Community acupuncture offered every Wednesday

On Wednesdays, Patricia Immel, L.Ac., of Wellspring Clinic, offers "Points of Grace," a weekly community acupuncture program between noon and 3 p.m.

The treatment is acupuncture of the ears with 1 to 5 points treated in each ear, followed by 15 to 25 minutes of relaxation time with the needles in place.

This is a quiet group treatment held in the Wellspring Clinic Garden Room.

Acupuncture of the ears is a very simple and effective therapy to relieve pain, calm and balance the nervous system, reduce anxiety and depressive feelings, promote restful sleep, increase mental clarity and provide an inner sense of wellbeing.

This treatment, known as 5NP or 5 needle protocol, is utilized internationally in

Florence

On Wednesdays, Patricia integrated healthcare setnmel, L.Ac., of Wellspring tings.

Walter Reed Medical Center in Washington, D.C., is currently researching the effectiveness of acupuncture to help veterans and returning military personnel with recovery from traumatic experiences.

Currently, acupuncture is being used in war zones for active duty soldiers to relieve pain, anxiety and insomnia.

Wellspring Clinic is now located at 1845 Highway 126, near Quince Street at Park Place, suite H.

You should allow 30 to 40 minutes for your treatment experience. Donations are appreciated and will help sustain Points of Grace.

For more information, contact Wellspring Clinic at 541-902-8860 or email well spring@bmi.net.

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Round up household hazardous waste this weekend

Lane County is holding a free hazardous waste roundup for households and will collect up to 35 gallons of hazardous waste per customer.

Businesses, schools, churches or nonprofit organizations are subject to disposal fees.

In Florence, the round up will be Friday, April 15, from noon to 5 p.m., and Saturday, April 16, from 8 a.m. to 2 p.m., at the Florence Transfer Site, 2820 N. Rhododendron Drive.

All community members are welcome to participate in the roundup.

What to bring: paint, house-hold cleaners, lawn and garden chemicals, car care products, arts and crafts products and other household hazardous waste. Check labels for words such as flammable, corrosive, poison, caution and danger.

Don't bring empty containers, drums, radioactive waste, asbestos, electronics or explosives.

Any empty containers can be safely thrown in the trash.

For information about disposal of radioactive waste, asbestos and explosives, call

- 541-682-4120.

What about hazardous waste from businesses?

Businesses, nonprofit organizations, schools and churches that generate small amounts of hazardous waste may pre-register for this event. They must pay a fee for disposal of their waste, but most can save money by using this program rather than a contractor.

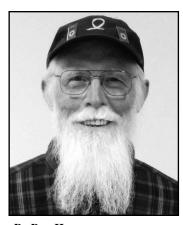
For electronics recycling, the Florence transfer site will accept the following items for free during normal operating hours (maximum of seven items at a time): televisions, computer monitors, central processing units (CPUs) and laptops.

Appointments are required and fees may apply for more than seven items. To arrange an appointment, call 541-682-4120. There is a \$35 charge for large copy or printing machines and large floor-standing electronics.

Call 541-682-4120 for more information regarding hazardous waste disposal for households or businesses.

Us TOO Florence

Behind the headlines



By Bob Horney Cancer survivor Us TOO chapter leader

y first inkling that PSA-based screening had been under a full-blown attack was when Dr. Bryan Mehlhaff, at the March 9 meeting of the Us TOO Florence Prostate Cancer Education/Support Group, stated that CMS (Center for Medicare and Medicaid Services)

had dropped pursuing a clinical quality measure which could financially penalize physicians who dared order a PSA test.

My knowledge of this measure started last November, with a letter from Tom Kirk, president and CEO of Us TOO International. Kirk said he received an email from the American Urological Association that same week informing them that the CMS had contracted with Mathematica Policy Research to develop a clinical quality measure entitled "Non-Recommended PSA-Based Screening" and had opened the draft version for public comment.

I only had two days to submit my comments but I made it, relying on the information in the letter from Kirk.

The intent of the measure as set forth by the CMS: "This measure targets an important area for quality improvement: reducing the use of medical services that have been found to result in more harms than benefits. The intent of this measure is to discourage the use of PSA-based screening in the general population of men. A lower rate on this measure indicates better performance."

It is no surprise, then, that the 2012 USPSTF recommendation was the basis of this measure since Mathematica was tasked with eliminating, as much as possible, all PSA-based screening.

Instead of asking Mathematica to perform an in-depth analysis including current PSA-based screening and suggest a clinical quality measure, CMS provided the measure's title, "Non-Recommended PSA-Based Screening" and the USPSTF 2012 recommendation as the evidence.

As noted in the Large Urology Group Practice Association response, the document produced by Mathematica revealed a lack of familiarity and depth in preparing for this task.

Not a single reference was cited beyond 2013. Had Mathematica done its own research, including 2014-2015, it would have observed the true effects of the 2012 USPSTF recommendation — fewer men being screened, fewer men being diagnosed with prostate cancer — but the number of men having a PSA greater than 10 at the time of diagnosis increasing by 3 percent per year. That clearly suggests that cancers are being detected later when treatment is more difficult.

This turnaround was predicted in 2012 by many expert urologists throughout the U.S. With primary

care physicians being discouraged from ordering the test and many men deciding on their own to avoid the test, there was every reason to expect advanced prostate cancer diagnoses to gradually resemble the 1980s Pre-PSA era.

Back to Dr. Mehlhaff's comment: The problem, as stated in several responses to the CMS, is that the measure could potentially be used in all of Medicare's quality reporting programs. This would financially penalize providers who order a PSA test unless a man had at least one of 4 specific exceptions: prostate cancer, known precancer, PSA level above 4.0 within past year or on a 5-alpha reducinhibitor. Healthcare tase providers ordering this test in men without those exceptions would be providing lesser quality care (according to the CMS). As a result, Medicare would pay them

After reviewing the public comments, CMS made the following statement: "We have heard the concerns and recommendations from many stakeholders. Based on this feedback, CMS will continue to work with the American Urological Association as well as engage additional members of the community such as providers and patients. By taking the time to engage stakeholders in reviewing the electronic specifications, we can then determine the path forward for this eCQM. We seek to develop quality measures that facilitate effective, safe, efficient, patient-centered, equitable and timely care."

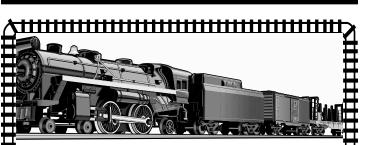
Time will tell.





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