

# 2019: Health care providers are a 'key resource'

Continued from Page A1

right sources — olive oil and lean chicken, for example, instead of bacon and sausage.

Guenther said the time of day people eat is important as well. Many people make the mistake of skipping breakfast or lunch every day, leading them to overeat unhealthy foods later or snack after dinner.

"Eat more earlier in the day and less in the evening," she said.

Both Guenther and Treadwell said planning ahead is an important part of eating healthy. Diets fall apart when there aren't healthy ingredients around the house or meal prep for days when there isn't time to cook.

"If someone wants to work on increasing their vegetable intake, for example, they need to come up with a plan," Guenther said. "How are they going to do that? If they say, 'I'm going

to eat this much,' how does that fit into their day? Will it be snacks? Or with dinner?"

For people planning to increase or decrease certain foods in their diets, there are plenty of resources. Oregon State University's Food Hero website, for example, features a large collection of healthy recipes searchable by ingredient. And Good Shepherd Health Care System in Hermiston just put together a new cookbook called "Shepherd's Pie."

Kathy Thomas, wellness coordinator for Good Shepherd, said the cookbook's recipes were submitted by staff and reviewed by the hospital's wellness committee and a registered dietician to make sure each recipe selected was healthy, practical for a family on a budget and passed "the delicious taste test."

The cookbook is dedicated to Jared Bowling, who was Good Shepherd's head chef and nutrition services manager for more than



Staff photo by Kathy Aney

**A student in Hermiston Head Start's healthy cooking class gives a sample of overnight oatmeal to her son. The recipe includes blueberries, apples and yogurt.**

10 years before his death. Thomas said the first order, selling at \$15 apiece, is almost sold out. The money goes toward the Agape House's backpack program to send food home on the weekend with school children who might otherwise go hungry.

Good Shepherd also offers a variety of classes and one-on-one options

around healthy eating. They can be found at <http://www.gshhealth.org/classes-events>.

## Quitting smoking

As some people try cutting back on foods that are harmful to their body, others are focusing on quitting another harmful substance: tobacco.

Dr. Tom Jeanne, deputy health officer for the Ore-

gon Health Authority, said the OHA does see a spike in calls to its quit line this time of year. The department is taking advantage of resolute season to run advertisements reminding people that the state has resources to help them quit smoking. They can call 1-800-QUIT-NOW (1-800-784-8669) 24 hours a day or visit [www.quitnow.net/oregon](http://www.quitnow.net/oregon) for guidance.

"In Oregon we know nearly three out of four people who smoke want to quit," he said.

Many of them have tried before but relapsed. Nicotine is "highly addictive," Jeanne said, and those trying to quit can easily be triggered by smelling cigarette smoke or seeing someone else using.

There is hope, he said, even for people who have tried and failed to quit in the past. Millions of people have quit eventually.

Jeanne said some people do manage to power

through on their own, but using a combination of counseling and FDA-approved products such as nicotine patches doubles a person's chances of quitting permanently. Tobacco cessation tools are covered by all health insurance providers in Oregon.

"They really do raise people's chances of quitting for good," he said.

Health care providers are also a "key resource," Jeanne said. It is important for people trying to quit to talk to their doctor, who can give them advice about what options will work best and help them make a quit plan.

Smoking kills 8,000 Oregonians a year and worsens chronic diseases in many more. Jeanne said the benefits of quitting are longterm, but also immediate: After 12 hours, a smoker's carbon monoxide levels go down to the level of a nonsmoker's, and after just one year their risk of coronary heart disease is cut in half.

# Doctors: Wrote 3.1 million opioid prescriptions in 2016

Continued from Page A1

Under the program, retail pharmacists report prescriptions of controlled substances, such as Oxycontin and Xanax, to the state within 72 hours of dispensing them. The state maintains three years of prescription data.

The issue of prescriptions has been central to government efforts to reduce the number of overdose deaths attributed to opioids.

In 2016, Oregon doctors wrote 3.1 million opioid prescriptions at a rate 13 percent higher than the national average.

That year, 312 Oregonians died from an opioid overdose, a rate of about 7.6 per 100,000 people, according to the National Institute on Drug Abuse. Nationally, the rate was 13 people in 100,000.

Oregon legislators in 2017 revised the state's prescription reporting system to flag doctors who prescribe high volumes of opioids or prescribe conflicting drugs.

State auditors examining the system found instances of Oregonians "doctor shopping." Nearly 150 people were identified as each getting prescribed drugs from at least 30 different doctors.

That led auditors to question how the state deals with those doctors identified as improperly prescribing opioids.

"Questionable prescribing habits seen within the data, even those that are egregious, cannot be elevated to any regulatory or enforcement entities to directly look into those situations," auditors said in their audit released in December.

Auditors recommended that a state review committee get authority to require prescribers to justify practices

deemed "concerning" and to collaborate with licensing boards and police.

The state committee confidentially reviews prescriber, pharmacy and patient prescriptions, according to the Oregon Health Authority. It also developed criteria defining risky prescribing.

When the committee spots a suspicious pattern, it typically writes to the doctor. A sample letter that state auditors reviewed said it was an "invitation to explore" the state's resources and "review your prescribing practice."

The doctors don't have to acknowledge the letter, or take any more training or education, auditors said.

The information can't be shared with medical licensing boards.

Those licensing boards can obtain the state's information if they certify the information is needed for an investigation.

According to the Health Authority, state licensing boards in the last three months of 2018 requested drug monitoring information 109 times. Department officials couldn't recall a time when they denied a request for such information from the board and said the requests are increasing.

Police can obtain the monitoring program's data with a court order.

By the time Oregon legislators established the state's prescription drug monitoring program in 2009, Oregon was behind dozens of other states already operating similar programs.

Rob Bovett, former Lincoln County district attorney who at the time lobbied on behalf of law enforcement groups, helped lead the charge to create the monitoring program.

The law was the result of "a lot of bargaining and compromise" between advocates and the ACLU of Oregon and the Oregon Medical Association, Bovett said.

Police and prosecutors wanted to tackle prescription drug abuse at the source, Bovett said.

"Oregon law enforcement doesn't just want tools to go after people for drug abuse," Bovett said. "They prefer that drug abuse drop because they've got plenty to keep them busy and we just, quite frankly, don't have enough of them."

Gary Schnabel, the executive director of the state's Board of Pharmacy from 1999 to 2014, said the board floated the idea of the state monitoring controlled substance prescriptions for years before the legislation was passed.

He got the idea while at a national conference and learned what other states were doing.

"It was the very beginnings of the opioid crisis, and it was a way to actually monitor opioid use," Schnabel said.

The point was to identify people using more than a certain amount — whatever program administrators thought was appropriate — and let doctors know.

Pharmacists hoped the program could prevent issues like doctor shopping by having doctors intervene when they found a patient had multiple prescriptions for the same or conflicting drugs.

But they didn't want to share the database with police or investigators.

"The only people who (would have) access to that data were the patient themselves, or the patient's physician," Schnabel said.

"Nobody else would have access to it."

The state association representing doctors and the ACLU of Oregon resisted at first, Schnabel said.

The ACLU of Oregon worried the program would invade patient privacy and could be susceptible to data breaches. Some health care providers also voiced privacy concerns, legislative records show.

"They thought it was invasive," Schnabel said of the Oregon Medical Association. "They thought it might get physicians in trouble, thought it might be punitive against the physician for prescribing. They just didn't trust it."

Courtnei Dresser, director of government relations for the Oregon Medical Association, said the group never opposed the program.

The monitoring system was cumbersome at first, said Dr. Amy Kerfoot, an Oregon Medical Association trustee who represents the association at the governor's Opioid Epidemic Task Force.

In recent years, the association urged reforms to make it easier for doctors to use the monitoring data, Dresser said.

In 2017, state lawmakers created the special committee to review prescribing practices of controlled substances.

The bill was sponsored by state Rep. Knute Buehler, R-Bend, a surgeon, and

supported by the medical association.

The committee advises the Health Authority on interpreting prescription information and training prescribers. State law requires committee members be licensed health care practitioners with at least five years' experience prescribing controlled substances.

The following year, Gov. Kate Brown asked the Legislature to mandate registration in the prescription program.

Kerfoot testified in favor, as did other health care groups like the Oregon Primary Care Association.

"Requiring practitioners to register with the Prescription Drug Monitoring Program is another important step in the right direction," Kerfoot told lawmakers in a letter. She said the program would be "a powerful tool to help providers rethink prescribing decisions that had been automatic in the past, but maybe should not have been for many patients."

In an interview, Kerfoot acknowledged that the medical association was concerned that doctors would become more liable for their prescribing decisions.

"You never want to have a legislative body sending out what a physician is liable for when they don't yet have the background on the patient, the indications, the rationale behind it," Kerfoot said. "They want prescribing

to be safe, but prescribing is a tool that should be available to the people who need to use it — qualified physicians and pharmacists."

But that law created no consequence for not signing up and doesn't require prescribers to access the database before prescribing a controlled substance.

In 2017, roughly 40 percent of prescribers were registered with the program, according to the Oregon Health Authority. By late 2018, after state outreach efforts, 83 percent of prescribers were registered.

Additionally, only retail pharmacies must submit prescription data to the state. That leaves out pharmacies in long-term care facilities and residential treatment facilities, auditors said.

There are 143 institutional pharmacies licensed in Oregon, according to the Board of Pharmacy. Of those, 56 are pharmacies in long-term care facilities.

Those facilities often care for patients with chronic illnesses or disabilities, rather than patients with acute pain like a back injury.

Reporter Claire Withycombe: [cwithycombe@eomediagroup.com](mailto:cwithycombe@eomediagroup.com) or 971-304-4148. Withycombe is a reporter for the East Oregonian working for the Oregon Capital Bureau, a collaboration of EO Media Group, Pamplin Media Group, and Salem Reporter.

# Shutdown: So far, effects have been minor

Continued from Page A1

If a rental provider agrees to participate in the program, they will receive a portion of the rent from a public housing agency (such as Umatilla County Housing Authority), which receives the funds from HUD. The tenants pay the rest of the rent.

So far, the effects have been minor. Some paperwork processing has been stalled because no one is staffing the USDA office, Stradley said, but they have reserve funds that have gotten them through the first three weeks of the shutdown.

But he said if the shutdown does not end and the USDA can't give out rental assistance, in February it will affect people renting properties in Boardman, Hermiston and Umatilla. If HUD can't deposit funds for Section 8 housing, he said, there will be 300 families across four counties without funding.

He said the residents will be the last to feel the impact.

"We'll do everything we can," he said, adding that he does not foresee any evictions for that reason. But he said that with those in Section 8 housing, effects may be felt sooner, because the housing authority doesn't own or manage the properties.

"Depending on how individual owners want to treat it, I imagine some will be understanding," he said, "and some will want their rent, and be entitled to it."

Federal agencies including the Umatilla National Forest, the U.S. Fish and Wildlife Service and United States Department of Agriculture have all been closed. Services including the McNary Dam and the National Weather Service were deemed essential, and employees have continued to work.

The Oregon Energy Fund announced on Thursday that

it may be able to help furloughed employees get emergency funding for utility bills. They said they don't provide direct funding, but they distribute funds to partner agencies that may be able to help workers. Federal employees can reach the nonprofit at 971-386-2124 or at [OregonEnergyFund.org](http://OregonEnergyFund.org) to see if they are eligible.

Regina Baltrusch, a public information officer for the U.S. Army Corps of Engineers, said the three principal appropriation bills for fiscal year 2019 which support funding for the corps were passed by congress and signed into the law before fiscal year 2019 began, on Oct. 1, 2018.

"These bills together virtually cover all Direct Funded USACE activities and an overwhelming majority of the reimbursable work for the remainder of this fiscal year," Baltrusch wrote to the EO in a statement.

## EASTERN OREGON FORUM *Presents*

TUESDAY, JANUARY 15<sup>TH</sup>, 2019 AT 7:00 P.M.

BLUE MOUNTAIN COMMUNITY COLLEGE (BMCC), 2411 NW CARDEN, PENDLETON, OR.  
SCIENCE & TECHNOLOGY BUILDING, ROOM ST-200

### RENEGOTIATION OF THE COLUMBIA RIVER TREATY

FEATURING: CRAIG REEDER

**Craig Reeder** - Growing up around his family's wheat ranch in Eastern Oregon, Craig has a life-long association with production agriculture. After graduating from OSU with degrees in Agriculture Business Management and Finance, Craig spent 5 years in the Midwest working for the R.D. Offutt Company. Wanting to return to Northeastern Oregon, he began working for the Hale Family in 2000, where he served as CFO & COO, until the operations were sold. Currently Craig is the CFO of Madison Ranches and Chairman of NOWA (Northeast Oregon Water Association). Craig and his wife Tina also own and operate the Reeder Family Farm in Helix where they live with their three children.

THE COST FOR THIS SERIES OF 4 FORUMS IS \$15 PER PERSON, \$25 PER COUPLE OR \$5 PER FORUM AT THE DOOR - STUDENTS ARE FREE

For more information about the EO Forum, please contact: Karen Parker at 541-966-3177.

The EO Forum is a collaborative effort among leaders from Blue Mountain Community College, InterMountain Education Service District, the East Oregonian, American Association of University Women, and Harriet Isom, a former United States ambassador who also serves on the committee. This EO Forum program is offered as part of Blue Mountain Community College's annual Arts and Culture Festival. For more information on the festival go to [www.blueecc.edu](http://www.blueecc.edu).