

PLATEAU VALLEY CLINIC NEWS

Volume 1, Issue 3

September 03

**Scott Rollins, MD &
Erika Woodyard, MD**

*Specializing in Wellness,
Medical Illnesses &
Emergency Services*

CLINIC SERVICES

- Laboratory
- Pharmacy
- X-Ray & EKG
- Emergent Care
- Fractures
- Lacerations
- Medical emergencies

PROVIDERS

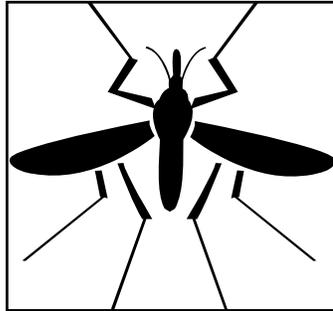
- Physical Therapist
- Massage Therapist
- Chiropractor
- Orthopedist



INSIDE THIS ISSUE:

- Doctor's Schedule 2
- No More Billing Dept 3
- Board Certification 3
- Assisted Living News 4
- Influenza Shots 4

Western Colorado... Meet West Nile!



Colorado has more cases of **West Nile Virus (WNV)** than any other state - 635 cases so far this year, about 40% of all the cases nation-wide. The virus arrived just last month to the Western Slope, and last week the first human case in Mesa County was reported. It's time to be prepared; next year *could* be worse.

WNV is an 'arbovirus', meaning it is spread only by blood-feeding arthropods; in this case, the mosquito. Birds are the reservoir hosts, mosquitoes are the vectors that carry the virus, and mainly humans and horses are the

"dead-end" or incidental hosts. We can get the disease, but not carry enough viral load in our blood to pass it on. Other animals, such as dogs and cats can get infected, but don't get sick. It has been detected in bats, a chipmunk, a squirrel, and a domestic rabbit.

A human can not get WNV from another person or animal. It is unknown if dogs or cats can get the disease by eating an infected bird. There is no human vaccine for WNV. A vaccine for horses was recently licensed. About 40% of infected horses die from the disease.

The first case of WNV ever isolated was in Uganda in 1937. It has spread up into Europe and Asia, and was first found in the US in 1999. From 1999 to 2001, there were 149 cases, and 18 deaths. Last year, there

over 4000 cases, and 284 deaths. So far this year, 1600 cases and 28 deaths.

The illness usually starts 3-14 days after an infectious bite, and lasts 3-6 days. It is very similar to most viral infections, with sudden onset of **fever, muscle aches, fatigue, headache,** nausea, vomiting, and sometimes a rash or lymph node swelling. Only about 20% of those infected develop any illness. Less than 1% will have life-threatening symptoms of encephalitis or brain inflammation, with symptoms such as mental status changes, nerve paralysis, or seizures. The biggest risk factor for serious illness is being older than 50, and over half of all deaths are in people over 77.

WNV is diagnosed by

(Continued on page 3)

Grant Writing Workshop: Saturday, Sept 13

The PV Hospital District has organized a grant writing workshop on **Saturday, Sept 13, from 9 am to 3:30 pm**, in the upstairs dining room. **The cost to attend is \$100.** The application for the workshop is enclosed. Any questions

should be directed to Vicki Chia at 487-0211.

Grant writing classes usually cost the participant \$175 and require attendance at four, two hour evening sessions. This class reduces the cost, by having it all in one day. This is open to anyone interested in writing grants. Several employees will attend.

The district has approved hiring a professional

grant writer, and is in the process of screening applicants.

The doctor answered the phone and heard the familiar voice of a colleague on the other end of the line. "We need a fourth for poker," said the friend.

"I'll be right over," he whispered.

As he was putting on his coat, his wife asked, "Is it serious?"

DOCTORS OFFICE SCHEDULE

September 2003

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 SR	2 SR	3 EW	4 EW	5 EW	6 EW
7 EW	8 EW	9 EW	10 SR	11 SR	12 SR	13 SR
14 SR	15 SR	16 SR	17 EW	18 EW	19 EW	20 EW
21 EW	22 EW	23 EW	24 SR	25 SR	26 SR	27 SR
28 SR	29 SR	30 SR				

October 2003

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 EW	2 EW	3 EW	4 EW
5 EW	6 EW	7 EW	8 SR	9 SR	10 SR	11 SR
12 SR	13 SR	14 SR	15 EW	16 EW	17 EW	18 EW
19 EW	20 EW	21 EW	22 SR	23 SR	24 SR	25 SR
26 SR	27 SR	28 SR	29 EW	30 EW	31 EW	

November 2003

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 EW
2 EW	3 EW	4 EW	5 SR	6 SR	7 SR	8 SR
9 SR	10 SR	11 SR	12 EW	13 EW	14 EW	15 EW
16 EW	17 EW	18 EW	19 SR	20 SR	21 SR	22 SR
23 SR	24 SR	25 SR	26 EW	27 EW	28 EW	29 EW
30 EW						

December 2003

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 EW	2 EW	3 SR	4 SR	5 SR	6 SR
7 SR	8 SR	9 SR	10 EW	11 EW	12 EW	13 EW
14 EW	15 EW	16 EW	17 SR	18 SR	19 SR	20 SR
21 SR	22 SR	23 SR	24 EW	25 EW	26 EW	27 EW
28 EW	29 EW	30 EW	31 SR			

Appointments: 487-3565 After Hours Emergencies: 248-0222
 Doctors available for emergencies 24 hrs/day, 7 days/wk (Schedule subject to change)

BUSINESS NEWS: No More Billing Department?

The clinic will soon be making a big transition, operating without a billing department within the facility. We will be routing all billing through an outside billing agency, or "out-servicing".

Why? Because even with really hard working staff, there is no way to keep up with the ever-changing, ever-growing mountain of beauracratic procedures necessary just to submit a bill.

This is really not anything new, as more and more small offices have been going this route for years. The amount of time required to stay current on the rules prohibits sending staff for training, and the "ins and outs" of the insurance industry are quite a puzzle. Out of this, a new industry has evolved, where

several people can run multiple offices, better and faster. The net result is a savings on overhead, and an increase in reimbursements. Many of these agencies also specialize in overseeing compliance with OSHA, infection control, privacy (HIPAA), policies and procedures and personnel issues.

The board reviewed all options for billing. The decision, due to financial reasons, was made to seek bids for out-service billing. Monument Medical Consultants was awarded the contract after reviewing three bids. This firm is familiar with the operations of the clinic since they have been acting as our consultants for almost a year. Our reception staff and office manager will be avail-

able for questions and will be primarily involved in making this system work.

On a personal note, we are very thankful to our current billing staff. We are grateful for their years of excellent service, and we'll sincerely miss them.

Co-pays on your insurance are DUE at the time of service.

Remember that insurance information is your responsibility and must be kept updated. You also need to know what services your insurance will cover. We will kindly remind you for new card or insurance plan numbers!

MEDICAL NEWS: Board Certification.

Both Dr Rollins and Dr Woodyard are 'board certified' in Family Practice. So what? What does that mean?

All doctors, of all specialties, have to pass the 3 parts of the National Medical Exams. This is the same test, given on the same day, to all doctors in the country. The first part is after the 2nd year of medical school, the second after the 4th year, and the third after the 1st year of residency training (internship). All must be passed to go any further, and after part 3 a doctor receives a DEA license to prescribe

medications, and *could* go into practice at that point.

"Board" specialty exams, were invented by the family practice specialty, back in the 1970s, as a means to encourage further education and training, and ensure ongoing competency.

Upon graduation from a specific residency (3 years for family practice), a physician must pass the Board Exam in their specialty to be board certified. The test is taken every 6 years, and a doctor must have 300 hours of continuing medical education (CME) logged to

qualify. Most physicians spend several thousand dollars and several hundred hours each year to get all the CME needed. We get CME credits by teaching, self-study topics galore, publishing articles, and attending various seminars or training programs.

MEDICATION REFILLS

Call your pharmacy at least 48 hours before you need a refill on your routine medications.

Prescriptions filled in the clinic must be paid for at the time of service - please plan ahead.

West Nile...treatment

(continued from page 1)

the clinical presentation and a blood test for the antibody to WNV.

There is no specific treatment for WNV, so prevention is the main issue. Avoid being outdoors during peak mosquito hours of dawn and dusk, keep screens on open doors and windows, and empty any standing pools of water around the house.

Personal protection when outdoors is *the* critical prevention. Wear long sleeved garments, and use DEET products for repellent. DEET should be used carefully, according to the product

directions. Higher % products don't protect better, just longer, and >50% DEET doesn't add much. Use DEET sparingly, place on clothing (warning...it melts nylon), hats, etc, and minimize the amount needed on skin. Avoid cuts, wounds, eyes and mouth. Wash off at end of day. DEET is safe for pregnant or nursing women. 10-30% concentrations are safe in kids. There is some disagreement about *just* how safe DEET is in kids, so be respectful of it, don't let kids put it on themselves, use your hands to put on their skin sparingly, and avoid putting on their hands or face as they're bound to get it in their eyes or mouth.

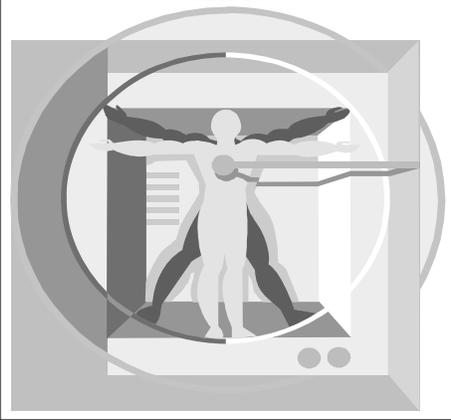
Some non-DEET products are ok, but

none have been shown to be better than about 5% DEET products.

After being infected, animals develop an immunity; historically the disease peaks for a few years then declines, so we would hope Colorado will have its peak over the next year or so.

After all that, don't panic. Remember, only 284 people died in the whole country last year. Compare that to an average of 36,000 deaths each year from the influenza virus.

The mark of a good doctor is usually illegible.



Plateau Valley Hospital
District
58128 Highway 330
Collbran, CO 81624

Nonprofit Org
US Postage PAID
Permit No. 4
Collbran, CO

BOXHOLDER
COLLBRAN, CO
81624

PLATEAU VALLEY CLINIC NEWS

A service of the Plateau Valley Hospital District
Written and produced by Drs. Rollins & Woodyard

Plateau Valley Clinic
58128 Highway 330, Collbran, CO 81624
Phone: 970-487-3565 Fax: 970-487-3568
Email: pvclinic@earthlink.net

For Appointments Call:

Monday-Friday 9 am –5 pm 487-3565
After Hours Answering Service 248-0222

Doctors can be reached for emergencies
24 hr/day, 7 days/week

Here Ye! Here Ye! Get Your Flu Shots!

Influenza A or B viruses cause an epidemic of **respiratory disease** almost every winter. In the US, about 10-20% of people get infected, with an average of 114,000 hospitalizations and 36,000 deaths each year.

The influenza vaccine is widely available, and is generally very safe. You can not get the flu from the vaccine! It is possible to have a reaction, rarely, causing fever or muscle aches. You should not get the shot if you are allergic to eggs, or if you have had a bad reaction to previous flu shots.

The vaccine is not perfect. Every year, the geniuses at the CDC try to guess which strains of influenza will be most common, and most deadly, then mix up a vaccine to several different strains. With vaccination, the immune system becomes primed to fight the disease. You can still become infected, but your body has a head start and can fight the disease more quickly. Some years the vaccine is right on, and some years

it seems to miss the main strains. The vaccine hedges your bet against getting sick, period.

The flu presents with sudden onset of **fever, muscle aches, headache, fatigue, sore throat and cough**. If caught early, there are anti-viral medications for influenza that are fairly effective. Severe cases can cause death by pneumonia or encephalitis (brain inflammation).

Flu shots are usually given starting in October, cost less than \$20, and most insurances cover the cost.

Some interesting history... In 1918-19, "**Spanish flu**" caused the highest number of known flu deaths; more than 500,000 in the US, and 20-50 million people may have died worldwide. In 1957-58, "**Asian flu**" caused 70,000 deaths in the US. In 1968-69, "**Hong Kong flu**" caused 34,000 deaths in the US.

Assisted Living Progress

The application for licensure is ready to send, waiting until architectural plans are finalized.

We have received commitment of about \$141,000 from the Energy Impact Fund. The district has budgeted \$70,000 for necessary roof repairs, and is seeking bids on architectural services. Approval has been given to hire a grant writer.

The estimated cost to open is about \$350,000, including upstairs remodel, clinic lobby renovation, landscaping, and parking.

The desire to take medicine is perhaps the greatest feature which distinguishes man from

The Hospital District Board usually meets on the 3rd Thursday of every month, at 5:00 pm in the east end of the building. The public is always welcome and encouraged to attend.