



The Scribe

A publication of the Medical Society of Metropolitan Portland

THE YEAR IN MEDICINE

A look back at 2019

From providing care to more underserved people to ensuring accessibility to lifesaving medications, the Portland-area medical community offered plenty to highlight in the year's *Scribe* coverage.

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OFF HOURS

The doctor birder



Physician's birding passion leads to life goals, adventures and a new book.

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December 2019

New program aims to strengthen profession through mentorships

OMA's MentorMatch spurred largely by interest from members, particularly medical students

By Cliff Collins
For The Scribe

Studies, experts and personal experience all attest to the value of medical mentorships.

That realization was the impetus behind the creation of the **Oregon Medical Association's MentorMatch** program. Announced and officially launched Sept. 28 at OMA's 2019 Annual Conference, the initiative came about largely as a result of interest expressed by OMA members, especially medical students, said **Bryan Boehringer**, OMA chief executive.



BRYAN BOEHRINGER

Research has shown that mentorships provide both mentors and mentees a rich learning relationship, fostering leadership training and helping to prevent burnout, he said. For physicians and physician assistants who have come to feel "disconnected from their work" and what they do, being a mentor can remind providers what led them to the profession in the first place, and reconnect them with the aspects of it they enjoy, Boehringer said.

"When you're teaching someone, you think about the good things, and why you made those (career) choices," he said. Studies show that "the more you practice empathy," the more that helps prevent burnout.



KEVIN REAVIS, MD

"My understanding is, in order to mentor, you have to self-reflect," observed **Kevin Reavis, MD**, 2017 OMA president and

“ (I)n order to mentor, you have to self-reflect. When you're guiding someone else, you force a reset: why you went into what you're doing. ”

– Kevin Reavis, MD, a mentor with the Oregon Medical Association's MentorMatch program

an esophageal, foregut and bariatric surgeon with The Oregon Clinic. "When you're guiding someone else, you force a reset: why you went into what you're doing."

The need for mentorship expressed by potential mentees – medical and PA students as well as residents – has been strong, he said. The MentorMatch program is responding to a dearth in the metropolitan area of medical mentorships, "to make it easier for people who could benefit."

The program will rely on volunteer, peak-career providers the OMA matches with students or residents seeking a mentor. OMA will create matches based on common interests and experiences, then guide the pair through the process of building a successful mentor-mentee relationship.

Reavis, who has mentored many surgical residents, said he will use that background as "a framework." He has stayed in touch with some students he has helped, following their careers as they grow and develop, which is gratifying, he said. Reavis said he remained open to being matched with any mentee, regardless of gender, rural or urban background or practice setting, or whether the mentee plans to pursue or already is pursuing either primary care or surgical specialties.

"I'm enthusiastic about being a mentor," he said.

The OMA staff strives to make matches within two weeks of receiving an application. Appropriate matching is dependent on the available pool of participants, so a longer waiting period is possible. According to its website, the OMA prefers to make matches based on shared professional interests, not just availability. After submitting an application, prospective mentors and mentees will receive an email once a match is made. They then will learn next steps, as well as how to get in touch with their match.

At matched pairs' first meeting, they discuss goals and expectations for the new relationship and outline them in written form in order to have something clearly spelled out to follow. Both participants agree to a one-year commitment, but are encouraged to stay in touch afterward for as long as they like.

At the conclusion of that year, mentors and mentees are free to reapply for MentorMatch if they wish and be paired with a new mentor or mentee.

Reavis is paired with a medical student from Oregon Health & Science University, where he himself trained as a resident. Depending on what he and his mentee determine for their relationship, Reavis remains flexible about how much time will

See **MENTORSHIP**, page 9

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The Scribe

December 2019 • Volume 37, No. 12

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, PO Box 19388, Portland, OR 97280.



MSMP Wellness Library

Upcoming clinician well-being case study webinar series

The National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience released clinician well-being case studies in July 2019. The case studies highlight organizational initiatives that have demonstrated success in supporting well-being and reducing burnout among practicing clinicians, trainees, and/or students.



The NAM is hosting a case study webinar series to provide a platform for readers to ask questions of program developers and leadership.

The Virginia Mason Kirkland Medical Center Case Study Webinar will occur on Thursday, Jan. 16, from 2 – 3:30 p.m. EST.

Find this and many other articles when you visit MSMP's redesigned Wellness Library at www.MSMP.org/Wellness-Library.

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MSMP's new Media Kit

In August 2019, MSMP transitioned our publications to an all-digital format not only to evolve with industry trends, but to give readers optimized readability. As a result, we also fine-tuned our Media Kit to reflect these changes. We have continued to enhance our digital media presence to meet the needs of both our readers and advertisers.

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OHSU/OSU research partnership sheds light on drug industry price setting

In a series of studies about the “alarming” rise in the cost of drugs to treat multiple sclerosis, a team of researchers at **Oregon Health & Science University** and the **OHSU/Oregon State University College of Pharmacy** has found that over the last 20 years the cost of MS drugs has increased five to seven times greater than prescription drug inflation.

Medicare patients with MS often pay nearly \$7,000 out of pocket each year. And, while drug companies offer no new treatment advances, the cost of the medications has risen by 10 percent to 15 percent for the past decade, according to OHSU.

The most recent study, published in the journal *Neurology* in late November, recruited four

pharmaceutical company executives to speak confidentially. “I would say the rationales for the price increases are purely what can maximize profit,” one executive said. “There’s no other rationale for it, because costs (of producing the drug) have not gone up by 10 percent or 15 percent. You know, the costs have probably gone down.”

An article posted by OHSU states that the executives acknowledged their companies’ unique societal position in delivering medications to improve people’s health. They also pointed out that their business model depends on generating a profitable return on investment to shareholders.

“The most surprising thing was



DANIEL HARTUNG,
PharmD, MPH

how unsurprising it was,” said lead author **Daniel Hartung, PharmD, MPH**, associate professor in the OHSU/OSU College of Pharmacy. “There was not this secret, complicated algorithm

that these companies used to drive up prices.”

The executives noted that in Europe, the world’s second-biggest market for pharmaceuticals, the price of a drug is typically highest when it is first introduced and then the prices decrease over time. The same held true for Canada and Australia. MS drug costs in those industrialized countries were often more than 70 percent lower than U.S. costs.

“When you’re making these decisions, you’re looking at the whole world,” one of the executives said. “And it is only in the United States, really, that you can take price increases. You can’t do it in the rest of the world. In the rest of the world, prices decline with duration in the marketplace.”

Researchers also noted that prices outside the U.S. not only drop due to market conditions, but are held in check by single-payer health systems with fixed resources. One executive suggested that American patients ultimately make up for potential losses in other markets around the world.

The executives involved in the study also shared that the price of a new drug reflects the price already set by competitors selling drugs that treat similar conditions and not the cost of research and development. Executives feared that undercutting competitors with a lower price would undermine the attractiveness of their product.

“We can’t come in at less,” one of the executives told researchers. “That would mean we’re less effective, we think less of our product, so we have to go more.”



DENNIS
BOURDETTE, MD

Co-author **Dennis Bourdette, MD**, neurology chair in the OHSU School of Medicine, said the study provides a new perspective to public discourse around pharmaceutical pricing.

“The frank information provided

by these executives pulls back the curtain of secrecy on how drug price decisions are made,” said Bourdette, who also directs the OHSU Multiple Sclerosis Center. “We see that it is indeed the race to make more money that is driving up drug prices and nothing more.”

Previous studies by the team found a substantial increase in the number of drugs used to slow the progression of MS or reduce the frequency of attacks, yet that did not lead to lower or stabilized costs for patients. In fact, drug costs for several MS agents rose, on average, 20 percent to 30 percent per year between 1993 and 2013.

“The inexplicable increase in the cost of MS drugs, particularly older, first-generation drugs, is at odds with how we think the marketplace should work,” Hartung said. “A growth in the number of MS drugs should lower costs for patients. What we see here is the opposite happened. Costs have risen sharply and at a pace that’s far greater than drugs in a similar biologic class.”

Researchers found that long-standing drugs such as Betaseron, Avonex and Copaxone, originally costing \$8,000 to \$11,000, now cost about \$60,000 a year – an average increase of 21 percent to 36 percent annually.

Their cost acceleration corresponded with the approval of newer agents, which have increased 8 percent to 17 percent annually since their approval. During the same period, general and prescription drug inflation increased just 3 percent to 5 percent per year.

The team also examined the costs paid by the U.S. Department of Veterans Affairs because of its ability to negotiate discounts directly with manufacturers. Their analysis shows that, on average, costs for the VA were 36 percent less than those paid by Medicaid, including a nearly 80 percent discount on Betaseron. The cost disparity suggests the sharp rise in U.S. prices is not the result of increases in manufacturing costs.

“This study confirms what many of us treating patients with MS had suspected: The pricing trajectories of MS drugs are unsustainable for our health care system and need to be addressed,” Bourdette said when the

See **PRICE SETTING**, page 9

Online opioid information library launched

A new curated library provides a centralized toolkit for policymakers, patients and health care professionals working to address the nation’s opioid epidemic.

The epidemic kills tens of thousands of Americans annually, yet decision-makers report that they’ve struggled to make sense of an overwhelming and often bewildering array of data. It can be hard to discern what may be rife with bias, conflicts of interest or unproven therapies that may do more harm than good, **Oregon Health & Science University** said.

The new site, www.opioidlibrary.org, was launched in November and serves as a clearinghouse of actionable, evidence-based resources to address the epidemic. The site includes research, policy prescriptions and therapies vetted and ranked on a sliding scale from “proven” to “problematic.”

The site is curated and managed by **OHSU’s Center for Evidence-based Policy** and funded through a settlement agreement involving the off-label marketing of the pain medication Neurontin. The clearinghouse was established with \$760,000 through the settlement agreement along with staff support from OHSU.

The site is known as CLOUD, or Curated Library about Opioid use for Decision-makers. OHSU said the site provides decision-makers with a transparent and curated source of information. That’s especially important as the federal government ramps up financial support to address the epidemic, and as states and local municipalities negotiate legal settlements with drug companies.

“There is likely to be a lot of money available through legal settlements with opioid manufacturers,” said **Allison Leof, PhD**, senior policy analyst for the OHSU center. “You don’t want it spent on wasteful programs and initiatives that don’t work.”

OHSU experts curate the site, with a mandate to include virtually any resource that relates in some way to the opioid crisis or related issues such as alternative treatments for pain, addiction medicine, harm reduction and prevention.

The library features infographics, one- and two-page summary documents, policy reports, program evaluations, implementation guides, patient and provider educational materials, toolkits, government documents including relevant legislation and regulations, clinical practice guidelines, and links to videos and external web sites. ■



ALLISON
LEOF, PhD





The do's and don'ts of financing for health care entities

By Jack Caynon, Susan Ford and Thomas Stilley

For The Scribe

To contend with an ever-evolving, fast-paced and often disruptive health care landscape, every health care entity, from the smallest to the largest, must understand how to obtain and use financing.

However, they shouldn't try to take on this process alone when the ultimate focus is to provide excellent medical care for patients. Instead, they should build a team of trusted advisers and lenders to assist in evaluating available financing options, and to explain in plain English why and when they should use a particular option. A great professional team will do much of the legwork and aid in the decision-making about which funding vehicle is right for their business.

Build your team

The first thing to do is to appoint a leader to manage the process. This leader can coordinate the financing process; however, the final decision on entering into a financing arrangement should always be made by the business' management group. The other members of the team should include a reputable accountant and a lawyer, both of whom have experience working with health care businesses and their financing needs.

Financing, when to use it and how to obtain it

Financing can help deal with many issues, such as a temporary disruption in cash flow caused by transition from one biller to another, or the need to cover the startup costs of a new physician. Or, a health care entity may need to purchase an expensive piece of equipment or fund major repairs to a facility.

It is helpful to analyze these issues by considering whether the need for financing is short or long term. If the need is short term, a line of credit may be an appropriate option. A line of credit is a loan that works similarly to a credit card. A lender will agree to make funds available to the business up to a predetermined amount.

If the need is more long term, such as the purchase of equipment that

can be depreciated, consider leasing the equipment instead or financing it through the equipment supplier rather than using a line of credit to purchase it.

Finally, if a facility needs repair or renovation, health care entities should have their lawyer negotiate these items with the landlord, or negotiate for tenant improvement allowances in the lease before it is signed or upon lease renewal.

When should a health care entity not use financing? In general, don't use financing to pay salaries, bonuses, or 401(k) contributions for employees. Except for unanticipated temporary cash flow shortages, using credit to persistently cover a lack of revenue does not solve the problem but simply kicks the can down the road. Cash flow issues should be immediately addressed with an accountant, and possibly a business consultant, to help restructure or prevent more serious problems from arising.

Have your team help you find the right lender

Once the team is formed and has determined the appropriate financing vehicle, the leader should assist with winnowing the number of lender candidates down to three or so. Then, the management group should meet each candidate to determine if the lender has the experience and temperament to work with the business.

Although the lending relationship is important to the entity's operations, always remember it is a commercial relationship not a fiduciary one. The lender will attempt to obtain the most favorable terms for itself, while the accountants and attorneys will always seek to protect the health care entity's interests first. With this in mind, legal counsel should always be involved to review loan documents, equipment leases, facility leases, and employment agreements to protect the entity's legal and financial interests.

Create a budget and stick to it

Create a budget for the business and stick to it. As part of the budgeting

process, the management team should forecast cash flow needs to determine when and if they may need to be supplemented with a line of credit. Once the budget is developed, the management team should approve the budget and commit to abide by it. This is an important tool to keep the business on the

right path to financial success and to withstand unexpected events and disruptions all entities face in today's health care arena. ■

Jack Caynon, Susan Ford and Thomas Stilley are attorneys with Sussman Shank.



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Care improvements, research advancements, provider wellness among highlights of past year's coverage

Boosting provider wellness, providing care to more underserved people, ensuring accessibility to lifesaving medications, improving care for those with addiction issues – *The Scribe* covered those and many other health care advancements in 2019. We also highlighted the providers and medical students lauded for their service, and reported on cutting-edge research being conducted locally. The following is just a small sampling of those stories:



January

Providence Health & Services, as part of its parent company, discussed with *The Scribe* a collaboration with several of the nation's largest health systems to form a new, nonprofit generic drug company known as **Civica Rx**. Its purpose: to ensure that lifesaving generic medications are accessible and affordable at a time of escalating drug prices and continuing shortages of critically important medications. In October, Civica Rx announced that patients began being treated with a Civica Rx medication, Vancomycin Hydrochloride for Injection, an essential antibiotic it said is often in short supply at hospitals nationwide. It marked the first time a patient was treated with Civica Rx medication since the company was founded in late 2018.

February

In *The Scribe's* focus section on Elder Care, we highlighted research at **Oregon Health & Science University** that aims to apply OHSU-developed technology toward helping retirement community residents maintain independence. Called Ambient Independence Measures for Guiding Care Transitions, the study's objective was to determine whether providing care staff at retirement communities with digital objective data voluntarily collected about their residents could, over time, reduce the need for higher levels of care, said principal investigator **Jeffrey Kaye, MD**, professor of neurology and biomedical engineering and director of the **OHSU Layton Aging and Alzheimer's Disease Center**.

March

Early research underway at **OHSU** suggested potential promise for a long-lasting vaccine against malaria. Finding effective protection against the persistent parasite that causes the disease and sickens and kills millions annually has been a longstanding but elusive goal. The approach being tested at OHSU's **Vaccine & Gene Therapy Institute** potentially offers "a unique opportunity to fight this disease," said **Jay A. Nelson, PhD**, a senior molecular virologist and the founder and director of the institute.

MARCH



April

A little more than four years after its launch, **Legacy Health Partners** was celebrating its successes and mapping its future toward continued growth. Legacy Health Partners consists of the health system and 2,500 providers – 70 percent of whom are in independent private practice and 30 percent employed in Legacy Medical Group. **Merrin Permut**, the organization's executive director, said Legacy Health credits Legacy Health Partners as the foundation of its "success in transitioning to population health management and value-based care." When the story was published, the organization covered 100,000 lives, all under contracts using payment methodologies that reward value.

May

The **Medical Society of Metropolitan Portland's Physician Wellness Program** continued to make strong strides toward addressing a glaring need. Recognizing that physician wellness is vital to provider well-being and the delivery of safe, high-quality care, MSMP and the **Metropolitan Medical Foundation of Oregon** launched the Physician Wellness Program in January 2015. It offers free, confidential counseling and physician coaching specifically tailored to clinicians, with appointments available to them at their convenience. The number of physicians, including residents, as well as physician assistants, podiatrists, nurse practitioners, and certified nurse midwives accessing the program has continued to increase each year. As of the beginning of April, the program had served a total of 100 clients in 501 sessions.



June

June's *Scribe* highlighted achievements in giving back that took center stage at **MSMP's 2019 Annual Meeting**, as the organization – celebrating its 135th such gathering – honored provider-leader **Lewis Low, MD** (right), with its Presidential Citation for continued support of the society's Physician Wellness Program and com-



passion in improving practitioners' lives. Medical students **Zoe Teton** (far left) and **Elizabeth Swanson** (left) from OHSU were honored with the Rob Delf Honorarium Award and the Student Award, respectively.



July

In *The Scribe's* focus section on Men's Health, we reported on advanced tools and treatments for prostate health. Three physicians at **Providence Urology Clinic East** – **John Gunselman, DO**, **Nicholas Boncher, MD**, and **Joseph Gillespie, MD** – have been employing a new procedure called transperineal prostate biopsy. The procedure uses a needle to biopsy the prostate through the skin of the perineum, which has a much lower risk of infection than the more standard procedure. In fact, Gunselman said the infection rate is less than .5 percent, but of the 25 or so biopsies done via the procedure at Providence Urology Clinic East so far, there have been zero infections.

August

On pace with what is happening with many other publications, *The Scribe* in August moved to an all-digital format. The move aims to make the publication even more convenient for members and readers, allowing them to access *The Scribe* on computers, tablets or mobile devices. It also gives readers the option to download a mobile app to optimize readability, view interactive flipbooks with clickable links, and read select highlighted articles plucked from each edition that can be easily shared on social media. In our Medical Education focus, we reported on OHSU and University of California, Davis, receiving a \$1.8 million grant to expand graduate medical education to underserved communities. We also highlighted a 10-month program called the **Wy'east Post-Baccalaureate Pathway** (below) that offers Native American students an alternative path to the traditional medical school admissions process.

AUGUST



SEPTEMBER

September

In our focus on Physical Therapy & Rehabilitation, we reported on **Legacy Health's Rehabilitation Institute of Oregon (RIO)** (above). For patients recovering from a wide range of seriously debilitating conditions – from strokes and spinal cord injuries to burns and amputations – RIO outpaces the national average in patient outcomes with cutting-edge equipment and therapies. Established in 1948, RIO is a 36-bed facility that offers around-the-clock acute rehabilitation nursing care with a team of board-certified physiatrists creating a personalized plan for each patient that includes specific goals and a target date for discharge.

October

Nowhere is the fragmentation in delivery of behavioral health care more evident than in the hospital setting, a situation a Portland physician is trying to change in relation to addiction. **Honora L. Englander, MD**, an associate professor of medicine at OHSU, approached leadership to try to bring more focus to the addiction problems that often either brought patients to the hospital or exacerbated their conditions. The result was that in 2015, Englander led an effort to create a multidisciplinary addiction medicine team to treat hospitalized patients experiencing substance use disorders. Called **Project IMPACT**, for the Improving Addiction Care Team, the consult service brings together physicians, social workers, peer mentors in recovery and community addiction providers to address addiction while patients are in the hospital.

November

The Scribe reported that the Centers for Disease Control and Prevention is studying whether administering a flu shot once patients are sick enough to go to the intensive care unit helps prevent them from the severe manifestations of influenza infection, such as organ failure and death. **OHSU's Pulmonary and Critical Care & Sleep Medicine** research team, led by **Akram Khan, MD, (MBBS)**, an associate professor of medicine, will be a part of a multicenter study called Influenza Vaccine Effectiveness in the Critically Ill. It is a prospective observational study designed to determine flu vaccine efficacy in patients hospitalized with signs and symptoms of severe acute respiratory infection. ■



Randall Children's Hospital nationally recognized for excellence in surgery

The American College of Surgeons (ACS) has verified **Randall Children's Hospital at Legacy Emanuel** as a Level 1 Children's Surgery Center, making it one of two children's surgical centers in Oregon to earn this prestigious validation.

The Level 1 surgical verification was awarded because of Randall Children's high-quality pediatric-specific surgical services, multidisciplinary team of world-class pediatric specialists and holistic approach to children's surgery. Previously, Randall Children's was the first hospital in Oregon and the first children's hospital in the Pacific Northwest to receive the Level 1 pediatric trauma center verification by the ACS in 2017.

"From the beginning, Randall Children's Hospital was built with the needs of children and families in mind," said **Bronwyn Houston**, president of Randall Children's Hospital. "Randall Children's treats over 100,000 children a year, and this achievement in pediatric surgery highlights the hospital's expertise in providing the highest level of comprehensive care possible for every child."

Randall Children's is one of 21 surgical centers in the nation to achieve this elite verification from the ACS. The process is rigorous, requiring surgical centers to meet essential criteria for staffing, training, and facility infrastructure and protocols for children's care.

"Kids have unique physical and emotional needs," said **Cindy Gingalewski, MD**, medical director of children's surgical services. "If your child requires surgery, you want to know that at every step of the way they are being treated by leading pediatric specialists who are committed to providing the highest-quality care tailored for children." ■

Kaiser Permanente receives honorable mention for employee wellness program

In addition to being recognized in the Healthiest 100 Workplaces in America, **Kaiser Permanente** received an honorable mention from The Health Project's 2019 C. Everett Koop National Health Awards for having a positive impact on employee health and providing value on investment for the organization. This marks the second consecutive year that Kaiser Permanente has received this designation.

With the goal of creating the most thriving and resilient workforce in health care, Kaiser Permanente has expanded from a focus on physical wellness to building and nurturing a more holistic culture of safety, health and well-being. Its program now includes a broad and growing suite of tools, resources and services to help its employees address mental health and to support financial, social and career wellness, it said.

"It's an honor to be recognized by The Health Project for our commitment to our employees' overall health and well-being," said **Maria Dee**, executive director of Workforce Well-Being. "Our workforce wellness program's innovative structure and network of champions across Kaiser Permanente help to embed well-being in our employees' day-to-day work activities."

"This approach to workforce health helps us to strategically engage with employees to learn more about what they want in health of mind, body and spirit, ensuring that they continue to thrive and provide high-quality care for our members," she said. ■

Annual wine auction raises funds for vineyard workers' health care

¡Salud! The Oregon Pinot Noir Auction raised more than \$1 million during the annual event in early November. Funds raised during the auction will directly benefit **OHSU Tuality Healthcare** and ¡Salud!'s worksite wellness clinics, dental and optical services, comprehensive health screenings and education, year-round case management and financial assistance.

¡Salud!'s care teams also support families in navigating health care and overcome the barriers of cost, transportation and language. The project serves about 2,500 vineyard workers and their families each year. With ¡Salud!, Oregon is the only state in the country with a program designed to support the health needs of seasonal vineyard workers and their families.

Estella Ortiz-Nino, a nurse-in-training who grew up within the ¡Salud! program, spoke during the auction and shared her experience as the daughter of migrant workers. Her drive to succeed, coupled with encouragement and guidance from her parents and ¡Salud!'s staff, compelled her to pursue a career that could give back to the community.

"I'm becoming a nurse to be part of the solution," Ortiz-Nino explained. "Let's continue to be that voice that targets cost of care, decreases hospitalization visits and stays, and improves health literacy, quality and access to care." ■

PeaceHealth recognized as one of the Healthiest 100 Workplaces in America

PeaceHealth has been recognized for the second year in a row as one of the Healthiest 100 Workplaces in America, an awards program presented by Healthiest Employers and Springbuk. The prestigious national award acknowledges the success of PeaceHealth's employee wellness program spanning all facilities in Oregon, Washington and Alaska.

More than 1,000 top wellness programs across the country were evaluated for the award, which measures employee participation, health outcomes, leadership commitment and more. PeaceHealth joined **Kaiser Permanente** and **Cambia Health Solutions** as the only three health systems in the Pacific Northwest to receive this year's designation.

PeaceHealth's wellness program takes a holistic approach by focusing on short- and long-term financial health, nutrition, stress management and physical fitness of its employees.

"As a people-first and community-centered organization, we are serious about supporting our caregivers in every way – body, mind and spirit," said **Jim Larrick**, system vice president of human resources operations and systems. "By encouraging whole-person health, we are excited to extend our culture of wellness to our patients and families and improve the health of the communities we serve."

PeaceHealth's program offers an interactive, personalized wellness platform with health-related resources and rewards. For example, all employees receive a free Fitbit device for enrolling and completing a voluntary biometric screening. Employees can also earn monetary incentives throughout the year by tracking health habits and engaging in friendly competition with co-workers, family and friends.

PeaceHealth also offers an integrative Nutrition Pathway scholarship program for its employees. The program is available to all employees and provides the opportunity to earn a certification as a health and nutrition coach at PeaceHealth's expense. PeaceHealth simply asks that participants share their new knowledge and expertise with friends, family and colleagues who may benefit.

Employees can also take advantage of a variety of health-focused discounts from local, regional and national vendors, such as health clubs and fitness centers, massage treatment and travel. A variety of offerings are available at PeaceHealth facilities including gyms and shower facilities, walking trails, flu shot clinics, healthy vending machines and discounted healthy food options.

In addition, PeaceHealth's Healthy You platform is available to everyone in the community and offers classes, webinars, recipes and more to support people on their wellness journey.



PRICE SETTING, from page 4

previous study was released in 2015. The lack of transparency within pharmaceutical pricing and purchasing, and the absence of a national health care system to negotiate prices directly with the pharmaceutical industry, may have contributed to the soaring costs of these drugs, according to the researchers.

"As a doctor, I'm deeply concerned about making sure these life-changing drugs are within reach for patients," said **Ruth Whitham, MD, FAAN**, co-author of the 2015 study, professor of neurology in the OHSU



RUTH WHITHAM, MD, FAAN

School of Medicine and co-founder of the Multiple Sclerosis Center at OHSU. "The driving force behind this study was our experience that the high cost of MS drugs interferes with our ability to take good care of our patients.

"We decided to shine a light on this growing problem so that those of us who care for patients with chronic illness can work together and advocate for changes to drug pricing mechanisms," she said. ■

MENTORSHIP, from page 1

be spent remotely and how much, say, shadowing Reavis at his workplaces, "hanging on my coattails for the day," as he put it.

Reavis noted that, particularly for providers who don't have much experience mentoring, OMA's resource materials are helpful.

Boehringer said mentorship resources for both mentees and mentors are based on best practices and include an Expectation-Setting Form and a Goal-Setting Worksheet.

According to the material, the goal-setting process should be driven by the mentee. In setting goals with their mentors, mentees first will be asked to examine areas in which they would like to grow, as well as the challenges and opportunities they already have faced in achieving those goals.

A requirement of the program is that mentor and mentee have at least two contacts per month: One must be a live conversation (phone call, video call or in person) and the other may be live or in writing (text, email).

Referring to the task of establishing and running a mentorship program, Reavis acknowledged: "It is a challenge. Setting up the database so we can merge the matches is one of the biggest challenges in doing this."

Participation is free for both parties, and is offered exclusively to OMA members as a member benefit. ■

Interested physicians, medical students, PAs and PA students can complete an application at theOMA.org/MentorMatch.



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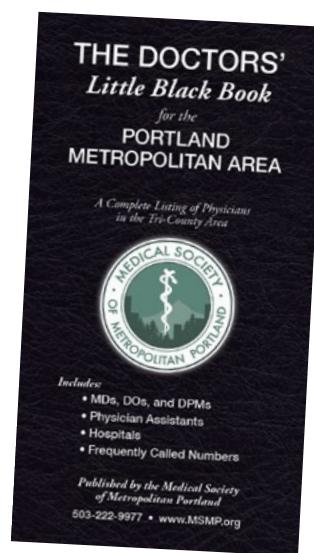


Don't miss this article!

Last month's Member's Only article highlighted how local health systems support underserved people in a variety of ways through their foundations and other charitable programs.

This month's Members Only feature will continue to look at how provider organizations such as The Portland Clinic, The Oregon Clinic, Portland IPA and others go above and beyond in sharing time, resources and expertise to benefit the community.

To read more, please visit www.MSMP.org/MembersOnly.



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Physician's birding passion leads to life goals, adventures and new book

By Jon Bell
For The Scribe

It may seem a little morbid, but **John Fitchen, MD**, has already figured out what he wants on his tombstone.

Three simple numbers: 700, 400, 300.

An avid birder since his days as a hematology-oncology fellow at UCLA in the 1970s, Fitchen set those numbers as his lifetime goals for the number of birds he hopes to see in the American Birding Association Area – essentially North America sans Mexico – as well as Oregon and Multnomah County, respectively.

As of this publication, Fitchen had ticked 673 birds off his North American goal; he'd surpassed his Oregon goal by six birds.



Friends Iain Tomlinson (left) and John Fitchen, MD, and their dogs often go birding together.

Photo by David Mandell

As for Multnomah County, well, there's a story behind that one related to Fitchen's new book, "Life Through the Lens of a Doctor Birder," which came out earlier this year.

Stuck at 299 birds in Multnomah County for nearly a year after seeing what he described as a "rather drab" Virginia's Warbler in November 2017, Fitchen was on the home stretch of the book project by September 2018. He'd written the manuscript, had reviewers read it, made revisions and his publisher, Portland's Inkwater Press, was teeing

it up to publish with the 299 number in it. Then, on an outing to Sauvie Island, Fitchen saw a Long-tailed Jaeger, which the Audubon Society describes as a "swift-flying seabird, extremely graceful and agile in flight."

That 300th bird, Fitchen said, left him with a big decision to make for the book: Leave it be at 299 and save the effort it would take to update the manuscript or go back and add in bird No. 300.

"I didn't know quite how to handle that," he said. "The book said 299, but 300 is the most important bird in my life. I was thinking, 'Do I re-do it? How do I get it in there?'"

"I ended up re-doing it."

Reverence for nature

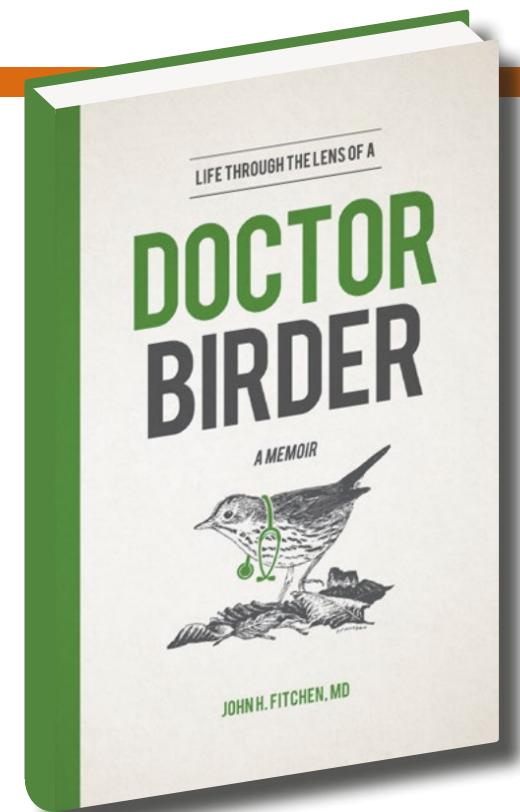
Long before Fitchen became a real-deal birder, his father had instilled in him a deep appreciation for nature as a young boy growing up in Hamilton, New York, home to Colgate University. He opens his book with a memory of trying to net a colorful butterfly, which, had he caught it, would have been preserved and mounted to display – something Fitchen and his father used to do together.

"It was clear that my father had a certain reverence for nature, and that was manifested initially by looking at butterflies," Fitchen said. "So, when I later in my life circled back and got interested in birds, I could feel the roots of that from when I was a little kid. And clearly my father was the driving force in that."

Fitchen did circle back to nature, but not before he traveled down an academic and, then, a medical career path. He earned a bachelor's degree from Amherst College, where he learned to write well after taking a doozy of an English class that had him writing two pages, three times a week, "on topics that would blow your mind," he said.

He earned his medical degree at the University of Rochester School of Medicine in 1971 before traveling west for an internship and residency at Oregon Health & Science University. With the Vietnam War still in full swing and young doctors in high demand for the service, Fitchen joined the U.S. Air Force. He did so through the Berry Program, which offered additional medical training to recent graduates in order to produce more fully trained physicians for the military. Fitchen served as a flight surgeon at Norton Air Force Base in San Bernardino, Calif., until 1975.

He returned to OHSU to finish another year of residency, then headed to UCLA for the hematology



fellowship. And it was then that his fascination and, some might say, obsession with birds took flight.

What ignited Fitchen's love for birds and bird watching is hard to say; he just knows that in California, he started to take it seriously.

"The real key for me and birding, and I think for a lot of birders, is that I wrote it down," he said. "I decided I was going to keep a list, and that changes the flavor overnight. I think it solidified when I went to California. That's when I wrote down Northern Mockingbird – my first life bird." (That's the term birders use for the first time they've seen a particular bird species in a specific geographical area.)

"Then suddenly I realized, I've seen a hundred birds," he said, "and then, whoa, it's 200. The more you put into it, the more you get out of it."

A memoir of sorts

Over the years, Fitchen taught as an assistant professor of medicine at UCLA and associate professor at OHSU, and he became a professor of medicine at OHSU in 1987 and an emeritus professor in 2004.

"It's so much fun to teach those wide-eyed, young, enthusiastic kids about medicine," he said.

A married father of two, Fitchen also served in executive roles for several biotech companies, including Epitope Inc., a Portland startup that developed an innovative oral HIV test.

Retired for many years now, Fitchen said he was prompted to write "Doctor Birder" by his sons and their friends, who had heard many of his birding and other stories when they were younger. The book is a memoir of sorts, but it veers from the traditional memoir format a bit. In it, Fitchen shares some of the highs and lows of his life, but he never strays far from one of his constants: birding. The end of each chapter includes a page from Fitchen's field notes detailing one of the 300 birds he's seen in Multnomah County. There's an entire chapter devoted to a once-in-a-lifetime birding trip to Attu, the westernmost Aleutian Island in Alaska.

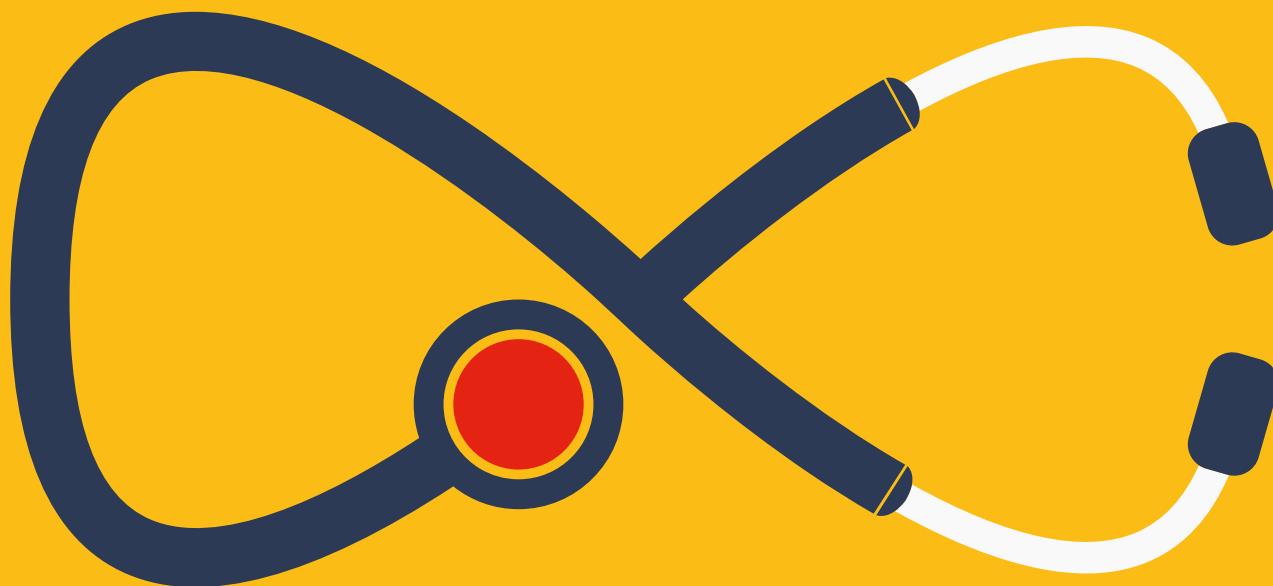
See **OFF HOURS**, page 12

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Wood Sandpiper on Attu
Photo by Jim Burns

OFF HOURS, from page 10

It's legendary among birders, in part because of its proximity to Asia, yet still in North American birding territory.

"There are birds there you never imagined that you'd ever see," Fitchen said.

Another chapter details Fitchen's "Big Year" in Multnomah County, "Big Year" being a birding term that describes a year when a birder sets out to see as many birds as possible in a single calendar year. Fitchen got 218 birds that year; his friend and birding partner, Iain Tomlinson, got 227. Both of them had eclipsed the prior record of 200 birds in Multnomah County.

Now 74 and confronted with some health issues, Fitchen said it's hard for him to walk as much and as far as he used to, which could pose an obstacle to reaching his 700-bird goal. But he's not daunted. A trip or two to an area densely populated with migrating birds – High Island in southern Texas, for one – could boost his numbers nicely. He won't stop chipping away at his numbers here locally, either.

"There's a birder who I was talking to, a real heavy hitter, who was aiming for 800," Fitchen said. "I won't ever see that, but he got it, and I said, 'Well, you got 800. What did you do then?' And he said, 'What do you think? I started looking for 801.'" ■

To find out more about Fitchen's book, visit www.doctor-birder.com.

Legacy seeks to slow flu in homeless with donated vaccines

Noting that public health is central to the homelessness crisis, Legacy Health is helping with donations of flu and hepatitis A vaccines to groups that serve vulnerable populations.

"Avoiding the flu is a health challenge for people living in crowded areas, especially those with chronic illnesses like diabetes or asthma," said **Bryan Goodin**, manager of Legacy Employee Health, who has led the donation effort for several years. "A flu shot is a way to work upstream and protect everyone in our community."

Sandy Kosik, executive director of the Borland Free Clinic in Tualatin, said prevention is key for the people the clinic services in Washington and Clackamas counties. "The vaccines Legacy provides help us protect our patients from getting common communicable diseases."

This year, Legacy also donated hepatitis A vaccines due to an outbreak in homeless communities along the West Coast. In addition to Borland Free Clinic, Legacy donated vaccines to Bridges Collaborative Care Clinic, Operation Nightwatch, The Blanchet House, Project Access Now, Portland Street Medicine, Salvation Army and Portland Street Clinic. ■



OHSU opens walk-in clinic to help tackle opioid epidemic

In response to the national opioid epidemic, Oregon Health & Science University has opened a new clinic that provides same-day, walk-in access to buprenorphine, a proven medication to treat opioid use disorder.

Known as Harm Reduction and Bridges to Care (HRBR), the clinic began operating in late October and is open weekdays from 4–7:30 p.m. in the Physicians Pavilion on OHSU's Marquam Hill Campus. It employs a full-time care transitions coordinator, a peer-recovery mentor, a part-time nurse practitioner and a medical director.

The goal is to increase access to drug treatment by removing common barriers. Many treatment programs require patients to wait for an intake appointment, attend counseling sessions, or commit to abstinence from all drugs and alcohol before beginning treatment. OHSU's clinic is designed

as an urgent response to an epidemic that is killing an average of five Oregonians every week from overdoses.

"We'll start them on buprenorphine and continue them until we can find a place that will continue their care," said **Jessica Gregg, MD, PhD**, an associate professor of medicine who specializes in addiction medicine. "This is such a devastating crisis, let's just do it."

Buprenorphine, also known as Suboxone, relieves withdrawal symptoms, cravings and pain. In contrast with methadone, which must be administered daily in a clinic, patients can leave the clinic with a longer-term prescription for buprenorphine. ■



JESSICA GREGG, MD, PhD



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