Providing a Sense of Relief

Dr. Guzman chose to practice medicine so she could help families in situations like hers.

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SERVING THE UNDERSERVED

LCMS INFORMATION
For the latest updates on LCMS events, providers, and groups, please join our member-only Facebook group, Lane County Medical Society, @lcmedsociety or visit our website www.lcmedsociety.com.
OBJECTIVES

The purpose of the Lane County Medical Society is to unite the ethical medical profession of Lane County with the following objectives:

- To unite with similar organizations in the rest of the state to form the Oregon Medical Association
- To promote the science and art of medicine
- To promote continued access to quality medical care in the county at a reasonable cost
- To foster the goodwill and cooperation in the membership and to support the members
- To develop effective community relations and provide appropriate, medically related education programs
- To participate in those political and legislative efforts which best serve the public education programs
- To maintain a high level of medical standards and ethics in the county

LCMS MISSION STATEMENT

The Lane County Medical Society is a professional organization that represents, unifies, and supports its physician members as they practice the science and art of medicine. The Society promotes the interests of member physicians and advocates for the health of the community.
Progress on Telehealth

The COVID-19 pandemic has emphasized the need to keep medical offices and facilities of all kinds from becoming places where diseases are transmitted. The risks to staff and other patients present a compelling case for considering whether a patient needs to come into the office to have their health concerns safely and effectively addressed. Historically, technology barriers and uncertain reimbursements from insurers have presented a large barrier to using telehealth. With the outbreak, those barriers have been reduced to improve access to care.

Care delivered remotely should have the same quality as in-person care to the extent possible. The Oregon Medical Board holds physicians and physician assistants to the same standard of care for outcomes of care provided by telehealth as it does for in-person care. Of course, obtaining all the same data at the same level of accuracy is often impossible when operating remotely. This has pushed some practices to implement ‘parking lot’ visits, where the patient remains in a vehicle, but vitals may still be taken, shots given, and other assessments made. This can be a useful intermediate step, both to get the data necessary and to reduce cleaning and PPE requirements.

Technology remains a significant barrier. Clinicians may have unused capacity within their system or may choose a standalone telehealth system, but staff (and patients) must learn the system to be effective. Easing matters somewhat, the federal government has temporarily waived HIPAA compliance requirements for telehealth technology, making it possible to use Skype, Google Hangouts, and similar telecommunications technologies.

Oregon has pushed hard to expand telehealth during the crisis. A joint statement from the Oregon Health Authority and Oregon’s insurance regulator (DCBS) states, “Health plans shall cover telehealth services delivered by in-network providers to replace in-person visits whenever possible and medically or clinically appropriate.” An agreement to cover telehealth with 10 large insurance companies and the Oregon Health Plan has been extended to the end of the calendar year. Medicare has proposed to make its telehealth expansion permanent.

OHA and DCBS made it clear that they do not intend to limit coverage to traditional “full service” telehealth platforms. “Providers shall be allowed to use all modes of telehealth delivery including synchronous video, telephone-based service delivery, and other appropriate methods.” Further, payment is to be equivalent for the same services provided in-person and patient cost-sharing shall not exceed that for an in-person visit. The agencies also eliminated other restrictions limiting telehealth use, including limiting it to established patients, enabling providers to provide services from home, removing ‘site of care’ restrictions, allowing authorizations for telehealth to be done verbally, and encouraging the consideration of telehealth as a means to preserve Personal Protective Equipment.

Nevertheless, the legal landscape still isn’t clear. As Tom Holt, a telehealth coalition leader put it, “Securing major insurers’ commitment to expanded telehealth access with payment parity through the end of 2020 is an excellent start, but it is not enforceable under Oregon’s outdated telehealth law.” Further, OHA’s initial guidance required video transmission and HIPAA compliance. Fortunately, DCBS has a telehealth page that they now keep updated - https://dfr.oregon.gov/covid19-consumers/covid19-consumer-health/Pages/covid19-healthins-telehealth.aspx.

Growing pangs aside, telehealth is likely here to stay. OHA and DCBS have indicated their intent to start a permanent rule making process enabling telehealth. Should those efforts need a boost from the Legislature, they’re likely to get it, given the evident need and generally high satisfaction rates with patients. Here are a few tips –

1. Temporary flexibility won’t last forever, so consider how your practice will use a HIPAA-compliant, video-enabled platform in the future.
2. Decide internally which services should not be performed via telehealth and how to accomplish those that can.
3. Consider how to get the best data available remotely, whether it’s a fever reading at home or a pulse rate from the patient directly.
4. Know when to give up. Telehealth doesn’t work in every situation. You’ll have to tell some patients halfway through a telehealth visit that they need to come in.
5. Get paid. Adjusting to telehealth will require office process changes to ensure payment and improve efficiency.

Necessity is the mother of invention. The COVID-19 outbreak has pushed telehealth into much wider use, which will likely become permanent. Given the flexibility available and the real need, now is a good time to embrace the change. ♦
How to Protect Your Portfolio Against Market Volatility

PRESENTED BY
KENNETH F. JORGENSON II

While every investor is different, periods of volatility can be a wake-up call to make sure your portfolio is adequately diversified based on your goals and risk tolerance. Investors who are focused on long-term goals shouldn’t let short-term movement sway their decisions, while investors who are nearing or in retirement may need to add defensive assets, such as cash or U.S. Treasury securities, for stability. It’s important to stay true to your financial plan and make decisions based on your goals and timetable, regardless of market volatility.

Navigating through rocky markets can be tough, but following practiced and proven investing principles might help you stay the course.

1. Diversify your portfolio

Portfolios that are highly concentrated in just a few securities can be very risky. Having money spread across different asset classes (or types of investments such as stocks, bonds and cash equivalents) is important because each can respond to the market differently. It’s not always the case, but when one is up, the other can be down. Deciding on the right mix can help cushion the blow during volatile markets.

Here are a few quick questions to ask yourself:

Do you own stocks, bonds, and cash?

Are your holdings especially concentrated on a single industry, sector or country?

Are you less diversified than you think because different funds in your portfolio hold many of the same securities?

2. Determine your risk profile

Investing involves taking risks, and you have to be honest about how much risk you’re willing to take with your money. Determining your risk tolerance informs how you should diversify your investment portfolio between stocks, bonds and cash equivalents. Higher potential rewards generally come from higher risks. Start with some simple questions:

• Do you need your portfolio to generate income now or in the near future?
• Can you tolerate fluctuations in the value of your investments, financially and emotionally?

3. Take the long view

In times of dramatic market volatility, each fluctuation may seem disastrous. However, emotional reactions to short-term market conditions can put you at risk for further financial loss. Markets typically go up and down, and even bear markets historically have been relatively short. According to the Schwab Center for Financial Research, the longest bear market was a little less than three years (915 days), and it was followed by a nearly five-year bull run.

Timing the market’s ups and downs is nearly impossible — instead, focus on staying diversified, know your risk tolerance and stick to your plan during tough times. For long-term investors, which are most of us, the strategy should be time in the market rather than timing the market.

So remember to use periods of market volatility to make sure your investments are diversified and take your risk tolerance into account. And if you don’t have a financial plan, now is a good time to create one.

Some content provided here has been compiled from previously published articles authored by various parties at Schwab.

Investing involves risk including loss of principal. Diversification strategies do not ensure a profit and do not protect against losses in declining markets.

The information here is for general informational purposes only and should not be considered an individualized recommendation or personalized investment advice. The type of securities and investment strategies mentioned may not be suitable for everyone. Each investor needs to review an investment strategy for his or her own particular situation before making any investment decision.

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Kenneth F. Jorgenson II is a Vice President - Financial Consultant at Charles Schwab with over 16 years of experience. I can partner with you to understand your goals, create a personalized plan, and provide investing guidance. You’ll understand where your money is invested and why, how your investments are performing, and how much it’s costing you. Plus you’ll have access to Schwab’s portfolio management expertise, insights, and specialists. It’s a modern approach to wealth management—so you can take ownership of your financial life.
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Embracing Change During COVID-19

BY SHANNON O’LEARY
FOR LANE COUNTY MEDICAL SOCIETY

With stress and frustration levels at an all-time high, some physicians are finding their way through this unusual and intense time by developing more EQ, stronger communication techniques, and greater compassion for self and others.

During emergency and other high-stress situations physicians need to be on top of their game. Being aware of how one is relating to self and to others is critical. That requires a degree of self-reflection, a willingness to engage in self-care, an ability to stay focused on the task at hand, and the capability to adapt to changing circumstances – all this while staying tuned in to how one is relating to others. Their ability to self-regulate, to communicate, and to interact with others is vital to successful healthcare outcomes. This is the essence of emotional intelligence.

EQ – becoming self-aware including one’s impact on others, managing one’s emotions, empathizing and validating others, and managing the relationship to a win-win result.

Physicians, as a rule, are a resilient group. So it is not surprising that the focus of many is not so much on how COVID-19 is affecting them and their practice, but how to improve upon their abilities to connect with patients and make a significant difference in their lives. There is also a desire to connect with others, both professionally and personally in a more meaningful and authentic way. They learn to bypass former barriers, both internal and external, in order to build more solid, direct, and honest relationships.

Can treating patients with both medicine and compassion make a measurable difference on the wellbeing of both patients and doctors? Drs. Stephen Trzeciak and Anthony Mazzarelli, authors of Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference found this to be true based upon their voluminous research of the subject. They found that when healthcare providers take the time to make human connections that help end suffering, patient outcomes improve and medical costs decrease. Among other benefits, compassion reduces pain, improves healing, lowers blood pressure and helps alleviate depression and anxiety.

One study showed that when patients received a message of empathy, kindness, and support that lasted just 40 seconds, their anxiety was measurably reduced. “When you invest time in other people, you actually feel that you have more time, or that you’re not so much in a hurry.” Trzeciak says.

Compassion also seems to prevent burnout. Evidence shows that connecting with patients makes physicians happier and more fulfilled. This is also true with connecting more effectively with co-workers. The trend to work in teams instead of individual practices is a testament to this result with greater job satisfaction, employee engagement, and overall well-being, another burnout reduction factor.

A hospitalist that I have been working with to increase his emotional intelligence, recently started a new job. “I was asked about my positive attitude and how I’ve been able to get there,” he shared. “I’ve been handing out the happiness prescription (See my article from March 2020 Medical Matters). I hope I can be an example for others to follow. I’m encouraged about the future!”

Another hospitalist who had been experiencing burnout discovered how exhibiting kindness to co-workers not only created stronger bonds with colleagues, but returned his joy in medicine.

He asks himself, “How can I be kind?” A similar result happened for yet another provider, who discovered the value of leading with kindness.

Mindfulness is another useful tool to incorporate especially at this time. It helps focus one’s attention, to observe what is going on internally and externally without making an evaluation or judgment of self or others. It has been shown to improve one’s ability to cope when experiencing distress, to sharpen one’s focus, and to intentionally direct attention where it is most needed.

Other physicians I have worked with during this period have focused specifically on how they can help patients make the necessary changes to positively impact their health and well-being. We have worked to develop scripts utilizing motivational interviewing techniques, which are known to improve patient outcomes by overcoming their resistance to change. This patient-centric style of communication helps elicit and motivate change. The patient is encouraged to select something they are willing to address and then take initial steps toward the desired goal.

These physicians have actually chosen to make this a time of learning and growth, and to practice these new skills, which lead to a more fulfilled practice and life.

Shannon O’Leary, Executive/Life Coach and Organization Development Consultant, helps physicians assess their needs, aspirations, obstacles and possibilities and then guides them to desired outcomes. Contact her at 541-255-2669 or visit her website at www.CBCandC.com. Eight annual sessions with Shannon are included with LCMS membership.
White Bird Expands Programs

BY VANESSA SALVIA
FOR LANE COUNTY MEDICAL SOCIETY

White Bird has been providing crisis response and mental and health care to underserved community members since 1969, when a small group of concerned citizens wanted to be sure that people who were disenfranchised from the mainstream system could access care. Incorporated in February 1970 as a 501(c) 3 non-profit agency, this grassroots effort has continued to grow in order to meet the needs of the most vulnerable in our community.

With the global pandemic and calls across the country to focus on providing more services, their unarmed crisis response approach is generating five to 10 requests a day from the media, city governments, community activist groups, and law enforcement officers. Locally, White Bird has always been known for identifying community needs that are not being met, and they continue to identify areas still needing improvement.

White Bird Clinic now has 10 programs, over 200 staff members, and more than 400 volunteers. Prior to the expansion last June to LCMS’s previous building on West 7th Avenue, the program was co-housed with several other services at 341 East 12th Avenue.

One of White Bird’s newest programs includes intensive case management services that help people navigate complex systems. Whether it be a housing crisis or a problem with medications, White Bird is helping to stop some of our most medically fragile citizens from slipping through the cracks.

“Previously, we couldn’t really walk out the door and drive someone to an appointment,” White Bird crisis counselor Jose Soto-Gates says. “We have been able to facilitate setting up appointments, but now we have a vehicle and we can literally pick someone up and help ensure they are accessing whatever service need that they might have.”

The new location is next to White Bird’s CAHOOTS base yard, which has also expanded with more vans on the road for more hours of the day for faster response times. Previously, the program had only one van and now it has three. CAHOOTS, which dispatches teams of medics and crisis workers through the Eugene-Springfield 911 system, handles almost 20% of the public safety call volume in the region. In 2019, CAHOOTS responded to 24,000 calls with only 250 calls requiring backup from police.

In 2019, White Bird purchased the building at 1415 Pearl St. in order to expand their dental clinic and increase capacity by 50 patients a week. The new facility will also allow White Bird to serve more elderly patients, children, and families.

“Before it had a very small waiting area and now we have a beautiful lobby,” he says. “A lot of people in the community stepped up to help with that.”

Soto-Gates says the previous dental clinic was co-housed with the medical clinic, and the move has allowed for an expansion of the medical clinic to offer urgent care like services to people who are homeless and/or low-income and uninsured. In 2018, the dental clinic provided 6,319 treatment visits for 2,819 patients. In addition, the dental program is working with more schools to provide free dental services such as sealants, fluoride varnish treatments, and dental hygiene.

In further effort to meet the needs of on-demand medical services, White Bird is planning to launch a Street Medicine service that provides mobile health care in partnership with community nonprofits and government agencies. Housed in a 22-foot trailer, the clinic will provide a fully equipped exam room for both acute and preventative care, on-site treatments, and office procedures.

Whenever there is a tragedy in an Eugene/Springfield high school, the HOOTS program (Helping Out Our Teens in Schools) is now available to provide support services. At-risk area youth are now getting further support from a partnership with Lane Education Service District to provide a youth crisis reception center. Soto-Gates says this program will free up the time of local police officers so they can focus on greater needs in public safety. White Bird will provide after-hours crisis line support, a safe space, and crisis counseling at the new facility.

Most of these expansions are made possible through the help of donors and grants. The organization is able to use their fundraising efficiently because they have low overhead, and donors can be sure that the money is actually going to the earmarked programs.

“The new building is centrally located in an area that is filled with mental health programming, so this is a great place for us to be,” says Soto-Gates. “Everything we’ve done in this building has been intentional, so we have been able to create a space where people feel safe and where people feel like they can heal. And that’s been really fun.”

For more information about their programs, please visit whitebirdclinic.org.
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Guzman’s dogs are part of the family. Her feisty Hungarian Puli (aka “mop dog”) is named Mia Luna Chewbarka and the black Bergamasco is named Amadeo Mozartini in honor of Mozart since Guzman grew up playing classical piano for 10 years.
Growing up in the United States, I felt like I didn’t belong here. I felt like I needed to be in my island,” says Dr. Lisandra Guzman, Deputy Health Officer for Lane County. “But when I would go back to the island, they saw me as an Americanized girl, and I felt like I didn’t belong there either.”

Guzman’s family migrated to the United States from Puerto Rico in 1980 when she was only four years old, and she remembers both her parents having to work to survive.

“A lot of the culture stayed with us,” she says. “Females are traditionally the caregivers of the family in Puerto Rico, and the men are the breadwinners. When my mom would finish working, she would pick us up from school, go home, cook, and clean. Then, when my dad would come home, he would shower, eat, and rest.”
“Here in America, I started seeing they have equal rights,” she says. “They can both clean the kitchen. They can both cook. They can both pick up the kids or go grocery shopping. For me, that was so different.”

She describes this internal battle between her two worlds and says it’s common for immigrants when they come to this country. Guzman felt like she needed to choose one way or another, but soon realized she was in a melting pot of cultures and would never truly achieve a sense of belonging. Eventually, she came to appreciate her differences.

“That experience shaped who I am today and what I stand for,” she says. “I learned English before my parents did so I became the interpreter for the family for everything, including doctor visits.”

**Searching for a Specialty**

Guzman gained interest in medicine from visiting the doctor with her brother who was born with microcephaly. She became fascinated with the various tests neurologists would have her brother do and was involved in much of his care – and still is today.

“I would see all the interesting tests they would do,” she says. “Hop on one leg, follow my finger, and do all these weird things. So that’s what I thought I wanted to do.”

“I remember my parents not having insurance and needing medical care on numerous occasions, but not being able to seek it for many reasons – language barriers, access, knowledge,” Guzman says. “That created a sense of responsibility in me. I wanted to have enough knowledge to help them understand what was happening with their bodies and find a solution for their discomfort.” This became her mission.

Medical school was a struggle where she battled with depression and with deciding to seek help. “In my culture, mental illness is a taboo. No one goes to a psychiatrist. We strongly rely on each other,” she says. However, facing the demands in medical school were enough of a challenge that she eventually sought help. “It was the best thing I ever did”, she adds.

Guzman learned new ways to cope with depression and she developed a newfound empathy for mental illness and those who suffer from it. It helped her normalize mental illness for herself and for them.

Once she finished medical school, she applied to a neurology program, but didn’t get in. So she decided to take the year and went into public health where she found out about the field of preventive medicine.

“It was like heaven! I found it by mistake, but it was a perfect fit,” she says of the way the specialty aligns with her personal beliefs.

After graduating from Loma Linda University-School of Medicine, she began searching for a job and came to visit friends who had moved to Salem. While here, she lined up an interview with Dr. Luedtke at Lane County Public Health. “He really got the vision of what I was trying to do, and they created a position for me so I can do a combination of public health and adult medicine,” she says.

This is when she was introduced to LCMS. One of the services that LCMS provides is counseling at no additional cost through the Provider Wellness Program. “It was perfect timing! I was going through a rough patch and they offered me this free service with no strings attached and very flexible scheduling for professionals. How can you say no to that?” Guzman says. “Sold for life! My favorite member benefit is the Directory with pictures, it’s nice putting a face to a name. I’ve always been a bit of a loner so being part of a professional organization that facilitates activities, such as getting together to go see Wicked at the Hult, is a big plus for me. I’m still singing, ‘I’m so popular...’” she laughs.

**Serving the Underserved**

“Coming to the US at such a young age structured my identity and shaped a lot of the things I do now,” Guzman says. “It’s one of the reasons I decided to work for the community health center because I know many Hispanics would use these resources.”

“I’ve always been a bit of a loner so being part of a professional organization that facilitates activities, such as getting together to go see Wicked at the Hult, is a big plus for me. I’m still singing, ‘I’m so popular...’”
“My weaknesses have become my strengths and my struggles have become my assets...Now, I can scream to the four winds, ‘Si, se puede!’”

She says she is able to serve a lot of the LatinX population in the community and maintains a higher percentage of Spanish-speaking patients in her panel.

“That’s always been a goal of mine,” she says. “I love being able to speak with my patients face to face without an interpreter.”

“When I walk into the room, I tend to greet my patients by saying ‘Hi, how are you?’ and they’ll give me this look like, ‘Oh, I hope she speaks Spanish’ or ‘How do I reply?’” Guzman says. “Then, they’ll ask, ‘Hablas español?’ and when I respond, ‘Si! Claro que sí!’ The sense of relief that comes out of them is amazing.”

The feeling is all too familiar for her as well. “Patients are able to express themselves and don’t hold back as much, especially when it comes to their emotional and mental health,” Guzman says. “You can see it in their eyes and I can finally make an attempt at unmasking the taboo around mental health.”

Guzman’s sensitivity extends to others that have been oppressed and marginalized. She has partnered with the HIV Alliance to provide testing for sexually transmitted infections, she became a pre-exposure prophylaxis prescriber for HIV, and has dedicated herself to helping those that do not have a voice.

She created a COVID-19 reservoir testing team for the public health department that has identified different groups and communities that are more prone to severe illnesses and death rates simply because they’re part of a minority group. She has been testing in the LatinX, Black/African American, unsheltered and soon the LGBTQ+ communities.

“It has been quite gratifying to be able to serve my community in this capacity” Guzman says. “My weaknesses have become my strengths and my struggles have become my assets. I wouldn’t be here if it weren’t for my perseverance to overcome my struggles and to provide a better life for my family. Now, I can scream to the four winds ‘Si, se puede!’”
As stay at home orders sweep the country, Community Supported Shelters Development Director Tara Hubbird was tasked with recruiting new volunteers. Many CSS volunteers stepped back when the pandemic first hit, a majority of volunteers were over 65, but after a six week hiatus CSS has a full volunteer team and is back out in the community building huts and supporting residents.

CSS is a local non-profit that provides secure temporary housing solutions for Eugene residents experiencing homelessness. With the COVID-19 pandemic, CSS is seeing an increase in applications for their housing programs—the organization typically receives six applications a week but the last week of June they received 16 applications. Hubbird said this is because of job loss and the lack of available jobs. In order to support this increased need, CSS needs the support of the greater Eugene community.

“It’s about community supporting community,” Hubbird says.

CSS was founded in 2011 and became a 501(c)(3) in 2013. Since then, CSS has grown to three Safe Spot communities, three pocket sites and a new community home. In addition to housing, CSS offers hot meals and shower trailers to those experiencing homelessness. A new bike program was just launched by CSS that will allow those without transportation the ability to commute throughout town. Community residents don’t just live in CSS communities, they also contribute to the CSS programs and operations by working in various roles and abiding by the community guidebook.

“The focus of our program is for people to stabilize [their life],” Hubbird says. “Then to heal and to grow and to ultimately transform their life.”

Despite the active involvement of CSS residents, CSS relies on community support. CSS relies on cash donations to grow the organization, seasoned firewood donations to keep Safe Spot and pocket site residents warm and the time of volunteers to build huts and run various programs. Hubbird says that a standout community donation they received was a truck from LCMS.

LCMS gifted the truck to CSS last year and since then Hubbird says the truck has been used nearly every day. The truck allows CSS the opportunity to serve people every single day in a variety of ways. It can transport new hut supplies one day and then firewood to a Safe Spot the next, she says.

“Thank you doesn’t even touch it,” she comments.

The truck has allowed CSS to transform their organization but the truck is not the only donation that has done that. Thanks to increased financial donations, CSS was able to double their annual budget this year. This budget increase allowed CSS to create two full-time staff positions. Hubbird says these positions will go to community residents, giving them another opportunity to transform their lives. CSS also relies on the hard work and time of volunteers. Volunteers can participate in what CSS calls “work parties,” multi day events where volunteers can build new huts or repair existing huts. Volunteers can also split firewood, provide meals to laboring volunteers and repair bikes.

Volunteers are also needed to facilitate the shower trailer that visits CSS communities. Hubbird says the shower trailer is an ideal place for medical professionals to volunteer because they can advise people on a variety of ailments they may be experiencing like sores or lightheadedness.

“To have somebody in the medical field to at least have conversations with people is so wonderful,” she adds.

With COVID-19 there are many uncertainties ahead, but one thing that is not uncertain is that people experiencing homelessness deserve safe and stable housing. These Safe Spots and pocket sites give residents the opportunity to protect themselves against COVID-19 by giving them a place to wash their hands and isolate if necessary. CSS is always evolving with the needs of their residents and with COVID-19 it is no different.

Hubbird says, “We’re just taking it day by day.”

Left to Right: Last year, LCMS donated to help CSS buy a truck that would help transport materials; examples of the conestoga huts they create for those without housing.
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We would like to welcome Jedediah D. A. Robinson, MD to our community!

Jedediah D. A. Robinson, M.D., M.S., ATC will be joining Rehabilitation Medicine Associates on June 15, 2020, having worked in an orthopedic and sports medicine practice in North Carolina since 2014. He holds a B.S. from Oregon State University in Exercise and Sport Science, Sports Medicine and Rehabilitation, and a master’s degree in Kinesiology and Applied Physiology from the University of Colorado. He received his M.D. from Oregon Health Science University, and completed his Physical Medicine and Rehabilitation residency at the University of Texas in San Antonio. He specializes in the treatment of musculoskeletal pain, including arthritis, sports injuries and spine problems. He performs ultrasound-guided joint, nerve and tendon injections as well as fluoroscopically-guided lumbar spine injections. He performs electrodiagnostic testing. Dr. Robinson is married with three young sons and enjoys bicycling and competitive shooting.

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ShelterCare Serves Those Living in “Survival Mode”

The Eugene-based nonprofit offers a range of housing and support services for individuals experiencing homelessness, mental illness, or trauma.

Charles, 41, was fed up.

Eleven years ago, he made up his mind and committed himself to stop living on the streets and release himself from a drug addiction.

“I saw my face on all the people I was doing drugs with, and in that moment, I realized I was done with that lifestyle,” he says.

But in order to make such a life change, he needed help. That’s when he turned to ShelterCare, a private, nonprofit human-services agency in Eugene offering a range of housing and support services for individuals who are homeless, or on the verge of homelessness.

“It was hard for me to swallow my pride and ask for help,” he says. “But I finally did it, and ShelterCare has never done me wrong.”

Charles is one of thousands of residents of Lane County served by the organization. With a committed focus on individuals living with mental illness, the team has been able to not only help Charles find stability and physical safety but also navigate his mental illnesses brought on by severe trauma.

ShelterCare Development Director Catrina Mathewson wants people to understand that it’s not any one person’s fault why they end up homeless or with a mental illness. Often, they are victims to generational suffering.

“A very high percentage of our city’s unhoused population have an adverse childhood experience. They have a background of trauma,” she says.

For Charles, trouble started long before he had a choice. It was years of severe abuse that led him to run away from home when he was only 15 years old. Homeless for 11 years and living with a traumatic brain injury, he also had an acute mental condition and zero income.

“I lived in survival mode my whole life because I was always worried something bad was going to happen – or that someone was going to take advantage of me – but ShelterCare helped me get through that.”

—Charles
Lane County Resident

Charles has been working with ShelterCare’s Behavioral Health Services which provides mental health support to individuals with a mental health condition, and those who may be coping with trauma or stress related to homelessness.

Launched in the 90s, the BHS program helps people find stability and purpose through therapy, peer support, skills training, payee services, case management, healthcare coordination and therapeutic activities. For Charles specifically, he meets with his case manager weekly to work on medical management and memorization, which is helping him become more independent. He also receives trauma-informed support as he copes with symptoms of his PTSD and Schizoaffective Depressive Disorder.

“The public should know that people can grow,” Mathewson says referencing the stigma often associated with unhoused populations. “Just because someone has a diagnosed mental illness, that doesn’t have to define their life. They should have the same opportunities for healing and health as everyone else.”

The work ShelterCare does is especially vital during the nation’s widespread worry and anxiety around the global pandemic and social justice conflict, Mathewson says. “All the unknown is causing anxiety and fear among the general population. Now, imagine that experience from the point of view of someone unhoused or with a diagnosed mental illness,” she says. “The unhoused are experiencing higher levels of anxiety and depression and possibly, their sobriety is being jeopardized during this time as well. They’re in need of more support.”

Months ago, the team moved to a telehealth model amid coronavirus social distancing mandates. Clients met with their therapists through mobile devices.

This has resulted in an exciting higher engagement rate as it reduced a number of barriers including issues...
Healthy Snacks, Healthy Kids

Trillium and FOOD for Lane County are teaming up to expand the Snack Pack program. Shelf-stable, kid-friendly snacks will be distributed by 10 school districts through the summer lunch program.

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with transportation, physical disabilities, lack of storage for belongings, childcare needs, and any consequential social anxiety. The telehealth strategy has also allowed for more flexibility among counselors and clients.

Through it all, Charles says one of the greatest things the behavioral health team has done is patiently support him through the recovery process while he “rewired” his brain.

“You can’t come off the streets with that many years of abuse and trauma, and automatically be able to change,” he says. “I lived in survival mode my whole life because I was always worried something bad was going to happen – or that someone was going to take advantage of me – but ShelterCare helped me get through that.”

Mathewson says the team is especially proud to make a difference in this way because they set a path for people to recover, grow, and thrive into a life of independence.

It’s certainly done that for Charles who just celebrated 8 years of sobriety and five years of being housed. With much credit to the support he’s received from ShelterCare, Charles – and so many others in Lane County – know stability and see hope that once seemed so out of reach.

Because of ShelterCare, Charles says, “I’ve actually been able to live.”

“All the unknown is causing anxiety and fear among the general population. Now, imagine that experience from the point of view of someone unhoused or with a diagnosed mental illness. [They] are experiencing higher levels of anxiety and depression...They’re in need of more support.”

-CATRINA MATHEWSON
SHELTERCARE DEVELOPMENT DIRECTOR
ON THE EFFECTS OF THE GLOBAL PANDEMIC

The global uncertainty of the pandemic and impending recession places ShelterCare in a position of importance to continue its work in the Eugene/Springfield area. To learn more and donate to ShelterCare’s Behavioral Health Services, visit www.sheltercare.org.

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Announcements

New Members

Jayne McAllister, MD
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PeaceHealth Pediatrics
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Eugene, OR 97401
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F: 541-687-6067

Rex Holliday, MD
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Oregon Medical Group
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F: 541-342-8227

Samuel Balin, MD
Dermatology
Oregon Medical Group
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Springfield, OR 97477
P: 541-242-4300
F: 541-242-4305

Theresa House, MD
Family Practice
Dr. House LLC
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Eugene, OR 97401
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F: 541-838-5488

Judith Brown, MD
Anesthesiology
Northwest Anesthesia Group
PO Box 7247
Springfield, OR 97475
P: 541-686-9551

Event

Let's meet online! Based on interest from our recent survey, we will be restarting the Practice Manager Group with the first meeting held August 12th at 11am via Zoom. The initial meeting will be to introduce ourselves, discuss the future of the group, and share COVID-19 experiences and challenges. This is a no-cost event to attend and is open to all practice/office managers. We hope to get this group going so we can meet in person once it’s safe to do so. Please email info@lcmedsociety.com for the meeting link.

Notes

LCMS sends emails with updates about our events and local happenings. If you are not receiving our emails at your work email address, please send your personal or alternative email address to info@lcmedsociety.com.

We are starting a mentorship program where new members can connect with members already established in the area. If you are interested in being a mentor, please email info@lcmedsociety.com and we can send you more information.

Thank you again to those who participated in our COVID-19 survey. The information gathered allows us to find how we can best support our members and their offices. Office managers, please keep an eye out for a postcard (see image below) from us so we can meet and discuss more about ways we can provide support. The postcard entitles you to a FREE coffee or tea courtesy of LCMS. Send your drink preference to the email address on the card, and it’ll be delivered at a time that’s convenient for you!

The grant LCMS received from the Oregon Community Foundation earlier this year has been used to continue Provider Wellness Program benefits to our members. LCMS members receive up to eight annual free and confidential sessions. Telehealth options are available. To schedule an appointment or access the 24-hour support line, please call 541-345-2800.

1/2 year, 1/2 off! All remaining 2020 Directories are half off the regular price! Email us at info@lcmedsociety.com to order yours!

Our way of saying Thank you!

I’d like to treat you to a cup of coffee or tea!

Shondra Holliday – Lane County Medical Society

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We’re accepting referrals for all service lines including primary care, pediatrics, cardiovascular care, dermatology, gastroenterology, neurology, women’s health, surgery and many more. Our urgent cares, same-day clinics and emergency departments across the system are also open and ready.

If you see a patient who requires a referral, you can be confident that their health is safe with us. While the pandemic response is not over, we recognize the importance of ensuring all patients’ healthcare needs are met. To assure the safety of our patients and staff while preventing the spread of COVID-19, we have implemented the following enhanced measures across our facilities:

- Symptom prescreenings and onsite temperature checks
- Use of masks and other appropriate PPE by caregivers and clinicians
- Masking requirements for visitors and patients
- Restrictions on visitors
- Reconfigured waiting areas to ensure physical distancing
- Strict sanitizing and infection prevention measures
- Dedicated staff and isolation units for COVID-19 patients

We also have tests available for patients who exhibit any symptoms of COVID-19, and patients will automatically receive a COVID-19 test on admission to a hospital or prior to any surgery or procedure.

Thank you for partnering with us to enhance the health of our community members.