



Sierra Nevada Medical Associates, Inc. (IPA)

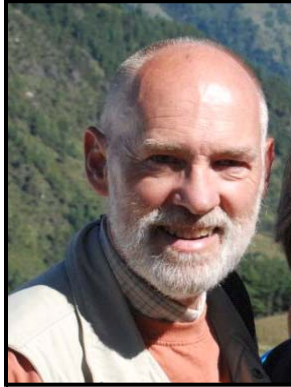
SNMA Provider Newsletter

Volume 7, Issue 2

June, 2009

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View from the 3rd Floor: Healthcare Reform

Dan Bibelheimer, MD

Healthcare Reform is a very hot topic and an urgent concern for most everyone. I attended two national medical leadership conferences recently: the National P4P Summit and the World Health Care Congress. The word from people inside Washington DC's Beltway is that they see a tide of change. There is a mood of collaboration that is unprecedented. Unlike 15 years ago, all the stakeholders are at the table (however at this writing, there is recent news that some may attempt to sabotage the process). But generally, there is the feeling that there WILL be major healthcare legislation passed this year. Senator Max Baucus, Chairman of the Senate Finance committee, is expected to introduce legislation to implement a version of Patient Centered Medical Home (PCMH). Before the August recess, Senator Baucus also has a top priority to comprehensively address reform of the medical reimbursement policies with a bill that resolves the annual circus of debate (which has simply put "band-aids" on the Medicare professional fee schedule each year). Without definitive legislation Medicare fees will be reduced by a mandated 20% in January 2010. Doctors and legislators alike know that would be a disaster all around.

The Obama administration recognizes that unless we address the complex issues of our broken healthcare system, the financial crisis cannot be resolved and our businesses will not be able to compete in this global economy. He said, "Status quo is not on the table." We need to address cost without sacrificing quality through incentives, innovation, and information. In 2008, the United States spent 17 percent of its gross domestic product (GDP) on health care. It is projected that the percentage will reach 20 percent by 2017. Health insurance rates increased 5%, twice the rate of inflation. These increases are not sustainable. Change WILL come.

To address accelerating healthcare costs, there are many approaches being considered. Speakers at the meetings outlined many viable options that have been validated in pilot projects. You are seeing these proposals popping up in the news now as legislation is being prepared. Some of the concepts include 'Episode of Care', Patient Centered Medical Home, Comparative Effectiveness Research, Palliative Care Programs for End-of-Life issues, and strategies for addressing Chronic Diseases.

Cont'd ...

SNMA IPA

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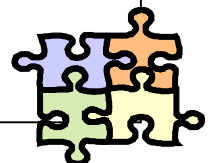
View.. Conti'd

Primary Care Medical Home has been piloted successfully by Medicare and also for the full spectrum of patients in New England by Dartmouth-Hitchcock working with Cigna. Costs were reduced and quality improved. Research clearly shows that when patients have access and are managed by their primary care doctor (the essence of Primary Care Medical Home), the cost of care is reduced by an amazing 30% and mortality rates reduced as well. Health care works better when it isn't fragmented into multi-specialty care. Most older patients have multiple conditions being treated with multiple medications that must be juggled all at once. When management consists of a logical discussion with someone who knows your social context and spectrum of conditions, some of those tests and additional services weren't needed ... or less costly options may be available. Also, Chronic Diseases were better managed and excess hospital care and re-admissions avoided. The UK and Canada (and Kaiser-Permanente in the US) understand that already and are leading the way.

Among 7 First World countries compared, the US ranks at the top in healthcare costs but at the bottom all categories: use of EMR, quality, access, efficiency, equity, and "living a long, healthy and productive life". The gaps between average performance and benchmarks make a compelling case for change. These gaps in quality are not going to get better by hoping doctors will read an article and change their behaviors. What receives attention gets improved. We need to change the incentives. When health status improvement is rewarded instead of simply volume of service, we will find costs can be reduced. Managed health care systems have been ahead of that curve but remains too small a part of the market to have the needed impact. We must have everyone insured, everyone paying into the system, and everyone taking responsibility for their health. Pilot projects have shown that incentives CAN make that happen. Reducing cost AND improving quality can go hand in hand. The Fee-For-Service paradigm has frozen out any innovation the past 50 years. And we just haven't had the political leadership to implement the needed changes ... yet. The future is a system where you are rewarded for innovations and better outcomes. In this paradigm, consumers, payers and providers all win.

In our community we are already addressing things we can do while the national leaders tackle the broader issues of needed reform. Procedures currently in place for measuring performance and documenting care are preparing us for the changes coming. But the future of cost AND quality control will require Electronic Health Records to document care, validate quality results, and coordinate the care of complex cases. We are on the right track with our Community Health Record project. The Stimulus Package provides for \$44,000 per physician for electronic medical records to help cover capital expenses not already covered by the \$760,000 in grants for the Community EHR. This current period of financial chaos makes it clear that changes in healthcare reform are required. It helps to know there is reason for optimism. Change is coming. Let's all hang in there, and continue providing the quality of care we are known for. As a caring community we have shown we can help each other and meet the medical needs of our patients. Healthcare reforms may make it possible to fill some of our current gaps and readjust the incentives to achieve a uniquely American solution.

"Health insurance rates increased 5%, twice the rate of inflation. These increases are not sustainable. Change WILL come."



SNMA—IPA Roster Dr. Dan Bibelheimer



We now have the capacity in-house to create and print the most current IPA provider rosters in full color for your use. Karen Gillespie updates this twice a year for us. She can send you a digital copy in a PDF file and if you want hardcopies, let us know. Last year when Dr. Dennis Bellew changed his orthopedic practice to only consulting and surgical assisting, some mistakenly thought he had “retired”. He was temporarily left off the roster as part of the mix-up, and we apologize for the confusion this may have caused. He is alive and well and available for consultations as one of our in-network orthopedists. The most current roster is dated 11/28/08, and we are preparing for an update to reflect many doctors “on the move”.

We also maintain copies of the Master Contract List in an Excel spreadsheet that lists our contracted providers, both In-network and out-of-network. This is a good referral resource. We can send it as an attachment to your office manager’s email address.

It takes a lot of courage to release the familiar and seemingly secure, to embrace the new. But there is not real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life, and in change there is power.”

Alan Cohan



HMO’s and Marketing your Practice Dr. Dan Bibelheimer

How do we all thrive in the current healthcare crisis? For most primary care providers and many specialists, the IPA is their best payer ... and coordinating care is smooth and efficient. At the IPA and MBA, you have helpful local staff to help you resolve referrals, billing and claims issues. Most practices welcome HMO patients and would be eager for more.

In an HMO market, our success depends on satisfied patients/customers/employers who are willing to pay a premium that provides service they value. Preventative care, affordable copays, quality service and **ACCESS**. **Are you and your staff providing the friendly compassionate service that comes easier in a rural area where our patients are like “family”?** **Do they have access to care? Do they get answers to their questions?**

Remember, patient loyalty is often contingent on their level of satisfaction with service, and sometime they may change providers to obtain the service they expect. Take care of your patients and make others feel welcome to optimize your panel of HMO members.

IPA'S, HMO'S CAPITATION AND RISK POOL SHARING by Keely Smith



Ever wonder why we have an IPA in this little rural Nevada county? Well, it all started with Physicians and Hospitals that wanted to keep managed care out of their community—back then words such as capitation, risk sharing and authorization were nasty words and there was a perceived threat of losing ones patient base to a competing Hospital system.

Back in the late Seventies we experienced a recession and then interest rate inflation—many employers were going out of business and laying off workers. This resulted in fewer people going to Doctors and Hospitals. Insurance premiums were going up and AIDS was becoming a real issue for escalating Healthcare Costs. Federal Regulations prohibited new insurance carriers from entering the market. Many self funded employer groups were unable to pay their premiums to carriers and many carriers exited the Health care line of business, Allstate, Travelers, Hartford, to name a few, stopped selling Health Insurance. This gave the Blues plans an opportunity to become the predominate players in the field.

When the Government had to bail out Blue Cross 30 or more years ago, legislation was passed known as the Knox-Keene Act. The act allowed for the creation of Health Maintenance Organizations who were not regulated by the Insurance Commission but rather by the Department of Corporations. The products sold were known as Health Plans not insurance and the patients became members not insured's. Many HMO's were started by Hospital systems in order to maintain market share. Specialty Physicians were on the rise and new procedures were being developed such as laparoscopic surgery and transplant services. Soon the HMO's started consolidating and merging with the Insurance Companies, many failed and just went Bankrupt. So the State of California who was leading the pack in having the most HMO's, created the Department of Managed Care to oversee these business's and to ensure that they were solvent. More legislation came and required coverage of more services and mandates on length of stay—creating higher costs and ultimately premiums.

The HMO's then started shifting risk to Providers in order to control spiraling costs of ancillary services—this process was and is called Capitation. Actuarial tables were used to determine the % of premium that would cover the likely costs of services provided by all professionals and diagnostic tests. Many IPAs started merging or developed and competing networks in their communities which lead to fierce competition on the capitation rates. Soon the mergers were going bust and HMO's needing networks for their members starting increasing the capitation rates and adding incentives for managing Hospital costs. This was known as Hospital Risk Pool sharing. The HMO would establish a budget and then deduct the costs of care from the pool and share the upside and the downside 50—50. Hospitals then started raising their rates and soon Hospital Risk Pools only had downside to the IPA. This prompted more legislation in which HMO were not able to take the downside risk money away from the IPA, but had to carry the balance forward and deduct from future risk sharing gains. Two years ago many HMO's started a new methodology in Hospital Risk Pool Sharing by allocating the savings created by the IPA for managing Utilization. The purpose of this methodology was to save Hospital Costs by reducing the bed days per 1000, encourage use of Ambulatory Surgery Centers, increase generic drug use and Reduce Emergency Room use.

Last year SNMA IPA received \$148,227.00 in Hospital Risk Pool Money as we had improved our performance in two areas. The one measure that we have not seen met is the use of Ambulatory Surgery Centers, this was because the plans could not contract with our two new centers when they opened. This year we can make more money because now all three centers are contracted with Blue Shield. So when you think outpatient surgery be sure and send patients to the Ambulatory Surgery Centers. This will improve our bottom line and distributions to shareholders.

SNCHP Throws in the Towel on the Nurse Advice Line By Keely Smith

Four score and **only** Four years ago Sierra Nevada Community Health Plan took on the responsibility of paying 2/3's of the cost of Nevada County's only 24/7 Nurse on Call advice line. The service started over 12 years ago from our local Emergency Room, later it was outsourced to St. Josephs/CHW in Stockton. The monthly cost of \$5500, was paid 1/3 by Sierra Nevada Memorial Hospital and 2/3rds by Sierra Nevada Community Health Plan. Sierra Nevada Community Health Plan tried to raise funds with various events; art and wine, golf tournaments, Health Fair participation and working at the World Fest Beer and Wine Booth. Sierra Nevada Community Health Plan was able to secure a few grants through CHW, the Ghidotti Foundation, California Arthritis Foundation, and Nevada County.



We also had a few physicians pay \$100 per month faithfully and a few citizens who made regular donations. As the economy began to worsen, our grant funding dried up almost completely and our donations dwindled to nothing. In the midst of trying to get another agency to take over the responsibility for the service, St Josephs notified us that our rate was going up to \$9400. per month. Having had a considerably hard time raising the \$5500. per month, the board of directors determined that they could not continue operations and a 90 day notice was sent to St. Joseph's to terminate the service effective June 30, 2009. While we had some really great times trying to reach our goals, there just isn't enough steam in the engine to keep going.



Be sure to review your phone message content to make sure it does not advise patients to call the Nurse-On-Call advice line after June 30th.



SLEEP LAB SERVICES

Dr. Dan Bibelheimer

We now have an option for sleep studies locally. We have contracted with Nancy Tuscano, as a respiratory therapist, who has established a sleep lab in Nevada City, Sierra Sleep Diagnostics. Our own Dr. John Lace has agreed to be the medical director and he reads all the studies. It is helpful to have Dr. Lace's endorsement of the quality of this service. Also, Dr. Lace will be sitting for the board exams in Sleep Medicine later this year. We wish him great success.

We have a revised set of guidelines for sleep studies which have been approved by UM/QM and the IPA Board of Directors. Most of us do not have the expertise to manage CPAP settings. I am grateful we have access to Dr. Lace for consultations to help decide who really needs these studies, and once they are done can help us make sense of the future management.

Let Dr. Lace help you decide and refer, or if you can manage the CPAP send us your prior authorization requests for Sleep studies. We also have contracts with Mercy Sleep Lab and Sleep Diagnostics of Yuba City.

Contact information for Sierra Sleep Diagnostics:

590 Searls Avenue, Ste 3, Nevada City, CA 95959.

Phone: 530-265-5902 Fax: 530-265-5128

Questions and Answers by Dr. Dan



DID YOU KNOW?

- 70-80% of the cost of health care occurs in the last 6 months of one's life.
- 10 % of the patients consume 80% of the health care resources.
- Four chronic diseases (cardiovascular disease, diabetes, cancer, obesity) are associated with 74% of the cost of care.

Healthcare costs 17% of the US GDP, amounting to \$2.4 trillion in 2007. Unless reforms are instituted, it is expected to rise to 20% at \$4.3 trillion by 2017.

HOW DO OTHER COUNTRIES VIEW AMERICA?

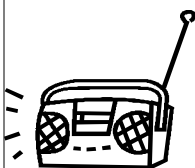
Dr. Scott Kellermann told me recently that visiting European medical students in Uganda uniformly ask two questions about the USA: (1) Do Americans actually own guns ... with real bullets in them? (2) Do medical care expenses sometimes force American citizens to file bankruptcy? When his answer is "yes" to both questions, they walk away bewildered, too puzzled to formulate any other meaningful questions for the moment. What is wrong in the "land of opportunity" when its healthcare system spends twice the amount per capita of any other country and yet rates 37th in infant mortality? John Gibson said, "The future is here. It is just unevenly distributed."

LISTEN FOR OUR RADIO SPOTS ON KNCO, Star94 and KUBA

Dr. Bibelheimer and Keely will continue with their Radio spots to help clarify who SNMA IPA is and what we offer in the way of HMO service to our community. We have had some good response from listeners and our name is becoming recognized as having value.

-ALSO-

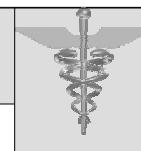
In collaboration with Kathy Medieros, CEO of SNMH, SNMA IPA has recorded a radio spot to promote the Blue Shield of California's network, serving members of HMO plans, including Healthy Families and all Medicare eligible plans. These Radio spots with Dr. Bibelheimer, Keely and Kathy will be aired starting in June, 2009.



Turn your dial to KNCO AT AM 830 and catch a minute with Dan and Keely.



NEW/ CHANGED CONTRACTED PROVIDERS



Sierra Nevada Medical Group

Jill Fitzpatrick, MD; Christine Newsom, MD; George Rice, MD
409 Jeorschke Dr., Grass Valley, 95945, 477-4480

Sierra Women's Health Associates, Inc.

Leonard Leon, MD and Brian Retherford, MD
280 Sierra College Dr., Ste. 125, Grass Valley, 95945,
273-8486

NEPHROLOGY

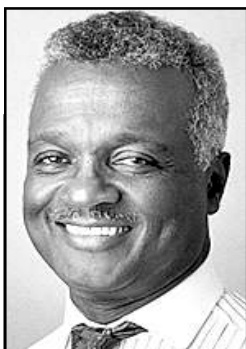
Donald Klug, MD—**RETIRED**
Venu Kondle, MD, 1525 Plumas Ct, Ste.C, Yuba City, 95991
822-5575 will be taking his patients.

PHYSICAL THERAPY

VibrantCare Rehabilitation
250 Elm Street
Auburn, CA 95603

FAMILY PRACTICE—YUBA CITY

*Faafouina Afato, MD and Delbert
Beiler, MD*
1429 Colusa Ave., Ste. B, Yuba
City, 95993, 755-3218



Saying goodbye to our Friend and Colleague Obituary from The Union newspaper

Dr. Glaister "Dee" Dawkins died June 8, in Grass Valley. He was 76.

Memorial Services will be held at 6:30 p.m., Tuesday, June 30 at the First Baptist Church of Grass Valley.

He was born April 10, 1933, to Samuel and Marion Frances Dawkins, in May Pen, Jamaica.

He attended Claredon College Boarding School in Jamaica, Howard University Medical School, and St. Mary's College School of Business.

Prior to moving to Grass Valley, Dr. Dawkins practiced medicine in Riverside County. He was a doctor in Grass Valley for more than 30 years.

He was active in Big Brothers/Big Sisters, Alta Regional for the Developmentally Handicapped and Rotary. He attended the First Baptist Church of Grass Valley and Grace Baptist Church in Oroville, filled in as acting Health Director of Nevada County, served on the board of Sierra Nevada Memorial Hospital, was a board member for Catholic Healthcare West, founded Miners Family Health Center, served as Medical Director Grass Valley Convalescent and Meadow View Manor.

He loved fishing, gardening and caring for others.

He is survived by his wife, Callie Dawkins of Grass Valley; sisters Gloria Carter of Lithonia, Geo., Faye King of Atlanta, Geo., and Leonie Baugh of May Pen, Jamaica; son, Glaister "Lucky" Dawkins, Jr., of Anchorage, Alaska; daughters Lashawn Dawkins of Hemet, Zena Dawkins of Perris and Christina Dawkins-Ward of Orange County; grandsons Christopher Klos of Hemet and Samuel Ward of Orange County; granddaughters Shawna Klos Roquemore of Hemet and Cayla Ward of Orange County; great-grandsons Isaiah, Jeremiah and Jonah and great-granddaughter, Hannah.

Utilization and Quality Management Update

SNMA Committees



The UM / QM committee meets the second Thursday of each month at 7am in one of the OPC rooms # 110-130 at SNMH.

The committee membership represents primary care and specialist physicians with leadership from our Chairman, Dr. Boyle and Carol Frost, RN, IPA Case Management Manager.

If you have any ideas or areas of interest you would like the committees to explore, please contact Carol Frost at 271-3204.

Self-Injectables

Blue Shield

Pharmacy Services:

1-800-535-9481

Curascript: 888-773-7376, opt 3 or

Caremark: 800-237-2767

Health Net

HN Pharmacy: 1-800-548-5524

Opt 3

PacifiCare/Secure Horizon

Prescription Solutions:

1-800-711-4555 opt 1

Fax: 1-800-853-3844



New Contracts for 2009



- **Blue Shield Medicare Advantage** effective 01/01/2009
- **Aetna HMO** pending final contract and DMHC approval —estimated to be 01/01/2010
- **AARP Medicare Complete provided by Secure Horizons** is our local HMO model. Benefits to physicians are the increased reimbursement due to Risk Adjustment factors, P4P money and shared risk pool for hospital services.
- **Secure Horizons PPO is a new Fee for Service Medicare Advantage** plan in our area. Providers are being deemed as contracted if they answer yes to the question, "Are you taking or accepting Secure Horizons patients?". These plans will not be paying your P4P money, shared risk or risk adjustment factors—they are paying straight Medicare Allowable.

If you have any questions regarding these contracts, please call Keely Smith at 271-3222.

CONTRACTED HOSPITALS

Mercy General — 916-453-4545

Mercy San Juan — 916-537-5000

Mercy Folsom — 916-983-7400

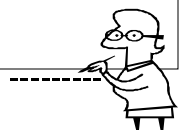
Sierra Nevada Memorial Hospital —274 - 6000

UC Davis Medical Center — 916-734-2011

UC San Francisco — 800-444-2559

Stanford Medical Center — 650-725-4000

For a list of contracted providers, visit the SNMA website at www.e-mbainc.com, click on SNMA, then click on Provider Roster.



**BUY LOCAL
BE LOCAL
BUY AN HMO**



**2009 QUARTERLY STAFF
MEETING DATES**

WEDNESDAY—SEPTEMBER 30, 2009

WEDNESDAY—DECEMBER 9, 2009

**SIERRA NEVADA MEMORIAL HOSPITAL
OPC ROOM 110-130**

12:15-2:00 PM— LUNCH




SIERRA NEVADA MEDICAL ASSOCIATES, INC. (IPA)

AARP MedicareComplete
provided through SecurixSM

- ✦ United / Pacificare HMO
- ✦ Blue Shield HMO
- ✦ Health Net HMO

Sierra Nevada Medical Associates (SNMA) is the largest HMO Medical Group in Nevada County, with 39 Primary Care Physicians and more than 300 participating providers. SNMA is among the top 10 medical groups in California for patient satisfaction. Choose SNMA during open enrollment and join the thousands of Nevada County Residents who experience excellent quality healthcare.

www.e-mbainc.com **(530) 271-3200**

**2009 SEMI-ANNUAL
SHAREHOLDER MEETING &
ANNUAL ELECTION**

WEDNESDAY—SEPTEMBER 16, 2009

**SIERRA NEVADA MEMORIAL HOSPITAL
OPC ROOM 110-130**



6:00-8:30 PM— DINNER



**EAST MAIN STREET
INSURANCE
SERVICES, INC**

401 EAST MAIN STREET, GRASS VALLEY, CA 95945

(530) 477-5234 CA Ins. Lic #0F37819

WWW.EASTMAINSTREETINSURANCE.COM



Red Flags Rule: Compliance by August 1, 2009

By Dr. Bibelheimer

If you joined us at the IPA Quarterly Staff Luncheon Recently, you heard Melissa Holmberg from TBG Fraud Solutions speak about the issues around Identity Theft and the new rules for compliance with this regulation. The effective date for compliance was postponed from May 1 to August 1, 2009. The workplace is the #1 source of data used for identity theft and it is sharply on the rise. Over 60% of all information breaches are caused by administrative errors. Medical identity theft can be even more damaging and hard to correct.

The rules require that you:

- Identify relevant red flags
- Detect red flags
- Prevent and mitigate identity theft
- Update your program periodically
- Provide for a plan to administer the program

Guidelines for this program are available on pages 63773-63774 of the Federal Register and can be viewed and printed by going on line to:

www.ftc.gov/os/fedreg/2007/november/071109redflags.pdf



Grass Valley Surgery Center - By Mary Whitmore

Effective April 15, 2009, the Grass Valley Surgery Center is officially contracted as a participating provider with Blue Shield of California.

This includes **all** of their products, PPO and HMO.

Keely Smith of SNMA will be encouraging IPA primary care physicians to refer their surgical candidates to GVSC surgeons as a cost savings effort that will benefit all the IPA physicians.

Please fee free to contact me if you have any questions or concerns, then schedule your cases!

Thank you,

Mary Whitmore, GVSC Surgery Center

Going Green ... give us your email address

By Dr. Bibelheimer

Physicians and Office Managers:

We are all trying to be environmentally conscious. One way is to cut down on the paper needed for the FAX communications. In our office ALL Faxes are received digitally now. We would like to be able to communicate with you by email with attachments if possible so the information can then be routed to the appropriate people in your office. If there is a lead person in our office that you would like to be the control point for the information flyers and announcements/committee reminders, send your email to Vicki Andersen at vickia@e-mbainc.com. Thank you to those of you who have already let us know.



♣ UPCOMING EVENTS

♣ TWILIGHT DIRT SERIES AT LOMA RICA RANCH, Grass Valley, CA

Four Saturdays this summer: August 8—August 22—September 5—September 19

The first of it's kind in Nevada County, this will be an all ages, all levels mountain bike series designed to attract approximately 100—150 competitors. Occurring every other weekend for a total of four race days, the goal is to create a successful (defined by attendance, community feedback and receipts) series that will become an event in perpetuity. Proceeds will benefit the Nevada Union High School Mountain Bike Team, Youth Bicyclists of Nevada County (YBONC), GodSpeed (the Twilight Series organizing body) and Loma Rica Ranch. Several Nevada County registered food vendors will be on site. Beer will be served. Emergency medical personnel will be on site.



In addition to the race, other auxiliary attractions will be on site for the families and/or event spectators. These may include, but are not limited to : a Farmers' Market, Renewable Energy vendors/displays, Mountain Bike vendors, and children's activities.

♣ 13TH ANNUAL CALIFORNIA WORLD FEST, Grass Valley, CA

JULY 16—19, 2009 For schedule of events go to: www.worldfest.net

- Eight Stages of Music: Five outdoor and Three indoor
- Over 100 Performers from all over the world.
- Workshops: Instrumental, Vocal, Drumming and Dance



MUSIC MUSIC MUSIC MUSIC MUSIC MUSIC MUSIC

Part of the proceeds from the two Beer and Wine booths will benefit SNCHP. Part of the Parking proceeds will benefit Kare Crisis Nursery.

♣ 3rd ANNUAL 6TH GRADE CHALLENGE, Grass Valley, CA

The Gold Country Community Center is planning this event for :



Friday, November 6, 2009. 6:30 PM at the Veterans Bldg, 255 S. Auburn St.,

Grass Valley.

This is a fun filled evening to benefit the Gold Country Community Center and participating schools. It is a fast-paced quiz game that pits teams of adults against each other to see which team can match the knowledge of our community's sixth grade students.

You can sponsor a team of up to six players. The winning team will be awarded by having their name engraved on the "Gold Country Community Center Sixth Grade Challenge Perpetual Trophy", which can be proudly displayed for one year.

For more information please contact: Sally Pattie: 274-7749 / sallypattie@att.net

Create a Healthy Habit Nory Fussell

A Healthy Habit

Since 1988, employees at several Nevada County businesses have experienced the win-win benefits of my highly praised *On-Site Wellness Program.*

Thousands of 15-min. stress-reducing, fully clothed, energizing mini-massages, at work!

Millions of "entangled" nerve bundles unwound.

Gazillions of miles of tight & tense muscle fibers released & realigned to their most efficient use.

Countless work-hours infused with Clarity, productivity & uplifted morale.



Nory Fussell
Orthopedic Massage Therapist
530-274-7765

Sounds like a bold claim?
It's every-word true! Flip this card over ~
read what some of them have to say.

I am professionally established with two decades of hands-on skill, knowledge, passion & the will to work with people suffering from acute & chronic pain, overuse & job-related conditions.

I will provide proven stress-relief for you and your staff.

Injuries sustained from a career in nursing left me with chronic back & neck pain. For 20 years, thanks to Nory's massages, I've been able to manage without medications or other treatments.

- Judy Blake-Kenney, RN (Ret.)

For 18 years, Nory's program has increased productivity & improved morale among my employees. Most importantly, it makes them feel special knowing they are valued this way; this boosts their sense of loyalty to the company. The return on this investment will contribute to any company's success many times over.

- Michael Funk, Founder
Mountain People's Warehouse/UNFI

Within minutes, Nory's healing, magic hands worked away years of built-up stress & tension. He is truly

"The Muscle Whisperer".

- Ashley Volz, Barista
Summer Thymes Bakery

Nory Fussell
*Orthopedic
Massage Therapist*
530-274-7765

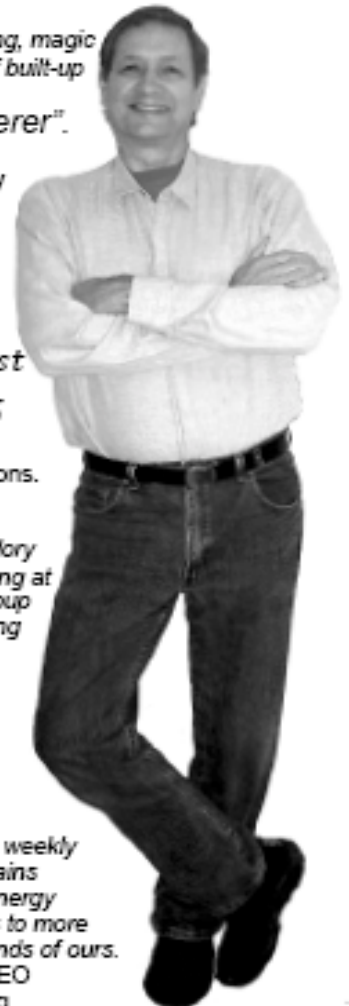
Call for rates & program options.

With his skill & knowledge, Nory has helped to keep me running at or near the top of my age group into my fifties. He is interesting & personable, which makes for enjoyable & productive monthly sessions.

- Steve Bond
Running writer,
Columnist for The Union

Our staff has enjoyed Nory's weekly visits since 1995. Aches & pains dissolve while the clarity & energy gained from his work help us to more efficiently manage the demands of ours.

- Charles Litton, CEO
Litton Engineering



Everybody wins. Give it a try!



LAUGHTER IS THE BEST MEDICINE



BRAIN FREEZE? One Scoop or Two? By Heather Hatfield

Is brain freeze really your brain gone cold? In an editorial in the *British Medical Journal*, author Joseph Hulihan describes ice cream headache, commonly known as brain freeze, as a pain that begins a few seconds after eating cold foods or beverages, peaks in 30-60 seconds, and is located in the mid frontal area of the brain. Why does it occur? It's been studied as an example of referred pain, or pain that starts in one part of the body, but is felt in another. In the case of brain freeze, the pain originates in the mouth and is referred through the tongue to the brain. The good news is that brain freeze isn't deadly, and no treatment is usually required. In fact, writes Hulihan, "Ice cream abstinence is not indicated."

"A smile increases your face value."
—James Brewer

HEALTHY RIDDLE:

How can you still have some after you take away the whole?

Answer below



A DISTRAUGHT SENIOR CITIZEN

"Is it true,?" she wanted to know, "that the Medication you prescribed has to be taken for the rest of my life?"
"Yes, I'm afraid so," the doctor told her. After a moment of silence she said,
"I'm wondering then, just how serious is my condition because this Prescription is marked 'NO REFILLS'."

Contributed by Stacey Newkirk

"Teenager with nose ring, baggy clothing and spiked hair to friend: I don't really like dressing like this, but it keeps my parents from dragging me everywhere they go."
--Unknown

Do You See People In Need?

One day, a diver was enjoying the aquatic world 20 feet below sea level. He noticed a guy at the same depth, but with no scuba gear whatsoever. The diver went below another 20 feet, and the guy joined him a few minutes later. The diver went below 25 feet, and minutes later, the same guy joined him. This confused the diver, so he took out a waterproof chalkboard set, and wrote, "How the heck are you able to stay under this deep without equipment?"



The guy took the board and chalk, erased what the diver had written, and wrote, "I'm drowning,"

AN INVITATION

If you have something you would like to see published on this page; A joke, a humorous story, or an inspiration, please email to: vickia@e-mbainc.com or fax to 271-3275.

Nothing in the world is friendlier than a wet dog...

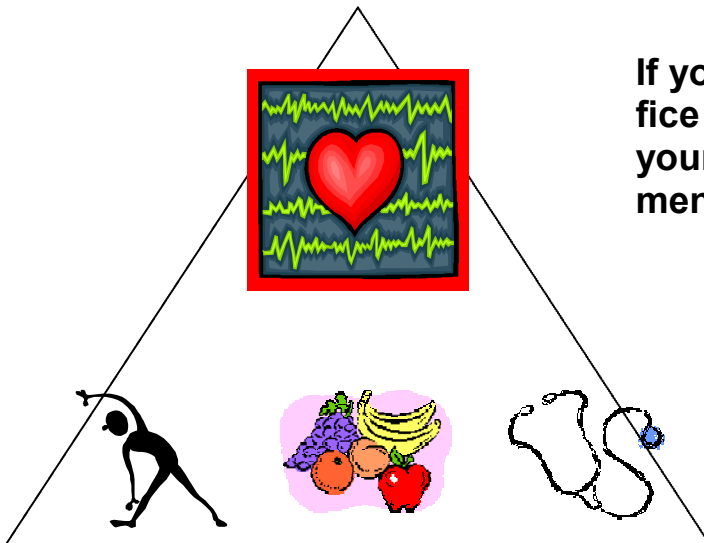


RIDDLE ANSWER:
WHOLE SOME

SIERRA NEVADA COMMUNITY HEALTH PLAN (SNCHP)

Healthier Living with a Chronic Condition—A Self-Management Workshop

SNCHP is currently inviting community members with Chronic health conditions to join in a workshop to explore ideas on how they can take control of their health by taking small steps towards positive change. The program was developed by the Stanford Patient Education Research Center and sponsored by SNCHP. There is currently no charge for participants who sign up for this 6 week class. Our next class is scheduled to begin in July. We encourage you to communicate about this workshop to your patients who may suffer from a heart condition, lung condition, diabetes, arthritis or any other ongoing health problem.



If you would like; a flyer to post in your office ; to refer a patient to us or answers to your questions regarding this self management workshop, please call:

Vicki at 271-3215.

WARM WATER THERAPY CLASSES

SNCHP is also providing **Warm Water Therapy Classes** held at Eskaton Village. These valuable therapeutic techniques are taught by Jon Katis, a certified instructor, every Tuesday and Thursday at 2:15 pm to 3:00 pm. Eskaton Village has provided the use of their beautiful indoor heated swimming pool for these classes.

One class member who always uses a walker and has clung to the rail for support, now walks freely in the water. The first day he let go and started walking, he was so happy that he did a little jig and said, "I never thought I would be able to do this again."

Jon Katis



Even the simple success of loosing the stiffness of hands and feet means a lot to a persons well-being. **For more information about these classes please call Jon Katis at 530-913-4908.**

SIERRA NEVADA COMMUNITY HEALTH PLAN (SNCHP)

HAPPY 3RD ANNIVERSARY TO THE *Sierra Walkabouts*



Kim Davis and her group of walking enthusiasts have walked approximately 245 miles over the past three years. They have gathered together once a week on Thursday morning at 9:00 (weather permitting) at a designated site to walk and socialize for one hour. They have walked on 15 different trails, including Bridgeport, Independence Trail and Empire Mine, which provide historical points of interest. This informal group of people are at all levels of fitness and speed and provide each other motivation to get out and walk each week. They also plan quarterly picnics for more social interaction. The size of the group varies between 15-20 members and in this one hour a week they have created a bond of lasting friendship. Kim is always welcoming new members to join this great group. It is a free, fun and fantastic way to get out and enjoy our wonderful county. Please encourage your patients to take advantage of this free, fun opportunity.

If you know anyone who would be interested in joining this group have them call Kim Davis at 271-3227



Sierra Walkabouts

Starting Now...

NEW FAX NUMBERS FOR THE IPA

SNMA AUTHORIZATIONS.....271-3237
 CAROL FROST.....271-3277
 DR. DAN BIBELHEIMER.....271-3280
 KIM DAVIS.....271-3296
 VICKI ANDERSEN.....271-3275
 RECEPTIONIST / GENERAL271-3240



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