

The South Wasco Times



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The November election ballots are out and are due by November 5th. One of the measures on the ballot is the Option Tax Levy for the White River Health District, which operates the Deschutes Rim Health and Dental Clinic. The Clinic serves all 750 square miles of South Wasco County.

The renewal of the levy would allow the Clinic to hire a full-time provider, which would help qualify the Clinic for official "Rural Health Clinic" status, which significantly increases what Medicare and Medicaid, the areas two biggest insurers, pay for services. This would help the Clinic achieve financial stability.

With that in mind, The South Wasco Times decided to interview Dr. David Farris, the new Chair of the District Board of Directors to ask about his approach to the Clinic's challenges.

This interview was conducted on October 18, 2024.

SWT:

One of the most important questions from people will be, Well, change has been promised to us over and over again. Why can we believe you now, and trust that the Clinic is committed to change?

Dr. Farris:

New leadership. Leadership starts at the top. The institution runs the way it's steered. I plan on building a team that has the vision, and the attitude, and the cohesiveness to be what the community wants. There's a change in the tenor of the board. I also have contacts that other people don't have.

There's a reason that Aaron Kramer, PA-C [Physician's Assistant Certified], very experienced in family medicine, came at my invitation to look at the [open provider] position last night. He's interested in the community and the opportunity to really have an impact on the community. When we get the [full time] provider—if the levy passes and we can pay for a provider—and we get the staff, and we build up a steady patient base, even if that provider leaves there will be an attractive job and team to work with.

SWT:

In the past there have been a lot of people who have come to the Clinic, it seems like they're committed to stay, and then within a year they leave. Why is that not going to happen under your watch.

Dr. Farris:

I can't promise it won't, and I don't make false promises. My leadership skills tend toward building a collaborative team, and I think that will better serve the entire organization at the Clinic. I don't back down from challenges. And I hope to recruit people who see the potential job gratifications of taking care of people in a small rural community, and a welcoming team with whom they will work. If we provide the appropriate compensation, they'll stay. Maybe not as long as we want them to, but if we have that environment, and that team, it's attractive to the next person.

SWT:

How do you create continuity when it seems inevitable that providers will come and go?

Dr. Farris:

What Dr. Maile Anslinger [current provider at the Clinic] said to me was, three years is kind of what you can expect out of a provider these days before somebody moves on. But what you want people to be able to identify with is the Clinic itself: that the staff there know you. That you have trust in the Clinic that when one person leaves, somebody else will pick it up. There's institutional memory that makes it work. And that's what we want to provide, which is the kind of constancy of a thriving enterprise with multiple people.

SWT:

What do you say to area residents who say they aren't going to use the Clinic because they have specialist providers in The Dalles or Portland, and who have to go the The Dalles for their prescriptions anyway?

Dr. Farris:

First of all, if you never use the Clinic, your friends and neighbors will and they'll be getting better health care. Second, if you have specialist in Portland or The Dalles, many specialists only need to see you once a year or every six months if you have a primary care provider who is doing the monthly measurements, physical exams, and co-managing with the specialist. You're not driving to Portland every month, you're going twice a year. Or once a year. Or in some cases, like mine, I haven't seen my cardiologist in years. I see my primary care provider and if anything came up she would talk with my cardiologist. That's the beauty of local primary care.

As for pharmacy? Mail order. You're on chronic meds, who wants to drive to The Dalles every 30 or 90 days to pick up the medicine you've been taking for five years?

I also hope to have certain specialty providers come here. I've already spoken to a very good pain medicine doctor, and we're discussing whether one of his PAs [Physician Assistants] or one of his doctors could come here one day a month to see people with chronic pain.

SWT:

What's your experience, David?

Dr. Farris:

I came from a small town in Nebraska. I went to Stanford, I went to medical school at UC San Diego, I did my internship in an underserved population in Maricopa County in Phoenix, Arizona. After my residency and fellowship in anesthesiology at UCLA I moved to Portland. I practiced at Emanuel, which for Portland cares for a rather under-resourced population, and that was the work that I loved.

After 33 years there, I've now spent five years as the Medical Director of the Oregon Medical Board. We oversee 25,000 licensees [medical practitioners] and I have investigated complaints in all aspects of medicine. I've made many, many contacts. At my age, it's time to move on, and I am in the process of retiring from that position, which means I'm doing part of the job and training my successor.

So when I was asked to become Chairman of the [Clinic] Board, I said, I have a full-time job, and by the first of the year I'll be almost entirely free. But until then, I am relying on the current members of the board to carry on, under my leadership, to manage the things they've been managing, which is a lot of the day-to-day at this point.

SWT:

Are you willing to have the tough conversations involved in making the necessary changes at the Clinic?

Dr. Farris:

In my career I'd had many difficult conversations, I've managed very contentious personnel issues in the past, I've participated in the prosecution of very unethical doctors. What we do at the Medical Board is law enforcement. I've had people crying in meetings, but it doesn't change what I have to say.

SWT:

Besides your leadership, how else is the Board of Directors changing?

Dr. Farris:

As of the date of this interview, Ashley Biesenthal has applied to be a member of the District Board of Directors, and it's expected that she will be selected at the next board meeting, which in a week. She is going to be a major asset. She has experience running a primary care clinic as a nurse manager. She was jumping in to do stuff, and she said "That's what Woodsides do." [Ms. Biesenthal is the daughter of Rod and Regina Woodside of Maupin.]

SWT:

What have you learned about rural health care?

Dr. Farris

I learned from Mr. Kramer [provider candidate] and Dr. Anslinger that the real advantage of a local primary care provider is the understanding of the patient's context, the living situation of the patient as it relates to how they get their health care. Can they even get here on certain weather days? What resources are they going to be able to fall back on in times of sickness? That comes from local knowledge.

SWT:

In what percent of the cases where someone needs to see a doctor do you think the Clinic could handle the situation?

Dr. Farris:

Right now, Dr. Anslinger could probably handle about 80 or 90 percent of the situations. If you're talking about a family medicine practitioner like our current candidate, that number goes up even higher, because you're talking about five days a week instead of a day and a half a week. That's what we want. That's why I want the levy to pass.

It's worth pointing out that, even if the levy passes, we have a year with very low funding [until the levy money is available]. We're going to need corporate donations, maybe some large-scale personal donations, to maintain services. When it comes to raising money, it's not something I've done a lot of before, but I know how to ask people for things. And I have a lot of contacts, and Commissioner Phil Brady [former Chair of MCMC] is making contacts on our behalf.

SWT:

What would you say to people who are afraid they're just throwing good money after bad, given all the broken promises of the past?

Dr. Farris:

Things are different. It's a new era of leadership. There's a new energy, new approach to problems, new strategies, new contacts, and new expertise on the board, especially with Ashley Biesenthal joining.

SWT:

There seems to have been contentious relationships within the Clinic in the past.

Dr. Farris:

My approach is to build an inclusive and collaborative team from top to bottom that will let people focus on the work they're trained in and want to do, and obtain the gratification they expected when they went into the practice of medicine. And the Board will support them in their practice.