

HEALTH TODAY

HEALTH CARE AND WELLNESS INFORMATION FOR OUR COMMUNITY • WINTER 2006



Michael Geist, M.D., and nurse Gerri Woodruff use the communitywide online radiology system to get quick answers for patients.

connects physicians to one another and to local pharmacies. E-prescribing has a great benefit in reducing the risk of drug interactions, lowering patients' prescription costs, and increasing the speed and timeliness with which patients can get their medication refills.

Online radiology. This system is already active and allows physicians to share patients' digital images, such as x-rays, CT (computerized tomography) scans, ultrasounds or MRI (magnetic resonance imaging) scans. With this system, if a patient visits the emergency department on Sunday night, his or her images will be available to the physician doing the follow-up care first thing Monday morning via the physician's office computer. In the past, x-rays had to be hand-delivered.

Improved data sharing. The health care community also is working on enhancing the data exchange of the local health care system to improve access and avoid delay of care for patients. When the new system is fully functioning, if a patient visits a specialist or St. Joseph's emergency department, the EMR will flag the information from the patient's primary care doctor and show

ELECTRONIC MEDICAL RECORDS EVERYONE BENEFITS

BY MICHAEL GEIST, M.D.

INTERNAL MEDICINE, MADRONA MEDICAL GROUP

FOR YEARS DOCTORS HAVE KNOWN THAT IF THEY COULD HELP PATIENTS CONTROL CHRONIC DISEASES, THEY COULD GREATLY improve patients' long-term health by preventing—or at least delaying—complications.

For example, when caregivers help patients with diabetes tightly control their blood sugar, blood pressure and cholesterol, chances are dramatically lower that patients will lose their eyesight, have a heart attack or stroke, or end up on dialysis.

STREAMLINING CARE Most of us think health care stops once the patient leaves the exam room, but behind-the-scenes efforts are always in motion.

One of these behind-the-scenes tools is the electronic medical record (EMR). EMRs are computer-based medical

records that help physicians improve the quality and safety of care and also bring down costs.

Whatcom County was one of nine in the United States to receive a grant from the eHealth Initiative in 2004 to expand its EMR system, which helps local physicians:

Access information more quickly. The computer system automatically enters data, such as the results of the last cholesterol test, so physicians don't have to search through a printed chart. This saves time and money by not duplicating transcription efforts, and it gets information to patients more quickly.

Remind patients of follow-up care. The EMRs create reports that identify patients who are overdue to have lab tests performed or need follow-up visits. Reminders generated by the EMRs make it simple for staff to remind patients to come back in.

Communicate with other health care providers. EMRs help health care providers effectively communicate with one another. This makes care more seamless for the patient.

IMPROVING COMMUNICATION Madrona Medical Group, Family Care Network, Mt. Baker Imaging, St. Joseph Hospital and other health care providers in the community are working on several projects aimed at improving communication, including:

E-prescribing. The e-prescribing initiative, sponsored by HInet (Whatcom Health Information Network),

Whatcom County has one of the most innovative and advanced information systems in the nation.

that the patient is due for an immunization or other follow-up care. It also will eliminate the need to repeat lab work or other tests.

THE FUTURE The ultimate vision is to create an EMR where the patient can become an active participant and contributor to the medical record. Moving from paper to electronic communication will be a win-win situation for everyone.

What you don't know about health care may SURPRISE YOU

ST. JOSEPH HOSPITAL and other health care leaders in the community think it is important to our success as health care providers and you as health care recipients to know more about the local health care system.

In this issue you will learn some surprising things about health care in Whatcom County thanks to the hard work of those who contributed articles, including the Whatcom County Medical Society, Madrona Medical Group, Family Care Network, Whatcom County Department of Health, Interfaith Community Health Center, Whatcom Medic One and the Whatcom Alliance for Healthcare Access.

Enjoy the issue.
—Nancy Bitting
St. Joseph Hospital CEO

CLICK Visit us on the Web
www.peacehealth.org

INSIDE

2 VOLUNTEERS MAKE A BIG DIFFERENCE
4 3...2...1 ACCESS PROJECT LAUNCHES

3 IMPROVED EMERGENCY MEDICAL SERVICES
8 CARE TALKING TO YOUR PROVIDER



SHIBA HelpLine volunteers learn about Medicare Part D.

“I want more people to know the RESOURCES that are out there.”

—LEE WREN, SHIBA HELPLINE VOLUNTEER

stunned to learn about the number of federal and state insurance programs available for low-income people, and I want more people to know the resources that are out there,” said SHIBA HelpLine volunteer Lee Wren, a retired office manager from Orcas Island who now lives in Bellingham.

“My interest started out as a personal concern, but as a SHIBA HelpLine volunteer I can apply what I’ve learned to help others,” Wren said.

Likewise, Peters became a SHIBA HelpLine volunteer after first seeking out the program’s services. A retired Bellingham police officer living in Ferndale, 80-year-old Peters has volunteered with Whatcom SHIBA HelpLine for more than three years. “I found that one of the best ways to learn something is to get your feet wet,” Peters said.

COMMUNITY COLLABORATION

The SHIBA HelpLine and a coalition of government and nonprofit agencies collaborated to present Medicare Part D information sessions for more than 2,200 seniors and disabled Medicare beneficia-

ries. Whatcom Medicare D coalition partners include the Centers for Medicare & Medicaid Services, Department of Social and Health Services, Lummi Tribal Health Center, Northwest Regional Council’s Senior Information & Assistance, Social Security Administration and Whatcom County Council on Aging.

LOCAL VOLUNTEERS ANSWER HEALTH INSURANCE QUESTIONS

BY ELIZABETH JENNINGS

SHIBA HELPLINE COORDINATOR, WHATCOM ALLIANCE FOR HEALTHCARE ACCESS

When Don Lashua began reading about the new Medicare Part D prescription drug benefit last summer, he was surprised by the plan’s complexity.

“I can usually make sense of most things, but I couldn’t make sense of this new Medicare program,” said the 73-year-old retired businessman. “I figured that if I was confused, a lot of other people must be confused too.”

Deciding to learn all he could in order to help others, the Everson resident called to volunteer with the Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine.

A free, confidential counseling service of the Washington Office of the Insurance Commissioner, the SHIBA HelpLine is sponsored locally by the Whatcom Alliance for Healthcare Access, a nonprofit organization.

The SHIBA HelpLine is a statewide network of trained

To talk with a SHIBA HelpLine volunteer about your health insurance questions, call statewide 1-800-562-6900, or in Whatcom County 715-6533.

volunteers who educate, assist and advocate for consumers about their rights and options regarding health insurance and health care access. Volunteers such as Lashua have played a key role in helping Whatcom County Medicare beneficiaries understand their options with the new Medicare Part D prescription drug program.

HOW SHIBA WORKS When residents of Washington state have a question about health insurance, they may call the free SHIBA HelpLine, 1-800-562-6900. An Olympia-based operator routes the call to the nearest SHIBA HelpLine office. Local volunteers help callers find the information and resources they need.

“We don’t tell people what to do,” said SHIBA volunteer John “Ed” Peters, “but we give them their options so they can make up their own minds.”

The next Whatcom SHIBA HelpLine volunteer training begins in early March. To learn more, call 715-6533, or go to www.whatcomalliance.org.

MORE THAN MEDICARE

SHIBA HelpLine volunteers also assist community members with other insurance concerns. Volunteers receive 30 hours of intensive training, which covers individual health plans, Medicare and Medicaid programs, insurance for children and families, Medigap and Medicare Advantage programs, COBRA and more.

“During our training I was

Navigating the new Medicare RX BENEFIT

Here’s a list of things you need to know about navigating the new Medicare plan:

- Everyone who currently has Medicare Parts A and/or B qualifies for the new, voluntary prescription drug insurance.
- More than 40 Medicare Part D prescription insurance plans are available in Washington, and premiums and deductibles vary according to level of coverage.
- Initial enrollment runs Nov. 15, 2005, to May 15, 2006. Some Medicare beneficiaries may face a penalty for late enrollment.
- Nearly 40 percent of Medicare beneficiaries may qualify for extra help paying for premiums and deductibles through the Social Security Administration. Call 1-800-772-1213 for more information.
- See your *Medicare & You 2006* handbook from the Centers for Medicare & Medicaid Services for a detailed description of the new program. The back of the booklet lists all of the plans available in Washington state.
- For a workbook titled *7 Steps to Understanding Medicare’s New Prescription Drug Program*, contact the SHIBA HelpLine, 1-800-562-6900.

Before deciding on a plan, gather your current insurance information, the list of prescriptions you currently take and the name of your favorite pharmacy. Remember, formularies (or lists of drugs) vary among insurance companies, as do pharmacy networks.

To choose the plan that’s right for you, take one of these steps:

- Go to www.medicare.gov to use the Plan Finder tool.
- Call 1-800-MEDICARE (1-800-633-4227).
- Call the SHIBA HelpLine, 1-800-562-6900.

ACCESS TO EMERGENCY MEDICAL SERVICES STABILIZES WITH VOTE TO INCREASE SALES TAX

BY ROGER CHRISTENSEN
MEDIC ONE DIRECTOR

In November 2005, Whatcom County voters approved a sales tax measure to help preserve emergency medical services (EMS) in Whatcom County. Along with the additional funding, a new system of delivering EMS is being rolled out, including changes to who delivers care and who provides these services.

CHANGES IN EMS CARE DELIVERY In 2004, County Executive Pete Kremen formed an EMS working group to examine problems associated with the funding of EMS in Whatcom County. This group examined many different models for prehospital emergency medical service delivery and developed recommendations for future countywide EMS service.

Emergency medical services in Whatcom County will be able to continue into the foreseeable future.

After months of analysis and research, the group recommended that Whatcom Medic One, the organization that leads EMS, would continue to deliver countywide advanced life support (ALS) service to patients requiring advanced levels of care. ALS is needed for life-threatening situations such as cardiac arrest or trauma sustained in a major car accident.

Most local fire jurisdictions will assume responsibility for the transportation of patients requiring basic life support (BLS) levels of care, thereby reducing the need for additional ALS resources. BLS care is used in non-life-threatening situations, such as broken bones, lacerations or injuries received in a minor car accident.

Fire jurisdictions providing BLS care may choose to initiate transport services themselves, form regional cooperative agreements to provide this service or partner with private ambulance companies. This component of the plan may take several years to fully develop.

CHANGES IN 911

Another component of the plan is a new triage system for callers to 911. When 911 receives a call, highly skilled dispatchers conduct a brief

interview to determine the level of response needed. BLS is used for calls where no serious threat is apparent; ALS is used when the call is of a more serious nature. For calls of a basic nature, the closest available BLS service will be sent. For serious calls, the closest BLS service will be sent along with the Whatcom Medic One ALS ambulance. If a BLS call turns out to be more serious, an ALS ambulance will be dispatched.

WHO PROVIDES EMS? Emergency medical technicians (EMTs) are trained to provide BLS care. Paramedics, who must work as an EMT for a year before they can get paramedic training, provide ALS care. Paramedics can administer drugs and perform procedures that EMTs cannot.

Approximately 900 men and women make up the pre-hospital EMS team in Whatcom County. The majority—more than 700—are volunteers. The requirements to be on this team include the initial 120 hours of EMT training as well as a minimum of 18 hours per year of ongoing training. These 700 volunteers contribute an average of 20 to 25 hours per month in training or responding to calls.

WHY WAS CHANGE NEEDED? Whatcom County is the only county in Washington that provides EMS out of its general fund. Under the funding formula, 50 percent of Whatcom Medic One's operating costs came from user fees, with the balance being divided equally between the city of Bellingham and Whatcom County. However, revenues from user fees have decreased, putting the program at risk.

Approximately 64 percent of the total billings in the Medic One system are from federal and state Medicare and Medicaid funds. By federal and state rule, these funds are capped at specific reimbursement rates below the true cost of service. In 2004, Medicare paid 74 cents for every dollar billed for services; Medicaid paid 33 cents for every dollar billed. Over the next 10 years, these reimbursement rates are projected to decrease even further.

Uninsured and private pay individuals account for approximately 11 percent of the system billings. The recovery rate for this group is 30 cents recovered for every dollar billed.

The remaining 25 percent of the system billings are from individuals covered by private health insurance. The collection rate on those accounts is approximately 90 cents for each dollar billed.

While funds have been decreasing, EMS calls have been increasing at an average rate of more than 6 percent a year. Fees-for-service are mostly limited and cannot offset the increased expenses. Unfortunately, neither the county government nor the city of Bellingham had enough capacity in its general fund budget to continue increasing its support for EMS without reducing other important services. The funding for ALS ambulance service was insufficient and the countywide service was slated to dissolve on Dec. 31, 2006.

With this new funding source and commitment by all of the local fire jurisdictions to assume responsibility for BLS transports, the service will be able to continue into the foreseeable future. To learn more about Medic One, visit www.cob.org/FIRE/index.htm.



A voter-approved sales tax increase ensures the availability of Medic One paramedics.

BY CHUCK BEARD

PRESIDENT OF THE WHATCOM ALLIANCE
FOR HEALTHCARE ACCESS BOARD

THE WHATCOM ALLIANCE FOR HEALTHCARE ACCESS (WAHA) IS AN ALLIANCE OF WHATCOM COUNTY COMMUNITY LEADERS AND HEALTH CARE ORGANIZATIONS

working to improve health care for all members of our community through:

- Better access to health care for underinsured and uninsured people
- Better physician recruitment and retention
- Better community education on the effects of health care policy

In 2005, WAHA launched Alliance Health Access Services, an interagency program with two main objectives. One is to provide people with information about health insurance and assistance navigating the health system. The other is to more effectively organize donated physician care for people who are uninsured so that more physicians are able to participate.

Elements of Alliance Health Access Services include:

SHIBA HelpLine. The Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine is a network of trained volunteers who educate, assist and advocate for consumers about their rights and options regarding health insurance and health care access. Learn more about SHIBA on page 2 of this issue of *Health Today*.

Access coordinators. WAHA employs two access coordinators who help lower-income people get affordable health insurance and find a physician. They also do resource education regarding such issues as prescription assistance, transportation and interpreter services.

Access coordinators are working in partnership with Whatcom County school districts and the St. Joseph Hospital Emergency Department to ensure that:

- Whatcom County families are aware of



ARE YOU HAVING TROUBLE PAYING FOR HEALTH CARE OR FINDING A DOCTOR?

YOU HAVE OPTIONS

NO MATTER WHAT

the options that children have for free or low-cost health insurance through Medicaid, the Children's Health Insurance Program (CHIP) and the Basic Health Plan.

- All children have a "medical home"—a place where they can go for needed medical care and regular, preventive well-child exams.

- People of all ages are aware of their

options for health insurance and have access to health care.

Whatcom Project Access. Most medical care is provided by primary care providers, such as a family practice physician or internist. Periodically, people need care from a specialist. For instance, someone with heart disease may need to see a cardiologist for testing and medication evaluation. For

someone with little money and no health insurance, seeing a specialist can be nearly impossible.

Physicians in our community often donate care to people who cannot afford to pay, but have to balance the amount of donated care they provide so they don't overwhelm their practices with nonpaying patients.

In collaboration with the Whatcom



DO YOUR PART TO BRING HEALTH CARE HOME—VISIT WWW.WHATCOMALLIANCE.ORG TO LEARN MORE.

Helping to bring and keep CAREGIVERS in Whatcom County

With financial assistance from Whatcom County and St. Joseph Hospital, the Whatcom Alliance for Healthcare Access has established a strategic partnership with Western Washington University's Small Business Development Center to help attract health care providers to our community through:

- **Assessments and planning:** Conducting ongoing community needs assessments and long-term planning for physician recruitment.
- **Recruitment:** Facilitating a collaborative recruitment strategy aimed at ensuring access to care in Whatcom County.
- **Retention:** Providing business consulting services for eligible physician practices.

KEEPING CARE CAN BE DIFFICULT

The current health care system doesn't just take a toll on patients; it also limits the kind of care physicians can provide. Physicians' practices are essentially small businesses and a variety of issues make it difficult for them to take on Medicare, Medicaid and uninsured patients. Challenges include:

- **Reductions in reimbursement from the government for care provided to Medicare and Medicaid patients—more cuts in reimbursement are expected.**
- **Higher costs of malpractice insurance—the rates increase at about 30 to 100 percent annually.**
- **Office overhead such as staff and equipment investments—keeping up with new technology to provide patients**

state-of-the-art care is very expensive.

IN WHATCOM COUNTY...

- Twelve percent of the population—or 22,000 people under age 65—do not have health insurance.
- Monthly, 18 percent of Whatcom County's population—or 33,000 people—receive some form of medical assistance through public health insurance programs; about half are children.
- Eighty-five percent of the primary care capacity is through private medical practices.
- More than 40 percent of hospital emergency room visits in 2004 were for nonemergency, nonurgent conditions.

ABOUT THE ALLIANCE

The Whatcom Alliance for Healthcare Access (WAHA) is a nonprofit organization with a board of directors made up of health care providers, consumers and community leaders. There are three Community Oversight Groups concentrating on:

- Physician recruitment and retention
- Health legislation and policy
- Improving health care access in Whatcom County

St. Luke's Foundation, Whatcom County Health Department, St. Joseph Hospital and Northwest Regional Council provide in-kind administrative support and technical assistance for these Community Oversight Groups.

County Medical Society, the alliance is developing Project Access. Eligible patients can enroll in the program and receive comprehensive health care—including labs, tests and pharmacy benefits—along with their specialty care.

From the physician perspective, Project Access will ensure a fair distribution of lower-income, uninsured patient cases among participating specialists who donate care. This also will allow the Whatcom Alliance—and the community—to have a better understanding of the amount of charity care that is donated by local physician practices.

Project Access will be launched in early 2006. All patients will have an established primary care provider, usually at either Interfaith or Sea Mar Community Health Center. Enrollees will have access to specialty care and other services (such as imaging, pharmacy and lab) for a period of up to six months before re-enrollment would be required. Patients will be required to pay a relatively small fee (co-pay) before appointments are scheduled.

To learn more, call 715-6531 or visit www.whatcomalliance.org.



The WAHA Leadership Board includes: (back row, from left) Chris Phillips, WAHA co-director; Stephen Gockley; Ralph Hill; Richard Dietz; Gil Thurston; and Jeff Graham, M.D.; (front row) Chuck Beard; Erick Laine, M.D.; Susan Trimmingham; Victoria Doerper; Linda McCarthy; and Sue Sharpe, WAHA co-director. Not pictured: Jim Wells; Diane Beaman; Regina Delahunt; Laura DeRose; Kerri Lenderman; Dave Lynch, M.D.; Ward Nelson; Marc Pierson, M.D.; Pat Rowe; Peggy Zoro; Don Rappe, M.D.; Daryl Hillaire; Kathy Lovdahl; Rob Pochert; and Tom Stackhouse, M.D.

ST. JOSEPH JOINS SAFETY CAMPAIGN

BY CATHERINE O'KEEFE
ST. JOSEPH PATIENT FLOW MANAGER

In 2004, St. Joseph Hospital nurses, physicians and other caregivers began working on process and system improvements to decrease preventable deaths. Coincidentally, some of the things they explored have become cornerstones of a national health care quality improvement campaign.

The Institute for Healthcare Improvement launched its 100,000 Lives Campaign in spring 2005. This is the first-ever national campaign to save 100,000 lives in one year by applying uniform strategies toward a very specific goal.

"Quality is the job of our physicians, our nurses and all others who work at St. Joseph," said Marla Sanger, St. Joseph's Vice President of Quality and Process Improvement. "We all 'own' quality, and we all 'own' the job of quality improvement."

More than 2,400 hospitals are participating in the campaign and committing to implement some or all of six quality improvement changes. St. Joseph is implementing all six. They are:

Deploy rapid response teams. This initiative allows any staff member, regardless of position in the chain of

"Quality is the job of our physicians, our nurses and all others who work at St. Joseph."

—MARLA SANGER, ST. JOSEPH'S VICE PRESIDENT OF QUALITY AND PROCESS

command, to call upon a specialty team to examine a patient at the first sign of trouble.

The rapid response team (RRT) at St. Joseph includes a nurse, respiratory therapist and doctor as needed. St. Joseph nurses appreciate the immediate support they get from the team. While there are certain physical symptoms that indicate the need to call the rapid response team, health care providers are supported in activating the RRT even if they are having a "gut feeling" that a patient isn't doing well.



The rapid response team rushes to a patient at the first sign of trouble.

"Staff is commended for advocating for patients. It is always OK to call the RRT. False alarms are not a problem," said Sanger.

St. Joseph has seen a decrease in code blues (emergency calls to treat respiratory or cardiac arrest) on the medical and surgical floor units since it began using the rapid response team.

Prevent adverse drug events. This initiative involves medication reconciliation, which requires that a list of all of a patient's medications (even for unrelated illnesses) be compiled and reconciled to ensure that the patient is given (or prescribed) the right medications at the correct dosages during all stages and steps of care—at admission, discharge and before transferring the patient to another care setting.

Prevent ventilator-associated pneumonia. This type of pneumonia occurs when a patient has a tube down the throat to aid breathing. The 100,000 Lives Campaign involves implementing five interdependent, scientifically grounded steps to help prevent pneumonia from developing. One step involves elevating the head of the hospital bed by 30 degrees.

"Intensive care unit staff does daily checklists, making sure that each element is being done each day for the patient," Sanger said. "Respiratory therapy and the ICU RNs work closely as a team to bring the best patient-centered care to our ICU patients."

Prevent central line infections. Central lines are used to deliver medicine intravenously to patients, which at times

can make patients susceptible to bloodstream infections. St. Joseph uses a set of interventions, known as a central line bundle, to reduce the risk of infection.

Prevent deaths for patients hospitalized with heart attacks. To achieve this aim, St. Joseph has worked at streamlining the process of getting a patient with the symptoms of a heart attack from the emergency room to a cardiac catheterization lab where further tests and interventions can be done.

"Dedicated team members from our emergency department and Cardiovascular Center and Quality meet each month to re-clarify each process, beginning from the moment a patient arrives," Sanger said.

Prevent surgical site infections. Patients who have surgery are vulnerable to infections. Local physicians and the St. Joseph surgical services team are working on decreasing the number of surgical site infections with a variety of actions, such as giving the patients antibiotics prior to surgery as a safeguard.

Before the campaign launch, St. Joseph already had been working on the rapid response team, the surgical site infection reduction and eliminating adverse drug reactions. It had not had a ventilator-associated pneumonia in more than a year.

In recent months, St. Joseph also created a Center for Healthcare Improvement (CHI) to ensure that the hospital is consistent with national developments in health care improvement, such as the 100,000 Lives Campaign.

HOSPITALISTS HELP STREAMLINE CARE

BY ANNE FOX, M.D.
ST. JOSEPH HOSPITALIST

Few things are as stressful as being admitted to hospital unexpectedly. Luckily, St. Joseph Hospital employs physicians dedicated to helping ease stress and expedite care in these situations.

Known as hospitalists, these physicians specialize in inpatient medical care and usually have no outpatient responsibilities. St. Joseph's hospitalists typically treat inpatients coming through the emergency department who:

- Don't have a personal doctor.
- Have a doctor who is unable to visit the hospital.
- Don't have insurance.

St. Joseph's hospitalist program began in 2002 and cares for more than 30 patients a day. Prior to the hospitalist pro-

gram, internal medicine and family physicians in the community provided care to unassigned patients on a rotating call basis. However, providing this service affected the physicians' time in their outpatient clinics by increasing their inpatient responsibilities. Hospitalists provide thorough inpatient care and allow the community physicians to focus on their outpatient clinics. Primary care physicians and other specialists still serve on-call and see inpatients as well.

Another reason St. Joseph began the program was because data show that hospitalists improve the consistency of care because of their 100 percent availability to oversee tests and procedures and to consult with families. An article in the Jan. 2, 2002, *Journal of the American Medical Association* reported that hospitalists can help patients be ready to go home sooner and can reduce care expenses as well.



**LUMMI
COMMUNITY
SUCCEEDS AT**

**CREATING
HEALTHY HABITS**

BY BARBARA FINKBONNER
LUMMI TRIBAL HEALTH CENTER DIRECTOR



ONE CAN HARDLY TURN ON THE TV OR OPEN A MAGAZINE WITHOUT READING HOW AMERICANS HAVE POOR HEALTH HABITS WHEN IT comes to eating and exercise. In fact, studies show that preventable illnesses account for eight of the nine leading causes of death.

The Lummi community is helping both young and old beat the odds by providing low-cost or free access to physical fitness programs through its Lummi Fitness Center and Wellness Program. These programs encourage physical activity, fitness and positive lifestyles.

The Fitness Center is well-equipped with the latest aerobic and strength training equipment, offers a variety of exercise classes, and is professionally staffed. Memberships are available at no cost to Lummi youth (14 to 22 years of age) and Lummi seniors (55 and older). Lummi Tribal Health Clinic referrals are available for diabetes prevention and management, and all Lummi Indian Business Council employees. The Fitness Center averages around 550 active members who account for more than 20,000 member visits per year.

A VARIETY OF OFFERINGS Fitness Center members are offered free fitness testing, exercise program design and personal training. All members can take advantage of one-on-one consultation on a wide variety of fitness, health and wellness topics as well as small group classes.

Special programs are offered for Lummi Treatment Center, Safe House, canoe club and summer youth groups. The Fitness Center/Wellness Program organizes and leads a monthly hike, coaches canoe pullers and offers some physical rehabilitation and physical therapy services to its members. In addition, the Wellness Program publishes a monthly *Lummi Lifestyles* newsletter and produces a weekly TV show with the same name. Both address a wide range of health, fitness and wellness topics.

SPECIAL EVENTS The Fitness Center and Wellness Program host a number of fitness challenges to increase physical activity through friendly competitions such as the Lose it Before You Gain It holiday challenge, the Treadmill Marathon, the Build a Better Body weight-lifting challenge and the Four Tribes Fitness Challenge, which created an inter-tribal competition designed to get everyone doing 30 minutes of aerobic exercise five days a week.

Another popular event was the World's Strongest Lummi contest, with winners based on age categories. The Kwina Mile footrace attracted about 100 contestants this year. The Stommish Relay, which has a canoe leg, a bicycle leg and a running leg, was held for the first time this year and got a lot of positive feedback.

The Fitness Center and Wellness Program help with other organizations' special events as well, including such events as the Lummi Victims of Crime Run/Walk, the NWIC 5 and

A GRANT WILL MAKE IT POSSIBLE TO OPEN THE FITNESS CENTER AND WELLNESS PROGRAM TO THE ENTIRE LUMMI COMMUNITY AT NO COST.

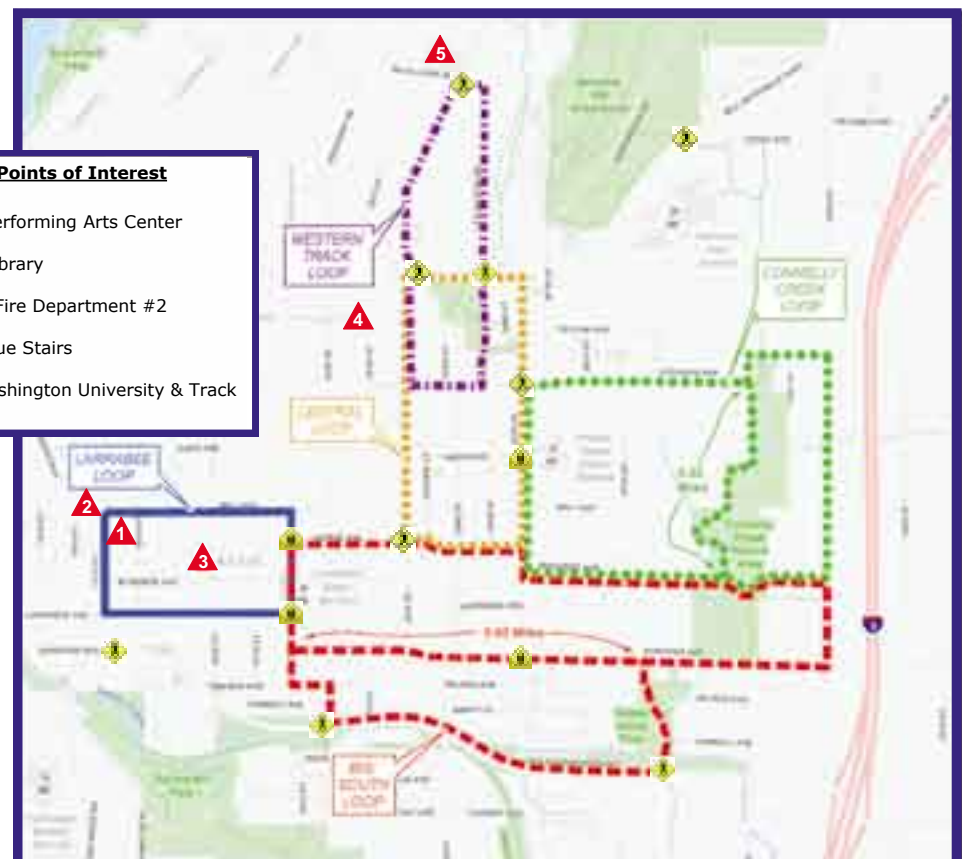
10K Run, and the Doralee P. Solomon 5K Fun Run to benefit Native American education.

KEEPING THE COMMUNITY HEALTHY The Fitness Center and Wellness Program were just awarded a three-year Centers for Disease Control grant that will make it possible to open the Fitness Center/Wellness Program to the entire Lummi community at no cost. The center is planning an ongoing tribal fitness challenge similar to the President's Challenge. The grant also provides training for all youth coaches in a variety of health-related lifestyle issues, so the same positive message is communicated to their athletes.



To learn more about the Lummi Fitness Center and Wellness Program, visit www.lummi-nsn.gov/wellness.html.

Walking Routes		Walking Points of Interest	
Larrabee Loop	1.0 miles	1	Firehouse Performing Arts Center
Big South Loop	2.5 miles	2	Fairhaven Library
Cut-Across	0.6 miles	3	Bellingham Fire Department #2
Central Loop	1.25 miles	4	Taylor Avenue Stairs
Western Track Loop	1.15 miles	5	Western Washington University & Track
Connelly Creek Loop	1.7 miles		
Cut-Across	0.4 miles		



If you can't make the gym, how about hitting the trails like folks in the Bellingham's Happy Valley neighborhood? The neighborhood partnered with the Whatcom Physical Activity Coalition, Whatcom County Health Department and City of Bellingham to put together this trail guide for residents.

COMMUNICATION TIPS

TALKING WITH YOUR PROVIDER

BY DAVID A. LYNCH, M.D.

FAMILY CARE NETWORK

One of the most important decisions people make is choosing a primary care provider.

A primary care provider is someone with whom you build a long-term relationship and create what is often referred to as a “medical home.” This is who you turn in times of illness or injury and who also provides preventive care, such as health screenings, and advice to help you stay healthy. The three specialties that usually provide primary care services are family medicine, internal medicine and pediatrics. Each has unique characteristics.

Family physicians. These doctors deal with common health care problems of children and adults, including health and wellness care. Many family physicians deliver babies and get to know the entire family.

Internal medicine physicians. Doctors who practice internal medicine are specialists in the medical treatment of adults and undergo three years of largely hospital-based specialty education after medical school.

Visit www.sharedcareplan.org for a way to store your health information and share it with your doctor.

Pediatricians. These physicians limit their practice to the care of children. They specialize in understanding developmental issues of childhood, as well as specialized issues regarding the care of children.

Physician assistants and advanced registered nurse practitioners also provide some primary care.

When deciding which of these specialists to choose for your “medical home,” consider calling the potential physician offices to ask a few questions, such as:

- What is the best way to prepare for an office visit?
- Would you provide instructions in writing for me?
- How do you involve your patients in health care decisions?
- How many patients do you see with the same chronic condition that I have?
- May I bring a family member to appointments with me?

WE'RE TALKING TRUST

These physicians are interested in knowing their patients as people, so that they can form a meaningful, healing relationship over time. So when you or a family member is ill, you have the benefit of seeing someone you know and trust.

YOUR NEXT VISIT

Doctors want to make sure you leave their offices feeling like the visit was successful. Below are a few tips on how you can help ensure this success:

- Make a list of symptoms you're having before your visit, includ-

ing when they started and if you have experienced them before.

- Write down questions you have before your visit.
- Ask questions. There's no such thing as a stupid question.
- Bring a list of all prescriptions, over-the-counter medications, and vitamins or supplements you are taking.
- Don't be shy. Doctors know that discussing certain topics can be awkward, but by being as open as possible, you get the best possible treatment.
- If you don't understand something your doctor says, ask for clarification.

TALKING BACK Locally, some primary care doctors are developing patient management systems, which help them to be proactive in improving their service. This means that doctors can now study the results of their care in order to focus on areas for improvement, and make sure that necessary recommendations get to people who need them.

These doctors now know how many of their patients have had necessary tests, such as a mammogram, or received important immunizations, such as a flu shot. When a person with a chronic condition, such as diabetes, does not come in for needed care, the doctor's office is aware and able to call and get them in, instead of waiting for the patient to call.

RESOURCES On the flip side, there also are tools to help patients communicate more efficiently with their doctor. For example, Family Care Network patients have access to a secured, confidential Web tool called fcnInTouch, which allows them to communicate with their physician. Another Web-based tool, called the Shared Care Plan, allows people to organize and store vital health information that can be shared by physicians and others involved in their care.

You can sign up or download a free Shared Care Plan at www.sharedcareplan.org. To learn more about Family Care Network's system, visit www.fcrintouch.com.



Regardless of where your medical home is, it's important to know that primary care physicians in Whatcom County are working on internal and external communication tools to ensure that the community gets the best possible care.

Where to turn when you need health care—NOW!

It's Murphy's Law that you'll need medical care when you least expect it. A horrible sore throat will hit Saturday afternoon. A deep cut will happen while you're making dinner. So what are your best options when these things happen?

PRIMARY CARE PHYSICIANS

For minor illnesses or injuries, consider calling your primary care doctor's office first. Many offices now have extended evening and weekend hours. If not, there is always a physician on call. This physician will call you back and you can discuss whether you should go to the emergency room.

EMERGENCY DEPARTMENT

The emergency department is best for what its name implies—emergencies. Patients who visit the emergency department will be assessed and seen based on the seriousness of their ailment. That means those with a minor health problem—a bad sore throat, for example—may wait for hours.

WALK-IN OR URGENT CARE CLINICS

These practices specialize in treating patients with illnesses and injuries that don't require emergency treatment. They are open evenings and weekends. Waits are much shorter than in the emergency department. Call first to see if they accept your insurance plan, however.

IMPORTANT TO NOTE

If you believe you or your loved one has an illness or injury that is life-threatening, call 911 immediately.

HEALTH TODAY is published three times a year by ST. JOSEPH HOSPITAL to provide health care and wellness information to residents of Whatcom and San Juan counties.

Nicci Noteboom
Editor

Judy Smith
Director of Public Relations and Marketing

Nancy Bitting
Chief Executive Officer

St. Joseph Hospital
2901 Squalicum Parkway
Bellingham, WA 98225
(360) 734-5400
www.peacehealth.org

Information in HEALTH TODAY comes from a wide range of medical experts. If you have any concerns or questions about specific medical issues that may affect your health, please contact your health care provider.

Copyright © 2006
St. Joseph Hospital
Copyright © 2006
Coffey Communications, Inc.
HST18193h

HEALTH TODAY

WINTER
2006