



# Scribe

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A publication of the Medical Society of Metropolitan Portland

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## MSMP Annual Meeting celebrates changing of the guard

By John Rumler  
For *The Scribe*

At a time of rapid change, sweeping reform and decreases in federal funding for the health care industry, the atmosphere at the Medical Society of Metropolitan Portland's 129th Annual Meeting was rife with unfettered optimism and unabashed appreciation.

approved, Secretary-Treasurer **Sharon Meieran, MD**, introduced the officers and trustees for 2013–2014.

Parshley welcomed the new board members and profusely thanked the outgoing board members for their valuable contributions to the MSMP.

Referring to the past two years as "a time of transition in leadership at MSMP," Parshley

hiring, there was a seven-month gap, a liminal space that she defined as that uncomfortable space between where we were and what we will become.

"Most experts also define liminal space as a place of growth where there is tremendous challenge and, conversely, tremendous opportunity for collaboration and creativity. This is where we learn our deepest

### A message from the MSMP President Brenda Kehoe, MD



BRENDA KEHOE, MD

This is a time of great challenge, new directions opening up as doors close behind us. What we choose to do with the changes we face is up to us, as physicians. We can lead or we can be led. It is up to us to recognize our strength in numbers, history and simple good sense, and use those things to our advantage. Opportunities abound but only if we see our way to making changes work for us.

Every president who has led this organization in the past has met their own unique set of obstacles, obstinance and inertia, has been challenged by the complexities of a rapidly evolving culture, and has succeeded in their most important goals. They have imbued the organization with the stamp of their own personality. I am honored to be a part of the Society, and flattered that the Society would elect me to lead them. I expect much of myself and am willing to work, but recognize that anything I accomplish is built on what has come before; as Paul Ehrlich said, "The first rule of intelligent tinkering is to save all the parts."

The MSMP is growing. The plan is to make it a cohesive functional entity that moves all its parts in the same direction at once. Then we will be stronger, and a force to be reckoned with.

My personal goals in the short run are to increase the membership, to reach out to the medical community, to better define what we are, and determine how we will not only survive but thrive in an environment where patient care is subordinate to the bottom line. My long-range goals are to implement a plan that puts patients and community to the forefront, restores by action the reputation and standing of real science and medicine in Portland, and to leap tall buildings in a single bound. Just kidding about the last part.

Dr. Parshley, and Dr. Rodriguez before her, set the stage for incorporating art and humanity into the workings of the Society. I will try to build on that by asking the board to consider a series of talks on art, music, and literature, and establish a showcase for the artists in the Society. We have taken steps toward recognition of members of the community who embody the vision of the Society, through the Rob Delf Award, in their daily works. An award was also created to recognize members for their contribution to art/music/humanities, which hopefully will be finalized this year. I anticipate creating a forum for the numerous members of the medical community who selflessly contribute their time and talents to international medicine and disaster relief. Toward that effort, I see the creation of bonds between the society and organizations like Mercy Corps, Doctors Without Borders and Smile Train.

"Watching all this happen was kind of **like watching yeast bubbling before adding the flour** for the bread."

—Marianne Parshley, MD, on the improvements and changes implemented by MSMP during her tenure as president

At the meeting's opening, outgoing MSMP President **Marianne Parshley, MD**, warmly recognized several previous past presidents. After the minutes of the 128th annual MSMP meeting were

pointed out several significant achievements, including celebrating the 28 years of outstanding service by **Rob Delf** and his retirement, and a successful executive search culminating in the selection of **Bud Lindstrand** as the new MSMP CEO.

"We've also launched a new website, changed the look and content of *The Scribe*, and are developing a new technology and Internet policy," Parshley said. "In addition, the finance committee, the board and Bud have written and approved a statement of policies and principles of investment which we have put into effect for MSMP's endowment money."

Parshley acknowledged that during the period between Delf's retirement and Lindstrand's

lessons and make our largest changes," Parshley said. "It is during this period of transition, this liminal space, that the individuals I wish to honor tonight shone their brightest."

She credited **Amanda Borges**, general manager/MSMP, **Deena Stradley**, CFO, and **Paula Purdy**, general manager/MSS, for "collaborating beautifully in both the day-to-day operations of the MSMP and in crafting a new vision for us. This can be seen in our new *Scribe* and MSMP website, the new opportunities for the Medical Society Staffing and the financial security of the organization." (For more highlights, please see Parshley's sidebar article on page 2.)

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## INSIDE THIS ISSUE

### Sequester pinches oncologists, patient access



For community-based cancer care, the federal sequester budget cuts may become the straw that breaks the camel's back.

One group representative says the cuts amount to "piling on."

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### Oregon anesthesiologist honored for service



Richard Westermeyer, MD, honored for his volunteerism in response to crises and disasters, says the award could help support a nonprofit that provides medical and building volunteers, financial resources and medical supplies for orphans in Africa.

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# Annual Meeting: Awards and Keynote Louise Aronson, MD

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After awarding the MSMP Presidential Citation to Borges, Stradley and Purdy, Parshley installed **Brenda Kehoe, MD**, as the 129th President of the MSMP.

One of Kehoe's first actions as president was to introduce the Rob Delf Honorarium Award, a new annual award created by the MSMP and Metropolitan Medical Foundation of Oregon to be given to a person or persons who exemplify the medical society's ideals within the community. The award may be given to members of the medical community,

the health education community or the general public.

The first annual **Rob Delf Honorarium Award** was granted to **James Lindquist**, associate director of development with Our House, a community-based resource center in inner Southeast Portland that provides services and programs to people living with HIV/AIDS in Oregon and Southwest Washington. (Please see feature story on Page 13.)

"This is a huge and very unexpected honor," Lindquist said as he accepted the award. "It's flattering for myself and for Our House to be recognized by an

organization that's been around for 129 years."

The keynote speaker, **Louise Aronson, MD**, associate professor of medicine at the University of California San Francisco and the author of "A History of the Present Illness," was introduced by her longtime friend, **Sharon Meieran, MD**.

Meieran described the book as "a collection of related stories that take readers into the lives of doctors, patients, and their families, providing a portrait of health and illness in America today."

Aronson, the director of the Northern California Geriatrics Education Center and who is active on many medical and literary fronts, read numerous gripping

passages from her book and then graciously engaged with the audience for nearly 30 minutes before signing dozens of copies of her book for MSMP members.

Aronson called the evening as keynote speaker a "total pleasure," noting that it exceeded her expectations.

"I met so many interesting, enthusiastic, nice people doing good work in medicine and medical school. The talks and awards were very impressive, and I thought the new president's speech was outstandingly thoughtful and thought provoking, and the questions and comments after my reading/talk were insightful and gratifying." •

## 2013 MSMP Presidential Citation Award Winners

**Amanda Borges, General Manager/MSMP**—Nine years at MSMP; stepped in as liaison between board and staff after executive director Rob Delf's departure; is instrumental in negotiating with the editors of *The Scribe*, managing office staff and in arranging multitudinous details of MSMP functions.

*Parshley: "Every time I met with Amanda during the transition, she had a list of new and creative ideas about where we could go next."*

**Deena Stradley, CFO**—15 years at MSMP; helped negotiate the new building lease agreement; worked with the auditors and served as the compassionate historian of the organization. Previously worked for a hospice organization and also coaches youth baseball.

*Parshley: "During our transition, Deena taught me the financial ropes—both for day-to-day business and for the issues surrounding the transition."*

**Paula Purdy, General Manager/MSS**—29 years at MSMP as Medical Society Staffing office manager; provided leadership at the state and national levels in Medical Assistant organizations; helped open doors and forged bonds between the organization and the physician offices—from Oregon Health & Science University to the smallest clinic.

*Parshley: "Paula's experience, assistance and advice during our executive search was invaluable, as was her vision for how to make the staffing office better through technology and personal relationships."*

## Parshley sees MSMP as vehicle for camaraderie, advocacy

MSMP Past President **Marianne Parshley, MD**, took time to talk with *The Scribe*, reflecting on her tenure as president and looking to the future.

**The Scribe: What was the biggest surprise during your tenure?**

*Parshley:* The complexity involved with the transition, from the time **Rob Delf** retired to welcoming **Bud Lindstrand** as our new CEO. I had a steep learning curve during that seven-month period. I relied on the board and the staff a lot. Still, there were moments when just one voice was needed and of necessity it was mine. For a quiet person, that is always surprising.

**What did you enjoy most during your two years as MSMP president?**

*Parshley:* Learning is fun, and that stands out above all else. It was wonderful working with the staff of the MSMP and I loved getting to know and work with the wonderful group now sitting on the board of trustees. Finally, seeing the new website and brainstorming about how to collaborate with OHSU to better serve the medical student and resident members.

**What would you like to see happen now with the MSMP?**

*Parshley:* For us to continue to be a place where physicians from different systems can come together across specialties, political and system dividing lines, work together to build a healthy community and socialize in a non-medical environment.

I'd like for us to come together and be more informed so we could unite in one voice as advocates on a local level to improve health care, and to stay informed as health care reform proceeds on the state and federal levels.

I am looking forward to increasing our role in mentoring and partnering with OHSU and the new medical school in precepting medical students and residents


Finally, though it has been slow, it would be great if we could continue our work towards the creation of a Medical Humanities program here in Oregon, perhaps at OHSU. With **Sharon Meieran** and **Glenn Rodriguez**, and some others, the support seems to be growing. •

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Subscriptions are available for \$125 per year. For more information, please email [linda@llm.com](mailto:linda@llm.com). For payment information, please email [accounting@llm.com](mailto:accounting@llm.com). To change your address or remove yourself from the mailing list, please notify: The Portland Physician Scribe, 4380 SW Macadam Ave, Ste 215, Portland, OR 97239, or email [amanda@msmp.org](mailto:amanda@msmp.org).

## Q&A with

# Louise Aronson, MD, MSMP Annual Meeting keynote speaker and author of "A History of the Present Illness"

By John Rumler  
For The Scribe

#### The Scribe:

Do physician audiences react differently to your book than laypeople?

**Aronson:** I believe physicians react somewhat differently, though both physicians and laypeople respond most deeply to the prose, the characters, and the view of life and medicine. I think doctors enjoy seeing themselves in a way they might not have considered or feeling like parts of their reality might now be better understood, and they like getting into the heads of people like some of their patients.

Your book took 10 years to complete. Is that because of your work as an MD and the demands of that calling?

It took so long in part because I had to learn to write, in part because at first I didn't think anything would come of the work outside my own personal satisfaction, and, yes, in no small part because there were long periods where my focus on my practice and teaching didn't allow time for the book at all.

How did you select the passages you read at the MSMP Annual Meeting?

I selected passages that highlighted the book's range in terms of focus (kids to elderly; immigrant to white upper-middle class; standard narrative to borrowed form) and spoke to how we tell the stories of medicine, health and illness as providers or patients or citizens.

**Sharon Meieran** told me that MSMP was interested in medical humanities, so I also wanted to highlight how stories and humanities can entertain and help us process, reflect and learn, to educate and advocate for others, and to address important social issues in an accessible way.

What motivated you to start the book, and did it take off in a different direction or stay mostly on course?

I'd always wanted to write and I wanted to reconnect with my creative and analytic sides. I then found that I wanted to master the skill of literary writing, going beyond what I could do for courses or medical journals. For years, I saw this as a hobby, and then my work gradually started getting attention and comments in workshops. People noted the beauty and power of the language and the way I helped them into the heads of people, some similar and others very different from themselves.

Being a physician is a **tremendous privilege and a colossal responsibility**. We see so many sad, unfair, horrifying things and **our role is to try and make things better**.

—Louise Aronson, MD



What was the hardest part of writing your book?

Figuring out how best to transform one image, person, event into a story that spoke more truth than the original image, person, story—one that was entirely true to real life while being largely invented, and one that would also be entertaining and moving to readers.

What was the biggest surprise to you?

There was a bidding war to publish it in New York! Never in my wildest dreams...

What part of the experience did you find the most enjoyable?

Meeting people who have been, moved, motivated or inspired by the book.

Physicians sometimes undergo experiences with patients that transcend the norm. Could you comment on this?

Being a physician is a tremendous privilege and a colossal responsibility. We see so many sad, unfair, horrifying things and our role is to try and make things

better. So we both need to carry within us all the disturbing things we have seen and also know that we can't always be as helpful as we'd like because of factors beyond our control. But, to me, this is like all of the most powerful experiences in life—the good and the bad go hand in hand. They are not opposite ends of the spectrum; at the other end is apathy and indifference. We live in the realm of critical moments and meaning.

Do you think that physicians, because of the nature of their work, view humanity through a window that reveals special insights about the human condition?

I think physicians are as varied as other people, so some do and some do not. There is also the question of whether some people go into medicine because of interest in humanity and the human condition and (to) learn about those things in more depth, while others focus on mechanisms and diseases and organ systems rather than humans.

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# A blog a day: The rise of social media in medical education

By Joshua Russell, MD, MS  
For The Scribe

It's 4:30 a.m. As I rise from bed for an early shift, I grab my iPad, predictably perched in the adjacent charger. Opening my Google RSS reader, I flip through the newest posts in the emergency medicine blogs that I follow, much in the same way one would peruse the morning paper not so long ago. In 15 minutes, I've read an opinion post about bedside ultrasound replacing the stethoscope, a literature summary on reversing newer anticoagulants and watched a quick video about troubleshooting peritonsillar abscess drainage—just to name a few.

I select the newest ER Cast episode in iTunes and begin listening where I left off the night before. As I shave, I take in an interview with a noted trauma surgeon about when hemothoracies may not require chest tubes. Driving into work, I switch to another emergency podcast, which offers weekly reviews of the most noteworthy monthly journal articles.

This routine plays out day after day and plays a significant role in my



JOSHUA RUSSELL, MD, MS

post-graduate medical education. I didn't learn this way when I started residency a mere three years ago. During this relatively short period of time, I have been privileged to be part of the beginnings of an undeniable movement of medical education leaping swiftly into the digital age.

Among the most important drivers of this movement has been the concurrent rise of social media. Social media encompasses online forums such as blogs, podcasts and Twitter. Such venues are naturally suited for asynchronously communicating complicated concepts to a geographically diverse audience, a powerful tool for educators. Recently, a

term for the use of social media in this capacity has even been coined: FOAMED, or free open-access medical education.

While the house of medicine has been historically slow to adapt to trends in pop culture, the widespread adoption of EMRs and the exponential rise of digital diagnostics and therapeutics has mandated all practitioners to become familiar, if not facile, with computers. Riding this sea change, social media seems to have found an expedited path to wider acceptance among the physician community.

Because most medical trainees are generally digital natives (defined as those who don't remember a world without the Internet) who have embraced social media for non-professional interests, the acceptance and integration of FOAMED into our education has been fairly natural. We are, after all, already using smart phones and tablets in every other aspect of our daily lives.

The benefits of using social media as educational tools are manifest. The presentations available via podcast, for example, are generally exceptional. Free lectures from renowned experts can be accessed virtually anywhere, at any time.

However, in consuming social media, caution is advisable. Just as these media are easily accessed, they also can be created easily, and are often produced with less scholasticism than material presented in more traditional venues.

Despite this, a novel and arguably more rigorous form of peer review has developed on the most popular blog sites. Communities of thousands of users have formed, most of them physicians, who regularly consume the publishers' offerings. Each user has the ability to post questions, comments and corrections on the sites. This peer review process, unlike with print journals, is a dynamic dialogue and the comments and identity of reviewers is available to all readers.

The debates about the scholarly merits of social media for medical education will continue for the foreseeable future. However, the number and quality of these online publications is increasing daily and offers the prospect of revolutionizing and globalizing the landscape of the medical community's proverbial salon.

### Check out the posts of some Portland-area pioneers in this field

Dr. Mark Crislip's Infectious Disease blog and podcast, "Gobbet O' Pus:" [moremark.squarespace.com/gobbet](http://moremark.squarespace.com/gobbet)

Dr. Rob Orman's coverage of emergency topics and beyond: [blog.ercast.org](http://blog.ercast.org).

*Joshua Russell, MD, MS, is a resident in emergency medicine at Oregon Health & Science University and is a member of the Class of 2013.*

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# A new way to prevent ovarian cancer

## Legacy recommends fallopian tube removal

New evidence shows that the most common and highly lethal form of ovarian cancer — high-grade serous, formerly called papillary serous cancer — only rarely, if ever, arises from the ovary.

Careful, pathologic study of prophylactically removed tissues from patients with genetic predisposition to this cancer have identified the earliest precursors (the “p53 signature”) and all of the intermediate stages of atypia up through invasive carcinoma in a consistently occurring progression — virtually always in the fallopian tube and never in the ovary.

### New insight

Armed with this insight, many pathologists, including Legacy Cancer Institute’s Ann Smith Sehdev, M.D., have found that this same precursor lesion regularly occurs in the fallopian tubes of all of our ovarian cancer patients, including those without any genetic predisposition.

Surgical removal of at least the distal (fimbria) portion of the fallopian tubes in patients who have completed childbearing could prevent most of these malignancies.

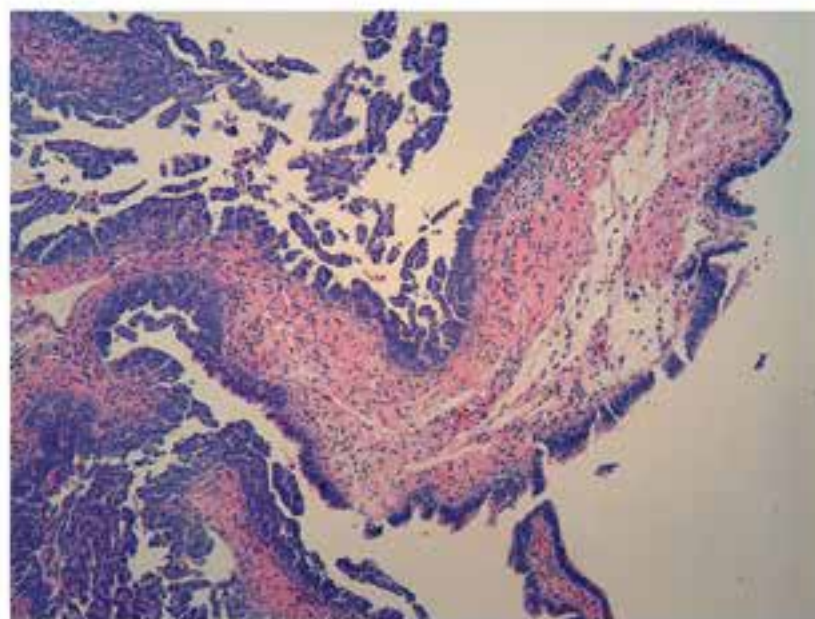
### New recommendation

Legacy Cancer Institute recommends that physicians remove the fallopian tubes during hysterectomies, tubal ligations and other routine abdominal procedures. Legacy also recommends that women who have a strong family history or known genetic mutation predisposing them to breast or ovarian cancer consider salpingectomy to reduce their risk.

### For more on fallopian tube removal

To learn more about Legacy’s fallopian tube removal recommendations and for a patient FAQ, please see [www.legacyhealth.org/preventovariancancer](http://www.legacyhealth.org/preventovariancancer).

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# Physicians, other health care providers face an array of employment law issues

By Melody Finnemore  
For The Scribe

A visit to the American Medical Association's website is evidence that there is no shortage of legal issues for physicians to deal with. A "hot topics" list on the site shows that legal concerns range

from how to accommodate patients who speak limited English and how to terminate a physician-patient relationship to preventing fraud and abuse.

Employment law issues are a substantial piece of the puzzle as well, according to a pair of Portland attorneys who represent physicians, hospitals and other

health care concerns. **Iris Tilley**, an associate at Barran Liebman, said one of the most common legal issues she helps health care clients with involves non-competition agreements.

"That's an issue that usually comes up with physicians and physician assistants. Oregon has very particular rules for when

a non-competition agreement is enforceable and when it's not enforceable, and I think that's why it's coming up," she said. "An employer has to tell a new employee that a non-competition agreement will be required at least two weeks before the new employee's first day of work."

Partnership provisions, especially in smaller practices, represent another trend Tilley is seeing in her practice. An ongoing issue that has given rise to class-action lawsuits in the past is the matter of breaks and rest periods for nurses. Hospitals and other care facilities that are overwhelmed with patients often have a difficult time allowing nurses to take a full break, rest somewhere other than the nurses' station, or even take a break at all, she said.

Technology and social media can be legal quagmires for physicians, hospitals and other providers, Tilley noted.

"Every once in a while you will hear about staff at a medical clinic who post confidential patient information to a Facebook page or something similar," she said. "Physicians need to make sure their staff is properly trained on HIPAA rules and that they understand social media rules."

"It varies from client to client about whether we recommend a social media policy, but with most medical clients we do recommend a social media policy because they have a lot of employees who are younger and it's just good to have these guidelines in place," Tilley added. "It's also important that they be very specific about their social media guidelines."

**Tamsen Leachman**, a partner in Fisher & Phillips' Portland office, happened to be at a conference for human resources administrators in the health care field when she responded to the interview request for this article. She and her client's human resources administrator agreed that the Americans with Disabilities Act and the aging population of health care providers are another major employment law concern for the profession.

"As you have an aging population, and in nursing in particular, there are physical limitations that go along with that and it's getting difficult to get the job done. Nurses have to stand most of the day, and when a patient needs attention they have to be there," Leachman said.

The aging workforce of health care providers also means succession planning is an area of growing concern.

"Older, experienced nurses are retiring and many providers don't necessarily have someone with the right skill set to take over in the near future, so they have to shift and allocate things properly," she said. "Models for the future show an enormous challenge with areas of health care, and nursing in particular."

Oregon's increasingly diverse population means health care providers need to foster a culture of competence in working with minority patients. Those who interact most directly with patients—including receptionists, nurses and billing administrators—should be trained in cultural competence, Leachman advised. •

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# Failure to diagnose breast cancer malpractice cases remain a big concern for providers

By Jon Bell  
For The Scribe

Among medical malpractice cases, birth injuries are known to be the most expensive. Awards easily top \$10 million or more; in one case in Connecticut in 2003, a physician paid \$59 million for a hesitation that resulted in an infant suffering a lack

of oxygen and developing cerebral palsy.

But another kind of medical malpractice suit has also been high on the list for years: failure to diagnose breast cancer.

**Paul Frisch**, compliance services director for Apgar & Associates, a Portland health care information privacy and security company, saw this almost from his very first day as general counsel for

the Oregon Medical Association in 1985. (He retired from the association in 2009.)

"It wasn't very long after I got there that it became clear that the failure to diagnose breast cancer was becoming a significant area of concern," he said, "not in the volume of claims, but in the cost of them."

Facing that reality, Frisch and others looking at the issue set out to find out more about failure to diagnose breast cancer. What they learned first was that there was a sort of standard kind of patient involved: a woman, usually younger than 45, who is working, who usually first comes to her doctor with a self-diagnosed mass and who has a history of one or more negative mammograms. The other players in the suits were family care practitioners or obstetricians. Other providers were being sued as well, however, including radiologists, nurse practitioners and other "care extenders."

That is an important consideration, Frisch said, as juries tend to give physicians, not the other providers, the benefit of the doubt during a trial.

"Juries want to give our physicians the benefit of the doubt," he said. "It's just foundational."

Additionally, it became clear that in many such cases, there had been several missed opportunities that could have helped eliminate a key error or otherwise lead to the proper diagnosis. Often the proper follow-up was never taken or communication had broken down somewhere in the chain.

"These failure to diagnose cases pointed out the systemic weaknesses and the persistent weaknesses in clinician-to-clinician communication," Frisch said.

Because no physician would raise an alarm for every single abnormal mammogram or do a biopsy on every lump—"Their credibility would be undermined," Frisch said—it became more important to consider a range of different elements, such as prior abnormal mammograms and also family history. If a patient presented the combination of

certain elements along with a family history, then the physician or care provider would know to move forward with the patient all the way through resolution.

Communication still remained an issue, Frisch said, and while hopes were high that electronic medical records, with all their reminders and alerts, might improve that, it's not happened that way.

Instead, according to Frisch, many providers often turn those off because there are simply too many.

Improving that communication is just one of the steps that Frisch said physicians and care providers should take not only to ensure proper diagnosis, but also to build a much more solid line of defense should a failure to diagnose lawsuit ever arise.

Some other advice from Frisch:

- If it isn't in the chart, it didn't happen. Keep proper records and enter every detail appropriately. A colleague should be able to pick up the chart without having heard a word about it and carry on with the care.
- Don't keep information from patients or mislead them. Include the patient in your discussions.
- Practicing good medicine at all times is one of the best steps any physician can take toward risk management. (Frisch picked that one up from renowned Portland physician Tom Miller.)
- If you can't find a mass or resolve it, refer it. (And if you can find it, follow it until you either resolve it or refer it.)
- Remember, you can use mammography to rule in cancer, but you can't use it to rule it out.
- If you are having a hard time getting a hold of a patient who you really need to see regarding possible breast cancer, do not hesitate to use serious language in a letter. "If you're writing a letter at the end of your attempts to contact the patient, it's not wrong to say this is a condition that could be life-threatening and you need to come in right away," Frisch said.



PAUL FRISCH

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## Join MSMP in fostering greater connectivity through essay series

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MSMP, as part of its goal to better connect and support health care professionals, plans to feature essays in *The Scribe* in which physicians share their life challenges. Readers can respond and perhaps share their stories via the Forum section on MSMP's website. MSMP hopes those who participate find encouragement and inspire others navigating personal challenges. **To learn more, contact Melody and Barry Finnemore at 360-597-4949, or [scribe@llm.com](mailto:scribe@llm.com).**

Thank you for helping foster a more supportive and connected medical community.



# Portland IPA launches Patient-Centered Specialty Practice Recognition pilot

The Portland InterHospital Physicians Association (Portland IPA) has launched a pilot program that the National Commission on Quality Assurance (NCQA) is rolling out nationwide. Called the Patient-Centered Specialty Practice Recognition program, it is designed to complement the Patient-Centered Medical Home primary care program the Portland IPA launched in 2010, also in partnership with NCQA.

NCQA is rolling out its new recognition program to equip specialists with

specific training and tools about how to effectively coordinate patient care with primary care medical homes. Portland was chosen as the pilot site because of the area's increasing penetration of the primary care medical home model.

NCQA notes that earning this recognition shows patients, private and government payers, colleagues, and referral partners that the specialty practice has rigorously reviewed its capabilities and systems, is dedicated to clinical quality

and continuous improvement, is committed to better coordinating care and will partner with primary care referrers.

The benefits for specialists include potentially higher reimbursement levels, visibility that the practices are ready for delivery/reimbursement models that focus on outcomes measurement, global budgeting and payment bundling, improved clinical efficiency and care management outcomes, and improved clinical management functions.

The Portland IPA launched its pilot on April 25 with six specialty practices to demonstrate how this model integrates specialists in the medical home philosophy to achieve key goals of increasing practice efficiency; integrating care via improved care coordination; creating enhanced referral pathways; and allowing specialists to provide efficient, quality medical care at the top of their practice.

**Compass Oncology, EyeHealth Northwest, Northwest Renal Clinic, Providence Heart Clinic, The Portland Gastroenterology/Liver Clinic at The Oregon Clinic, and Women's Healthcare Associates** are the six practices participating in the program. Compass Oncology is the first multi-site practice in the U.S. approved by NCQA for the specialty recognition program.

In a program similar to the primary care medical home, the NCQA Patient-Centered Specialty Practice Recognition program helps specialists become better partners in the care continuum in six standards. These include tracking and coordinating referrals; providing access and communications; identifying and coordinating patient populations; planning and managing care; tracking and coordinating care; and measuring and improving performance.

**Ken Flora, MD, FACC, AGAF**, said the Portland Gastroenterology/Liver Clinic at The Oregon Clinic has worked for two years to develop a unique (for liver disease) medical 'neighbor' practice model that it rolled out through the primary care community on Portland's east side.

"We tried to be both innovative and thorough, but working through the NCQA process allows us to look back through the fundamentals to ensure that we are really doing what we think we are—improving service to our patients as well as our referring medical home providers—in a safe, standardized, high-quality fashion," Flora said. "If we can get it right early in the process it will prevent us from compounding errors and will make it easier for us to assist our partners in improving other areas of our GI practice."

**Xiaoyan Huang, MD, FACC**, said she and her colleagues at Providence Heart Clinic believe better care coordination is one of the key elements of success for population health management.

"Although many of the care processes are in place, the NCQA specialty recognition program will solidify, improve and refine each care step in referral coordination, appropriate use of expensive and invasive procedures, timely communication with patients and primary care providers," Huang said. "As an early adopter of the national program, we hope to stay at the forefront of high-quality cardiovascular care in the community. If successful, we hope to expand to our other Providence regional and system programs."

To learn more about the program, contact Laura George at 503-731-7513, [lgeorge@portlandipa.com](mailto:lgeorge@portlandipa.com).

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# Sequester pinches oncologists, patient access

One group representative says federal cuts amount to 'piling on' for community-based cancer care

By Cliff Collins  
For The Scribe

For community-based cancer care, the federal sequester budget cuts may become the straw that breaks the camel's back.

Across the country, cancer clinics are having to turn away thousands of Medicare patients, saying that the cuts that took effect April 1 are unsustainable for continuing to administer expensive chemotherapy drugs, some of which doctors already say exceed the cost of what they are reimbursed for the medicines.

"For community oncology, this amounts to piling on," said **Brad Perrigo**, executive director of Compass Oncology, which is the last remaining large, independent oncology and hematology group in the tri-county area. He projects that the reduced funding will cost the medical group, which consists of 42 doctors at seven locations, about \$1 million a year in lost profitability.



BRAD PERRIGO

Because cancer drugs must be administered by a physician, they are paid for under Medicare Part B, which covers doctor visits and is subject to the sequester cut. The government pays community oncologists for chemotherapy drugs based on the average sales price of a drug, plus 6 percent to cover the cost of storing and administering the medication. But because oncologists can't control the price drug manufacturers charge doctors, they say the 2 percent cut will have to come out of that 6 percent overhead.

Therefore, the sequester cuts will reduce that 6 percent even further.

In addition, the American Society of Clinical Oncology emphasizes that President Barack Obama's budget calls for reducing the 6 percent service payment to 3 percent.

"The implications for this are something we've resisted for a long time," Perrigo said. "We will, for the first time, have to make decisions about the kinds of drugs we use for the Medicare patient versus the non-Medicare patient, when we have a choice between competing therapies."

He said the group still is contemplating the full approach it will assume to mitigate the cuts. But, he added, the response nationally for community oncologists is that some practices are shifting Medicare patients to hospitals. The American Society of Clinical Oncology said studies show hospitals represent a higher-cost setting compared with the community setting, where traditionally more than 80 percent of all cancer patients receive care.

## Access to care likely to be further restricted

Yet, according to the organization, since 2008 more than 1,200 community cancer care centers have closed, consolidated or reported financial problems, limiting patient access and driving up Medicare costs by forcing patients to costlier care settings. "More cancer clinics will likely limit their services or close altogether, further restricting access to care."

The Vancouver Clinic's **Phil Baker**, chief financial officer, said the clinic preferred not to comment on the sequester's effects on oncology specifically. The clinic employs four medical oncologists.

"We are a large multispecialty group, and ... one of the main reasons we are is (because) any given area has its ups and downs, and this is one of the things that helps us with those fluctuations," he said.



Cancer care is being dramatically impacted by the federal sequester cuts. Compass Oncology says it will be affected by the cuts but remains committed to "serving all patients in our community." Photos courtesy of Compass Oncology

According to its website, The Vancouver Clinic consists of about 175 physicians and nearly 300 other licensed professionals, and employs approximately 800 staff members.

## Grant funding impacted

Hospital cancer programs are not as directly affected by the sequester reductions. As what the federal government designates a "disproportionate-share hospital" due to the number of Medicare, Medicaid and uninsured patients it sees, OHSU Hospital receives price breaks through the federal 340B drug program.

OHSU's Knight Cancer Institute greatly expanded its reach in 2009 with the acquisition of Pacific Oncology—formerly an independent, nine-physician

practice—and with OHSU's announced cancer care affiliation with Legacy Health in February 2012.

"To date we have not seen an increase in referrals that might be related to the sequester and its financial impacts on community practices," said **Ann Raish**, vice president of oncology services for the Knight Cancer Institute. "But, it's important to note that it's still early in the process. We are seeing an impact in grant funding, which has been quite difficult for many of our researchers, including physician investigators."

Perrigo said Compass Oncology, like other community cancer providers, is impacted more than hospitals by the sequester because community clinics don't receive the benefit of 340B reductions, and thus have lower profit margins. But he said the group is "still committed to serving all patients in our community. We're still active in Project Access NOW," and work with drug companies to help qualified patients obtain drugs even when patients cannot afford to pay the full cost.

Compass, in fact, was honored April 30 by Project Access NOW as being among the first medical groups who agreed to donate care through the project and become committed to the program. **Gregory A. Patton, MD**, Compass' practice president, said participation in Project Access NOW "aligns with the Compass commitment to provide expert care for cancer patients in the region regardless of insurance-coverage challenges."

Perrigo said that "historically, we've protected our physicians from learning the economic" aspects of their prescribing choices, and the doctors have not based their decisions on how those will affect their income. "So our challenge as an organization is to struggle through our competing commitments about the things we value."

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[legacyhealth.org](http://legacyhealth.org)

# Portlanders poised to vote on water fluoridation

## MSMP, OMA lend support to 'yes' campaign

Portland voters will decide later this month whether to fluoridate the city's drinking water supply, an issue that has generated vigorous public debate locally but clear support from the MSMP, the Oregon Medical Association and a long list of other organizations.

Measure 26-151 on the May 21 special election ballot asks whether the city's drinking water shall be fluoridated at levels recommended by the federal Centers for Disease Control and Prevention or the Oregon Health Authority to reduce tooth decay and promote oral health.

Proponents say fluoridation is the safest and most effective way to close the dental health gap. The coalition Healthy Kids, Healthy Portland, supported by MSMP, the OMA, the Oregon Dental Association and many other groups, notes that 21 percent of children in the metro area suffer from untreated dental decay, 40 percent more than in the Seattle area, which fluoridates its water supply.

**Richard Bruno**, a recent medical student member of the MSMP Board of Trustees and a strong advocate for public water fluoridation in Portland, brought



the issue to the board earlier this year, which supported the measure.

Bruno called drinking water fluoridation a health equity issue, which would help ensure children and adults alike receive fluoride in an optimal way regardless of their family's income level and ability to access dental care.

Moreover, statistics show fluoride can be easily and cost effectively added to the water supply, he said. "Water fluoridation has been proven time and time again to work."

Indeed, according to the CDC, community water fluoridation has been a safe and healthy way to effectively prevent tooth decay for more than six decades. In fact, the CDC considers water fluoridation "one of 10 great public health achievements of the 20th century"—along with vaccination, control of infectious diseases, motor-vehicle safety, recognition of tobacco use as a health hazard and other steps forward.

The OMA said it recognizes the health benefits of fluoridation and has long

stood in support of fluoridating public water. In a voter pamphlet statement, the OMA noted "a clear link between oral and general health" and that "untreated dental decay can lead to severe physical and emotional health complications."

"Adjusting the levels of fluoride in our water provides a vital mineral nutrient to tooth formation and remineralization," according to the statement. "Just as we no longer believe the pre-Enlightenment myth that dental cavities are caused by 'tooth worms,' modern medical science has researched and disproven myths circulated by water fluoridation's opponents. Fluoridation is a scientific process, understood and used throughout the world."

Slightly more than 70 percent of the U.S. population served by public water systems receive optimally fluoridated water, according to CDC statistics from 2010. If it comes to fruition, Portland would be the last major city in the U.S. to add fluoride to public drinking water. Cities and water districts that receive water from the Rose City also would get fluoridated water. •

## Superhero window washers brighten Randall Children's Hospital at Legacy Emanuel



Superheroes from Millennium Building Services (MBS) cleaned nine stories of windows at Randall Children's Hospital at Legacy Emanuel on April 23. Batman, Spider-Man, Superman, The Flash and Iron Man brought fun and adventure to kids, families and hospital staff.

Children, as well as adults, watched in excitement and awe from the street and the hospital's two-story, glass family lounges as superheroes waved, fist pumped and posed for photos while they cleaned the windows with squeegees and suds.

MBS has been washing windows at Legacy Health's six hospitals for 22 years and providing professional building maintenance services to the Portland metropolitan area for 40 years.

MBS window washers were thrilled to brighten the day of children, families and staff. •



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# Putting his beliefs into practice

Richard Westermeyer's long history of volunteer service pays back in big ways

By Jon Bell  
For The Scribe

Richard Westermeyer, MD, with the Oregon Anesthesiology Group, was recently named the first international honoree in the Mission:MD MedicalMissions.org Physician of the Year Awards. Westermeyer has provided volunteer medical care in several countries where disasters and crises have occurred.



Dr. Richard Westermeyer, with a new friend, in Haiti after the 2010 earthquake

Dig through some of the most well-known natural and man-made disasters over the past couple decades, and you're likely to find the name **Richard Westermeyer, MD**, not too far away. An anesthesiologist with the Oregon Anesthesiology Group, Westermeyer has built a long career helping people in Portland, but also all around the world in times and places of need.

Remember the infamous Ethiopian famine that inspired the "We Are the World" song? Westermeyer spent an intense month in various refugee camps treating victims. This, after he'd been working in a clinic in the highlands of New Guinea where it wasn't uncommon for young warriors to come in with spears and arrows stuck in their sides.

Recall the Rwandan genocide of 1994? Westermeyer worked in those refugee camps, as well.

The U.S. invasion of Afghanistan in 2001? The 2010 earthquake in Haiti? Westermeyer helped out after those, too.

"These are some of the moments I look back on as some of the most poignant and rewarding of my medical career," said Westermeyer, 57. "It's about following your philosophical beliefs and putting them into your practice."

In April, more than 26 years after Westermeyer first began practicing medicine, his long history of helping caught the eye of LocumTenens.com. The Georgia medical staffing agency selected Westermeyer from more than 115 other physician entries as its first international honoree in the Mission:MD MedicalMissions.org Physician of the Year Awards. The award honors physicians who donate their time to help underserved patients gain access to health services. It also comes with a check for \$10,000.

And that, not the recognition, is primarily why Westermeyer was interested in being considered for the award at all. A

Christian who said he avoids self-exaltation, Westermeyer said the \$10,000 award was worth going for because it could help fund one of the latest projects he's working on: Africa Orphan Care, a nonprofit that provides medical and building volunteers as well as financial resources and medical supplies for orphans in Africa.

"I'm not interested in the publicity for myself, but for the cause," Westermeyer said. "I didn't think I would get it, but it was worth taking the chance."

## Raised to serve others

Born and raised in Colorado, near Aspen, Westermeyer first got into medicine as a teenager after a car accident landed him in the hospital. An injured arm required multiple surgeries, and during his stay a friendly orthopedic surgeon encouraged him to give medicine a go. That, combined with a great love of science, led Westermeyer first to Union College in Nebraska and then on to medical school at Loma Linda University in California.

Raised by parents who believed in the power of serving others, Westermeyer took a year off in college to teach chemistry and biology in Zimbabwe. In medical school, he also had the opportunity to do three months of medical training in Africa. He met his wife, Ann, while in medical school. A nurse, she had been raised by medical missionary parents in a remote area of New Guinea at a time when cannibalism was still prevalent.

"So we both had kind of always wanted to do mission and humanitarian work," Westermeyer said.

Freshly married and out of college, the couple decided to take a year to work in different places around the world. They went first to New Guinea and then were called to Ethiopia when the famine and an accompanying cholera outbreak raged. While there, they connected with



Ann and Dr. Richard Westermeyer

the organization now known as Medical Teams International, a relationship that has lasted ever since. Westermeyer and his wife have both responded to MTI calls for volunteers after various disasters.

"We have tried to go out on any disaster or crisis that we could," he said. "It's some of the most rewarding time we've spent. Here in the U.S., it's usually treating chronic disease and diseases of excess. But in some of these disasters, you're treating people who are next to death, resuscitating them and helping them survive."

## 'Everybody has a part they can play'

Westermeyer moved to Portland in 1987, joined the Oregon Anesthesiology Group and began practicing at Adventist Medical Center. In addition to his overseas trips in the ensuing years, Westermeyer earned a diploma from the London School of Hygiene & Tropical Medicine in 2000. His family has also hosted four children from overseas who were brought here for surgery through a program called Healing the Children.

Westermeyer and his wife, who both inherited their sense of service from their parents, have now passed that on to the next generation. Their two daughters are nurses and have served overseas, one in The Philippines and one in the Falkland Islands. They both have also spent time working in the orphanage that will benefit from Westermeyer's recent award.

The original orphanage was founded by Westermeyer's wife's parents, who'd been working in Zimbabwe. The year they were to come back to the U.S., a 16-year-old girl came to them and asked if they would help care for her and her five younger siblings. The children's parents had died during a massive AIDS epidemic, and the 16-year-old had had to resort to prostitution to support her brothers and sisters.

As a result, Westermeyer's in-laws started the orphanage, which now cares for more than 50 children.

Driven by his beliefs in helping others, Westermeyer said he'll continue volunteering as much as he can and will likely even increase his service time by cutting down on his work time in the not-too-distant future. Africa Orphan Care will continue to be a big focus, and he said he would encourage others in the medical community to consider getting involved; if not with AOC, then with another organization, and if not through volunteer work, then through a financial contribution or other show of support.

"Everybody has a part they can play," he said.

To find out more about Africa Orphan Care, visit [www.africaorphan.org](http://www.africaorphan.org).

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# Honorarium winner Lindquist surprised by award

By John Rumler  
For The Scribe



James Lindquist and Brenda Kehoe, MD

**James Lindquist**, winner of the first MSMP Rob Delf Honorarium Award, started working at Our House in 2008 as an events manager and then shifted gears and became an associate director of development. Previously, he worked at the Portland Art Museum as a caterer.

"I had absolutely zero non-profit experience," he said. "It was a steep learning curve."

Since Lindquist came on board, Our House has increased its donor base by at least one-third and its annual operating budget from \$2.1 million to \$3.4 million for its staff of 40 and its 150 to 200 volunteers.

Our House opened in 1988 as a hospice for people with AIDS. Since then, it has evolved into a community-based

"He's **meticulous, extremely professional** in his work, and he's also **passionate and very enthusiastic**. James goes out of his way to create good relationships, not just with donors but **with everyone he meets.**"

—Our House Executive Director Wayne Miya, on James Lindquist

resource center for people with AIDS and HIV, providing health care, housing, and a wide range of services addressing issues such as drug addiction, mental illness, alcoholism and other challenges.

At least 50 percent of the Our House budget comes from grants and fundraising. Lindquist has been instrumental in growing the Dinner Series, which began in 1992, from an irregular function attended by a half-dozen or so people into a several-times-a-month event attended by dozens of donors that simultaneously raises funds while increasing awareness about Our House and AIDS/HIV.

Lindquist also has brought the Our House Annual Art Auction to a new level and, combined with the Dinner Series, has increased annual donations from \$275,000 to upwards of \$440,000 in the last five years.

Lindquist was praised for his passion, dedication and ability to connect with others.

"He's meticulous, extremely professional in his work, and he's also passionate and very enthusiastic," says Our House Executive Director **Wayne Miya**. "James goes out of his way to create good relationships, not just with donors but with everyone he meets."

Lindquist says he's honored and still surprised that he won the first annual Rob Delf Honorarium Award. "I can hardly believe that I was even on their radar. It seems an award like this would go to a doctor or to a nurse, but to an associate development director? That shows they are really open in their thinking," he said. "It means a lot coming from an outstanding organization with a 129-year history."

For more information, please visit [ourhouseofportland.org](http://ourhouseofportland.org).

## Off Hours: New series will explore how area physicians maintain work-life balance



The medical community's quest for work-life balance is well documented nationally, and tips for achieving it have been published in numerous articles, blogs and other venues during the last two decades.

### What are members of the Portland region's health care community doing to achieve it?

Next month, *The Scribe* will begin an ongoing series called "Off Hours" in which we profile the ways individuals in the metro area maintain work-life balance through hobbies, volunteerism and other activities outside the office. We hope the articles inform, entertain and, equally important, inspire.

Because if a 2012 national survey is any indication, job burnout is a reality for far too many physicians. According to the survey in the *Archives of Internal Medicine*, slightly more than 45 percent of physicians felt at least one symptom of job burnout. It found that those who practice preventive medicine, dermatology and general pediatrics felt the most positive about their work-life balance, while those in general surgery, its subspecialties and obstetrics/gynecology showed the lowest rates of satisfaction with their balance.

Noting that U.S. physicians suffer greater burnout rates than other professionals, the survey's authors described the issue as follows: "Collectively, the findings ... indicate that (1) the prevalence of burnout among U.S. physicians is at an alarming level, (2) physicians in specialties at the front line of care access (emergency medicine, general internal medicine, and family medicine) are at greatest risk, (3) physicians work longer hours and have greater struggles with work-life integration than other U.S. workers, and (4) after adjusting for hours worked per week, higher levels of education and professional degrees seem to reduce the risk for burnout in fields outside of medicine, whereas a degree in medicine (MD or DO) increases the risk. These results suggest that the experience of burnout among physicians does not simply mirror larger societal trends."

Despite these sobering facts, there are plenty of physicians who are still striving for work-life balance, as the "Medscape Physician Lifestyle Report for 2013" found. More than half of its survey respondents said they exercise at least twice a week. About 21 percent of survey participants said they do volunteer clinical work, 22 percent said that work involved religious organizations, and 14 percent help out at their children's schools.

Medscape's survey also showed that when physicians leave the office, their favorite pastimes were spending time with family, exercising and travel. "Physicians tend to like reading (62%), cultural events (50%), and food and wine (44%) more than outdoor sports such as golf (12%) and hunting or fishing (9%)," the report states.

**We want to hear from you. Do you have a story to tell? Do you know a member of the Portland-area medical community you'd like to see featured in "Off Hours"?**

If so, please contact Barry or Melody Finnemore, editors of *The Scribe*, at [scribe@llm.com](mailto:scribe@llm.com) or 360-597-4909.



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# MSMP disaster-preparedness program part of response exercise

By Cliff Collins  
For The Scribe

This month, the Oregon Public Health Division and many other health care and emergency-response entities will conduct the PACE Setter Regional exercise, a three-day activity throughout the Portland metropolitan region beginning May 21.

The purpose is to test preparation, response and recovery from man-made or natural disasters or mass medical emergencies. The Medical Society of Metropolitan Portland has been involved for several years in a regional preparedness program. The MSMP will be part of the exercise as a community partner of the Northwest Oregon Health Preparedness Organization, said **Aaron Troyer**, project manager for MSMP's Health Preparedness Program.

In it, MSMP works closely with other public health organizations to help private medical clinics prepare for and respond to health or medical disasters. As part of that effort, he posts daily in a special section on the medical society's website, [msmp.org](http://msmp.org), news and information relating to health preparedness, including resources such as for education and training.

The medical society's role throughout the year is to develop and implement

voluntary medical clinics' response plans by working with physicians and associated staff to assess their capacity to mobilize a response.

MSMP aligns its program with both regional hospital preparedness plans and the overall response approach developed by the Northwest Oregon Health Preparedness Organization. The Health Preparedness Program Region 1 includes Multnomah, Washington, Clackamas, Columbia, Clatsop and Tillamook counties.

The partnership in which MSMP participates provides communication linkages between public health staff, private medical clinics and other local entities that work together in providing a coordinated clinic surge response to a large-scale emergency, including earthquakes, floods, landslides, pandemics or bioterrorism.

By maintaining a medical-clinic database, MSMP is able to alert public health officials about the availability of clinics' staff and resources.

Officials can contact clinics for what is called a "regional status-awareness report," Troyer said. Specific capabilities applicable to private medical clinics include information sharing and non-hospital-based medical surge response.

Information sharing is the open exchange of public health, medically

related and situational awareness information within the health care system, governments and the private sector during an actual public health or medical disaster. MSMP provides various methods of direct communication between relevant public health agencies and local area private medical clinics.

Medical surge is the ability to provide adequate medical evaluation and care during incidents that exceed the normal medical infrastructure within the community. This encompasses the ability of health care organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

"The ultimate goal is a sustainable, more resilient, safer and better-prepared community," Troyer said. He invites any physicians or medical clinics who want to volunteer to participate in the PACE Setter Regional exercise to contact him at [aaron@msmp.org](mailto:aaron@msmp.org).



The exercise will take place in Multnomah, Clackamas, Columbia and Yamhill counties, and Clark and Skamania counties in Washington. The exercise results from a federal requirement by the Centers for Disease Control and Prevention.

Times and other details are kept confidential for security reasons, but a partial list of goals for the exercise includes assessing the following:

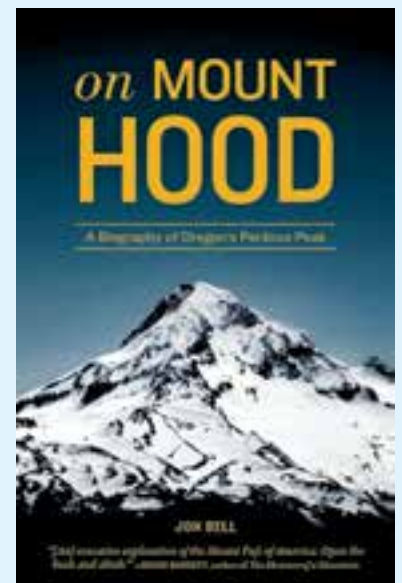
- Emergency response to impacted areas
- Mobilization of critical resources and operation of structures
- Capacity for triage and medical care, and the time frame required
- Communications devices and systems between partners
- Delivery of public information
- Security needs
- Fatality services

## Author and MSMP writer, Jon Bell, book signing

May 30, 6:30–7:30 PM

Portland REI, 1405 NW Johnson St, Portland

Come explore Mount Hood! Local author Jon Bell presents a reading and slide show from the newly-released paperback version of his book *On Mount Hood: A Biography of Oregon's Perilous Peak*. Published by Seattle's Sasquatch Books, *On Mount Hood* is the compelling story of Oregon's greatest mountain: adventures and tragedies, history and geology, people and places, trivia and lore.



For more information on Jon Bell, visit [www.jbellink.com](http://www.jbellink.com)

## Welcome New Members

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Retina Northwest, P.C., 2525 NW Lovejoy St #100, Portland, OR 97210 • 503-274-2121

Specialty: Ophthalmology Graduated: Univ. of Okla. College of Med., '07

**Orthopedic & Sports Medicine Center of Oregon**

1515 NW 18th Ave, 3 FL, Portland, OR 97209 • 503-224-8399

**Michael Baskin, MD**

Specialty: Orthopedic Surgery

Graduated: Univ. of Washington, '61

**Anthony Colorito, MD**

Specialty: Orthopedic Surgery

Graduated: Columbia University '94

**Scott Jones, MD**

Specialty: Orthopedic Surgery

Graduated: Univ. of Pennsylvania '82

**Derek Lamprecht, DO**

Specialty: Orthopedic Surgery

Graduated: Northwestern Univ. of Arizona '00

**Joseph Schenk, MD**

Specialty: Orthopedic Surgery

Graduated: Univ. of Arizona '02

**Paul Switlyk, MD**

Specialty: Orthopedic Surgery

Graduated: New Jersey Medical School '79

**Ira Weintraub, MD**

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[gandiacupuncture.com](http://gandiacupuncture.com)

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Contact: Members of the Acumentra Health team share a passion for improving the quality of healthcare in our communities. Our culture is marked by a dedication to client service and a spirit of collegiality. We foster teamwork and balanced individual lifestyles. We offer a generous benefit package and competitive salary. For a complete job description and to apply online, visit [www.acumentra.org](http://www.acumentra.org) and select Employment. Application materials may also be mailed to Acumentra Health, 2020 SW Fourth, Ste 520, Portland, OR 97201, attention HR, or FAX to 503-279-0190. Send materials to the attention of Judith Wilson. Acumentra Health is an Equal Opportunity Employer.

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