

**Vehicle** from 1A

Police Chief Tom Turner said, “We had the opportunity to get a sticker kit for the car. Plus, we used one of our older vehicles, from 2014, and made it look really cool. The kids just love it.”

The graphics are printed onto vinyl material, so no paint work is involved in the process. According to Ott, the durable product is expected to last many years.

“We put the vehicle back in service on Jan. 23 and have had very positive reactions from those who have seen it,” Ott said. “The kids think it is really neat that they have a ‘special’ vehicle at their facilities, not just a regular old police car.”

He added that the SRO vehicle might be seen during FPD’s regular calls for service and as operational needs dictate.

**Healthcare** from 1A

Whatever the reasons, to prevent a return, the doctors will contact MIH after a patient is discharged, requesting a patient checkup. That’s when Martin steps in.

Instead of having the patient come back in to the hospital for a checkup — or have the patient reach emergency status again — Martin will visit the patient at their home.

“Sometimes people are more relaxed in their house and I can go in and explain things a little bit better,” Martin said.

With a home visit, Martin can see the entire environmental picture of a patient, something that can be lost in translation between a patient and emergency personnel, particularly during a stressful period.

“I can go out and figure out, is the place clean? Do they have the

right type of food? I can see with my own eyes what’s going on in their residence,” he said. “And it does help because the (patient) thinks it’s one thing, but it’s really not. They think (the home) is clean, but maybe there’s mold growing and that’s the cause of their respiratory problems.”

In some cases, Martin can use the time to educate the patients on how their lifestyle may be affecting their health.

“I can sit there and educate them on their diet. The reason your ankles are swollen are because of all the salt that’s in that food,” he said.

Or maybe the patient is having frequent falls, and the unknown cause is as simple as a loose mat on the floor.

“We can’t find any other reason why they’re falling other than education on fall prevention,” House said. “We look at the triggers. How do we prevent them falling and getting hurt, which would enter them into the hospital system?”

Sometimes, the help Martin provides can go beyond just education.

“If we’re talking about a mold issue, that may not be something that (Martin) can impact directly, but he may know the resources that we can plug (the patient) into and eventually get them help,” House said. “By having an official visit, if there is an issue with a landlord, that person then has documentation that’s substantial that says, ‘Hey, there’s a mold issue in here and it does seem to be affecting their health.’”

Even though the program is in its infancy — it officially started Jan. 2 — the program has already assisted 34 patients and the results

have been noteworthy.

“This month alone, Chris was referred two patients from the emergency department just to go visit, watch and maintain,” House recalled. “These were really high users, five to seven times a week. Almost every day.”

But since the program?

“They haven’t been back yet because he goes out there visiting,” House said. “And if he’s not visiting, he’s still calling to check in, asking if they need anything.”

While the MIH program has had early success, House and Martin do foresee some possible hurdles in the future, particularly with how the program, and emergency medical services as a whole, is viewed. These concerns can be seen in why there is such a preponderance of emergency visits in the first place.

The reasons that people don’t visit primary care physicians and rely on emergency visits vary. One reason is convenience.

“Some people say, ‘Well, I can’t get into the hospital for three days, but I can get into the ER right now,’” House said. “You can always get into EMS services, as they’re open 24 hours a day.”

But more often than not, it’s a lack of availability.

Peace Harbor’s recent physician shortage made headlines, though House stated that PeaceHealth has made strides in correcting the issue.

“The hospital has done a really great job recruiting and they’re not down on the staffing in the way that they were three years ago,” House said.

However, the shortages in staff and availability are a global problem.

“We were having a discussion

about the healthcare system in general, and it’s stressed in its capacity,” WLAD Chief Director Jim Langborg said. “I remember receiving an email last year where there were two or three hospital beds left in the state. This isn’t just a local or state problem. We all knew this was coming when the baby boomers came to retirement.”

Programs like MIH could help relieve that stress, not only by freeing up physical space in the hospitals but by focusing on preventative care that would alleviate the need for patients to check into facilities in the first place.

In order to practice preventative medicine, the patients have to accept the help. Some people still have a fear of services like MIH.

“We’re trying to change their lives for the better, if they’ll accept it,” Martin said.

People have offered several reasons to not want MIH services.

“There’s a lot of people out there that are essentially isolationists who prefer to be by themselves and not have anybody bother them,” House said. “Or they feel like they’re being bothersome to us.”

Martin added, “And sometimes it’s fear that they have of being taken out of the home or not being brought back to their home. It’s all on a case-by-case basis. I have people who are afraid to come to the hospital because they’re scared they aren’t going to come home. And so, you have to talk to them and reassure them that they will come home, and if not, there’s a reason behind it.”

The MIH program won’t come out to a patient’s home if uninvited.

“If they say not to come out there, we’re not going to go,” House said.

“But the irony of it is, if they accept the help, their chances of independence is much greater,” Langborg said.

It’s not just patient independence that the program can help with. MIH, and programs like it, can also contribute to financial independence for the entire healthcare system.

“From a long-term funding standpoint, people are trying to prove the value of these programs,” Langborg said. “Because the reality is, through prevention and decrease in the number of ER visits and admissions in the hospi-

tal that are more costly, they’re hoping to fund this and ultimately save money. They’re preventing strain on the system and their finances.”

As an example, House pointed to MedStar Mobile Healthcare out of North Texas, which was one of the first national systems to offer the MIH program. It prevented 1,893 emergency department visits, which saved Medicare more than \$800 million.

It’s those types of savings that Martin, House and Langborg are looking to pass on to the district.

As for the future of the MIH program, the current iteration is only the starting point. The program is starting small right now, collecting data from each visit and looking at the gaps in the healthcare system that it can help fill.

“A lot of what we’re seeing is anecdotal,” Langborg said, “But I don’t think we know the scope of what we can do with this yet. I’m sure it’s a lot larger than what we are doing. But I imagine that within 10 years, this program could easily have three (techs) that are going out and staying busy the entire day. I think it’s entirely feasible, but a lot of it goes back to finding out where it’s appropriate.”

The MIH program is not looking to overtake any existing program, but it is looking for gaps in the system as a whole to see where additional support can be given.

This can be particularly important for those who are unable to enter the large healthcare system due to lack of insurance and who rely solely on emergency services.

Medical systems in Lane County are closely watching how the MIH program progresses, and what challenges it decides to address. As the pilot program for the entire country, Florence’s MIH work is vital to shaping the future of healthcare in the region.

The program is up to the challenge.

“I’m not patting myself on the back here, but we’ve got a very good EMS system,” Langborg said. “It has a reputation in the county, the region, and it’s starting to get to the state level, as being one of the best EMS systems in the entire state. The district is trying to be cutting edge. By stepping out there a little bit and taking these projects on, it sets the whole county up for future success. We hope that our community sees that.”



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