

## Networking night is upcoming

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## What's the genetic link to Parkinson's?

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# The SCRIBE

Portland Physician

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## Society to lead regional preparedness plan

By CLIFF COLLINS

Disaster preparedness is a timely issue in light of recent events following Hurricane Katrina and physicians in northwest Oregon can begin to take steps to help develop a regional response plan.

The Medical Society of Metropolitan Portland sent letters Sept. 9 to every MD and DO in six counties -- Clatsop, Clackamas, Columbia, Multnomah, Tillamook and Washington -- asking them to return a postcard to the MSMP

stating their level of willingness to participate in preparing for emergencies that might overwhelm established response systems.

The letter is intended to inform physicians that the effort is being launched and to invite their participation, said MSMP President David G. Watt, MD.

"Although many medical surge events may predominately affect primary care physicians, it is clear that every physician and physician's office may have a role to play and must be prepared," said

Watt. The medical society hopes every physician and physician's office will become aware and involved, he said.

The MSMP has entered into an agreement with the Northwest Oregon Region I Health Preparedness Organization to develop what is known as a region wide non-hospital surge plan.

Medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients, one that challenges or exceeds normal

operating capacity. During a major incident, private physicians offices and neighborhood clinics may find themselves receiving patients whether their offices are prepared or not:

Studies have found that disaster victims often seek medical care in settings they are familiar with, such as a personal physician's office. Moreover, some victims appropriately may be managed in these smaller settings.

The doctors' office becomes one important component of a

region-wide effort to assure that the community is prepared in the event of a major medical emergency. The Health Preparedness Organization coordinates the physician component with public health authorities, hospitals, emergency responders and others in forming an integrated emergency response plan for the entire region.

The medical society's charge is to serve as the primary contractor to oversee and coordinate the

*Please see PLAN, page 3*



Physicians' Hospital is enjoying renewed stability and plans to offer

## Physicians' Hospital enjoying stability after initial rough sledding upon reopening

By CLIFF COLLINS

Physicians' Hospital, the aspiring phoenix rising from the ashes of the former Woodland Park Hospital, finally is starting to gain some stability after a rough start.

The Gateway-area facility, purchased by 48 physician investors after Woodland Park

shut down last year, has landed a new administrator and is infused with optimism.

Bill Houston, who has more than 30 years of experience as a health care administrator, in August accepted the position of chief executive officer of Physicians' Hospital. Houston, who holds a master's degree in

business administration, spent much of his career at Legacy Good Samaritan Hospital and Medical Center, where one of his duties included a five-year stint as budget and finance director. His background in managing finances should serve him well in his new post, which he had been in for

*Please see HOSPITAL, page 4*

## Kohler says OHSU stability affords good time to retire

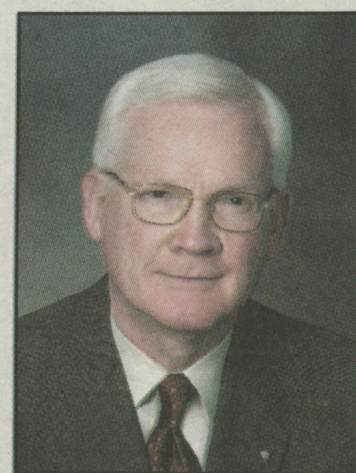
By CLIFF COLLINS

A "period of relative stability" at Oregon Health & Science University still leaves challenges to be addressed by President Peter O. Kohler, MD, who has announced that he will retire in 2006.

Among challenges Kohler foresees for the remainder of his tenure, and awaiting his successor, include funding the university's mission and completing the Biomedical Research Building; dealing with the state cutbacks in Medicaid funding; and coping with health care delivery for increasing numbers of patients with no insurance coverage.

Kohler has been OHSU president since 1988 and university officials say he is one of the nation's longest-serving academic health center presidents.

Kohler previously had said he intended to retire in 2003 at age 65. But the institution's

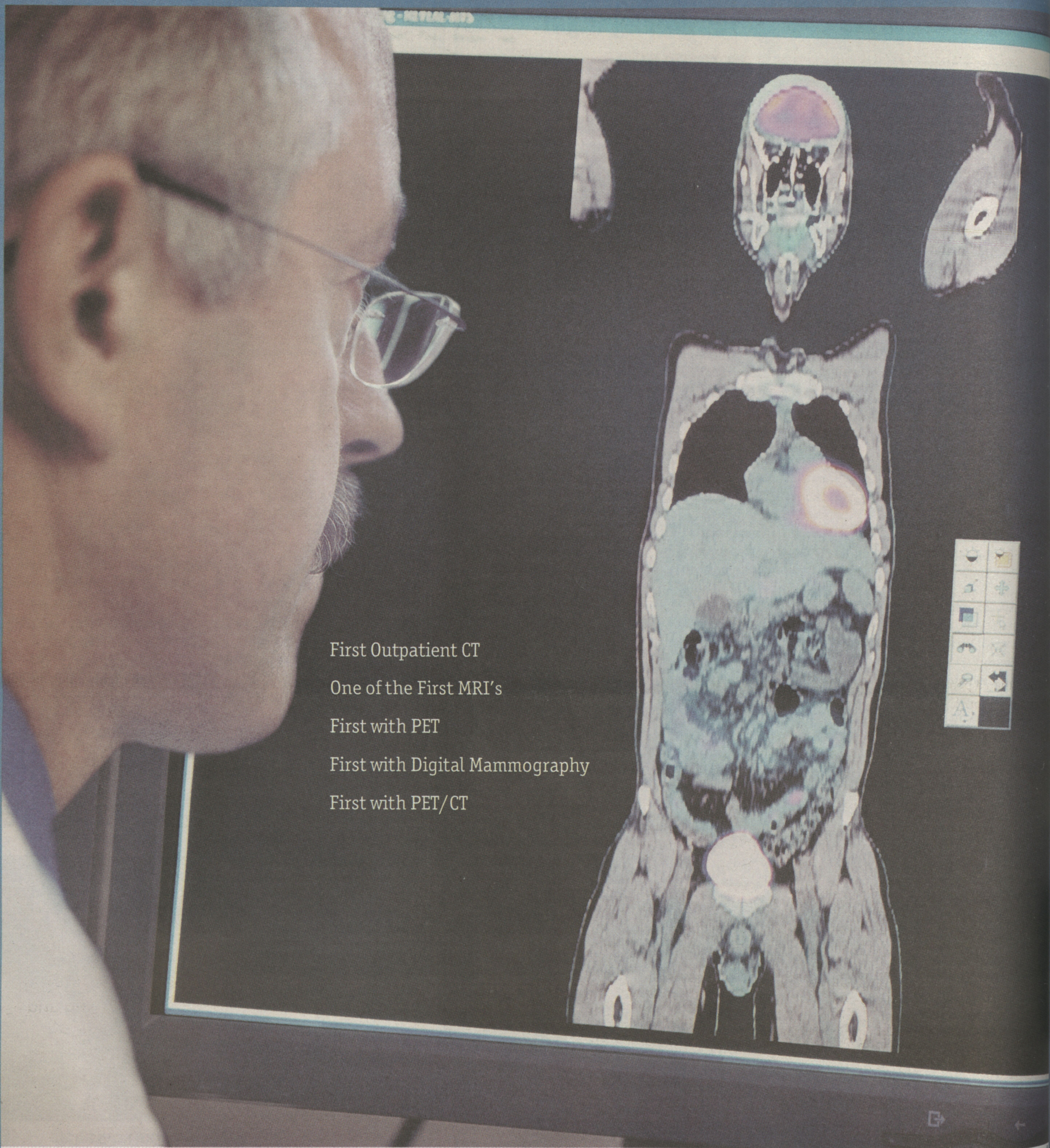


PETER KOHLER MD

Oregon Opportunity, a massive, \$500 million raising project, has enjoyed great success. As OHSU entered a period of significant faculty recruitment and program enhancements, Kohler said he decided to postpone retirement to provide continuity.

By next fall, four major expansion projects will be completed, including the Biomedical Research Building

*Please see KOHLER, page 3*



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# KOHLER: OHSU grew in size, independence

(Continued from page 1) — and the new patient care facility on the Hill; the first buildings on the South Waterfront campus and the aerial tram connecting these two campuses.

In addition, during the next 12 to 18 months, OHSU will initiate the master planning process for the educational expansion of what will be called the Schnitzer Campus on South Waterfront.

"Peter is a wonderful, visionary leader and is the primary architect of a truly dramatic transformation at OHSU," said Keith Thomson, chairman of the OHSU Board of Directors. "We appreciate what he has done in growing this outstanding institution for Oregon and will miss his entrepreneurial spirit and vision, plus his ability to create an environment that encourages excellence and innovation."

Thomson said Kohler was instrumental in guiding OHSU to national prominence. OHSU's annual budget has bulged from \$254 million in 1988 (21.6 percent from state appropriations) to \$1.26 billion today (less than 3 percent from state appropriations). Research awards have grown from \$40.5 million in 1988 to \$274 million in fiscal year 2005. Patient care visits increased from 245,000 annually in 1988 to 737,600 in 2004.

To replace Kohler, the OHSU board is forming a search committee chaired by board member Henry H. Hewitt, and will begin a national search this month. Hewitt, an attorney with Stoel Rives said he would like to have a successor named by May or June, to allow a transition.

"This is an important position for OHSU and for the region," said Hewitt. Finding a replacement will be "complex," he added, because of the importance of the university's three missions: teaching, healing and research. OHSU will consider both internal and external candidates, and would like to have someone who has the "leadership and fine qualities Dr. Kohler has, the ability to relate to people and care about people," and the knowledge and commitment to continue expanding OHSU's research capabilities, Hewitt said. The committee wants to find a president with the "skills, attributes and sensitivities" displayed by Kohler, Hewitt said.

Kohler said his successor will need to understand research and health care delivery and preferably, he said, would have experience in clinical care and fund raising. He also said that the institution's next leader should recognize the importance of OHSU's "statewide mission." Due to OHSU's commitment to biomedical research and because

the former Oregon Graduate Institute of Science & Technology now is part of OHSU, having an acquaintance with engineering also would be valuable, he added.

Looking back, growth has been a constant during Kohler's tenure. OHSU has constructed 11 new buildings on the Hill, and upgraded others. The campus has filled its space to capacity: Kohler said that in order for the university to add any other buildings, older buildings would have to be knocked down. Lack of space on its existing campus was one of the main reasons that OHSU committed to expanding by becoming involved in the South Waterfront project. Also, the merger with Oregon Graduate Institute and Oregon National Primate Research Center gave OHSU a new west campus in Washington County.

Among other significant developments during Kohler's presidency, OHSU became a public corporation 10 years ago and the medical school consolidated multiple clinician practices into a single organization: University Medical Group.

When Kohler took the helm in 1988, he laid out a series of about a dozen goals, one of which was to make OHSU among the top 20 medical schools in terms of receiving National Institutes of Health research money. "We are

making progress in that, but we're not there yet," he said. OHSU ranked 51st nationally when he arrived and now ranks 23rd.

OHSU has experienced robust research funding given the NIH budget climate, said university spokeswoman Rachel MacKnight. Last year's NIH research funding budget went up by less than 5 percent, but OHSU was able to increase its NIH research funding by 7.35 percent. Kohler said he was initially recruited to build the university's statewide programs, which have more than quadrupled under his leadership. The university operates 200 community service initiatives that provide services to more than 250,000 people annually, according to OHSU.

During Kohler's tenure, OHSU has become an economic engine, creating sustained construction activity and becoming one of the state's largest employers. As an economic driver, OHSU went from generating \$510 million in 1988 to \$2.7 billion in 2005, with capital construction rising from \$268.8 million to \$546 million. Its payroll has grown from 5,805 employees to 11,500.

Once he does retire, Kohler plans to spend more time with his family, including his grandchildren. He also plans to remain active in health care policy at a national and state level.

**PLAN: Effort will involve entire medical community**

Continued from page 1

development of a community-level, non-hospital regional surge response plan, and to develop and conduct training regarding the what, when, where and how of doing it.

"This is a major undertaking and will require the involvement of our entire medical community," Watt said, adding that it is the MSMP's intention to accomplish this task by involving individual physicians, local medical societies, specialty societies, hospital medical staffs, practice manager/administrator groups, and others.

Over the next year, the MSMP's tasks also include:

- Facilitating office-based physicians and affiliated staff input and participation in the plan development process, including how to recognize threats and how to access response information.
- Developing materials and a training plan, including how to disseminate training.
- Developing a plan based on community input, including risk communication, command and control.

For additional information, contact MSMP Executive Director Robert Delf at 503-944-1139, or rob@msmp.org.

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# HOSPITAL: Staff works to make facility up-to-date

(Continued from page 1)

only nine days when he spoke with The Scribe.

Houston said his first two priorities at Physicians' Hospital are capitalization of equipment and developing a long-term funding plan for the organization. The former Woodland Park, along with its sister institution, Eastmoreland Hospital, went

through many changes of ownership over the years, but finally closed its doors last year after its owner, Symphony Healthcare of Nashville, Tenn., filed bankruptcy. Physician investors then reopened the Woodland Park building under the name Physicians' Hospital at the end of 2004.

Houston said the hospital can

compete and can successfully serve as a tertiary care, general hospital. The key element in the facility's favor, he said, was to serve as a niche player. To achieve its goals, Houston said the hospital uses the Planetree philosophy, which employs what he called a "user-friendly" approach to patient care. This helps attract both staff and some

patients. Second, he said referrals from chiropractors will not only be accepted, but will be encouraged.

Bryce Milam, a chiropractor, was one of the principal investors in Physicians' Hospital. Houston said Milam's influence has been positive in improving and building referral and professional relationships among medical

doctors, osteopathic physicians and chiropractors.

According to Houston, a total of 48 physicians invested money in Physicians' Hospital. The four original, principal investors who revived and reopened the hospital are Milam; orthopedic surgeon Timothy J. Treible, MD; anesthesiologist Carlos Ceballos, MD; and neurosurgeon Jordi X. Kellogg, MD.

"The primary challenge facing Physicians' Hospital right now is to make it a current, up-to-date facility," Houston said. The hospital could handle up to 200 beds, but right now has 40 activated, licensed beds, he said. Houston hopes to have that number up to 150 beds in eight months to a year.

Urologist David K. Winchester, MD, president of the medical staff, said the facility "now is quite busy" with surgeries including "complex orthopedic and neurosurgery cases." He said the hospital features a general surgery group and a number of primary care physicians. "Orthopedists are doing a lot of their cases there."

See HOSPITAL, Page 7



Emma Patterson, M.D., Dennis Hong, M.D., and Jay Jan, M.D., specialists in bariatric surgery

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6605 SE Lake Rd  
Milwaukie, OR 97222

Editor  
Liz Clark 503-546-9884  
lclark@commnewspapers.com

Advertising  
Schadia Newcombe 503-546-9881  
Fax: 503-620-3433

Subscriptions  
Kevin Hohnbaum 503-546-9811  
khohnbaum@commnewspapers.com

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# Medical Society, OMA host physicians' networking night

We are writing to invite you to participate in the region's fourth Networking Night, scheduled for October 4, 2005, at the Oregon Medical Association, at 6:30 pm.

It is clear that the environment of medicine in the Portland metropolitan area has created considerable challenges for the practicing physician, particularly in the area of physician recruitment. Although our medical community can take great pride in its resources and commitment to quality, the recruitment of new physicians has become problematic for many practices.

We believe that part of the answer to this vexing challenge may reside in our own backyard: the residents who will be seeking opportunities to fulfill their professional goals. Medical and surgical residents desiring to explore professional opportunities are too often unaware of the rich and diverse practice settings that exist within our community. In response to this challenge, the Medical Society of Metropolitan Portland and the Oregon Medical Association have developed a structured approach to link residents in search of professional opportunities with practicing physicians and clinic administrators in need of additional physician resources.

Our approach is relatively straightforward.

First, "practice opportunity stations" will be dispersed throughout the meeting room, with station signs indicating the name and type of the

medical practice. A clinic physician representative will be available at the station to present the practice to residents: how the practice is structured and staffed, philosophy of care, the nature of the patient base, and any other type of information that might be useful. In turn, residents will be able to present their professional history and aspirations. Both parties will engage in an exploration of the "fit" between the needs of the clinic and those of the resident.

During the conversations, hors d'oeuvres and libations will be available (and portable) to enhance the transition from station to station.

We are optimistic that the Networking Night will yield benefits for both residents and area medical practices. It is also an excellent vehicle for physicians new to practice to develop a better understanding of the local dynamics of our medical community.

Please let the Society know of your interest in attending by contacting Pat Robertson at 503-944-1138 or pat@msmp.org. Assuming we reach a critical mass, we will contact you regarding final details and confirm the approach.

We look forward to your participation.

David Watt, MD      Robert Dannenhoffer, MD  
MSMP President      OMA President

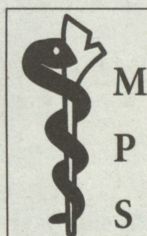
## HOSPITAL: Staff is optimistic

(Continued from page 4)

Winchester said the Gateway community needs an urgent care center. Woodland Park had an emergency room, but it is undecided whether Physicians' Hospital will. Houston said he is trying to decide whether to open an ER. Woodland Park also had a psychiatric unit, and Houston is weighing whether to reopen one or, instead operate a long-term, acute care facility.

Winchester said he believed that Physicians' Hospital is not seen as a "low-level" competitive threat by Portland area health systems. "The big hospitals are not excited about competition."

Winchester said the morale of the nursing staff is improving after a series of layoffs earlier this year. He said the hospital originally had overstaffed. "I think we've already weathered most of our storms and figured out how to run a hospital properly. We have experienced staff on board. The outlook is great for the hospital."



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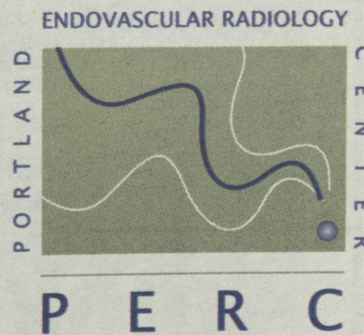
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# Staff turnover is expensive leaky faucet

By Jim Cox, Vice President-Sales, Beaverton, OR, I.C. System Inc.

If you're like most of us, you have dealt with a leaky water faucet that just keeps on dripping. That faucet needs to be fixed -- water is not the only thing leaking; it's leaking money!"

Your clinic may be leaking money, too. If your clinic's back office has experienced staff turnover -- yes, you are leaking money. Examples are lost production time, billing backlog, the time and costs of locating and interviewing candidates, plus the cost of training new staff and the time it takes for their skills and knowledge to get up to speed. Last but not least, a portion of your accounts receivable may become write-offs, due to delays in collection efforts or no collection follow-ups at all.

What can you do to stop leaks before they happen? The Internet is full of information and articles to support your efforts to develop more effective back-office and operational processes.

However, my conversations with clinic administrators and office

managers make it quite clear how so very full each day is. So what follows is an overview of three articles found from my recent search through a few Web sites.

## Best practices of a successful medical group

The Medical Group Management Association recently issued a Performance and Practices of Successful Medical Groups Report, which provides benchmarking data on better-performing medical groups and identifies the business practices and behaviors these groups employ to achieve success. Performance areas include profitability and cost management; productivity, capacity, and staffing, and accounts receivable and collections. Perhaps the best information is the list of nearly 30 practices designated as better performers. You may want to contact Oregon MGMA for more information:

[www.omgma.com](http://www.omgma.com)

## Use exit interviews to boost employee retention

The cost of filling a position is 1.5 times the annual salary for that position because of advertising, time spent interviewing and hiring, training, lost productivity, and overtime."

## Consider outsourcing with a billing service

An AMA study indicated the average physician spends \$9.35 on each claim processed with no guarantee of acceptance or payment. Do the math -- your average daily number of claims times \$10 bucks adds up fast. Billing services operate from the premise that a billing specialist is more motivated and more efficient, and does a better job than an employee -- for less money. Billing services typically charge only when they get paid, based upon a percent of the payments received. They also not only submit claims electronically, but also provide 100 percent tracking and follow-up on outstanding claims.

## Time is money ... your money!

The American Collection Association's Top Collection Market Survey shows that a five-

month delay in placing unpaid accounts into collections reduces recovery by 40 percent. My ongoing contacts with medical groups consistently finds that staff turnover issues are among the two or three most common reasons behind delays in placing accounts into collections.

Consider establishing a relationship with a full-service accounts receivable management agency. Full-service agencies such as I.C. System help you maintain follow-up and collection processes even in the midst of productivity loss such as staff turnover and training, thereby enhancing cash flow, reducing your office work load, and even reducing the number of accounts ending up in collections.

Contact Jim Cox at 503-439-3352 for more information on I.C. System and our services for intelligent collections. I.C. System Inc. is not a billing service. It provides accounts receivable management services. We would be happy to refer you to local billing services that some of our clients work with.

# Costly injuries in workplace are addressed in 5-year grant

State health officials say that workplace illnesses and injuries remain an important issue.

"In 2003, more than 20,000 Oregon workers suffered from work-related injuries and illnesses serious enough for them to miss at least three days of work," said Mel Kohn, MD, state epidemiologist in the Department of Human Services. "Sadly, most of these events were preventable."

Oregon is getting another boost to enhance the state's ability to measure trends in workplace safety and health, Kohn said. The Department of Human Services has received a five-year, \$1 million grant to create an enhanced worker injury and illness tracking and research program. Money from the National Institute for Occupational Safety and Health will help to provide additional data to evaluate worker health and safety efforts in Oregon. Oregon is among 12 states to receive the competitively awarded grants.

Partners in the effort to improve worker health and safety include Oregon OSHA and the Workers' Compensation Division, as well as employers, industry groups, organized labor, insurance companies, health care organizations, and universities, Kohn said.

"Workplace hazards not only take a human toll, but also pose an economic burden for workers, employers and insurers," said Kohn. According to Oregon OSHA, the average economic impact of a serious workplace injury is \$43,000 while costs associated with a fatal accident can exceed one million dollars.

Oregon data are included in a national report, "Putting Data to Work: Occupational Health Indicators from Thirteen Pilot States for 2000," just released by the Council for State and Territorial Epidemiologists, a professional organization of epidemiologists.

Kohn said the report provides a snapshot of the health of workers in Oregon, other participating states and the U.S. The full document is on the Web at <http://www.cste.org>

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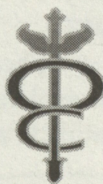
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OFFICE 10535 N.E. Glisan St., Suite 200 in Portland  
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# Electronic filing to help physicians use Health Plan

Oregon physicians can now utilize a new state-funded drug information reference service — one of several electronic innovations under way to make it easier for medical providers to do business with the Oregon Department of Human Services.

The state department has contracted with California-based Epocrates to provide information electronically to physicians who prescribe for Oregon Health Plan patients. Oregon joins nine other state Medicaid programs that offer this service, which could increase speed and accuracy and reduce the state's \$400 million annual Medicaid pharmaceutical budget, according to human services department Interim Director Bryan Johnston.

Physicians can also protect patient safety through this system by quickly identifying a particular drug's maximum monthly dosage or its interactions with other pharmaceuticals. Physicians also receive free information downloads -- drug dosages and side effects, for example -- to electronic devices such as personal digital assistants. The regularly updated information is then readily available when they are prescribing for a patient.

Information will also include whether the state's Medicaid program will pay for drugs to treat specific conditions, which

Johnston said should reduce the frequency that patients go a pharmacy to have a drug prescription filled only to learn that Medicaid doesn't pay for it. The new service may help offset what the state recently learned through a recent survey of physicians in which about 70 percent said they didn't know

what drugs the state recommends. Johnston said there are other innovations that will speed up Oregon Health Plan processing and claims services, including:

-- Implementation of an electronic billing system, First Pass, which is designed to reduce delays and increase accuracy in

paying thousands of medical providers claims;

-- Introduction of prompt electronic payments for any of the 30,000 to 50,000 billing claims received weekly (currently affecting about 60 percent of claims and 90 percent of dollar payments, resulting in cost savings for both providers and the state;

and

-- Automated email updates to providers when the state's Medicaid rules or practices change, as well as online training materials. In 2007, the state also plans to install new Medicaid management information system software to process Health Plan data, replacing an older system.

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85	9.5%	\$2,375	\$13,235

\* These figures are for illustration purposes only. Minimum age 65. Minimum gift \$25,000. The deduction is variable and based on the IRS Discount Rate.

TFME annuities are offered through the endowment partners program at The Oregon Community Foundation. We encourage you to consult your advisor regarding such a gift.

## Tuality expands geriatric services

The Tuality Healthcare Center for geriatric psychiatry in Forest Grove has recently completed an expansion of its patient-care and administrative areas to help keep pace with a growing and aging population.

The expansion included increasing the number of inpatient beds by six to a total of 21 and adding two additional private patient rooms.

The healthcare center for geriatric psychiatry annually serves 300 patients who suffer from depression, Alzheimer's disease and other mental-health conditions. Care is provided on both an inpatient and outpatient basis. The center is the only program in Oregon that provides treatment exclusively to men and women who are age 60 and older.

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# Local siblings participate in Parkinson's genetics study

There is no question that genetics plays a role in the Parkinson's disease that afflicts Portland-area siblings Kathy Grunwald and Marilyn Belanger. Grunwald, 60, of Tualatin, and Belanger, 67, of Gresham, are sisters and both have been diagnosed with the progressive neurological disorder. They also have a cousin who has the disease. But until Belanger was diagnosed two years ago, neither woman thought Parkinson's might run in their family.

"It never entered my mind that I would have it, too" Belanger said. "My brothers think that one of our uncles had it as well, but we never knew that."

Grunwald and Belanger are participating in a national study, through the Parkinson Center of Oregon at Oregon Health & Science University, that is recruiting 1,000 sibling pairs with Parkinson's disease whose DNA will undergo genetic linkage analysis. Known as Parkinson's Research: The Organized Genetics

Initiative, or PROGENI, the National Institutes of Health-funded project is hunting genes that predispose an individual to develop Parkinson's disease

Julie Carter, an associate professor of neurology in the OHSU School of Medicine and associate director of the Parkinson Center of Oregon, is a principal investigator for PROGENI and a member of the Parkinson Study Group. The group includes neurologists from throughout the United States, Canada and Puerto Rico. The Parkinson Center of Oregon is one of PROGENI's top three recruiting and evaluating centers, among 64 centers nationwide.

Other collaborating institutions include the Indiana University School of Medicine, the University of Rochester in New York, the University of

California in San Diego and Cincinnati Children's Hospital Medical Center.

Genetic information retrieved by PROGENI, along

with occupational, environmental and other risk factor data, is expected to improve pre-clinical detection of Parkinson's disease and help foster the development of more effective therapies, organizers says.

On Sept. 11, the Parkinson Center of Oregon held its 22nd annual symposium for patients, families and health care providers dealing with Parkinson's disease.

Grunwald, who was diagnosed with Parkinson's six years ago, said she hopes the DNA extracted from the blood that she and other members of her family donated to the PROGENI study helps prevent other families from having to suffer through multiple, or any, Parkinson's diagnoses.

"My hope is that (scientists) find something that can give us a better quality of life," she said. "I know they can't stop it, but a better quality of life would be good. As long as there's always hope."

# Pre-diabetes is costly, offers heart-disease risk

A nine-year study of 28,000 Kaiser Permanente Northwest patients in Oregon and Southwest Washington shows that the annual health care costs for patients with the highest pre-diabetes blood glucose levels were 31 percent higher than costs for patients with normal levels.

"Many of these costs were due to cardiovascular disease, which is expensive to treat but far less expensive to prevent," says Gregory Nichols, PhD, an investigator at Kaiser Permanente's Center for Health Research in Portland and lead author of the study.

More than 18 million Americans have diabetes, a group of serious diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin. Diabetes can lead to severely debilitating or fatal complications, such as heart disease, blindness, kidney disease, and amputations. It is the fifth leading cause of death by disease in the United States. In recent years, the prevalence of diabetes has increased sharply, largely driven by the steep rise of obesity among Americans of all ages.

Pre-diabetes is defined as blood glucose levels that are higher than normal (an impaired fasting glucose, or IFG, reading under 100 mg/dl) but not high enough for a diagnosis of diabetes (IFG of 126 mg/dl or higher). For the purposes of the study, Nichols and his colleagues at CHR identified three groups of patients — those with normal IFG readings, those with stage 1 pre-diabetes (IFG of 100-109 mg/dl), and those with stage 2 pre-diabetes (IFG of 110-125 mg/dl).

Results showed that the annual health care costs for patients with normal blood glucose levels who did not progress to pre-diabetes during the nine-year study were \$3,799. The annual costs for those with stage one pre-diabetes were \$4,580 and were \$4,960 for those with stage two

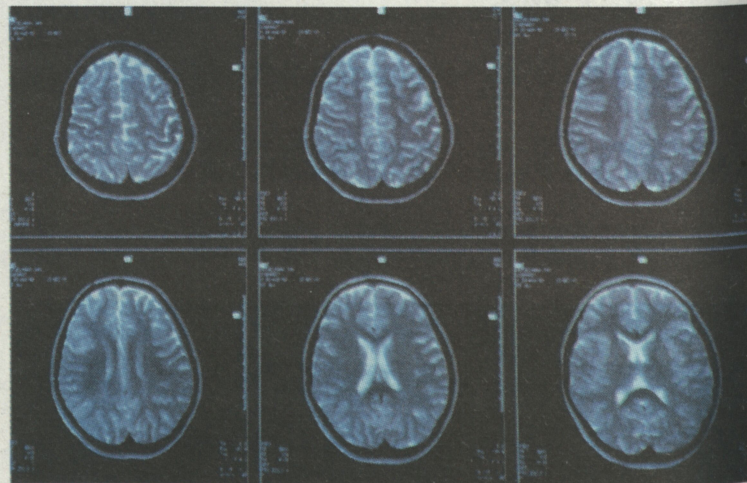
The study was entirely funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

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The Pacific Northwest and the Newberg area are rich in cultural and recreational opportunities, including windsurfing, skiing, snowboarding, hiking and biking; it's just a short drive to either the coast or the mountains. Lush vineyards and wineries are abundant. Come to Oregon and have the lifestyle and practice you've always wanted!

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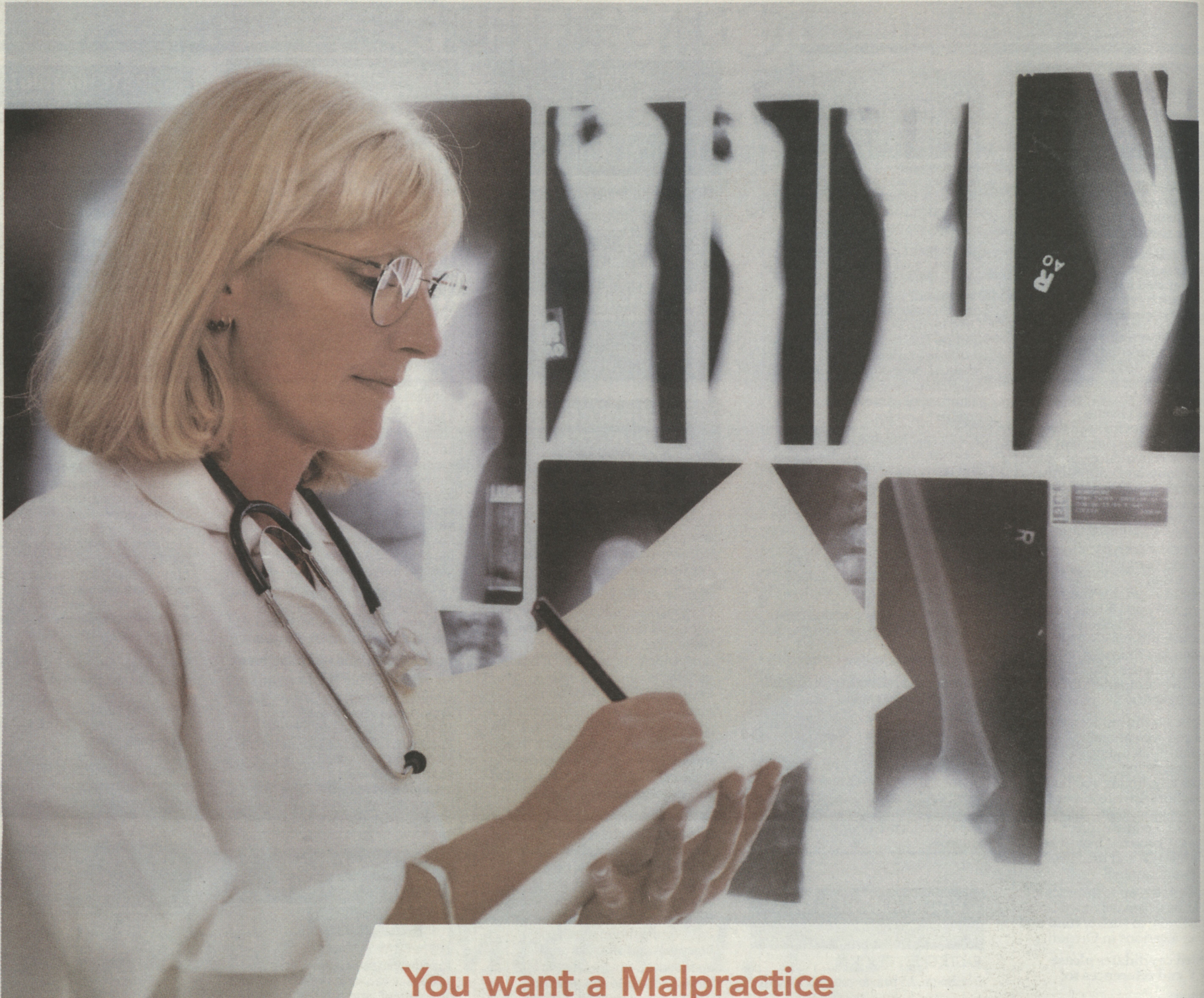
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