CLINIC: Goal is more efficiency

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The goal is to reduce hospital utilization through more efficient clinics. The efficient clinics operate with the idea of keeping patients out of the hospital by better managing their disease process — and it's less expensive. Government programs such as Medicare and Medicaid also encourage more outpatient treatment, which means less income for the hospitals.

"If you don't have the revenue generation coming in, it's hard to keep fixed costs covered, such as the emergency room, surgery, lab and radiology. By being in the clin-

ic business, it helps us work as a system instead of each entity on their own," Davy said. He added that Medicare and Medicaid reimbursement per patient visit is also higher for clinics, which in many cases also raises the physician/practitioner income, as well as the hospital's.

Davy said that some doctors find that struggling with the business aspects of owning a clinic while trying to stay current with medical knowledge and treatment isn't worth it. He added that many young doctors prefer practicing as an employee rather than investing in a clinic partnership, particularly while in the midst of paying off staggering college loans — many of which approach \$400,000.

"It's even more beneficial when in a small community like this where physicians are asked to do so much. The burnout factor is very high, so the more we can stabilize their lives, make them more predictable, it goes a long way toward keeping them here and getting others here," Davy said.

He added most communities don't realize hospitals spend large sums to attract physicians — all the more reason to create an environment where physicians want

Davy said most hospitals in the region and many in this state already made the move toward acquiring clinics. "We're needing to get there too to make sure of the longterm stability of our system,' Davy said.

Dr. Kirsten Caine of Wal-Mountain Medical Clinic expressed optimism about the impending integration. "I am excited about this new opportunity for all at Wallowa Mountain Medical to work more closely with the hospital. We want to continue to provide excellent care for the community we are blessed to live in," Caine said.

safety, personal rights, and

na says he's received only a

few contacts on the matter,

but one was of an impas-

sioned nature from a moth-

er who pleaded with him to

oppose the bill because she'd

lost a child who developed

an allergic reaction to an im-

munization shot.

The legislator from Athe-

religious freedoms.

HOWARD: New unit forester will focus on strategies

Continued from Page A1

However, others will, under Howard's supervision, likely take on some of his previous duties that included firefighting training and more. New assignments will place Howard in charge of the unit's private forest programs where, among other roles, he will share technical advice with landowners in regard to disease control and work with the Wallowa County Natural Resources Advisory Committee.

"Becoming a unit forester has been a career goal of mine ever since I came to Wallowa,' says Howard.

Shaw had lived in Wallowa and worked with ODF there since 2004. He says that he, his wife, and two children are moving to Prineville with mixed emotions.

"This assignment, though a definite promotion, is kind of bittersweet," says Shaw. "We've spent a lot of time and energy here and my family loves this community. Still, with change comes opportuni-

Visibly active in the community as a coach of T-ball, youth soccer, and ski coach at Anthony Lakes, Shaw now is working directly under Travis Medema, one of only four ODF area directors in the state of Oregon. Since Feb. 1, with three employees working directly under him, Shaw's duties, in addition to fire, have expanded to include the state lands program, private forest program, and stewardship responsibilities on ODF-protected lands.

Like Shaw, Matt Howard, who has four children plus a wife who serves as a librarian in the Wallowa school system, is active in the Wallowa community. Among other things, the man entering his 28th fire season coaches Little League and Babe Ruth baseball and assists with the Wallowa schools' wrestling program.

BILL: County has high number of unvaccinated

Continued from Page A1

Data from Oregon's Public Health Division shows that among Oregon's 36 counties, Wallowa County ranks as third lowest in percentage of students immunized.

And it's hard to say why. Traci Frye, Wallowa Memorial Hospital's infection control nurse, says there are clusters of areas across the nation where people choose not to immunize.

One barometer for immunizations administered is the rate for 2-year-olds, a standard age when many toddlers receive a high percentage of their shots. This is one area where Wallowa County, as a whole, falls well below participant averages for the nation and for states and for smaller areas.

Keli Christman, process administrator for Winding Waters Clinic, says 63 percent of all 2-year-olds seen by the clinic have received all of their recommended shots, compared with a 66.7 percent rate for all 2-yearolds in Oregon, and the national average is 68 percent. Christman and Fisher agree that the countywide figure is much lower, however, hovering around 47 or 48 percent.

Comparable figures for Union County (65.4 percent) and Baker County (64.1 percent) only add to the mystery.

As a suggested explanation, Fisher says there seems to be a trend among Wallowa County mothers to have one shot administered at a time, rather than the four or five shots that parents in many other locales have their toddler receive during a single visit to their health care provider.

Christman tosses in two other possibilities. For starters, she says, parents in Wallowa County oftentimes wait until their children reach their fifth birthday before having chicken pox vaccinations administered, a tendency that skews the overall 2-year-old statistic. Christman also believes the high expense for immunizations can be keeping people away. If this is the case, she adds, a number of these parents are apparently unaware of programs that are available to lower-income families to defray such costs.

Parents in Oregon currently have the option of opting out of immunizations for their children if they've tak-

en a sanctioned online class or a class from a medical expert regarding the pros and cons of vaccinations. That non-medical option would disappear if SB 422, which is currently in a Senate committee, is passed by the Legislature.

Although a comparable vaccination bill was submitted and failed in 2013, says Sen. Hansell, "Right now it's going to pass." Because there is no cost involved with the bill, meaning it wouldn't need to proceed through the budget-related Ways and Means Committee, SB 442 could pass through the Legislature quickly, Hansell

The impetus behind the immunization bill introduced by Portland Democratic Senator Elizabeth Steiner Hayward was an outbreak of measles about two months ago, which was traced to Disneyland. It reportedly has spread to 14 states, including

Although Hansell is convinced the bill will pass, he says he's yet to take a personal position on the issue. He says the piece of legislation presents "an interesting dilemma" between public

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