Top points for W.S. K9 officer

Warm Spring Police K9 Officer Kelly and her partner Sergeant Jason Schjoll recently competed in the 2013 Central Oregon Law Enforcement K9 Trials.

The trials were held at Bend Senior High School. The K9's and their handlers were from the Deschutes and Mendocino county sheriffs' offices; and the Bend, Redmond, Springfield and Warm Springs police departments.

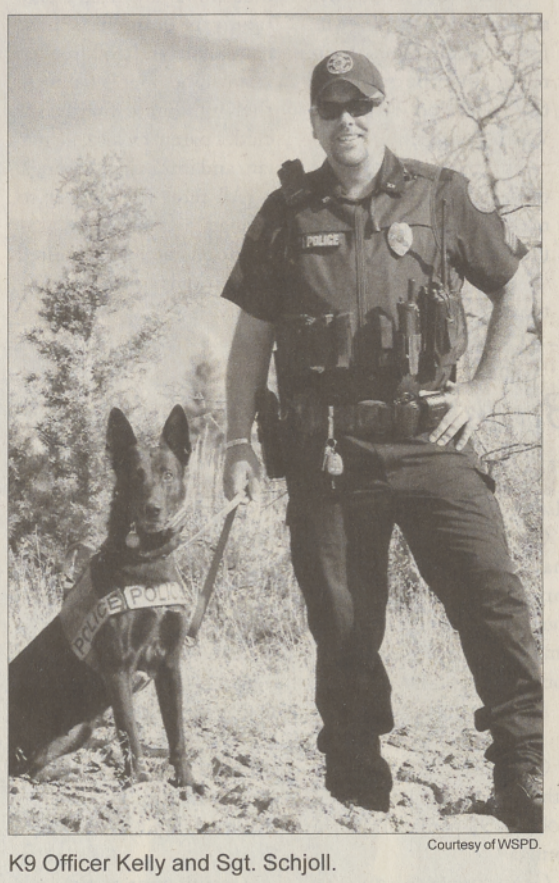
The competition demonstrated the speed, agility, tracking, canine handler protection and obedience attributes of the K9 officers.

All of the officers completed their tasks with extraordinary expertise; however, the clear crowd favorite, and high point winner of the competition, was Warm Springs' very own Officer Kelly, earning the official tournament title of Top Dog.

Kelly won some impressive bling for her partner, Sgt. Schjoll.

Kelly and Sgt. Schjoll demonstrated to the crowd the same efficiency and professionalism that make them highly effective members of the Warm Springs PD.

Sgt. Schjoll's hard work and dedication to the training of his K9 partner is evident and a huge asset to the tribal community's safety, said Stan Suenaga, general manager of tribal Public Safety.



Courtesy of WSPD.

K9 Officer Kelly and Sgt. Schjoll.

Yvonne Iverson/Spilyay

Carol Sahme of the Recreation Department prepares a water slide for young people. The slide was a great way to cool off on these 98-degree afternoons.

Clinic: transition August 15

(Continued from page 1)

It has been a long-standing goal of the Confederated Tribes of Warm Springs Tribal Council that the Warm Springs community is a healthy community. The Health and Wellness Center fully supports the tribes' goal, Prevost said.

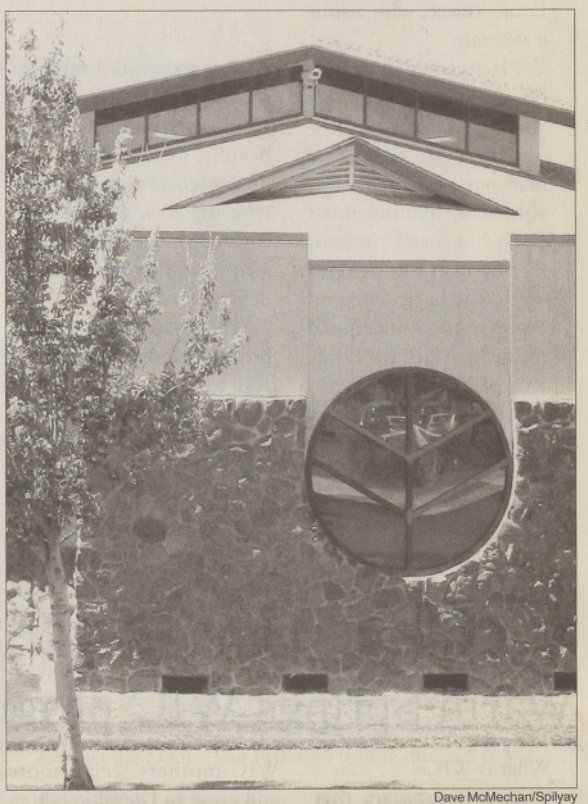
The best way to achieve the goal, she said, is by focusing on the care provided at the clinic; and more importantly, to work in partnership with each patient to improve their health.

A benefit of the change will be more available scheduling of appointments at the clinic, as physician schedules are opened up more due to not staffing at the hospital.

The hours of operation at the clinic will be reviewed to ensure the greatest access.

The Warm Springs clinic staff will continue to work closely with the St. Charles Madras Hospital staff and Madras medical community to ensure that all Warm Springs community patient needs are met. "We will be working with hospital staff to coordinate hospital admission, discharge, and follow up needs," Prevost said.

The clinic leadership initiated this transition in response to repeated requests by the clinic Governing Board, she said.



Dave McMechan/Spilyay

The Warm Springs Health and Wellness Center was dedicated in 1993.

Prevost and the clinic medical director, Dr. Rachel Locker, consulted with the Tribal Council and the Warm Springs Joint Health Commission regarding the decision to transition from hospital care.

"And we have discussed this with the Health and Welfare Committee as well," Prevost said. Mike Marcotte, director of the tribes' Managed Care Program, has also been part of this transition planning.

Questions may be directed to Carol Prevost, CEO or Sharon Katchia, Patient Advocate at the Warm Springs Clinic, 541-553-1196.

Oregon medical community gears up for expansion

(AP) – With 400,000 uninsured Oregonians expected to get health insurance in the coming years, the state and medical community are scrambling to make sure there are doctors, nurses and other health care providers available to treat them.

Many of Oregon's rural and minority communities already are short of the recommended doctor-patient ratios – a problem that will only get worse when most Americans are required to have health coverage beginning Jan. 1.

With an eye on the coming tide of newly insured residents, state lawmakers this year approved scholarships and loan repayment programs designed to encourage medical school graduates to practice in underserved areas instead of the flashier urban centers. State officials also hope Oregon's effort to improve coordination and preventive care will make it easier for the existing providers to handle more patients.

But there will still be growing pains.

"It's going to be difficult to go from where we are to where we want to be overnight," said Bruce Goldberg, director of the Oregon Health Authority, the state agency that administers Medicaid.

Some patients will probably have trouble getting speedy access to see a doctor, he said, but the state has taken steps to minimize the disruption.

"We'll be ready," he said. "I don't think we'll be as ready as we want to be, but it's a pretty great opportunity to change all these life circumstances for everybody and make them healthy."

About 1 in 6 Oregonians, 550,000 people, are uninsured, according to state data from February.

State officials project that 120,000 people will become eligible for Medicaid on Jan. 1 under President Barack Obama's health care overhaul. Another 160,000 are expected to buy health insurance through Cover Oregon, a health insurance marketplace where individuals and small businesses can compare plans and access federal subsidies if they're eligible.

By 2016, the state projects the number of uninsured will drop to 170,000. All those newly insured people will enter a health care system that's already struggling to keep pace with demand for primary care, particularly in rural areas.

Oregon on the whole may have enough physicians to meet current demand, "but we have a terrible distribution problem," said Mark Richardson, dean of the Oregon Health and Science University's medical school. Doctors are heavily concentrated in the Interstate 5 corridor, he said, and some areas that are considered adequate now may experience a shortfall when people currently without insurance start going to the doctor.

"We need more primary care practitioners in Oregon, but we need them to be in the right place," Richardson said.

Multnomah County has 19 percent of the state's population but 35 percent of its doctors and nurse practitioners, 32 percent of nurses, 38 percent of psychologists and 41 percent of licensed social workers, according to a report this year by the Office for Oregon Health Policy and Research.

Counties along the northern border and south-central Oregon had the highest physician-to-population ratios. In some cases they were five times larger than the statewide ratio.

Even as retiring baby boomers and the coming wave of newly insured patients increase demand for health care, the number of providers is falling.

Between 2010 and 2012, the number of primary care physicians practicing in Oregon dropped by 320, nearly 8 percent, and the number of physician assistants dropped 2 percent, according to the state report. There were 189 more primary care nurse practitioners, a 20 percent increase, but not enough to keep pace with the loss of physicians and physician assistants.

The number of dentists also declined 9 percent, and three northeastern counties had no dentists – Giliam, Morrow and Sherman.

Even so, state officials insist Oregon is better prepared for the challenge than most states. A 2011 report by the Association of American Medical Colleges says Oregon had 93 primary care physicians per 100,000 residents, 10th best in the nation.

Oregon has a strong network of low-income clinics known as federally qualified health centers and has been investing in incentives to convince medical professionals to practice in rural areas, Goldberg said.

Also, Oregon has experience with rapidly expanding the health care population, having absorbed thousands of new patients when it created the Oregon Health Plan and loosened eligibility requirements in 1994. Goldberg, who was a family physician then, said the medical community is better prepared this time around.

The Legislature this year voted to expand funding for several scholarship and loan repayment programs for health care providers who practice in underserved areas – an effort to diminish the gap between the lifestyle of a rural primary care doctor and a classmate who pursues a lucrative specialty in Portland. Oregon's effort to change the way the state pays for Medicaid will also help, officials said.

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