

LANE COUNTY MEDICAL SOCIETY | NOVEMBER 2025

MEDICAL MATTERS

Pressure Point Release

Dr. Theresa House reflects on where self-care, growth, and community advocacy intertwine.



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New providers have been added to the PWP. Visit lcmcdsociety.com/pwp to view the full list or for more details.

The Power of Partnership

Community makes us stronger. Whether it's through work, an affinity group, or simply enjoying what our area has to offer, there are countless opportunities to connect, find purpose, and build a true sense of belonging.

Healthcare Sector Partnership

Part of our mission is to support physicians in providing the best care possible by helping them understand available information and access key resources.

LCMS has partnered with Lane Community Health Council (LCHC) with the support of Lane Workforce Partnership (LWP) and Collaborative Economic Development Oregon (CEDO) to form the Lane County Healthcare Sector Partnership (LCHSP). The goal is to tackle challenges in healthcare access and workforce development by uniting partners committed to Lane County's well-being.

At the kickoff event on September 18, more than 50 healthcare leaders and community advocates came together to identify the most pressing challenges. Four action committees were formed and will meet virtually each month before the full group reconvenes in the spring.

- **Workforce:** Strengthening talent pipelines, supporting training and placement opportunities, and improving recruitment and retention across healthcare occupations.
- **Access:** Expanding care delivery models, addressing cost and reimbursement barriers, and improving integration of behavioral health, community health workers, and support services.
- **Advocacy:** Reducing administrative burden, advancing coordinated messaging, and ensuring provider and patient voices are represented with legislators and agencies.
- **Collaboration:** Building cross-sector

connections, aligning resources, and reducing duplication to strengthen community health outcomes.

Childcare for Healthcare Employees

In collaboration with several partners, LCMS helped identify local childcare needs and explore potential solutions. Kidsports and PeaceHealth have come together to provide childcare options for healthcare workers on local no-school days.

While long-term options are still in development, PeaceHealth Play Days at Kidsports offers expanded care hours for upcoming no-school days — providing much-needed support for healthcare employees who may not have other childcare options. Read more about the childcare partnership initiative for healthcare employees on page 13 of this issue or you can visit kidsports.org/camps-clinics/peacehealth-play-days/ for more information.

Affinity Groups for Physicians

Since LCMS is made up of physicians from a wide range of backgrounds and specialties, we strive to support physician affinity groups in every way we can. LCMS offers a Request for Support form that allows physicians to request event funding and submit details to be featured in the monthly magazine. Ideally, these events aim to encourage rapport and offer opportunities to grow community.

There are already a few ongoing groups connected with LCMS listed below and many more lead by physician leaders throughout town.

- **Women Physicians:** This long-standing group is ever evolving and always welcoming. The gatherings are held at various local eateries and locations, designed as casual get-togethers with activities to enjoy.
- **Independent & Small Group Physicians:** A popular group before

the pandemic, this network has received renewed encouragement for revival. Whether you're looking to discuss challenges, share resources, or exchange advice, the first meeting is scheduled for November 5 at Don Dexter's Gallery.

- **Lane County Medical Alliance:** Founded decades ago, the Alliance was originally made up of physician spouses dedicated to volunteer work, community building, fundraising, and more. Over the past year, we've been reconnecting with members to revitalize the group as a welcoming resource for both new and longtime physician families in Lane County.

Allies in Medicine

Throughout all these efforts, our Allies in Medicine have played an integral role in our progress. These are the organizations and individuals who invest in the well-being of our physician community through their time, resources, and event sponsorships, among other contributions. Without their support, we wouldn't be able to do the work we do.

If you or your organization are interested in becoming an LCMS Ally in Medicine or joining the conversation with the Healthcare Sector Partnership, please don't hesitate to reach out. We'd love to hear from you.

We're immensely grateful for all our partnerships and the shared commitment to building a healthier, more connected community. ♦



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LCMS End-of-Year Member Gathering



Join us for the **LCMS End-of-Year Gathering!** Come celebrate the season with us at **Washburne Café in Springfield on Thursday, December 4th at 5:30 p.m.** Enjoy an evening of appetizers, beverages, and great company as we wrap up

the year together before we kick off 2026 with our Annual Meeting. Anyone who brings a new member and the new member themselves will be entered into a prize raffle. Register today!




“My advocacy is being a safe space for people, whether it’s LGBTQ+ patients or anyone struggling. I always have time to listen... It’s a job that I’m privileged to do. It doesn’t mean that [we’re] any better than someone who is a janitor or a reporter... It’s a careful balance of valuing yourself and your work, while still being there for your patients.”

- **DR. THERESA HOUSE** ON *THE COURAGE TO CARE. SEE MEMBER PROFILE ON PAGE 16.*



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.




UPCOMING

Join other independent and small-practice physicians for a gathering on **Wednesday, November 5th at Don Dexter’s Gallery.** Connect, share ideas, and exchange resources that strengthen our medical community. RSVP today!

Save the Date! LCMS is hosting its third biennial fundraising gala benefiting the LCMS Foundation on Saturday, May 2nd, 2026. You won’t want to miss this! Contact us today for donations or sponsorship opportunities.

Stay in the loop! Subscribe to get the latest LCMS event updates and community news.



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Oregon's Path to Universal Health Care: The Universal Health Plan Governance Board

BY NICHOLAS JONES, MD

CLEAR HEALTH DPC

ANTONIO GERMAN, MD, MPH

VICE PRESIDENT OF HEALTH

CARE FOR ALL OREGON

LOU SINNIGER

LANE COUNTY CHAPTER CHAIR FOR

HEALTH CARE FOR ALL OREGON

We all know the feeling: healthcare costs keep rising, administrative tasks multiply, and insurance complexities grow year after year, making it harder to run a practice. Physicians are spending more time navigating prior authorizations, quality metrics, and payer rules than caring for patients. Meanwhile, insurance companies continue to consolidate, Medicare and Medicaid cuts hit community-based practices hardest, and value-based programs often mean more reporting with little impact on outcomes. Patients are confused, staff are burning out, and many practices are struggling to stay independent. Across Oregon, discussions are underway to explore what a universal and publicly funded healthcare plan could look like.

Oregon Takes a Step Forward

In 2023, the Oregon Legislature passed Senate Bill 1089, establishing the Universal Health Plan Governance Board (UHPGB). This nine-member board, with each member serving a four-year term, is appointed by the Governor and confirmed by the Senate. It is tasked with developing a comprehensive plan to finance and administer a universal health plan, covering all residents, regardless of income, employment, or immigration status.

Under ORS Chapter 751, the board must deliver its proposal to the Legislature by September 2026. The UHPGB brings together experts in health care delivery, finance, and public administration, along with community engagement specialists to ensure the plan reflects the needs and realities of both providers and patients.

The Subcommittees Doing the Work

The UHPGB's work is divided among four subcommittees, each meeting at least monthly:

- Community Engagement and Communications
- Finance and Revenue
- Operations
- Plan Design and Expenditures

UHPGB Members Must:

- Support the development of a comprehensive plan to finance and administer a universal health plan that is responsive to the needs of the state and expectations of the residents of this state as outlined in SB 1089.
- Support the values and principles expressed in SB 1089.
- Represent a variety of health care professionals and community perspectives, including individuals with experience as enrollees in Medicare and Medicaid, as well as those living without health insurance.

These groups are exploring everything from how a universal plan would be funded to how providers would be reimbursed and how operations could be simplified.

Importantly, they are seeking more physician participation — especially from those actively delivering care in outpatient, hospital, and rural settings. Without our insights, legislators and the public cannot make an informed decision at a time when we all feel the need to do something about it.

Why This Matters for Physicians

If implemented, a universal, publicly financed system would represent a major shift in how Oregon healthcare is funded. For physicians, the implications could be significant — potentially improving equity and efficiency across the system.

- **Equitable reimbursement:** Payment would not depend on a patient's insurance status, plan tier, or ability to pay.
- **Reduced administrative burden:** A unified payment system could streamline billing, reduce pre-authorization hassles, and simplify reporting.
- **Improved access:** With cost barriers removed, patients could seek preventive and primary care earlier, reducing avoidable complications and improving outcomes.

Physicians' input is essential to ensure the plan is practical, evidence-based, and sustainable. The legislation specifically requires that the UHPGB engage with healthcare providers before submitting its proposal. Without clinician involvement, decisions about payment models, access standards, and practice structures may be made without the voices of those who understand patient care best.

The Role of HCAO

Health Care for All Oregon (HCAO) is a statewide nonprofit helping guide this transition. HCAO advocates for a universal, publicly financed health system and emphasizes that healthcare workers, patients, and communities must all have a seat at the table. The Lane County Chapter of HCAO is particularly focused on connecting local clinicians with state-level discussions and ensuring that proposed solutions reflect on-the-ground realities.

Whether you're skeptical or supportive of universal coverage, this is the moment to get involved. The way Oregon finances and organizes healthcare is poised for significant change. As physicians, we have a unique opportunity and responsibility to help design a system that both protects patient access and sustains high-quality medical practice.

Supporting this work isn't about endorsing a specific political vision;

“Supporting this work isn't about endorsing a specific political vision; it's about ensuring that any reform is informed by medical expertise...”

it's about ensuring that any reform is informed by medical expertise and grounded in the realities of caring for patients.

Learn More and Get Involved

The UHPGB's meeting calendar, minutes, and recorded sessions are publicly available online at www.oregon.gov/uhpqb. Subcommittee meetings are open to the public, and opportunities for provider testimony and written feedback are ongoing.

To stay informed or to participate locally, visit www.hcao.org. The Lane County Chapter welcomes physicians

and healthcare professionals interested in contributing ideas or learning more about the process. ♦

The Universal Health Plan Governance Board was established by Oregon Senate Bill 1089 (2023), and codified in ORS Chapter 751. The board is responsible for developing a comprehensive plan to finance and administer a universal health plan for Oregon. Meeting schedules, minutes, and materials are available on the board's official website at www.oregon.gov/uhpqb. For questions or to get involved locally, contact Lou Sinniger at sinniger@efn.org.



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Child Care Needs in the Healthcare Sector

BY HOLLY MAR-CONTE
CHILDCARE SECTOR STRATEGIST,
ONWARD EUGENE

It's no secret that child care is an issue across our community, state, and the entire nation. In Lane County, less than one-third of children ages zero to five have access to a licensed, regulated child care slot. Compounding this barrier is affordability: the average cost of child care in Lane County is about \$18,000 per year, per child, depending on age.

Additionally, finding care for school-age children — before and after school, on no-school days, and during summer months remains a major challenge for working families.

Given limited availability and high costs of care, coupled with shifts in norms during the COVID-19 pandemic, many families now rely on a stitched-together, fragile array of arrangements that might include part-time child care programs, nanny shares, remote work, and help from family or friends.



“Healthcare organizations are uniquely impacted by breakdowns in child care. If a healthcare team

member cannot report to work because their child care has unexpectedly fallen through (e.g., Grandma is home sick, the nanny's car breaks down, or it's a school in-service day), patient care is suddenly disrupted, creating a far-reaching ripple effect across our community,” says Todd Salnas, CEO of Slocum Center for Orthopedics and Sports Medicine.

Earlier this year, leadership from Slocum, PeaceHealth, Women's Care Eugene, Lane County Medical Society, and McKenzie-Willamette Medical Center partnered with Onward Eugene and Quality Care Connections to better understand the child care needs of the healthcare workforce and identify potential solutions.

A survey shared with employees across these institutions drew over 400 responses from working parents. In terms of access to child care:

- 19% reported having access to consistent child care that meets their needs.
- 21% reported having consistent access to child care, but it doesn't cover all work hours.
- 27% reported having access to child care, but with inconsistent/unpredictable availability.
- 20% reported having no access to child care.

About two-thirds of respondents reported difficulty meeting work responsibilities due to a lack of child care. More than 60% have considered reducing their work hours, 33% have considered leaving their organization, and 28% have considered leaving the workforce entirely due to insufficient or unaffordable child care.

“Part of the reason I left inpatient care was because I was a single-parent household at the time, with no local family, and it became so difficult to find child care for my 12-hour shifts when my co-parent didn't have our kid or wasn't able to help. I was working nights and some weekends, which created an additional barrier to finding care. I felt like I had called in so many favors from friends, and it just wasn't sustainable,” shared Lisa, a local nurse.



When identifying strategies to address the challenges revealed by the survey data, it was apparent that working parents are actively seeking and open to multiple solutions.

Back-Up/Emergency Child Care

One of the highest-ranking solutions identified in the survey was access to back-up or emergency child care. Two models emerged that will be tested during a six-month pilot in early 2026: reserving spots at select local child care programs specifically for back-up use and distributing a list of providers available to offer back-up care on a case-by-case basis.

Photos provided by Holly Mar-Conte & Joseph Waltasi

COLLECTIVE GROWTH

Beginning this month, Onward Eugene and the Eugene Area Chamber of Commerce will publish a monthly report detailing all open child care slots across Lane County.

No School Day Care

Access to care for school-age children during in-service and holiday breaks was another key need that emerged from the survey. One immediate strategy to address this was the expansion of PeaceHealth Play Days at Kidsports, which increased hours of care on no-school days and shared the opportunity more broadly with healthcare employees.

“We are happy to contribute to Kidsports and this wonderful program that helps fill a need in our community,” says Jim McGovern, MD, Chief Hospital Executive, PeaceHealth Oregon. “We hope these play days build healthy habits for local children



Kidsports Fieldhouse, where PeaceHealth Play Days are held

while also providing parents with peace of mind on no-school days.”

Financial Assistance

Child care affordability remains a top challenge; however, there is a sliver of good news on the horizon. Three new pieces of tax policy will take effect in January, helping make child care more affordable for working families

with young children.

The Child and Dependent Care Tax Credit will increase the tax credit available to many working families. In addition, Dependent Care Assistance Plans—flexible spending accounts that allow parents to set aside pre-tax dollars for child care expenses—will see their annual limit rise from \$5,000 to \$7,500.◆



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Dr. Theresa House enjoying a fall afternoon on her deck in Eugene's South Hills.

Photos provided by Angel Montes

Pressure Point Release

Dr. Theresa House reflects on the power of self-care, growth, and empathy that keeps her compassion alive in medicine.

BY STEVIE DAVISSON

FOR LANE COUNTY MEDICAL SOCIETY

Dr. Theresa House is gentle, empathetic, and steadfast as she carries the kind of compassion that often comes from overcoming hardships which have led her to become a wellness warrior. “I came from a very chaotic home,” she says. “I was the third child in three years, with my alcoholic father trying to support us all. My mom bravely left him when I was 13 years old – she rescued us. If she hadn’t, I probably never would’ve gone to college,” she says. “Because of my home life, I threw myself into books and loved school. You wouldn’t think that part would be inspiring, but it’s what led me to medicine. My mom, my hero, was a huge help.”

Her curiosity and compassion for life took shape early in a high school biology class that changed how she saw the world. When her teacher brought in cow bones from a butcher shop for students to study, House found herself moved by what she saw under the microscope. “We took the meat off, looked at it under the microscope, sliced the bones up, and studied the marrow,” she recalls. “I realized that muscle cells are muscle cells, whether it’s a cow or part of my own arm. That connection hit me hard. I went home that day and told my mom, ‘Okay, I’m not going to eat meat for a while.’ I was fourteen years old, and I never went back.”

The Burning Bush

House didn't always intend to be a doctor, and with her compassion for animal life, she was set to study marine biology. However, as a college sophomore, she found herself unexpectedly thrust into the world of medicine when a roommate went into labor in their dorm bathroom. "I call it my burning bush moment," she begins. "One night, I woke up to [my roommate] calling my name, and when I ran into the bathroom, she was literally delivering her own baby. It was honestly traumatic, but life-changing for me. I remember thinking, 'Okay, I handled that... maybe I could be a doctor.' And that was it. That was the moment."

That moment carried her to medical school at Ohio State University College of Medicine in Columbus, Ohio, where she continued her training in family practice at Riverside Methodist Hospital. A native Minnesotan, House was drawn to the dramatic mountains and easy access to the ocean in Lane County. "I was determined to be here at some point in my life," she says. "The location wasn't random. I've had my eye on the Pacific Northwest ever since a high school trip to Tacoma, when I saw the ocean for the first time and fell in love. I promised myself I'd live here someday." In 1996, House fulfilled that promise when she moved to Lane County and became a partner at Santa Clara Medical Clinic, where she continued to nurture her own growth and that of those around her.

Discovering Her Practice

After more than two decades working at the clinic, House was forced to look for a new venture as the business went under in 2019. Thankfully, she had already made the acquaintance of Dr. Priya Carden, who introduced House to the Direct Primary Care (DPC) model and supplied her with the knowledge and resources she needed to start up her own clinic. "I had no idea this way of practicing existed," House says. "It's all about providing high-quality,

individualized care at what can truly be an affordable (and predictable) cost for people."

Within six weeks of starting her practice, House had already met her 300-patient quota. She's the first to admit she couldn't have done it without the support of the community around her, especially Carden, along with Dr. Gulrukh Rizvi. "They made it so I didn't have to reinvent the wheel. They made it doable, answered my panicked phone calls, and it was amazing," House says.

With a limited number of patients, DPC relies on monthly subscription fees, which give patients access to House in ways traditional primary care clinics have largely lost. "Patients can call, text, or email, and see me as often as they need to. I can do home visits when necessary as well. Since I control my own schedule, I can spend much more time discussing preventative care, which allows me to then advocate for my patients," House says. "I can block out two hours for a patient's annual exam, with most of that time spent discussing how to stay healthy. Having the time to learn what is going on in their lives, physically, mentally and socially is crucial to maintaining overall health and a strong doctor-patient relationship."

The Power of Wellness

Over the course of her career, House has maintained her empathetic approach and avoided burnout by prioritizing her mental wellness and leaning on the help offered by the community around her, especially from the Physician Wellness Program (PWP). "As a physician, there's always somebody who you feel needs attention more than yourself. I can definitely feel myself going down that rabbit hole if I'm not careful." House jokes that the flight attendants are right; "You've got to put your own oxygen mask on first before assisting anyone else."

When House takes time away from her clinic, she can rely on her fellow DPC peers to cover for her. "We all work together as part of a physician network that shares call coverage to ensure we all get much-needed time off," she explains. "Through our EHR system, AtlasMD, we can grant access to each other's practices. We can then see each other's patients when someone's away. It's a great support system."

Mental health is always a topic she brings up with her patients, recognizing the significant impact it can have on a person's overall health. Creating a clinic where patients feel comfortable and heard is a constant priority for House. "My advocacy is being a safe space for people, whether it's LGBTQ+ patients or anyone struggling. I always have time to listen. And I love that," she says.

It's a careful balance of placing value on herself and her work, while simultaneously supporting her patients in times of need. "About 20% of my patients have a discount of some sort and I do see some folks for free. Our health shouldn't be a business, but at least the DPC model allows me to take care of anyone regardless of their ability to pay."

In House's opinion, taking care of one's mental health is the primary way doctors can be the best versions of themselves, at work and in life. "I still cry with patients," she says, "I don't want to harden, I think I am a better doctor allowing myself to feel. I feel so privileged and honored to have been part of these 300 people's lives for so long. They really are like family."

The core of House's success, and the maintenance of her own mental health, always seems to circle back to her willingness to reach out for help and to accept it when it's given. LCMS has become an invaluable resource to House in both her business and her well-being. Shannon O'Leary, who was running the Women's Physician Group meetings through LCMS when House met her, encouraged House to join the society and gain access to

the PWP. At the time, House had been thrust into single parenthood, trying to support her two daughters through college while her paychecks were dwindling with the downfall of her previous clinic.

O’Leary helped House get a scholarship to cover the entry charge, which House now pays forward by putting funds into the program, so more healthcare providers can benefit from the LCMS resources. “I strongly encourage physicians to take part in the PWP and get their free six counseling sessions a year,” House urges. “It continues to be a wonderful resource and an important tool in keeping my sanity. (Seriously!)”

When thinking about how other health care providers can improve their mental wellness, House lauds therapy, mindfulness, and community connections as paramount. “Physicians need mental health care too. We need to take away that stigma.” Being a

physician is no different from any other profession, House insists, “It’s a job that I’m privileged to do. It doesn’t mean that [we’re] any better than someone who is a janitor or a reporter, but there are still physicians who don’t want to admit they’re struggling.” Looking to the future of Lane County, House says, “I would love to normalize mental health care for everyone, physicians included. It truly is an important vital sign.”

The Heart of Her Message

In her daily life, House maintains a few key practices to keep her grounded. “I meditate every day,” she says. She also takes frequent trips to the coast to unwind. “The ocean is very healing to me. It’s my happy place — I get out there every chance I get.”

House is also grateful for her two adult daughters, Alexandra and Liv, who she openly adores, and their shared love for their collective pets (down to just three rescue dogs and a

horse). Their tiny family provides stability and comfort to House even after a chaotic work week. “My daughters are both a constant worry as well as a constant source of awe and inspiration. I would never have been able to be as brave as they have been trying to navigate our current world.”

For health care providers, whether they’re just starting out or have practiced for years, the best advice House can give is to reach out to the community, make connections, and take care of each other. For her, medicine has always been a journey of compassion and continual growth, both as a doctor and as a human being. “Allowing yourself to feel makes you a better doctor. Don’t be afraid of prioritizing your own self-care, or seeing a counselor when needed. These are tools that can help you stay compassionate without letting it pull you down the rabbit hole.” ♦

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One Thousand Surgeries

BY JIM MUREZ

PEACEHEALTH COMMUNICATIONS

Operating Room #20 at PeaceHealth Sacred Heart Medical Center, RiverBend, sits in silence as Dr. Kevin Modeste methodically prepares his patient for the hernia repair he is about to perform.

Modeste and his surgical team carefully adjust the probes that will enable him to complete and view the procedure, positioning the surgical robot's arms just right. Then, he retreats to his workstation, peering into a goggle-like device as he begins his work. His hands are in constant motion, moving a pair of pincer-shaped devices that direct the robot's instruments in real time.

Using his feet, he toggles between the robot's arms depending on the task at hand, while also conversing with the team as they navigate the procedure. Modeste makes it all look routine. He's done this before — more than 1,000 times, in fact, having reached that milestone on Sept. 24 with a cholecystectomy to become the first general surgeon at RiverBend to reach that mark.

When he was growing up, Modeste didn't think he would get into healthcare, much less become a surgeon. When he started working at RiverBend in 2012, robot-assisted surgery was in its infancy. Now, robotics is a major part of his practice. "I knew we were going to start slow, but I saw that the general surgery applications were endless," Modeste says.

Reaching 1,000 procedures is a testament to Modeste's determination and commitment to learning, allowing him to use the robot on a wider range of surgeries, leveraging the benefits of the technology and resulting in more positive outcomes for his patients and the entire community.



Dr. Kevin Modeste with team members Erika Everson, BSN, RN, CNOR, and Payden Tanner, CST.

Modeste is one of the early adopters of robotic-assisted surgery at RiverBend, his first procedure coming in 2014 after completing numerous hours of training, multi-day courses, and time spent on a simulator to hone his craft.

From the start, he was joined by Dr. Duc Vo, a colleague at Northwest Surgical Specialties who shares his vision for the future of this technology.

By 2017, they were using the robot for additional types of procedures. "He could easily see why using robotics made sense for his patients," says Kim Ruscher, Chief Medical Officer, PeaceHealth, Oregon, and Modeste's wife. "And he is drawn toward thinking about smart ways to solve a problem."

"Reaching 1,000 procedures requires dedication and consistency," says Dr. Ashok Venkataraman, a colleague who has performed surgeries alongside Modeste.

"More than anything, he's the kind of person who wants to bring his best self for his patients," he adds. "He has a deep sense of purpose."

"He has strong ideas for how to care for people," says Dr. Daniel Cusati, a surgical colleague of Modeste's. "He's interested in making sure our community gets the healthcare

it deserves."

Modeste estimates he uses the robot on about 80 percent of his surgeries. He's seen the technology evolve since 2014, including improved force feedback that lets him precisely feel tension and pressure during surgery. He's been told that other upgrades in development will bring tremendous advances to the technology over the next few years. He now serves as a mentor to many of his colleagues — always willing to share lessons and tips he's accumulated, and handing off certain procedures to his younger counterparts as they look to gain experience.

"Sacred Heart is really lucky to have surgeons like Modeste and his peers at PeaceHealth Surgical Specialties who are talented in surgical care, whether they are working robotically, laparoscopically, or in open surgery," Ruscher says.

As for reaching 1,000 cases, Modeste says it's the result of a successful, prudent approach to the technology that began more than a decade ago.

"We started doing procedures with the robot, having good results with it, and patients began asking for it," he says. "They know the technology is safe. It's been proven, and our staff, our surgeons, are very qualified." ♦


Photo provided by Angel Montes

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Slocum Welcomes New Hand and Wrist Specialist

JULIAN KLOSOWIAK, MD, PHD

Slocum Orthopedics is pleased to welcome Julian Klosowiak, MD, PhD to our Hand and Wrist team. He earned his bachelor's degree in biomedical engineering, followed by a combined MD/PhD at Northwestern University. He then completed his residency in Plastic and Reconstructive Surgery at Northwestern University in Chicago, and his fellowship in Hand and Microvascular Surgery at the University of Pennsylvania. He has been awarded the Fulbright Scholarship and has also served as a Medical Officer with the U.S. Food and Drug Administration. Dr. Klosowiak is excited to bring his expertise in complex reconstructive surgery, microsurgery, and peripheral nerve surgery to the Slocum team.



Responding to Demand, Preserving Physician Control

BY RUSSELL ROLL

AMBULATORY SURGERY CENTER
(ASC) ADMINISTRATOR, SLOCUM
ORTHOPEDICS

Across Lane County, patients needing orthopedic surgery are facing increasing delays. Operating room schedules are at capacity, and elective procedures are routinely postponed due to limited availability. These trends are not unique to Eugene, but reflect a broader challenge in meeting the surgical demands of an aging population within the constraints of existing infrastructure.

In response to these systemic pressures, Slocum Orthopedics is advancing plans to construct a new ambulatory surgery center (ASC) in North Eugene. The project represents a significant investment in surgical capacity and operational independence, with a projected opening in Spring 2027. Designed, owned, and operated entirely by physicians, the ASC will double Slocum's surgical throughput while allowing Slocum's surgeons to maintain their commitment to clinically driven decision-making.

A Solution for a Demographic Reality

Lane County's aging population is driving steady growth in orthopedic case volume. The need for procedures like joint replacements, arthroscopic repairs, and fracture management is steadily increasing. Slocum's ASC will meet this demand with a reliable, purpose-built surgical environment for orthopedics.

Dr. Brian Jewett, orthopedic surgeon and President of Slocum Orthopedics, notes that this has created consistent delays for patients who would otherwise benefit from timely intervention. "Our goal with this facility

is to address that access gap directly," he explains. "We need to match capacity to demand in a way that supports both clinical efficiency and better patient outcomes."

The new facility will include eight operating rooms with two more shelled for future expansion, and is purpose-built for high-acuity outpatient procedures. The inclusion of 23-hour-stay capability allows for the management of complex surgical cases that benefit from extended observation and flexible scheduling, without necessitating hospital admission.

Preserving Autonomy in a Consolidating Landscape

One of the defining characteristics of the project is its governance. Unlike facilities embedded within large health systems, Slocum's ASC will remain fully independent and physician-led. This model is not incidental. Physician leadership is foundational at Slocum and will remain so in the new ASC.

"Clinical autonomy enables us to remain accountable to patients, not to external ownership structures," says Jewett. "It gives us the flexibility to design workflows, staffing models, and care protocols that reflect evidence-based practice and the professional judgment of our surgeons."

This structure also reinforces trust across referral networks. With clear channels of communication and local decision-makers, referring physicians retain visibility into care transitions and post-operative planning.

Designed for Orthopedic Efficiency

The ASC has been designed specifically to meet the needs of musculoskeletal care teams. Each operating room will feature integrated imaging and digital workflow tools.

Recovery spaces will be optimized for the mobility and surgical recovery of orthopedic patients. The overall facility design supports rapid turnover, reduced friction in scheduling and predictable throughput.

Dr. Rudolf Hoellrich, an orthopedic surgeon and partner at Slocum, emphasizes that design decisions have been driven by operational and clinical insight. "We are building this to function at a high level on day one," he says. "It's a platform that will support our current work and evolve with surgical best practices."

A Regional Resource with a Local Focus

While the ASC will directly benefit Slocum's patients, it also serves as a release valve for regional surgical demand. By increasing capacity, the center will alleviate pressure on hospital systems, reduce systemic delays, and support smoother transitions for shared patients.

Importantly, Slocum has no plans to limit its collaboration. The ASC will continue to coordinate with healthcare providers across the region. Its independence does not preclude integration; rather, it enables responsiveness. This facility is a long-term infrastructure investment in the delivery of orthopedic care. It affirms Slocum's historical role in the community while aligning its clinical capabilities with current and future needs.

"We are not responding to a business trend," says Jewett. "We are responding to a clinical necessity. Our community is getting older and needs more care than in the past. This is about building capacity, protecting standards, and ensuring that physicians continue to lead the care decisions that matter most."◆

Global Crises and Worsening Health Outcomes—Unmasking the Pandemic Ghost

BY JONAH MUSA, MBBS, MSCI, PHD,
AND ROBERT L. MURPHY, MD

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Multiple global crises — the show of regional and national might and superiority, terrorism, competition for geographic and natural resources, and territorialism — have resulted in forced migration, displacement, loss of life, poverty, and untold devastating health outcomes. These negative consequences are frequently masked by political and economic interests, often with a blind spot on the long-term picture of worsening economic outlook and devastating effects on climate, planetary, and human health. These lingering and unseen sequelae require a clear vision to see the truth and unmask the pandemic's ghost, revealing the need for a joint global effort and cooperation toward a safer, crisis-free, and healthier global community. A recent example of the devastation of health outcomes associated with crisis is the ongoing negative humanitarian effects in Ukraine and Russia, with considerable violence, traumatic stress, and mental health consequences, particularly among civilians.¹

Over a decade, years of civil war in Syria combined with the global crisis of the COVID-19 pandemic resulted in Lebanon hosting the largest number of refugees per capita and also per square kilometer in the world.^{2,3,4} With a population of 5.77 million in 2023, Lebanon currently harbors over 1.5 million Syrian refugees and 11,238 refugees of other nationalities.² The polycrisis situation in Lebanon

underlies the motivation for the study by Fayyad et al,⁵ which highlights some of the key adverse health outcomes associated with and mediated by factors in a polycrisis environment. The authors conducted a longitudinal study involving almost 2000 participants with a two-year follow-up to understand the association between social determinants and key health outcomes, such as frequency of physical pain, self-rated health, and depression, over time in a vulnerable population exposed to a polycrisis environment in Lebanon. The study revealed that refugees, women, and individuals who had food insecurity, lower wealth, and less than a high school-level education experienced worse physical pain, self-rated health, and depression over time compared with other individuals living in similarly deprived neighborhoods. These findings have important policy implications for globalization, politics, law and justice, global crises, and health. The authors⁵ have made a clarion call to action for clinicians, humanitarian actors, and policy makers to wake up to the flash point provided in this study and reduce physical and mental suffering in vulnerable populations living in crisis.

It is pertinent for policy makers to appreciate how crisis leads to human displacement and disruption in economic activities and the dual effect of poverty and displacement in worsening health outcomes. This phenomenon is supported in the findings reported by Fayyad et al, showing that individuals who had vulnerability characteristics (including

refugee status) and low socioeconomic status had worse health outcomes compared with individuals lacking these characteristics in similar wealth tertiles.⁵ This suggests that addressing poverty alone, without strategic interventions for peace and crisis remediation, is likely to overlook the consequences of worsening worldwide health, allowing this to fester as a pandemic ghost. The key issue of note is crisis-causing forced migration and human displacement, exposing individuals and groups to a state of vulnerability as refugees. Therefore, any crisis or communal unrest between nations, states, and communities leading to large-scale refugee displacement may have the unseen consequence of poor health outcomes. Mechanisms for poor health among refugees, in addition to poverty and limited access to health care, are overcrowding and exposures to fellow household members' alcohol use and anger-driven behaviors, which exacerbate both physical and mental health outcomes.^{6,7} The findings by Fayyad et al⁵ support this and could be generalized beyond the refugees in Lebanon to the rest of the war-torn regions of the Middle East, the internally displaced persons in West Africa, and anywhere that people experience displacement. These vulnerable populations face enormous challenges of poor physical and mental health and require focused attention and intervention.

It is worth noting the significantly disproportionate impact of global crises on the health outcomes of women compared with men. Fayyad et al found that being a female was associated with a significantly higher likelihood

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2. "UNHCR Lebanon at a Glance," UN Refugee Agency (UNHCR), unhcr.org/lb/about-us/unhcr-lebanon-glance

3. "Lebanon Country Office Annual Report, 2023," UNICEF, unicef.org/media/152586/file/lebanon-2023-COAR.pdf

of reporting worse health outcomes over time compared with men living under similar conditions. For instance, women had significantly higher odds of reporting physical pain and worse self-rated health compared with men. This suggests that global crisis has disproportionate consequences on women, who are the bedrock of any society and its future.⁸ No doubt, the findings and implications of the report by Fayyad et al represent the tip of the iceberg of the untold health impact of global crisis, which should be unmasked and addressed with worldwide cooperation and coordinated response at all levels.

In 2020, the worldwide crisis caused by COVID-19 evoked a global response with prompt interventions to contain a ravaging virus, which caused

enormous human displacement with associated massive morbidity and mortality across geographic boundaries. The prompt decision and global action based on recognition of the threat, with effective communication and coordination, brought the COVID-19 pandemic under control.⁹ If such a global response were replicated to address the worldwide crisis caused by war, conflict, and terror, the silent pandemic of poor health outcomes associated with such a crisis would be history. Unfortunately, the global crises of terror, war, and conflicts seen in Russia and Ukraine, the Middle East, India and Pakistan, and the interminable Boko-Haram and communal conflicts in Nigeria and West Africa have continued unabated without an efficient coordinated effort

to end these humanitarian crises. The associated health consequences are not widely studied and reported. Therefore, the findings reported by Fayyad et al could represent a tiny piece of the overall whole. The bigger picture has remained masked; it is a silent pandemic that must be uncovered. An appropriate global therapeutic response should be developed through objective political dialogue, with clear and concise policies to ensure peace and optimal human health and survival across the globe.◆

Adapted from an article originally published in JAMA Network Open. Full text available at: jamanetwork.com/journals/jamanetworkopen/fullarticle/2839766

4. "Lebanon's Refugee Crisis, Part I: How Lebanon Became Host to the Largest Number of Refugees per Capita in the World," Immigration and Human Rights Law Review, lawblogs.uc.edu/ihr/2019/11/14/lebanons-refugee-crisis-part-i-how-lebanon-became-host-to-the-largest-number-of-refugees-per-capita-in-the-world
5. "Social Determinants of Self-Reported Health in Vulnerable Populations During...," JAMA Network Open, pubmed.ncbi.nlm.nih.gov/10.1001/jamanetworkopen.2025.29733
6. "Housing Inequalities and Health Outcomes Among Migrant and Refugee Populations in High-I...," BMC Public Health, pubmed.ncbi.nlm.nih.gov/10.1186/s12889-025-22186-5
7. "Emotional Distress in a Marginalized Population as a Function of Household-Level Social...," Social Work, Published 2023, PubMed, pubmed.ncbi.nlm.nih.gov/10.1093/sw/swad024
8. "Mothering Load: Underlying Realities of Professionally Engaged Indian Mothers...," Gender, Work & Organization, pubmed.ncbi.nlm.nih.gov/10.1111/gwao.12974
9. "Crisis Decision-Making on a Global Scale: Transition from Cognition to Collective Action Under Thr...," Public Administration Review, pubmed.ncbi.nlm.nih.gov/10.1111/puar.13252

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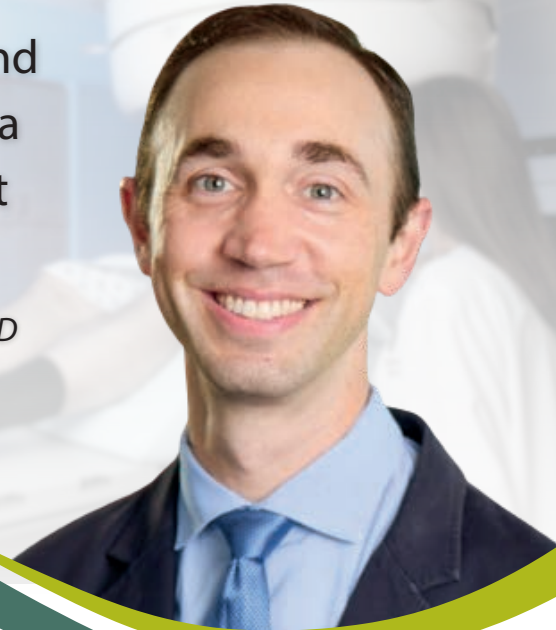
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When a medical practice decides to embark on a construction or remodeling project, the focus often centers on the design, budget, and timeline. Yet one of the most important considerations is often overlooked — who you choose to build with, and more specifically, where that builder calls home.

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A Builder Who Shares Your Values

For more than 70 years, the team at Chambers Construction has been building in Eugene, Springfield, and surrounding communities where we live and work. We shop at the same stores, visit the same medical offices, and send our children to the same schools as our clients and their patients. That local connection creates accountability — one that extends far beyond the completion of a project. We care deeply about the outcome because it affects our community directly — its access to quality care, its economic vitality, and its sense of trust in the spaces designed and built to serve it.

When you choose a community-first builder, you're selecting a partner who views your project not just as a contract, but as an opportunity to contribute to something meaningful. Whether constructing a new medical clinic, upgrading imaging suites, or remodeling existing treatment spaces, our goal is to create spaces that strengthen the health and resilience of the community we all call home.

Understanding Medical Construction

Medical construction isn't like other types of commercial building. It



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requires a specialized understanding of regulatory requirements, infection control, and the operational rhythms of healthcare environments. From the placement of lead-lined walls to the integration of medical gases and patient privacy safeguards, every detail matters.

Our experience working with medical providers across the region has taught us how to navigate these complexities while minimizing disruption to patient care. We understand that your practice must remain operational, that your patients' comfort and safety come first, and that maintaining confidentiality — both visual and auditory — is non-negotiable.

That's why we approach every project with meticulous planning, clear communication, and respect for your team and your patients. We coordinate work around clinic hours, isolate construction zones to protect air quality and privacy, and maintain rigorous cleanliness standards all throughout the process. For us, building in healthcare spaces isn't just about technical precision — it's about care and compassion.

Why Local Expertise Matters

When you partner with a contractor rooted in your community, you're working with a team that already understands the local landscape —

both literally and figuratively. We understand the people. We know what your patients expect when they walk into your facility, and we share your commitment to providing them with a space that feels safe, modern, and welcoming.

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Once construction wraps up, we don't simply pack up and move on to the next city. We remain a phone call away — ready to assist with future maintenance, improvements, or expansions. We even have a special segment of our company dedicated to maintenance and small improvements, who can be there for your every need — our Small Projects Division. Our long-term presence in the community means we stand behind our work, year after year, because we're as invested in your success as you are.

For medical professionals, choosing a community-first builder means choosing a partner who understands the weight of building spaces for healing. It's about trust, shared purpose, and a commitment to excellence that goes beyond blueprints and building codes.

At the end of the day, the team at Chambers Construction isn't just constructing facilities — we're building the foundation for better care, stronger relationships, and a healthier community for all. ♦

More Non-Stop Options & Travel Tips for Fall/Winter 2025 at Eugene Airport

As fall and winter approach, Eugene Airport (EUG) is preparing for a busy holiday travel season with expanded non-stop services and more travel options for passengers. These updates, combined with the airport's existing network, mean more destinations to choose from than ever before. Whether traveling to visit family, heading south to warmer weather, or connecting to a major hub for international flights, EUG's growing lineup of flights provides flexibility and convenience.

One of the newest highlights this season is Alaska Airlines' daily nonstop service between Eugene (EUG) and Hollywood Burbank (BUR), California, beginning October 26, 2025. This new connection offers an alternative for travelers seeking easier access to the Los Angeles area without having to fly into LAX. The smaller size of Burbank Airport makes for quicker arrivals, shorter lines, and easier ground transportation, which could be especially appealing during the busy holiday season.

In addition to Alaska's service, Breeze Airways has announced it will begin operations at EUG in March 2026, with flights to Burbank and connections to destinations like Provo, Utah. While Breeze's service will not be in place until after this holiday season, its announcement highlights Eugene's continuing growth as a regional travel hub.

Currently, Eugene offers non-stop flights to 17 destinations across the country through major carriers including Alaska, American, United, Delta, Allegiant, and Southwest. These destinations cover major West Coast cities and regional hubs, making it easier than ever for residents of our region to travel without needing

to drive north to Portland.

With more destinations available compared to prior years, officials expect a sharp increase in travel demand this fall and winter. To help ensure a smooth experience, Eugene Airport is reminding passengers to plan ahead and take a few extra steps before heading out.

Travelers should always confirm their flight status directly with their airline before arriving at the airport. Flight schedules can change due to weather, mechanical issues, or high seasonal demand. Winter brings additional challenges such as fog, snow, and ice, which can lead to delays or cancellations. Checking flight status online or through an airline's mobile application can save unnecessary trips to the airport and help travelers stay updated in real time.

Parking is another area where preparation pays off. Eugene Airport's lots often reach capacity during peak travel days, particularly around Thanksgiving, Christmas, and New Year's. To avoid surprises, passengers are strongly encouraged to check parking availability on the airport's official website, flyEUG.com, before leaving home. The site provides updated information on available spaces, helping travelers decide whether to drive themselves, arrange a ride, or consider other ground transportation options.

Arriving early is another critical piece of advice. Airlines recommend passengers arrive at least two hours before their scheduled departure, especially if checking baggage. The additional time allows for parking, airline check-in, TSA security screening, and unexpected delays that can occur when large numbers of people are

traveling. Early arrival also reduces stress, giving passengers peace of mind as they move through the airport.

TSA screening times are expected to be longer this holiday season, as more flights and fuller passenger loads lead to congestion. Families traveling with children, passengers with oversized items, and those unfamiliar with the screening process should allow for even more time to ensure a smooth journey.

Eugene Airport also recommends that family members and friends picking up or dropping off travelers stay informed through the airport's website. Updated travel tips, parking information, and flight details are all available at flyEUG.com, providing useful tools for both passengers and those supporting them.

The addition of new flights and airlines reflects Eugene's role as a growing transportation gateway for Western Oregon. For residents, this means less reliance on airports farther away and more opportunities to fly directly to the places they want to go. For visitors, it also makes getting to Eugene and the Willamette Valley easier and more convenient, supporting the local economy and tourism.

As the holiday travel season draws closer, one theme remains clear: preparation is key. By planning ahead, confirming flight details, monitoring parking availability, and arriving early, passengers can make the most of the new options at EUG and enjoy a smoother travel experience.

With expanded flights and more choices than ever, Eugene Airport is ready to connect travelers to their destinations, whether across the state, across the country, or beyond. ♦

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Announcements

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LCMS Events

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

Join independent and small-practice physician peers on Wednesday, Nov. 5th at 5:30 PM.

Don Dexter's Gallery. This evening brings together local independent and small-group physicians to connect, share ideas, and exchange resources and solutions. Register on our website today.

RSVP today for the LCMS End-of-Year Gathering on Dec. 4th at Washburne Café in Springfield at 5:30 pm. Come mingle with peers at the final event of the year and celebrate the start of winter with company, conversation, and a warm atmosphere. See you there!

Community

Join the Healthcare for All Lane County Chapter to advocate for affordable, simplified healthcare for all Oregonians. Meetings are the first Tuesday of each month at 7 pm at First United Methodist Church, 1376 Olive St., Eugene, and on Zoom. All are welcome to attend.

The Lane County Healthcare Sector Partnership encourages healthcare providers and healthcare adjacent organizations to join the efforts toward improving access and well-being throughout our community. To join an action committee or for more information, contact info@lcmedsociety.com.

Notes

Last chance to secure advertising specials for 2026! Reach out for renewal details and rates on next year's magazine and Directory ads.

LCMS member dues and updates are due by December 1st to ensure inclusion in the 2026 Physician Directory.



LCMS End-of-Year Gathering

December 4th at 5:30 pm

hosted at

The Washburne Café

326 Main St, Springfield

SPONSORED BY:



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MEDICAL CENTER



SCAN ME



RSVP: info@lcmedsociety.com

MEDICAL MATTERS

Lane County Medical Society

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November 2025

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