



The Scribe

A publication of the Medical Society of Metropolitan Portland

PHYSICIAN PROFILE

A familiar face



New health authority CMO Dana Hargunani, MD, MPH, will inform strategy, policy.

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Medical Education



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August 2018

Drug supply shortfalls crimp practices, protocols

FDA responds to specialty groups' concern by forming task force to develop long-term solution

By Cliff Collins
For The Scribe

The perennial problem of shortages of essential drugs is receiving increased attention this year, as medical organizations press the government to respond.

Emergency doctors, anesthesiologists, surgeons, critical care specialists and other clinicians are facing recurrent shortfalls of common medications that are “astonishingly routinely used,” said

John C. Moorhead, MD, MS, a professor of emergency medicine and chair emeritus of **Oregon Health & Science University's emergency department**. “This has been a continuing problem for patients and physicians.”

The **Oregon chapter of the American College of Emergency**



JOHN C. MOORHEAD, MD, MS

Physicians took that message to Washington, D.C., when its representatives met with members of Congress earlier this year at ACEP's annual conference. “The No. 1 topic was drug shortages,” said

Michelle R. Shaw, MD, chapter president and medical director of Providence Willamette Falls Medical Center's emergency department. “Our group asked, ‘Why has it gotten so bad?’”

“I've never seen it like this” since she completed her residency in 2009, said Shaw, “when you can't get a medication.”

The last six months, (we were told) ‘We can't get any of this, and there's a back order of six months.’” Injectable painkillers such as morphine, the heart drug diltiazem, epinephrine, even saline and pyridoxine are among many other products in short supply. When the preferred drug is not available for a certain condition or use, “you start using second-line things,” which may be less efficacious, she said.

“It's an ongoing problem in Oregon hospitals,” according to Moorhead, an example being that every day when he comes to work, a hospital pharmacist sends him a list of shortages and preferred substitutions. But he added that larger hospitals have the benefit of personnel dedicated to tracking the status of certain medications. “My understanding is that the larger facilities have been able to better prepare their practitioners. It's more difficult for the smaller institutions to try to keep ahead of these.”

Shaw said being a part of a larger health system such as hers may mean that member hospitals' “baseline supply is higher,” but even so, pharmacists and clinicians often receive very little notice when certain drugs become hard or impossible to obtain.

“It's an **ongoing problem** in Oregon hospitals.”

– John C. Moorhead, MD, MS, on shortages of essential drugs



According to a recent report in *The New York Times*, as “a rash of decades-old staples became scarce,” hospitals of all sizes “have been scrambling to come up with alternatives to these standbys, with doctors and nurses dismayed to find that some patients must suffer through pain, or risk unusual reactions to alternative drugs that aren't the best option.”

A survey in May of ACEP members found that nine of 10 said they didn't have access to critical medicines, and nearly four in 10 said that patients had been negatively affected. In addition, NPR reported that an informal survey of nearly 2,500 members of the American Society of Anesthesiologists found that 98 percent of respondents said they “regularly experience drug shortages at their institutions.” More than 95 percent say those shortages impact the way they treat their patients.

The Food and Drug Administration explains that shortages can occur for many reasons, including manufacturing and quality problems, delays and discontinuations. Moreover, NPR noted that the federal government is caught between two competing objectives: The Drug

The perennial problem of shortages of essential drugs is receiving increased attention this year. The Oregon chapter of the American College of Emergency Physicians spoke with the state's congressional delegation a few months ago about the need for action.

Enforcement Administration is attempting to combat the addiction problem by trying to limit the amount of opioids manufacturers produce, while at the same time the FDA is under pressure to find answers to the injectable opioid shortage.

The American Society of Anesthesiologists states that the current situation represents “an unprecedented number of drug shortages, (which) directly impact patient safety and care. Having a diminished supply, or no supply of critical drugs at all, can cause suboptimal pain control or sedation for patients, in addition to creating complex workarounds for health care staff, leading to potential errors. Shortages have also resulted in delays and even cancellation of care.”

Earlier this year, the anesthesiology society, ACEP and other specialty groups persuaded a bipartisan group of more than 135 lawmakers from both the House of Representatives and the Senate to send letters to the FDA urging the agency to address critical shortages of injectable anesthetics and intravenous pain medications. Shaw said politicians were receptive to the physicians' message, because drug shortages potentially affect everyone,

See **DRUG SHORTAGES**, page 10

NOTE TO OUR READERS

Welcome to the electronic version of *The Scribe* newspaper. Please make note of some of the interactive features of this publication. Articles that jump between pages have hyperlinks on the continuation line for your convenience. We have also linked advertisements and other web references to their respective websites.

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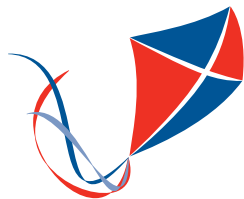
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The Scribe

August 2018 • Volume 36, No. 8

The Scribe is the official publication of the Medical Society of Metropolitan Portland.



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The Scribe is published monthly by the Medical Society of Metropolitan Portland, 1221 SW Yamhill St., Suite 410, Portland, OR 97205.



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MSMP is proud to present our OSHA and HIPAA training, tailored for members and led by Virginia Chambers, CMA (AAMA)

1 – 4 p.m., Wednesday, Sept. 12

LOCATION: MSMP Conference Room
1221 SW Yamhill St., Suite 410, Portland

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6:30 p.m., Thursday, Nov. 8

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NOTE: CME credits available; may be eligible for The Doctors Company Risk Management Credits.

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New health authority CMO a familiar face

In her second stint with the state agency, Dana Hargunani, MD, MPH, will inform strategy, policy

By Jon Bell
For The Scribe

A youthful bike wreck was pretty much all it took to set **Dana Hargunani** on a path toward medicine.

The California native had been pedaling around just like any other sixth grader would when she crashed and fell off her bike. The accident was rough enough that Hargunani needed surgery on her knee in the hospital, and that's what sealed

the deal.

"My only link to the memory of why I first wanted to become a doctor was when I had surgery on my knee," she said. "That was my first exposure, and I just became enthralled with the work the clinical team was doing and everything that was going on. That was my first memory of wanting to be a doctor, and I just really followed through on that."

Today, 17 years after earning her medical degree from the Georgetown

University School of Medicine, Hargunani, MD, MPH, is the newest chief medical officer for the Oregon Health Authority. A pediatrician with 16 years of experience in clinical practice and also public health, Hargunani assumed the role a little more than six months ago.

It's not her first stint with OHA. Hargunani served as the agency's child health director from October 2011 to July 2015, a period that saw extensive changes in the health care world particularly with the implementation of the federal Affordable Care Act. The state's Patient-Centered Primary Care Home Program also evolved dramatically during that time. Hargunani played a big role in that as an advisor as well as in policy development related to youth.

"It was really an exciting time. OHA was leading the way with implementation of the Coordinated Care Organization model," she said. "It was a time of a lot of change and opportunity."

An 'impactful experience'

Prior to her first run with OHA, Hargunani had been on the faculty at Oregon Health & Science University as an assistant professor of pediatrics from 2005 to 2011. She is still an assistant professor there today. Hargunani had also done her residency at OHSU and spent a year as chief resident of pediatrics. On top of that, she earned a master's in public health from Portland State University in 2010.

In between college – she earned a bachelor's in molecular biology from Princeton, where she also played on the women's basketball team – and medical school, Hargunani took a year off to manage a home of six kids with developmental disabilities.

"I did that in part to take the time to really affirm my direction and get some hands-on experience because I really thought that I wanted to be a pediatrician," she said. "That was a really impactful experience for me."

Her direction confirmed, Hargunani went forward with medical school, then headed to OHSU in 2005 in part to get a little closer to her West Coast roots. She fell in love with the locale and has stayed ever since.

Hargunani left OHA in 2015 to start her own consulting firm, Saltbox Health Strategies. She also spent a year from 2016 to 2017 as the chief executive officer for the nonprofit Oregon Public Health Institute before returning to OHA earlier this year. She continued practicing at Children's Community Clinic, something she still does a half day a week.

"The time away from the agency provided great perspective and gave me a chance to think about policy changes from a different perspective," Hargunani said.

She said that not only does she enjoy continuing to care for patients in a clinical setting, but doing so has also shown her the importance of having good policies at the state level. That's one of the reasons that she decided to return to OHA.



"My only link to the memory of why I first wanted to become a doctor was when I had surgery on my knee...I just became enthralled with the work the clinical team was doing and everything that was going on."

– Dana Hargunani, MD, MPH

"I truly love the ongoing patient care as a clinic, but I think it's been clear that there's limited impact you can have in that clinical setting" on larger policies, Hargunani said. "But the on-the-ground experience has made it clear how policy can make a difference. I've been honored to do both. It's helped me to be a better leader in the state and a better clinician."

Limited resources an ongoing challenge

In her new role with OHA, Hargunani will help inform OHA's strategy and health care policy. What that means, she said, is continuing to plan for the next five years of evolution of the CCO model, using the lessons of the past few years as guidance. Hargunani will also head up delivery systems and innovation, which includes the pharmacy policy team. A big focus for that group is ensuring that Oregonians have access to the drugs they need and managing pharmaceutical costs.

In addition, Hargunani's team includes the Health Evidence Review Commission, which works to ensure that Medicaid coverage is based on solid evidence and data. She will also continue to be involved with the improvement of the Patient-Centered Primary Care Home Program.

The biggest challenges for OHA, Hargunani said, will continue to be limited resources.

"We have a limited state budget for Medicaid, so resources are always going to be an issue," she said. "We have to try and balance our limited resources alongside the care that Oregonians need. That's an ongoing area."

Though she's stretched thin between her new role at OHA, her teaching at OHSU and her weekly practice, Hargunani spends as much time as she can with her family, which includes her husband and three children. Though she doesn't play much basketball anymore, she does keep in touch with her former college teammates, and she'll occasionally play a pickup game with her kids.

"It won't be long before they outdo me," she said. ■

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OPA honors Beth Westbrook, PsyD, for outstanding contributions to psychology

Beth Westbrook, PsyD, a member of the **Medical Society of Metropolitan Portland's Physician Wellness team**, has received the prestigious Labby Award from the Oregon Psychological Association (OPA). The award recognizes an OPA member who has shown outstanding service and contributions to the development of the advancement of psychology in Oregon.

"I am very honored to have received this award. I have always valued giving back to the students and health professionals that have helped me throughout my career. Meeting and treating health professionals has helped to keep me engaged in very fulfilling work," Westbrook said.

Westbrook has more than 40 years of service in the psychological community. She earned her bachelor's degree in psychology, a master's degree in expressive therapies (dance therapy) and a PsyD in clinical psychology. She has a private practice in clinical psychology and consults for both MSMP's Physician Wellness Program and the state's program for impaired professionals, the Health Professionals' Services Program.

Westbrook's mother was a psychologist engaged in teaching and school psychology, exposing Westbrook to psychology and academia at an early age, according

to an article published by the OPA. Her goal is to do in-depth work, whether for long-term patients or shorter-term wellness work, and she will continue to develop programs and access to treatment for health professionals.

Westbrook said she is proud of her work at the national level on mental health parity and Medicaid advocacy (HERC). Her focus is on privacy, respect of individual differences and the use of her psychodynamic training. She told the OPA she wishes to continue to foster well-being on a statewide basis and would like her legacy to be one of increasing awareness of the need for personal care and colleague support.

Prior to her current work, Westbrook was an adjunct faculty member at Marylhurst College, an interventionist in a lung health study at Oregon Health & Science University, and a primary clinician (group therapist) for the District of Columbia Council on Aging. She provided short-term psychiatric unit group, individual and family therapy at Mount Vernon Hospital in Alexandria, Va., was part-time faculty at Pacific University, and served as a consultant in doctoral psychology student supervision at Legacy Health.

Westbrook has volunteered her time and expertise to help many associations



Ryan Dix, PsyD, Oregon Psychological Association president, presents the organization's Labby Award to Beth Westbrook, PsyD.

Photo courtesy of the Oregon Psychological Association

and organizations, including the American Red Cross Mental Health Disaster Relief and the Mazamas Critical Stress Management Team. She has been a member of the OPA for more than 30 years, serving as its president from 2003–2004 and as a member of several of its committees. Westbrook is currently a member of the Oregon Psychological Association and the American Psychological Association. She volunteers with MSMP's Wellness Committee, and has

recently developed a statewide mentoring program for psychologists. She also recently completed six years as a governor appointee to the Health Evidence Review Commission and Evidence-based Guidelines Subcommittee. ■

Study: Physician burnout at least equally responsible for medical errors as unsafe workplace conditions

Physician burnout is at least equally responsible for medical errors as unsafe medical workplace conditions, if not more so, according to a study led by Stanford University School of Medicine researchers.

"If we are trying to maximize the safety and quality of medical care, we must address the factors in the work environment that lead to burnout among our health care providers," said Tait Shanafelt, MD, director of the Stanford WellMD Center, associate dean of the School of Medicine and the senior author of the study, published in July in the *Mayo Clinic Proceedings*. "Many system-level changes have been implemented to improve safety for patients in our medical workplaces. What we find in this study is that physician burnout levels appear to be equally, if not more, important than the work unit safety score to the risk of medical errors occurring."

In a news release about the study, Stanford noted that medical errors are common in the United States. Previous studies estimate these errors are responsible for 100,000 to 200,000 deaths each year. Limited research, however, has focused on how physician burnout contributes to these errors, according to the new study.

Researchers sent surveys to physicians in active practice across the country. Of the 6,695 who responded, 3,574, or 55 percent, reported burnout symptoms. Ten percent reported that they had made at least one major medical error during the prior three months, a figure consistent with previous published research, the study said. The physicians also were asked to rank safety levels in the hospitals or clinics where they worked using a standardized question to assess work unit safety.

"We found that physicians with burnout had more than twice the odds of self-reported medical error, after adjusting for specialty, work hours, fatigue and work unit safety rating," said Daniel Tawfik, MD, an instructor in pediatric critical care medicine at Stanford, the study's lead author. "We also found that low safety grades in work units were associated with three to four times the odds of medical error."

Shanafelt said the findings indicate "both the burnout level as well as work unit safety characteristics are independently related to the risk of errors."

Multiple studies indicate that about half of doctors experience symptoms of exhaustion, cynicism and feelings

of reduced effectiveness. This new study notes that physician burnout also influences quality of care, patient safety, turnover rates and patient satisfaction.

"Today, most organizations invest substantial resources and have a system-level approach to improve safety on every work unit," Shanafelt said. "Very few devote equal attention to address the system-level factors that drive burnout in the physicians and nurses working in that unit. We need a holistic and systems-based approach to address the epidemic of burnout among health care providers if we are truly going to create the high-quality health care system we aspire to."

The study also showed that rates of medical errors actually tripled in medical work units, even those ranked as extremely safe, if physicians working on that unit had high levels of burnout, indicating that burnout may be an even bigger cause of medical error than a poor safety environment, Tawfik said.

"Up until just recently, the prevailing thought was that if medical errors are occurring, you need to fix the workplace safety with things like checklists and better teamwork," he said. "This study shows that that is probably insufficient. We need a two-pronged approach to reduce medical errors that also addresses physician burnout."

In addition to their effect on patients, errors and burnout can have serious personal consequences for physicians. "We also know from our previous work that both burnout and medical errors independently double the risk of suicidal thoughts among physicians," Shanafelt said. "This contributes to the higher risk of death by suicide among physicians relative to other professionals." ■

"Today, most organizations invest substantial resources ... to improve safety on every work unit. Very few devote equal attention to address the **system-level factors that drive burnout in the physicians and nurses** working in that unit."

— Tait Shanafelt, MD



New appointment boosts wellness resources for students

Oregon Health & Science University, which teaches wellness and resiliency skills as part of undergraduate medical education, says a new appointment in the MD program bolsters wellness programs and resources for medical students.

Megan Furnari, MD, pediatrics instructor in the OHSU School of Medicine, was appointed director of medical student wellness and leadership development. The position began in March.

Furnari coordinates student wellness efforts and leadership development for MD students. Previously, she co-founded and directs the Women's Leadership Development Program, a curriculum aimed at mentoring women-identifying medical students. Furnari will continue her work with the leadership development program, in addition to faculty mentor **Elizabeth Lahti, MD**, assistant professor of medicine in the School of Medicine, and new faculty mentors **Alisha Moreland-Capuia, MD**, assistant professor of psychiatry, and **Erin Bonura, MD**, assistant professor of medicine in the School of Medicine.

The medical student wellness programs will be in addition to existing resources available to all students through the Joseph B. Trainer Health & Wellness Center, which provides resources that address multiple aspects of well-being, including

primary care, behavioral health services, spiritual support resources and student debt counseling.

"I'm hoping to bring more leadership programming to first- and second-year medical students as a way of improving well-being and returning that sense of purpose to this journey," Furnari said of her initial goals for medical student wellness. "I hope to create novel, innovative and impactful connections between existing programming while adding relevant topics based on student needs and national recommendations."

Furnari said she's part of a collaborative of wellness directors at medical schools nationwide sharing ideas and programs that are particularly helpful for medical students. "The specific tools and resources just for MD students are currently evolving, as it is a unique path that does have challenges specific to the journey," she noted.

"My goal is to make sure students feel like part of a larger community that is healthy, supportive and motivated. We can make our learning culture nourishing and supportive not only for students, but for faculty, staff and leadership. It's up to us, and given the national dialogue around physician well-being, the time is certainly now."

According to Medscape's National

Each month, *The Scribe* focuses on a health topic, providing a deeper look into issues and advances that impact the area's medical community and patients. Next month, we'll focus on Physical Therapy & Rehabilitation.



Megan Furnari, MD, talks with MD class of 2020 student Sasha Narayan. Furnari coordinates student wellness efforts and leadership development and is part of a collaborative of wellness directors at medical schools nationwide sharing ideas and programs that are particularly helpful for medical students.

Photo courtesy of OHSU

Physician Burnout & Depression Report 2018, burnout continues to be a pervasive issue among physicians, with 42 percent reporting burnout. Moreover, 15 percent of physicians admitted to experiencing either clinical (severe) or colloquial ("feeling down") forms of depression (3 percent and 12 percent, respectively). According to the National Institute of Mental Health, 6.7 percent of American adults suffered at least one major depressive episode in the past year. Fourteen percent of all physicians surveyed said they are both burned out and depressed. Moreover, about one-third reported that they are more easily exasperated by patients or less engaged with them as a result of their depression. Fourteen percent

admitted that their depression leads to errors that they wouldn't ordinarily make, with 5 percent saying that the errors could harm patients.

Medical students are not immune. Almost half experience burnout, even before reaching residency, which can put them at increased risk for depression and dropping out of medical school, Medscape noted in March, citing new research based on a meta-analysis of more than 16,500 medical students. The analysis, conducted by Ariel Frajerman, MD, Centre Hospitalier Sainte Anne in Paris, and colleagues, found that nearly 46 percent of the students suffered from burnout, with emotional exhaustion the most common symptom. ■



Navigating health care together

Oregon Health & Science University's Student Navigator Project, launched in late 2016, has helped several patients with complex medical challenges navigate the health care system.

Among those is Jeff Stevenson of The Dalles, who talks with medical students Jared Edwards, left, and Tajwar "Taj" Taher, right, prior to a medical appointment. The students each spent a year partnered with Stevenson as part of a project to learn about health care from a patient's perspective and the importance of professionals from across disciplines collaborating to meet patient needs.

OHSU said late last month that 19 patients have received assistance through the School of Medicine project, offered to first-year students as an alternative to preceptorships. Edwards and Taher said it has helped them better understand how complicated health care can be and that conditions can't easily improve unless a patient also has needed social support. For his part, Stevenson said the students have helped him control his diabetes and make strides toward meeting his weight-loss goal.

Photo courtesy of OHSU/Kristyna Wentz-Graff

Elective helps equip future physicians for practical nutrition conversations

By **Barry Finnemore**
For *The Scribe*

Dr. Brian Frank's patient was seeing the results of his A1C tests trend up. A medical student at Oregon Health & Science University with whom Frank was working as a preceptor had taken an interprofessional elective about nutrition. Using the information she'd learned in that class, **Alexandra Ninneman**, MD class of 2020,

group that does service projects for the school and was interested in supporting Moore institute initiatives. Compelling stories from culinary medicine students convinced the group to fund a course specific to medical students, the piece noted.

Caroline Jolley, a member of the MD class of 2020, helped Frank and Stadler tailor the interprofessional elective to medical students. Jolley had taken the more in-depth and lengthy interprofessional

some healthy and appealing dishes that can be prepared with them, Jolley said.

Jolley tapped into her own experience when helping develop the class for medical students. Prior to studying at OHSU, she was involved in health education at a Wyoming dementia clinic, talking with families about food preparation and healthy alternatives, such as replacing butter with olive oil and reducing red-meat intake by making burgers with a combination of ground beef and mushrooms. She would ask questions such as, "What does low-fat mean to you?"

The families would often remark that "no one has ever talked to us about these things," Jolley recalled.

OHSU's elective acknowledges time and budget constraints, as well as limited cooking skills, with which many medical students and patients both grapple. "It's critical that we understand the financial

challenges of patients," Frank said.

He is quick to emphasize that the elective is not intended to turn aspiring physicians into registered dietitians. Rather, he said, the goal is to help future practitioners "have real-world, in-depth conversations with patients" about nutrition choices, equipping them to make suggestions about food substitutions or how to prepare foods in a more healthful way rather than simply recommending that patients, for instance, "eat less carbs."

Food, after all, "is at the center of most everything we do as a society," Frank said. "People have vivid memories of meals, and food is deeply connected to our emotions and ourselves. The ability to share recipes and information about food ... is a way to connect with (patients) that is more human than just the clinical human

See **NUTRITION**, page 10

"Hopefully this is a model to build up the culture where it's the norm that most students have the skill set to have **productive conversations around nutrition.**"

– *Caroline Jolley, MD class of 2020, OHSU*



took a dietary history and was equipped to talk about concrete ways the 70-year-old patient could substitute certain foods in order to lower blood sugar levels and prepare more healthful meals.

Helping future health care providers feel prepared and confident to engage patients in practical conversations about nutrition – along with improving students' own nutrition habits – are the goals of the elective for interprofessional students as well as a relatively new offshoot elective geared specifically to medical students on Marquam Hill.

Such electives are part of what the Association of American Medical Colleges (AAMC) described as an emerging trend at medical schools to help students learn to take better care of themselves and to counsel patients on how good nutrition can positively impact health outcomes.

OHSU's class tailored to medical students, first offered this past February, had by May served 42 students, with other classes scheduled for early this month and again in October and December.

Frank, MD, assistant professor of family medicine in the OHSU School of Medicine, and **Diane Stadler, PhD, RDN, LD**, associate professor of medicine and director of the graduate programs in human nutrition at the school, created the interprofessional culinary medicine elective in 2016–17, which is offered to all OHSU students.

According to a piece on OHSU's website, Stadler, who also serves as associate director of nutrition in the OHSU Bob and Charlee Moore Institute for Nutrition & Wellness, arranged to meet with the OHSU School of Medicine Alliance, a volunteer

elective, finding that while it was extremely informative, it was a challenge fitting it into her grueling academic schedule. That prompted the development of a one-day model for medical students – offered as an enrichment week elective between pre-clinical course blocks – that narrowed the learnings to how future physicians could make the most of nutrition conversations during a typical 15-minute appointment with patients, she said.

For example, the class helps medical students understand what whole grains are, why they're important in a diet, and



More medical education coverage online

Visit the Medical Society of Metropolitan Portland's website, MSMP.org/The-Scribe, to read our story about several of the positive outcomes of Oregon Health & Science University's YOUR M.D. curriculum. You'll find that article in the July 2018 issue of *The Scribe*.

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Getting a **LIFT** from **CHALLENGING HOBBIES**

Mary Patricia Junkin, PA-C, relishes the nuances, tests inherent in powerlifting and martial arts

By Barry Finemore
For The Scribe

Mary Patricia Junkin, PA-C, doesn't shy away from challenges, even when it comes to hobbies.

She was drawn to two of her favorite pastimes – powerlifting and ju-jitsu – precisely because they're difficult. And though the ancient martial art has a teamwork component, by and large both activities center on individual effort and achievement, she says.

The 34-year-old physician assistant with Vancouver Clinic got into weight lifting about six years ago, initially by incorporating it into workouts at an area athletic club with a personal trainer who had a background in competitive lifting. He worked with Junkin on technique, and she discovered quickly that the aim of powerlifting – continually adding weight to the bar and completing lifts until it's no longer possible – “was almost like therapy, a

catharsis, for me.”

While Junkin was doing squats one day, a couple of people exercising nearby told her she'd be great at powerlifting. Eventually, Junkin decided to give competitive powerlifting a try, with her trainer helping her sign up for her first competition. She began lifting with likeminded athletes at a center in Portland.

She powerlifted consistently for four years. Her favorite lift was the squat, the dead lift her best. At her peak, Junkin squatted 270 pounds, bench pressed 159 and dead lifted 298. She says the appeal of the sport was the intense challenge of pushing herself to the limit.

“If you're scared when you're lifting, you know you're doing something right,” Junkin says. “I got everything out of my system, and I slept well.”

A back injury unrelated to lifting that required surgery put an end to the pursuit for Junkin. But eight months ago, she tried ju-jitsu for the first time. Her interest

in ju-jitsu was piqued when she went to a barbecue where folks were watching a broadcast of mixed martial arts, and she ran across images of Royce Gracie, a Brazilian mixed martial artist and ju-jitsu practitioner.

Junkin was amazed by Gracie – a “normal-looking guy, maybe 175 pounds,” she says – who brought to the ground much larger kickboxers.

Junkin says ju-jitsu is a good fit for her because when she stopped powerlifting she wanted to get involved in another activity that was a good release and intense. According to The World Games, of which ju-jitsu is a part, ju-jitsu is designed to absorb an attack and use its energy against an attacker.

Junkin described ju-jitsu sparring as ground-based grappling. The martial art is competitive and challenging, but at the same time, the academy where she trains has a great family atmosphere, she says.

She has attended ju-jitsu tournaments as a spectator, with an eye toward participating someday soon. She finds it inspirational that people ages 5 and older take part in tournaments.

An advocate for patient education

A Southern California native, Junkin moved to Roseburg with her family when she was in the ninth grade, relocating to be closer to other family members. Junkin credits a high school teacher who also was her mentor with encouraging her interest in microbiology, which was a program at Roseburg High School.

She attended Oregon State University, earning a bachelor's degree in microbiology, and received a master's in physician assistant studies from Oregon Health & Science University. Initially, Junkin was interested largely in research and teaching, but an immunology class her senior year at OSU prompted her to rethink her career path.

“When I learned about the immune system and anatomy, I realized medicine was where I wanted to go,” she says.

She loves the fact that her clinical work at Vancouver Clinic, where she's worked for five years and specializes in sleep medicine, allows her to teach by passing along knowledge to patients.

“I like teaching patients every day; it's one of the reasons I really like being a PA,”

Mary Patricia Junkin, PA-C, competes in a powerlifting competition. A back injury prompted her to stop powerlifting, but she's transitioned to the martial art of ju-jitsu. She described ju-jitsu sparring as ground-based grappling.

Photos courtesy of Mary Patricia Junkin



“Ju-jitsu keeps me engaged, and it's always changing. I have a lot to learn, and it's interesting.”

– Mary Patricia Junkin, PA-C

Junkin says. “I'm a huge advocate for patient education.”

A ‘humbling’ endeavor

When she's not in clinic, Junkin spends part of each week learning as much as she can about ju-jitsu. For her, ju-jitsu's myriad benefits include its warmups, with their focus on strength and flexibility. The warmups remind Junkin of yoga, and they've improved her range of motion after her back injury.

A white belt today, she aspires to earn a black belt, a journey that with focus and dedication she figures will take the better part of a decade. Junkin admits to sometimes having a love-hate relationship with ju-jitsu, which she describes as a “humbling” martial art that every so often has her arriving home from a class “beat up and frustrated.”

But on the good days, when she's getting the hang of a technique and it feels second nature, Junkin says she's in her element. For her, ju-jitsu has an aspect that's akin to dancing, which she used to take. And that, combined with the element of sparring, makes ju-jitsu very dynamic.

“Ju-jitsu keeps me engaged, and it's always changing. I have a lot to learn, and it's interesting. It's something I can see myself doing for a long time.” ■





By John Rumler
For The Scribe

Insights on addiction

Portland pediatrician Paul Thomas shares painful personal experiences, takes on addiction in new book

An experienced pediatrician with an established practice, **Paul Thomas, MD, ABAM, FAAP**, noticed a spike in drug addiction among teens and young adults. Wanting to do more to help, he became board certified in addiction medicine and in integrative and holistic medicine. And in 2009, Thomas opened Fair Start, an outpatient detox clinic that has helped upwards of 500 young people overcome opioid addiction.

But Thomas' desire to help on a much larger scale spurred him to write, with co-author **Jennifer Margulis, PhD**, "The Addiction Spectrum: A Compassionate, Holistic Approach to Recovery," which is available Sept. 4. Thomas' motivation to help was fueled by his own painful experiences as an alcoholic for 27 years, during which he learned firsthand about the powerful lure of drugs and alcohol and the chaos and carnage left in their wake.

Growing up in Zimbabwe, the son of missionary parents, Thomas, who is the father of nine children (three biological and six adopted children), returned stateside in 1974 to attend college and Dartmouth Medical School. Upon completing his pediatric residency at the University of California, San Diego, in 1988, he moved to Portland, where he taught residents and medical students at Randall Children's Hospital from 1988 to 2003. Thomas was in private practice from 1993 to 2008, when he opened Integrative Pediatrics, which

currently serves about 13,000 patients. The following year he opened Fair Start.

His unique combination of medical training, plus his own bouts with addiction, 12-step work and recovery, and his experience treating people addicted to heroin and opiates in his clinic – along with the spiraling opioid crisis – created in him a sort of "perfect storm" and a desire to write a book that could help families and individuals address addiction more effectively.

Book designed to empower readers

His own struggle with alcohol was private and well concealed, Thomas says, since he managed to function at a high level, even though he was hung over in the morning for many years. "I loved the effects of alcohol; I had social anxiety and yet there I was in front of the pediatric community running case conferences. It was a huge stress reliever for me."

He enjoyed teaching med students and residents, but deep inside, Thomas doubted himself: Am I good enough? Am I smart enough? As the stress mounted, he discovered that a few drinks after work greatly reduced his anxiety; however, his alcohol intake steadily increased. A serious wake-up call came when he noticed that addictions were also affecting his wife, Maiya, a neonatal ICU nurse, and his children. "I knew I had to clean up my own drinking problem before I could help anyone else."

After Thomas' first attempt at sobriety in 2000 faltered, he feared for his life and for his family. In December 2002, he joined a 12-step program and has not had a drink since. "I now have a freedom and serenity I had never before experienced nor imagined," he says.

Margulis, who has now co-authored

two books with Thomas, calls him "fearless" and says he's not ashamed to admit his own mistakes. She also praises his ability to look at addiction from multiple perspectives. "It's easy to become entrenched in your views, but addictions are such a tough challenge that we need to be open-minded about using all the tools at our disposal including those in traditional and alternative medicine," she says.

Now working part time at Fair Start, Patty VanAntwerp first met Thomas when she brought her autistic granddaughter, who is now 18 and functioning at a high level, to his pediatric clinic more than a dozen years ago. VanAntwerp describes Thomas as an incredibly happy and positive person with amazing communication and interpersonal skills.

"Paul's deeply, genuinely concerned for his patients," she says. "He goes far beyond the standard questioning and examining to dig out the root cause of their problems."

Retired venture capitalist JB Handley met Thomas 15 years ago when he brought his kids to the pediatric clinic and the two men developed a close friendship. Handley describes Thomas as open-minded, extremely pragmatic and a courageous, tenacious person who is not afraid to ask the tough questions.

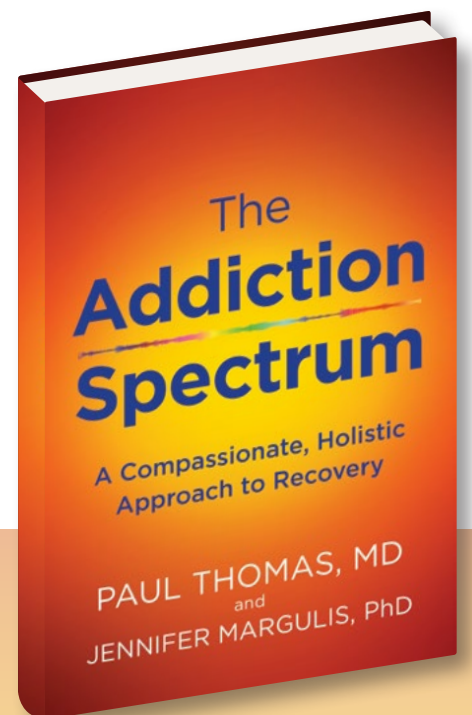
"Paul has a very unique world view, likely because of his unusual upbringing. He's a maverick with an extraordinary IQ, and there's also a sense of joy and lightness and a super-fun side to him."

While the market may seem flooded with books on addiction, Thomas and his editors at HarperCollins feel that "The Addiction Spectrum" is different in that it is centered on empowering the individual. "Also," Thomas says, "many books look at addiction(s) as all or none, black or white, while 'The Addiction Spectrum' views people and their addictions existing on a spectrum, with all of us at risk."

"The Addiction Spectrum" empowers the reader to identify when the slide into severe addiction occurs and provides tools for successful intervention. Thomas' holistic approach emphasizes the importance of eating organic food, getting sufficient nutrients, minimizing stress, getting enough restorative sleep and exercise, and having a healthy biome and a loving and supportive community.

One critical point the authors make is that society still does not grasp the depth and scope of addiction, and many people still believe that addicts are "losers" who are weak, of poor character, and/or lacking willpower. "Addicts are no more losers than people who get cancer," Thomas says.

"The Addiction Spectrum" begins with an overview of the scope of the problem, including: (1) Where Are You on the Addiction Spectrum? (2) Myths and Facts About Addiction, and (3) How Medical Doctors, Pharmaceutical Companies, the



Defining "The Spectrum"

At the near end of the addiction spectrum, explains Paul Thomas, MD, a person is merely at risk for addiction. The middle area sees a person indulging with a substance or substances, but without major consequences.

The far end of the spectrum is full-blown addiction. "This includes a loss of self-control, of job, of family and friends, and it ultimately leads to that hopeless place where suicide seems the only option or your body just gives out," Thomas says.

Food Industry, and Our Stressed-out Lives Push Us Toward Addiction.

Chapters are dedicated to opioids, meth and stimulants, alcohol, cannabis, screens and behavioral addictions. Thomas ends with guidance on navigating medical treatment options, his 13-point addiction recovery plan, and how to embrace the spiritual and emotional journey to recovery.

Having children who struggled with substance abuse broadened his perspective and deepened his insights, Thomas says. "I've felt the personal agony of struggling with an addiction and the deep sense of helplessness as you stand by and watch a loved one seemingly destroy their life." ■



Paul Thomas, MD, and his family. Photos courtesy of Paul Thomas, MD, ABAM, FAAP

The Portland Clinic announces foundation grants, new clinic in Northeast Portland

In just its second year of accepting public grant applications, The Portland Clinic Foundation has awarded \$40,000 in unrestricted grants to 17 local nonprofit organizations in the Portland metropolitan area. Requests totaling more than \$280,000 were received for the 2018 grant initiative, a 40 percent increase from last year's inaugural campaign that saw 44 organizations participate and \$30,000 in grants awarded to 16 local nonprofit groups.

"We are delighted to increase our level of support for greater Portland's nonprofits as there is clearly significant need across our community," said Kristin Anderson, the foundation's executive director. "After careful evaluation of 58 applications, we have chosen 17 nonprofits that help diverse communities across greater Portland. Our grantees provide services ranging from basic needs such as health, shelter and food services to improving our region through championing social justice and evidence-driven systemic change. The Portland Clinic Foundation's board, donors and staff are proud to support all of these remarkable organizations, and we are grateful for the opportunity to participate in their work to advance community wellness."

The Portland Clinic Foundation's 2018 grant recipients are: Family Justice Center of Washington County, \$3,500; Pathfinders of Oregon, \$3,500; Villages

NW, \$3,500; Children's Book Bank, \$3,000; Hollywood Senior Center, \$3,000; Coalition of Communities of Color, \$2,500; Trauma Intervention Program of Portland/Vancouver, Inc., \$2,500; Voz, Workers' Rights Education Project, \$2,500; ASSIST, \$2,000; Bienestar Inc, \$2,000; The Jessie F. Richardson Foundation, \$2,000; Miracle Theatre Group (Milagro), \$2,000; Paws Assisting Veterans, \$2,000; William Temple House, \$2,000; Ecology in Classrooms and Outdoors, \$1,500; North by Northeast Community Health Center, \$1,500; and The Living Room, \$1,000.

Through evidence-informed, results-oriented philanthropy, The Portland Clinic Foundation supports nonprofits that improve community wellness and advance the social determinants of good health – whether through early childhood education, environmental cleanup, racial equity advocacy, domestic violence prevention, or a groundbreaking local theater production.

The foundation is funded through the generosity of The Portland Clinic and through friends, family, colleagues, doctors, patients and community members who want to engage in cutting-edge philanthropy. By combining community contributions with The Portland Clinic Foundation's in-depth research and careful analysis, The Portland Clinic Foundation leverages donor generosity for maximum benefit to local nonprofits. The foundation, which is an independent

501(c)3 nonprofit, is unique among medical foundations in that all funds raised are distributed to other nonprofits rather than retained to support internal projects. Foundation expenses are paid by The Portland Clinic, which means that 100 percent of contributions go to support Portland's communities in need.

The Portland Clinic also recently opened its new Northeast Portland clinic, which will provide more space, services and parking for its eastside patients. With 6,000 square feet more than its East and Columbia clinics combined, the new space at NE 50th and Sandy expands its ability to serve current patients and a growing community. Both the East and Columbia clinics moved into the new

office July 9.

The Portland Clinic Northeast brings under one roof family medicine; internal medicine; psychology; neurology; gynecology; urology; orthopedics; physical therapy; manual medicine; foot and ankle care; ear, nose and throat care; gastroenterology; radiology; anticoagulation services; sleep medicine; diabetes management; care management; pharmacy services; a laboratory and a grocery store. Basics, a new Oregon-owned grocery store, will offer fresh ingredients, healthy recipes and cooking classes on-site to simplify shopping and promote good health.

A grand opening celebration is planned for September. ■

NUTRITION, from page 7

disease management realm we often find ourselves dealing with."

Jolley helped mold the course to medical students as part of her scholarly project required in the School of Medicine's YOUR M.D. curriculum. Using before-and-after surveys, and a three-month follow-up survey to measure information retention, she'll evaluate the class in terms of its impact on students' knowledge of and attitudes toward clinical nutrition.

She said research inspired her to help better equip future providers to have conversations with patients. She noted one study, titled "What do resident physicians know about nutrition? An evaluation of attitudes, self-perceived proficiency and knowledge" and published in 2008 in the *Journal of the American College of Physicians*, that found that while 77 percent of internal medicine interns surveyed agreed that nutrition assessment should be included in routine primary care visits, and 94 percent agreed it was their obligation to discuss nutrition with patients, only 14 percent felt physicians were adequately trained to provide nutrition counseling.

Yet, research points to such courses' effectiveness in increasing competence in discussing nutrition concerns and making recommendations for patients. A study from Tulane University, published in 2014 in the *American Journal of Preventive*

Medicine, bears this out, Jolley said.

Such conversations do have an impact on patient health, research shows. An article, titled "Doctors in the Kitchen" and published on the AAMC's website, cited one 2014 analysis of data from the National Health and Nutritional Examination Survey that found that overweight and obese patients whose doctors talked with them about their weight were twice as likely to lose at least 5 percent of their body mass over the following year.

Research also points to health benefits for medical students. The AAMC article noted that Tulane research published in *Advances in Preventive Medicine* found that students who took culinary medicine courses not only became more comfortable with nutrition counseling, but also ate more dark green vegetables themselves, compared with a control group who did not take the elective course.

Jolley believes OHSU's class for medical students can help them begin to develop a foundation of knowledge and skills in a way that fits with the broader demands of their education. "Hopefully this is a model to build up the culture where it's the norm that most students have the skill set to have productive conversations around nutrition," she said.

Added Frank: "In my mind, culinary medicine is just a logical tool in the toolbox of any health care professional." ■

DRUG SHORTAGES, from page 1

including members of Congress and their families and friends.

Last month, the FDA responded to this avalanche of concern. FDA Commissioner Scott Gottlieb, MD, announced on July 12 formation of a drug shortages task force to seek long-term solutions to prevent shortages. He emphasized, though, that "lasting solutions to this issue can't be addressed by the FDA alone."

Historically, many drugs in short supply have been generic medicines with low profit margins; many are sterile, parenteral drugs, which can be challenging to manufacture. The significant cost of manufacturing these complex drugs has resulted in industry consolidation, meaning that fewer companies are making certain key

products. That leaves little margin for error if manufacturing problems arise.

With a small number of manufacturers, if even one of the suppliers experiences problems, shortages can occur, Gottlieb noted. He pointed to the 2017 hurricanes affecting Puerto Rico, where several key medical products are manufactured, exacerbating shortages of IV saline and other fluids.

The myriad factors related to shortages require national solutions, said Moorhead, immediate past chair of the American Board of Medical Specialties and a member of the **Medical Society of Metropolitan Portland**. The FDA's "task force formed to identify root causes and to make recommendations in a timely way is much appreciated by the medical profession." ■

Online extra! Don't miss this article!

The Portland Clinic Foundation was created in 1963 after a grateful patient left The Portland Clinic a generous bequest. Quiet for decades, the foundation was reawakened in 2015 to reflect the generosity of The Portland Clinic providers and patients. Now, the foundation is vital, thriving and growing, thanks to its expanding community of supporters and to the strong leadership of its board and staff, the foundation states on its website.

Kris Anderson, executive director of The Portland Clinic Foundation, and Janson Holm, DPM, chair of its Board of Directors, talked with *The Scribe* about the foundation's history, how it has evolved over the years, its growing grants program and where it is headed moving forward. To learn more, please visit www.MSMP.org/MembersOnly.

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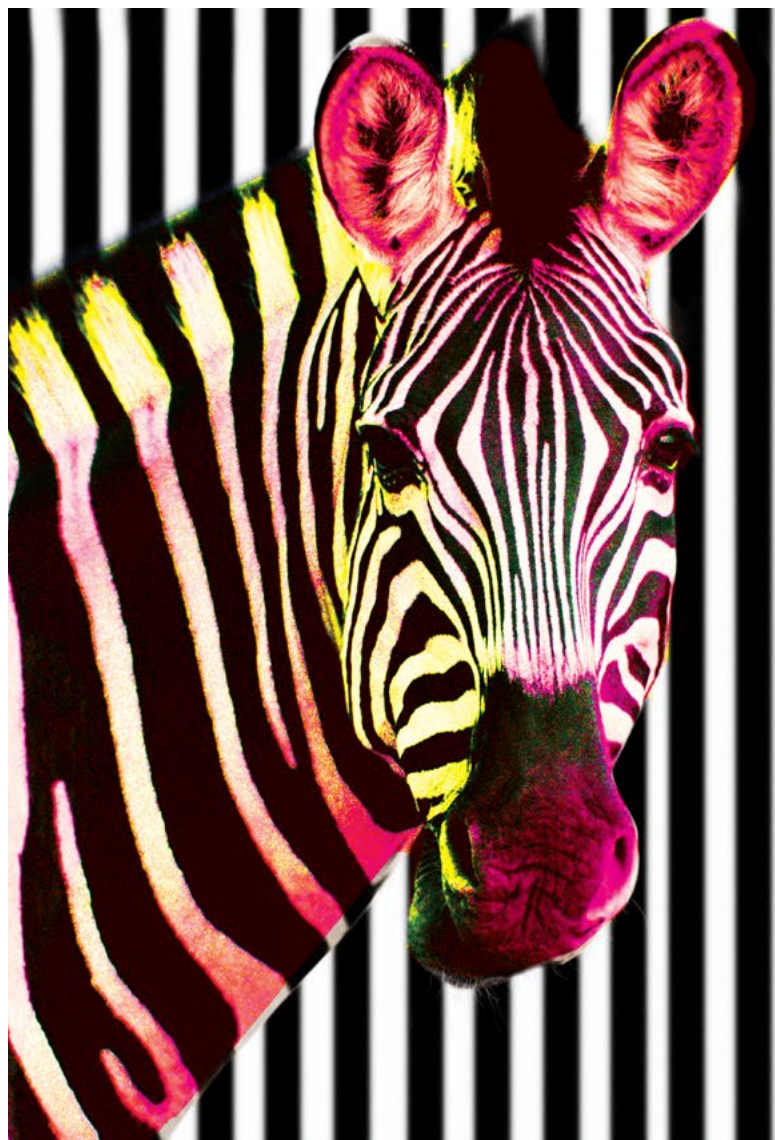
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