

MEDICAL MATTERS

Duty and Medicine

Dr. Suzanne Temple's military background helps her balance family life, serve the community, and thrive as an OB-GYN.



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Our Community's Spirit

Working Together

This month's articles focus on emergency preparedness in our community, addressing topics like earthquakes, flooding, pandemics, and more. As an organization that represents its physician members and advocates for the health of the community, it's crucial for us to stay connected and informed about these efforts (even when there's no emergency). Rather than being involved in a singular effort, we serve as the "hub" of the wheel that can connect the spokes.

When our community experiences emergencies, LCMS physicians are often at the heart of the efforts and, therefore, are greatly affected mentally, physically, and emotionally. It's said that most people are "burned out" about the "burnout" conversation, but that doesn't mean it's not still happening or that we should lessen our efforts to combat it. This brings me to the update on the fundraiser for the Provider Wellness Program (PWP), available to all Lane County physicians.



Photo from the 2024 Wild West Wellness Gala featuring Dr. Lindsey Fix, Dr. Brian Hoyt, and LCMS Executive Director, Shondra Holliday.



Photo of the LCMS Staff; Cassie McManus, Shondra Holliday, Kianna Cabuco, and Angel Montes.

Wild West Wellness Gala

The results are in, and I'm thrilled to announce that we raised over \$35k for the PWP program at the fundraiser in September! The Wild West Wellness Gala was our second fundraiser for the program, and we were pleased with the outcome. We owe a HUGE thank you to all our donors and to those who participated in one way or another! It took a small, but mighty group of people who helped before, during, and after the event. We thank you all!

The old western decorations took guests back in time as we mingled, spun the wine and gift card wheel, entered a drawing for some amazing prizes, tapped into our creativity at the custom hat bar, gathered our friends for memorable photos, battled it out for the best dessert in town, and eventually hit the dance floor for some line dancing lessons.

In the middle of this fun-filled adventure, we shared some more serious moments. We heard a touching story from Dr. Lindsey Fix about how the PWP "saved her life." We watched a compelling video explaining the origin and current work of the PWP and honoring one of the area's most admired physicians, who we lost earlier this year to suicide. Then, Dr. Brian Hoyt took

the reins for the paddle raise portion and kicked it off with a whopping \$5k donation from Cascade Health Associates.

Updates & Upcoming Events

Recently, we had a great showing of current and potential LCMS board members at the small informal event on October 10th. The LCMS Executive Board feels confident in the slate of nominees they will present for approval at the November board meeting before sending it to the full membership for a vote. Be sure to keep an eye out for the voting email in the next few weeks.

Also, be sure to attend the Winter Social on November 13th at Blue Valley Bistro and plan to bring a new physician friend so they can meet their colleagues. We have found (and studies prove) that the more included and connected new physicians feel in a new area, the more likely they are to stay. See you there!♦

Shondra





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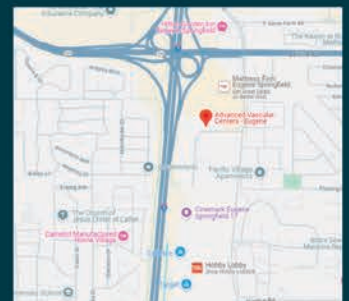
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Chart Notes

“The military was the first place I practiced medicine. Being in a military environment set the tone for teamwork and professionalism that I’m now used to. I learned to value each team member since nurses could outrank me.”

—DR. SUZANNE TEMPLE,
LOOKS BACK ON HER EARLY
MEDICAL CAREER IN THE
MILITARY. SEE MEMBER
PROFILE ON PAGE 14.

Don't Miss the LCMS Winter Social on November 13th!



Join us for the Winter/New Member Social at the Blue Valley Bistro, 91088 N Willamette St in Coburg, on Thursday, Nov. 13th, from 5:30-7 p.m. Enjoy an evening of delicious appetizers, beverages, and company! It's the perfect opportunity to relax

and connect with colleagues at the final LCMS event before we kick off 2025 with our annual meeting. New members and those who bring a new member will be entered into a raffle to win select wine bottles and gift cards from local eateries. Space is limited, so RSVP now!



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RESOURCES

Stay tuned for our monthly social events, hosted by our PWP committee members. These casual gatherings are a great chance to connect, unwind, and engage with the LCMS community!

Clinical Community Conversation CME Series

Lane County Public Health holds a weekly virtual meeting for community clinicians every Monday at 4:00 PM, focusing on public health response efforts in Lane County. This meeting is eligible for 1.0 AMA PRA Category 1 credit. To attend, please contact Danielle Keller at 541-682-8763 or danielle.keller@lanecountyor.gov.

The Physician Wellness Program

Accessible to all active Lane County physicians, offers free counseling without a diagnosis. For appointments, contact Cascade Health at 541-345-2800 to connect with certified counselors.

Risk Assessment & Resourcefulness

BY JOE SAGE, M.D.

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As we often say in medicine, people are bad at risk assessment. With my first home purchase, I declined the ‘sewer rider’ from my insurance that covered flood events caused by sewer malfunctions. Let’s just say, I’ll never do that again! When we moved to Eugene, I asked the broker about flood insurance, and they advised against it. Did you know that much of Eugene and Springfield used to be a swamp?

A few days after we moved into our home in Eugene, the city sent out a mailer about flooding. The floodplain by my house ended in my neighbor’s driveway! So, two things happened. First, I purchased flood insurance. Second, I started learning about flooding in Eugene.

Much of Eugene is now dry thanks to the upstream dams that provide flood control. When you look into these dams, you occasionally see articles about the seismic vulnerability of those structures. And when one reads about such seismic vulnerabilities for Pacific Northwest dams, one also inevitably reads about subduction zones.¹ These subduction zones can be terrifying. This topic intrigues me so much that the first LCMS member event that I attended was an event where a local physician/Federal Emergency Management Agency (FEMA) member came and spoke about the Cascadia Fault and its implications.

At the time, my preparations had already begun. I had go-bags in my cars and office with sufficient supplies for my family for five days. My wife and I had pre-planned evacuation routes and rendezvous points, and the kids had a short list of places to go and wait for us. I had already mapped out every bridge

between here and Bend. My mother’s advice was, “Why would you stay somewhere like that? Move elsewhere.”

Our family was not quite ready to move away from the PNW, so I began discussing the subduction zone risk with friends, colleagues, and patients. A few people had taken the risk seriously, while some people were indifferent. A large number of people argued that earthquakes here were a made-up story.

What does modern society teach us about such catastrophic events? In post-apocalyptic movies, most stories feature solo warriors armed to the teeth with a variety of fighting skills who navigate the landscape through force. Superhero stories are much the same. Country music often glorifies the lone individual who fights the system and survives. It’s the myth of the power of “Cowboy Nature” and rugged individualism, perpetuated over and over again.

After consideration of these things, I decided to spend a calendar year educating my community about how to prepare for the subduction zone event. I had three areas for education: my medical colleagues, my patients, and my neighbors. Whenever a patient came in for a check-up, I printed out subduction earthquake preparation resources, and briefly discussed them. I spoke with my neighbors about gathering stores of fresh water and at least two weeks of food for their family. To my discernment, no neighbor took steps to prepare. One neighbor who often toted a gun said, “I’m not going to buy food, I’ll just come steal yours.”

His comment highlights the truth of very disruptive events: our survival hinges not on individualism, but on community unity. Perhaps we can blend the resourcefulness, determination, and grit of the cowboy archetype with the ideal of a loving and united community.

This blend could empower us to navigate challenges together in the face of adversity. For example, the basic recommendations for earthquake prep are to have a supply of freshwater and two weeks of food and at least 30 days of medication.

Tap into your resourcefulness and determination to decide how you can meet the basic needs of air, water, food, and shelter for your family. Then, make a timeline to purchase supplies and commit to following it. Now, if you have done the prep work and stocked up, and ten of your immediate neighbors have not, and you do a little thought experiment about this—you will quickly realize that it is great to be prepared as an individual, and it may be even more important to be prepared as a community.

As we have seen during the recent ice storm event, the medical community is unprepared for major calamities. During the ice storm, nearly every primary care clinic and urgent care clinic were shut down! The result was that all medical care for the area was shuttled to the hospitals without any extra resources being available to them.

Consider this a several-part call to action: First, consider how you can provide for the safety and needs of your family. Then, consider how we can support each other as a broader community. Finally, what resources will you need as a physician to be able to get to work and serve your neighbors for the several weeks following a subduction zone event?

The well-being trick to situations like this is to focus on what you can control. I’ve listed resources below and given you some starter tips above. I’m available for broader discussions, or preparation work for those who are interested. Cheers!◆

1. Cascadia’s Fault by Jerry Thompson

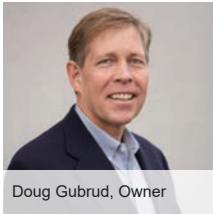
2. “Living on Shaky Ground,” Oregon Office of Emergency Management, https://www.oregon.gov/oem/Documents/15022_OEM_Shaky%20Ground_2018%20v4.pdf

3. Cascadia Resilience Information, The OHA, <https://www.oregon.gov/oha/ph/preparedness/prepare/pages/prepareforearthquake.aspx>

4. “24 Week Shopping List Emergency Preparedness,” Portland Bureau of Emergency Management, <https://www.portland.gov/pbem/neighborhood-emergency-teams/documents/24-week-shopping-list-emergency-preparedness/download>



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Beyond Fitness: YMCA as a Safety Hub

BY MEGAN JESSUP-VARNUM
MARKETING & COMMUNICATIONS
MANAGER, EUGENE FAMILY YMCA

The Eugene Family YMCA's Don Stathos Campus was built to elevate the community's health and wellness, provide families with childcare and youth development services, and create a community hub for friends to connect and relax.

For several months during the construction of the Eugene Family YMCA's Don Stathos Campus, it looked like a stack of concrete blocks. That's because it literally was.

What isn't as obvious is that the Y's main campus in Eugene, is built to the highest seismic standards and includes features designed to support the community after a natural disaster. Equipped with a generator to power the facility and a commercial-grade kitchen, the Y can provide safety, shelter, and food when necessary.

A unique collaboration with EWEB has resulted in an *Emergency Water Station* in the southwest corner of the Y parking lot. The Amazon Park Emergency Water Station, which officially opened in September, will tap groundwater in the event of an emergency. This is the sixth such site built and operated by EWEB. Each site includes a well and submersible pump to pull water from deep underground for use during an emergency, like the Cascadia Subduction Zone earthquake, which could damage the pipeline network that delivers water to homes. To further demonstrate the Y's commitment to emergency preparedness, several Y leaders have received training on how to mobilize the EWEB water station.

"EWEB's Emergency Water Station is a critical addition to the South Eugene region and a key part of this

new emergency hub," says Brian Steffen, CEO of the Eugene Family YMCA. "We look forward to partnering with EWEB in offering emergency preparedness programs as well as support after a natural disaster," he adds.

All of this is important because of a looming threat: Eugene lies within the Cascadia Subduction Zone, a 700-mile fault line stretching from Northern California to British Columbia. Chances are, if you've lived here long enough, you've heard of "The Big One," a looming 9.0+ magnitude earthquake that scientists predict will happen along this zone within the next 50 years.



Participants hold a "Water Is Life" sign at the EWEB Amazon Park Emergency Water Station.

A smaller-scale disaster put the Y's resiliency measures to the test less than one month after it opened its doors to the community in January 2024.

An ice storm struck the Eugene area, causing citywide power outages. The Y powered up its generator to provide essential services to those without power. Hundreds came to the Y to charge their devices, take a hot shower, work out, or simply enjoy a warm cup of coffee, while playing games like *Bananagrams* in a safe, warm, and welcoming space.

During this time, the Y not only saw people coming together out

of necessity, but also because they craved connection during a period of uncertainty. It was a reminder of the power of community—the warmth of shared smiles, conversations, and stories, even in the face of challenges.

"The Y's mission extends beyond offering programs that strengthen our community. We are a community resource, always ready to support individuals and families—even during emergencies," says Holly Kriz-Anderson, VP of Operational Excellence and Chair of the Y's Safety Committee.

"When disaster strikes, we want our community to know that the Y is here, offering a safe place to shelter, recharge, and find comfort," she adds.

As seasonal storms intensify due to climate change, the Y remains committed to offering emergency shelter and services to those in need. During the Holiday Farm Fire in 2020, the Y offered showers to those displaced by the wildfire. When the community is in need, the Y steps up to lend a hand.

Being prepared for natural disasters is a shared responsibility, and the Y is committed to leading the way in ensuring that our community is ready. With a thoughtfully constructed flagship facility and through ongoing partnerships with organizations like EWEB, the Y is equipped not only to provide emergency services in times of crisis, but also to offer programs that help people prepare in advance. From emergency services to preparedness workshops, the Y is actively working to strengthen community resilience. Whether it's responding to an immediate need or preparing for future challenges, the Y's vision remains the same: to serve as a reliable community resource for all—no matter the circumstances. ♦

Photos provided by The Eugene Family YMCA

Neighborhood Disaster Prep

BY GEOFFREY SIMMONS, M.D.

CERT TRAINER OF TRAINERS AND
ADVISOR TO THE CITIES OF EUGENE
AND SPRINGFIELD FOR CERTS

The Community Emergency Response Team (CERT) national training program began in Los Angeles after the 1986 8.0-magnitude earthquake in Mexico City that killed over 5,000 people, 180 of whom were untrained, well-meaning people who rushed in to help.

Seeing the needs, the Los Angeles Fire Department (LAFD) started teaching the well-practiced neighborhood plans from Japan for earthquakes. Their program was adopted by the Federal Emergency Management Agency (FEMA) in 1993, then modified and expanded to all hazards. Currently, over two million citizens have been trained as CERTs across the country, and about 500,000 are still active. I've been fortunate enough to train trainers from Guam and many along the West Coast.

In 2004, Chuck Solen, Eugene's Emergency Manager at the time, and I began the Eugene/Springfield CERTs program, and many of our homegrown trainers have trained over 1,500 citizens. Among them were 20 doctors and several dozen nurses, but this is much more than a simple medical response by nearby citizens. Although I'm a retired internist/hospitalist with over 41 years of experience, there was very little of the program that I knew beforehand.

Many neighborhoods in Eugene and Springfield have at least one CERT member, and some have full teams ready to help their neighborhood in the event of a major disaster. These friends, neighbors, relatives, and strangers are FEMA-trained to immediately respond to emergencies. Note: The expected Cascadia event, a 9.0-magnitude

earthquake that will strike along the coast from Northern California to British Columbia, is long overdue. Someday soon (perhaps), it will severely damage everything from the coast to the Cascades. The I-5 corridor will be gone. The more trained hands available, the better.

CERTs are "force multipliers" for the cities' emergency first responders. They might be your only responders for an extended period of time. They wear an identifying vest and a lanyard with a picture ID. They will introduce themselves and have specific things they can and can't do.

Since COVID, some training programs now utilize virtual training for certain classes. There is no cost, and personal supplies, CERT backpacks, and tools, such as a special wrench to turn off natural gas, are often supplied. Those who complete the training become FEMA-certified. They can be called up to help in widespread emergencies. In a crisis, they can self-activate. They are not "First Responders" in the classic sense, but they can respond first if a catastrophe happens in their neighborhood.

Training includes a section on general disaster preparedness to know what to have on hand, such as two weeks of non-perishable food and other needs for the family, like diapers, medications, pet foods/needs, where to go and when to go there, where shelters are, what to teach your children, and how to reunite with your family, so know your escape routes!

CERTs learn how to help one's family first and then neighbors. There's a unit on Fire Safety, including how/when to use a fire extinguisher. Another unit covers cribbing and the safe extraction of victims from debris. Two medical units teach how to triage and help survivors until help comes.

Another unit is Light Search and

Rescue, where students learn to systematically search inside darkened buildings for survivors. Possible elective courses include FRS/Ham Radio use, crowd control, traffic control, sandbagging, and *Stop The Bleed*.

Here in Eugene, we've helped out with winter storms, but fortunately, we've not seen devastation like Katrina or Helene. Ninety CERTs worked the 2008 Olympic Trials, and eighty of them worked in the 2012 Trials.

We helped move patients from PeaceHealth Sacred Heart Medical Center's University District campus to its RiverBend campus. Between 30 and 40 CERTs pushed stretchers, held elevator doors open, kept IV posts in place, and directed traffic. For fun, as many as 50 of us, along with one current fire truck and three antique fire trucks, marched with banners and vests in the Eugene Celebration Parades for years. ♦

If you want to learn more about personal disaster preparation, Google: Ready.gov. To learn more about local CERTs, go to Eugene/Springfield on Facebook or visit Eugene-or.gov and then click on Emergency Management.



Eugene Fire Unit conducting a training session on fire safety.

Photo provided by Dr. Geoffrey Simmons.

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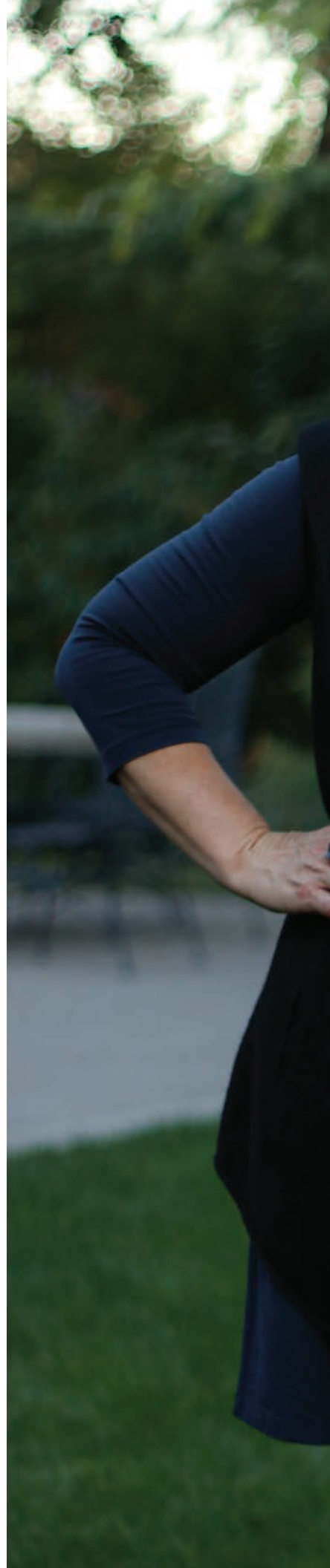
Dr. Suzanne Temple reflects on how her military upbringing shaped her work and home life.

BY ANGEL MONTES

COMMUNICATIONS & ENGAGEMENT MANAGER, LANE COUNTY MEDICAL SOCIETY

Pursuing a career in medicine is a long, intensive, and rewarding journey that plays a crucial role in supporting the community. For Dr. Suzanne Temple, her military roots helped pave this path for her. “Growing up as an Air Force brat, you’re kind of forced to adapt to change. That gave me adaptability skills that I needed, which can be crucial in emergencies.” This resilience is a common trait amongst military children, leading to the flexibility and quick thinking that is essential in medicine. “I was in the army for residency, and my husband was too. He’s originally from Eugene, and we moved here in 2009. We have three amazing kids, two in college, and one in high school,” she says. At times, keeping up with her career and family life has been challenging, especially with today’s societal expectations, but she and her husband have found the right balance. “My husband stays home, which is fabulous! It allows me to practice and helps me stay (mostly) sane,” she laughs.

In her downtime, she reconnects with her roots and family by cooking. “I love to cook. My husband and I divide responsibilities at home. We enjoy family recipes from other service members and their spouses that we’ve met over the years. It helps me stay in touch with them. I often text my cousins and aunts when I make these dishes, and I love making fancy plated meals,” she says.





Dr. Suzanne Temple and her dog, Tank, at home in their backyard.

Photo by Angel Montes

Her Global Roots

“We moved around a lot. I’m from various U.S. Air Force bases including Phoenix, Fort Walton Beach, Montgomery, Fairfax, Newport, Anchorage, Austin, Ramstein (Germany), Soesterberg (Netherlands),” she recounts. “During high school in Germany and the Netherlands, we had unique opportunities. We went skiing in Austria for the weekend, and our world regions class took a week-long trip to the USSR, visiting St. Petersburg and Moscow,” Temple recalls.

This lifestyle of constantly moving influenced her adaptability as a physician, and according to the National Institutes of Health (NIH), an organizational capacity for change leads to a significant reduction in burnout by as much as fifty-one percent.¹



Dr. Suzanne Temple in her U.S. Army uniform.

Photo provided by Dr. Suzanne Temple

Military Influence on Medicine

Her military background provided more than just traveling the world; it laid the foundation for her medical skills. “The military was the first place I practiced medicine. Being in a military

environment set the tone for teamwork and professionalism that I’m now used to. I learned to value each team member since nurses could outrank me,” she says. Her experience in the military taught her that everyone on the team plays a crucial role in patient care.

Military-specific training equipped her to handle emergencies. “We did military-specific training for emergencies in the field, which instilled us with quick decision-making skills,” she says. “It also made me outgoing and taught me to be a people person because you’re always meeting new people,” she says.

These experiences honed her quick thinking, which is essential during times of high-pressure in obstetrics. “You just have to be ready for anything,” she adds.

Community and Family

When asked about her emergency readiness at home, she jokes, “I’m a bit like Gus in *My Big Fat Greek Wedding*, when he uses Windex to clean everything. I just tell my kids to use Vaseline on everything to fix it! We won’t go to the hospital unless it’s a serious emergency,” she says. “Our real preparation comes when we go camping as a family,” she adds. “So we bring a first aid kit.” Having something as simple as this can help provide life-saving resources especially when one is out in the woods camping.

In Eugene, Dr. Temple appreciates the welcoming and supportive physician community. “Eugene is a great community of physicians. It has a strong professional network among its doctors. I’m also proud of the LCMS Physician Wellness Program, which our community created and funded. It was one of the first in the nation and reflects the compassion and care of the LCMS as a society,” Temple emphasizes. This sense of community underscores

the shared commitment to supporting each other and enhancing physician well-being, which can be viewed as an emergency in its own right.

Emergency Preparedness

Her early training still plays a crucial role in preparing her to handle potential emergencies in her practice. “During residency you deliver a lot of babies and witness a few OB emergencies,” she says. Her dedication to preparation goes above and beyond as she and her colleagues take proactive measures to ensure they are ready for any situation. “We used to time each other to see who could don and doff up the fastest in the case that something happened,” she adds.

To assist their physicians, PeaceHealth supplies tools and resources for OB-GYNs to consistently hone their skills, highlighting the importance of ongoing preparation, communication, and quick thinking—qualities that are essential not only in obstetric emergencies, but also in a variety of high-pressure situations such as unexpected medical crises or public health emergencies.

While emergencies in obstetrics are relatively rare, being prepared is always a good practice. “We always prepare for anything. We have a hemorrhage kit with all the necessary devices and a Pyxis machine for meds, kept in an easily accessible place. We always evaluate risk factors before every delivery,” she says.

Words of Advice

“As a physician from a military background, I’d advise clinicians to trust their gut in an emergency. We have a lot of training under our belts, so if you feel the need to check something, follow that instinct,” she says, embodying the adaptable spirit that has defined her career and life. ♦

1. “Burnout among Primary Care Providers and Staff: Evaluating the Association with Practice Adaptive Reserve and Individual Behaviors,” The NIH, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8131495/#:~:text=As%20organizational%20capacity%20for%20change,Cl%2C%200.11%2C%200.23>.



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Public Health Community Action

BY VANESSA SALVIA

FOR LANE COUNTY MEDICAL SOCIETY

In an era where global health threats can rapidly become local concerns, the role of community responses to infectious disease emergencies has never been more critical. Dr. Patrick Luedtke is Lane County's Senior Public Health Officer, as well as the CMO for the Department of Health & Human Services' nine divisions and their six clinics. Luedtke shares insights on how communities can effectively combat infectious diseases, emphasizing the importance of public health campaigns, early detection, and addressing vaccine hesitancy.

Foundation of Public Health Authority

Understanding the structure of public health authority in the US is crucial for an effective community response. Luedtke explains, "In the United States, the word 'health' is not in the Constitution, so there is a clause that says anything not included in the Constitution is delegated to the states." This means that health is primarily a state-level responsibility.

In Oregon, public health authority is delegated from the Oregon Health Authority (OHA) to counties that accept it. Most, but not all, of the counties have chosen to accept that authority, and for those that have not, the state serves as the local public health for them. This delegation of authority places significant responsibility on local public health departments.

In Lane County, for example, the county commissioners serve as the Board of Health, accepting public health authority, which includes emergency response to health-related issues.

Reporting and Surveillance

About 70 diseases are reported to public health, and many are common across jurisdictions, while some may be unique to certain areas. "We look at each reported disease and look at the totals," Luedtke says. "We have statistical process control measures that let us know if they are at a normal level or at an increased level."

This system allows public health officials to quickly identify potential outbreaks and respond appropriately depending on the disease and its prevalence. For instance, a single case of influenza in a 50-year-old who isn't hospitalized wouldn't necessarily cause concern. However, a single case of inhalational anthrax would trigger a significant investigation.

Early reporting by providers can significantly reduce the spread of infectious diseases by allowing public health officials to begin contact tracing and testing of potentially exposed individuals as soon as possible. While laboratories are generally reliable in reporting diseases due to potential fines for non-compliance, provider reporting is equally important.

Consider tuberculosis (TB) "It is a great example because TB is a very slow-growing organism. It takes a while to become symptomatic," he says. Testing requires coughing up three different sputums, which takes time. Luedtke says, "But, if a provider is thinking, 'This person has TB,' the sooner we hear that, the more quickly we can get involved."

Maybe that sounds trite, he says, but consider if the person is a bank teller, for instance, or someone else who interacts with a lot of customers and colleagues on a daily basis. The bank teller may be seeing their doctor for their cough, and

their doctor may have a good idea that they have TB. But, if none of the people the bank teller is coughing on are also patients of the bank teller's doctor, that provider will never see the other people and may not realize how many other people are affected. "The sooner public health gets involved so we can do the contact tracing and figure out who got coughed on, the smaller that outbreak will be, and the less likely it will cause another outbreak somewhere else," he says.

The Health Alert Network (HAN)

An essential tool in community response to infectious diseases is the Health Alert Network (HAN). These messages, sent out by public health departments to the clinical community, keep medical professionals informed about current health threats and outbreaks. But, they are not universally received, nor are they universally read. "We want providers to read our HAN messages," he says. "We don't send them out very often, and we try to make them short one-pagers so that busy providers can read them."

A recent HAN warned of a whooping cough outbreak in Lane County which started in March. Despite the alert, some providers were not testing patients who met the clinical presentation definition of potential whooping cough. Cases went down slightly over the summer, but now that students are back in school, cases are climbing again.

"We have 200 cases so far, and we are hearing that some patients are going to providers and they're meeting the clinical presentation definition of potential whooping cough, which is a cough for two or more weeks, and they're not getting tested," Luedtke says.

Addressing Vaccine Hesitancy

Vaccine hesitancy remains a significant challenge in community response to infectious diseases and has worsened since the pandemic, he says, with vaccine rates dropping across various groups, including healthcare workers.

Reasons for this drop are unclear and may include a rise in telehealth visits as well as vaccine fatigue, which has roots in a lack of trust in government data, the media, immunization demands, desire for autonomy, concerns about vaccine side effects, and many other factors. Depending on which healthcare worker group is considered, influenza vaccine rates dropped between five and twenty percent. “That puts our community at risk,” Luedtke says. “We need to do better in that space.”

To combat this, public health departments have partnered with organizations such as Boost Oregon to provide training on how to work with vaccine-hesitant patients. The next

training is scheduled for spring. These evidence-based tools help educate patients—not necessarily to convert them, Luedtke notes, but to provide accurate information about vaccine safety and efficacy.

The clinical community needs to work harder to address two primary reasons people don’t vaccinate. A top reason is a lack of awareness that certain diseases still exist, such as polio. Luedtke shares an example of a person in New York City who never left the city and was not vaccinated, contracted polio. Another reason is a lack of knowledge about which vaccines are recommended for them or their loved ones.

Persistent myths, such as the debunked link between vaccines containing mercury and autism, or false claims about vaccine-related deaths, continue to circulate despite overwhelming scientific evidence to the contrary. For instance, the mercury-based preservative thimerosal was

removed from childhood vaccines in 2006 in California, and the rate of autism did not change over the ensuing nearly 20 years. Luedtke emphasizes the need for healthcare providers to actively combat these myths with accurate, evidence-based information.

A Multifaceted Approach

When healthcare providers keep themselves informed through signing up for HANs, sharing accurate up-to-date information with their patients, and promptly reporting suspected cases of reportable diseases, our community’s resilience against infectious diseases is increased.

Vaccines in particular are a collective effort for the good of all, and by working together, public health officials, healthcare providers, and the general public can create a stronger, healthier community that is better prepared to respond to infectious disease emergencies. ♦



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Four Priorities for Tackling the Next Public Health Emergency

BY JENNIFER LUBELL
CONTRIBUTING NEWS WRITER,
AMERICAN MEDICAL ASSOCIATION

In the wake of COVID-19's four-year anniversary last month, the American Medical Association (AMA) and other organizations have made a renewed commitment to prepare for the next public health emergency through four policy actions: coordination, always-on emergency preparedness, real-time detection of disease, and exchange of actionable data.

The AMA has joined with America's Health Insurance Plans (AHIP), the Alliance of Community Health Plans (ACHP), American Hospital Association (AHA), and Kaiser Permanente to form the Common Health Coalition. The coalition's main goal is to take lessons from the COVID-19 pandemic to strengthen relationships between health care organizations and public health systems.

"The American Medical Association is committed to improving the health of the nation and removing obstacles that interfere with patient care," said AMA President Jesse M. Ehrenfeld, MD, MPH.

Why it's important: "During the COVID-19 pandemic, significant barriers hindered public health and hampered our collective response to a national and global crisis. We are working with partners to overcome these barriers and ensure that we are better prepared for the next public health challenge," said Dr. Ehrenfeld, who noted that the coalition's success depends on the support of partners from across all health care sectors.

"Kaiser Permanente is ready to take the steps needed to invest in the well-being of our members, our communities,

and the broader U.S. public health system," said Bechara Choucair, MD, the integrated health system's senior vice president and chief health officer.

The actions that the founding organizations have committed to taking, he added, "will result in foundational improvements to the way health care and public health work together—and that will transform how people experience health in our country."

Several Permanente Medical Groups, the multispecialty physician groups that provide care to Kaiser Permanente members, are members of the AMA Health System Program that provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

The Common Health Coalition's new strategy covers these four priority areas.

1. Coordination between health care and public health.

The founding organizations will develop or participate in agreements for voluntary use in data- and resource-sharing, operational partnerships, and technical assistance provision between local hospitals, local health systems, physician groups and local and state public health agencies. AHA, ACHP and AHIP will be encouraging their members to work with health system partners to create or revise public-facing maps and dashboards.

2. Always-on emergency preparedness.

The goal is to create shared emergency preparedness plans between health care organizations and public health entities, setting up a strong infrastructure that can be readily scaled up during emergencies. As an example, the AMA and Kaiser Permanente will be

identifying core barriers for health care staff participation in disaster staffing programs.

3. Real-time disease detection to assess and respond to threats.

All five organizations will work to expand electronic disease reporting through various electronic data exchange platforms, to improve consistency of reported health data. AMA and the other organizations will be encouraging their members to participate in electronic data exchange such as electronic case and laboratory reporting, and syndromic detection.

4. Exchange of actionable data, particularly to advance equity.

The aim is to invest in real-time data sharing and analysis with public health. The AMA and AHA will be encouraging their members to collect and share data to help identify and address health inequities.

Expert analysis and real-world examples of health care and public health organizations working together helped inform these new commitments. They also reflect guidance from an advisory council of public health leaders at the local, state and federal levels.

"Only by weaving together health care delivery and public health—using the shared experiences of COVID-19 as our stitching—will we ensure that our health system is ready to confront the next crisis," said the coalition's chair, Dave A. Chokshi, MD, MSc. ♦

This article was sourced from the AMA website at <https://www.ama-assn.org/practice-management/sustainability/4-priorities-tackling-next-public-health-emergency>.



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Physician Financial Defense

BY TJ DAVIS, CHFC®, CEPA, AEP®
FINLEY DAVIS FINANCIAL GROUP
CEO, WEALTH ADVISOR



As a physician, you're always in the game—focused on caring for patients, staying at the top of your field, and running a successful practice. You've built a career on being sharp, decisive, and prepared for anything, but when it comes to your finances, are you giving the same level of attention to a strategic

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When it comes to your financial future, focusing on the offensive—growing your wealth, increasing your practice's profitability, and planning for an early and comfortable retirement—is critical, but without an equally strong financial defense, these goals may be vulnerable to the unexpected. Lawsuits, illness or disability, changes in tax laws, and estate issues can all undermine the gains you've made, unless you are adequately protected. Most physicians already have malpractice and disability insurance as a first line of defense, but realizing there are additional options for

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In the end, financial success as a physician isn't just about the offense—it's about creating a balance between growth and protection. With a strong defense, you can focus on growing your practice and securing your future. ♦

Photo provided by Finley Davis Financial Group

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Announcements

LCMS Events

Visit the **LCMS website** to sign up for future events or email us at info@lcmedsociety.com for any inquiries.

Register now for the 2024 Winter Social/New Member Social on November 13th at Blue Valley Bistro, located at 91088 N. Willamette St. in Coburg! Mingle with colleagues at the last LCMS event of the year and kick off the winter season.

Looking for personalized counseling and advice? Our new peer mentorship program connects you with LCMS community members who offer one-on-one support regarding business, well-being, legal topics, and more. Email us to be matched with a mentor today.

Let us know if you're accepting patients, and we'll add you to our Primary Care Open Practices list! You can view the list on our webpage.

Directory updates and magazine ad renewals are happening now! Email info@lcmedsociety.com for more information or to renew today.

Members coordinating group events have the benefit of requesting support through the LCMS Support Form, which can range from magazine announcements to nominal financial assistance. Email us for more info.

Community

Serenity Lane is pleased to announce the appointment of Dr. Michael Carnevale as its new Medical Director.

With decades of experience in addiction medicine and chronic pain management, Dr. Carnevale brings a wealth of expertise to the organization, enhancing Serenity Lane's mission to provide compassionate and innovative care for individuals battling substance use disorder.

To receive updates from Lane County Public Health's Health Alert Network (HAN) on public health alerts, please email danielle.keller@lanecountyor.gov.

Join Cascade Health from Nov. 26th - Dec. 1st at Graduate Eugene for the 32nd annual Festival of Trees, a benefit for Pete Moore Hospice House. The event includes the signature Tour of Trees, featuring 48 gorgeously decorated trees; a silent auction; a gala dinner and live auction; and fun for the whole family, including craft demonstrations, live performances, and kids' activities. Find out more and purchase tickets at cascadehealth.org/festival.

To receive state updates, stay informed about advocacy efforts, and connect with fellow physicians, visit the Oregon Medical Association website today at the OMA.org.

The process for arranging outpatient interventional radiology procedures has changed at RiverBend Hospital. Please visit <http://peacehealth.org/IRupdates> to view the list of available procedures, the order form for non-PH clinics, and the FAQs.

Notes

Have an activity, event, or accomplishment you'd like to share? We're always looking for content to feature on the announcements page. Share your updates to ensure they receive the attention they deserve!

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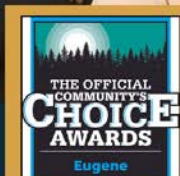


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