

9/22/14

Reminder: National Prescription Drug Take Back Day is

THREATS TO YOUR PRIVACY

PROP 46 INCLUDES A PROVISION THAT COULD SIGNIFICANTLY JEOPARDIZE THE PRIVACY OF PATIENTS' PERSONAL PRESCRIPTION MEDICAL INFORMATION

Proposition 46 forces doctors and pharmacists to use a massive statewide database, called CURES, which is filled with patients' personal prescription drug information. Though the database already exists, it is underfunded, understaffed and technologically incapable of handling the massively increased demands this ballot measure will place on it. This ballot measure will force the CURES database to respond to tens of millions of inquiries each year – something the database simply cannot do in its current form or functionality. A non-functioning database system will put physicians and pharmacists in the untenable position of having to break the law to treat their patients, or break their oath by refusing needed medications to patients.

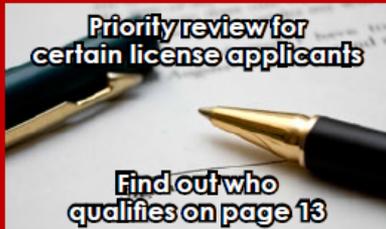
Most concerning, the massive ramp up of this database will significantly put at risk patients' private medical information.

The ballot measure contains no provisions and no funding to upgrade the database with increased security standards to protect personal prescription information from government intrusion, hacking, theft or improper access by non-medical professionals.





Medical Board of California Newsletter



Priority review for
certain license applicants

Find out who
qualifies on page 13

A Quarterly Publication

www.mbc.ca.gov

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Pesticide Illness Reporting Requirements

Office of Environmental Health Hazard Assessment, Pesticide Epidemiology Section

This article is to remind physicians in California that reporting of pesticide illness* to their local health departments is mandatory and important because these reports trigger investigations of the cases by county agricultural commissioners and the State.

Requirement to Report

Since 1971, reporting of pesticide illness has been mandatory for California physicians as stated in Section 105200 of the California Health and Safety Code (See http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=105200):

"Any physician or surgeon who knows, or has reasonable cause to believe that a person is suffering from pesticide poisoning or any disease or condition caused by a pesticide shall promptly report that fact to the local health officer by telephone





Administrative Actions: February 1, 2014 – April 30, 2014

Physicians and Surgeons

AGHAZADEH-NAINI, REZA, M.D. (C 54455)

Dunkirk, MD

Revoked, stayed, placed on 3 years probation with terms and conditions

March 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=54455>

AGHAZARIAN, SARKIS GARABET (A 40572)

Baltimore, MD

License Surrendered

March 18, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=40572>

ALLGOOD, NORMA LYNNE, M.D. (G 68888)

Eagle River, AK

Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233

March 10, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=68888>

Explanation of disciplinary language and actions

“Effective date of decision” — Example: “March 14, 2012” at the bottom of the summary means the date the disciplinary decision goes into operation.

“Gross negligence” — An extreme deviation or departure from the standard of care.

“Incompetence” — Lack of knowledge or skills in discharging professional obligations.

“Judicial review pending” — The disciplinary decision is being challenged through the court system, i.e., Superior Court, Court of Appeal, or State Supreme Court. The discipline is currently in effect.

“Probationary License” — A conditional license issued to an applicant with probationary terms and conditions. This is done when cause exists to deny the license application, but limitations can be put in place to protect the public.

“Public Letter of Reprimand” — A lesser form of discipline that can be negotiated after or in lieu of the filing of formal charges. The reprimand may include educational and clinical training requirements.

“Revoked” — The right to practice is ended due to disciplinary action. The license is invalidated,

Employing parallel Public Health initiatives serves all interests...

New Million Hearts[®] Resources Help Your Patients Control Hypertension

Of the 67 million American adults who have high blood pressure, 16 million know they have the condition and are receiving treatment, but their blood pressure still remains too high.¹ Successfully managing and controlling blood pressure can feel like a daunting task. Small, manageable steps make blood pressure control possible.

As a health care professional, you can empower patients to take their medications as prescribed. Effective two-way communication is critical. In fact, two-way communication doubles the odds of your patients taking their medications properly.

The new [Million Hearts[®] Make Control Your Goal Blood Pressure Toolkit](#) provides free, downloadable resources for you, your practice, and your patients, including:

- Patient Visit Checklist: Supporting Your Patients with High Blood Pressure
- Improving Medication Adherence Among Patients with Hypertension
- How to Make Control Your Goal (English and Spanish)
- Supporting Your Loved One with High Blood Pressure (English and Spanish)
- Web badges and infographics for your website or social media channels

Make control your goal. Talk to your patients about hypertension control at every visit.

Million Hearts[®] is a national initiative to prevent 1 million heart attacks and strokes by 2017. It is led by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services, two agencies of the Department of Health and Human Services.

Reference

1. Valderrama AL, Gillespie C, King SC, George MG, Hong Y, Gregg E. Vital Signs: Awareness and Treatment of Uncontrolled Hypertension Among Adults — United States, 2003–2010. *MMWR*. 2012;61(35):703-709.

Expanding communications with our traditional partners is an obvious avenue for future efforts...

- Hospital CEOs and Chiefs-of-Staff
- Urgent Care Centers, Surgical Centers and Group Practices
- Organizational Committees (Local Medical Societies, CMA House of Delegates etc...)
- First Five Commissions, Non-profit Organizations, Community Foundations etc....



Our Commitment

Provider/Leadership Commitment Mission Statement:

To promote cultural change between hospital leaders and health care providers by improving relationships, developing trust, adopting open communication & shared decision making processes to achieve the delivery of excellent health care to our community.

Our Joint Commitment to our Patients and Community:

- Design and implement the most effective clinical practices.
- Demonstrate accountability for the escalating costs of healthcare delivery.

Our Joint Commitment to our Patients and Community:

- Design and implement the most effective clinical practices.
- Demonstrate accountability for the escalating costs of healthcare delivery.
- Develop systems that support safe, high quality, efficient care.
- Facilitate a collaborative approach to patient care by demonstrating respect for and among hospital associates, providers, and hospital leadership.
- Promote a healthy Sonora Regional Medical Center Staff relationship by maintaining effective communication, transparent decision making, strong participative governance and a focus on understanding all points of view.

- We will work together to promote each other's success and will work together to provide excellent services to the community. Mutual respect will be the norm.
- Hospital leaders will promote the providers and their practice to our community.
- The Medical Staff will promote SRMC and its services to the community.

COMMUNICATION

- We will consistently include each other by effectively communicating all pertinent issues in major strategic and financial decisions.
- We will be open, transparent and timely in our communication.
- Hospital leaders will advocate for the needs of the providers and community at the corporate level.

One Hospital's Effort

"It seems that each day we are challenged with new requirements in health care...It is a given that the future will hold

government, so the changes were not something that we (hospital administration) initiated..."

...but nontraditional partners will be progressively more influential as new models of practice are explored





Health Matters

Tuolumne County Health Department
20111 Cedar Road North, Sonora, CA 95370

Summer Quarter 2009
209-533-7400 · 1-800-585-6606

Pandemic Influenza – Novel H1N1

Patti Denney PHN, 533-7438

In April of this year a new virus was detected in the U.S. in Southern California and Texas. Other countries, including Mexico and Canada also reported people sick with this new virus. This virus was originally referred to as "swine flu" because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs. However, further study has shown that this new virus is very different from what has normally circulated in North American pigs. This new virus has genes from flu viruses that occur in pigs, birds and humans. For this reason we now refer to this virus as "Novel H1N1 Influenza."

Recently the World Health Organization has declared us to be in a pandemic, Phase 6 of the global pandemic classification. This elevation of the pandemic alert level was based on the fact there was a novel influenza virus with sustained person-to-person transmission on multiple continents. The declaration has nothing to do with the severity of the influenza. At this point there is not enough information to predict how severe Novel H1N1 Influenza will be in terms of illness and death or how it will compare with seasonal influenza. As flu season tapers off in the Northern Hemisphere, it usually intensifies in the Southern hemisphere. However, during pandemics this alternating pattern can be disrupted. The World Health Organization will be monitoring influenza activity in the Southern hemisphere for changes in the amount of illness, the severity of illness, and the characteristics of the virus.

Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, an average 36,000 people die from complications of influenza and pneumonia and more than 200,000

people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalizations occur in people older than 65. So far, the largest number of novel H1N1 flu confirmed and probable cases have occurred in people between the ages of 5 and 24 years old. At this time, there are few cases and no deaths reported in people older than 64 years old, which is unusual for seasonal flu but not for pandemic viruses.

The Centers for Disease Control and Prevention is working with state and local health departments to enhance surveillance in the United States and to collect and analyze data to assess the impact of the virus and determine the groups at risk for complications. The CDC has deployed staff to assist with the investigation of the impact of the Novel H1N1 Influenza, including the assessment of the severity of illness, how easily the virus spreads, and the amount of time people may be infectious. The Novel H1N1 Influenza continues to linger in California even now that the normal "influenza season" has passed. We can expect this virus to leave a prominent mark on the coming flu season. Our local Tuolumne County Health Department continues to work with the State's Emergency Preparedness Office as well as the CDC to continue in our efforts to prepare for the coming fall and winter.

- Adapted from the Centers for Disease Control website.



For more information, visit the Public Health page on the County website, www.tuolumnecounty.ca.gov, the State's flu information page, www.cdph.ca.gov, or the CDC, www.cdc.gov/h1n1flu/.

UPDATE - On June 30, 2009, a pediatric patient was the first person in Tuolumne County to be diagnosed with the Novel H₁N₁ Influenza. This local resident is recovering well.

One of the challenges we face as communication technology continues to bring world events to our living rooms and cell phones in real time is learning to be patient with those world events which unfold not over days or weeks, but over years. Pandemic outbreaks have a typical trajectory that lasts for a period of one to two years. It is therefore important that we respond to this pandemic threat with deliberate and practical measures, but that we recognize the need for patience and endurance. Please read the listed recommendations on page 2 and consider how these steps can be incorporated into your daily practices to prevent the transmission of illness for the long run.

- S. Todd Stolp, Health Officer

All media is fair game...

- Newsletters and mailings
- Op Eds
- Radio programs
- CAHAN
- Faxed memos
- Television: free or sponsored
- Facebook
- Video clips: (can they "go viral?")
- Twitter
- You Tube

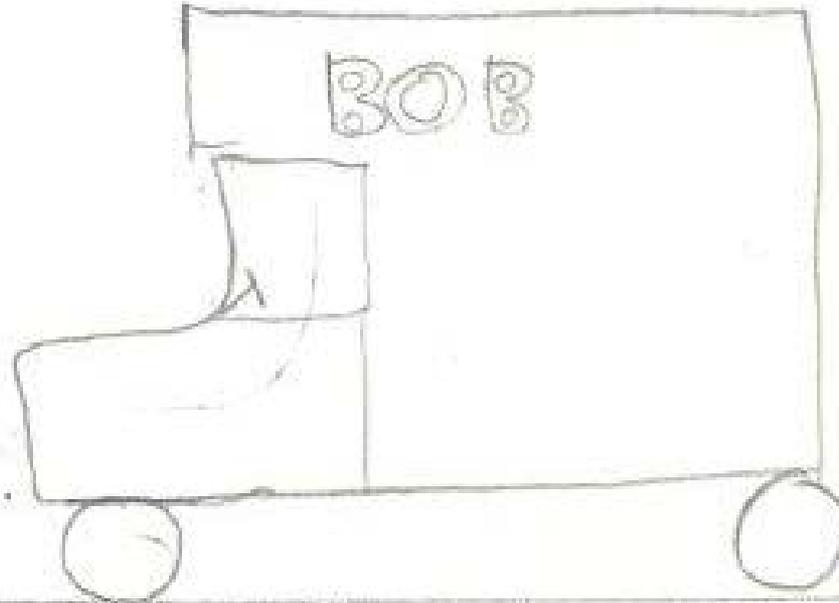
File Edit View Favorites Tools Help
vimeo Join Log In Create Watch Upload Search

TO END HUNGER
IN ORANGE COUNTY.

WWW.WASTENOTOC.ORG

Konsept Art Music Festival Promo Ad-OFFICIAL

The public themselves can provide the most effective (and satisfying) bridge between the practice of medicine and the practice of public health....sometimes highlighted by giggles.



March 23, 2012

Dear Mr. Stolp,

Thank you for taking your time and telling us about ears, lungs. That's so cool how the otoscope works. I wonder how you made that thing that look like lungs. You made me laugh when Ryan stuck the otoscope in your ear.

The management of Norovirus outbreaks in the pumpkin population will require coordination between private and public health sectors...

