



# scribe

A publication of the Medical Society of Metropolitan Portland

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## The Doctors' Little Black Book 2013–2014

Are you a physician in the Portland Metro-area who was not listed in the Little Black Book?

Call MSMP at 503-222-9977 to be added to a supplement being mailed in a few months.

—See page 14 for details

# Social media continues to work its way into medical community

## MSMP to place focus on ethics issues around physician-patient communication via social media

By Jon Bell  
For The Scribe

Between about May 2011 and May 2012, **Bobby Ghaheri, MD**, performed around 15 surgeries for tongue tie, a condition that limits the movement of the tongue. The procedure usually involves snipping the frenulum, the small band that connects the underside of the tongue to the floor of the mouth.

In the past year alone, however, Ghaheri, has done more than 400 tongue tie procedures; he did 21 in one week in mid-May. In fact, Ghaheri, an ENT and facial cosmetic surgeon at the Oregon Clinic, is now a highly sought-after surgeon for the procedure across the West Coast.

And he attributes it all to Facebook.

"That's the only way that people have found me," he said.

As social media continues to evolve and play an ever-larger role in day-to-day communications, it's no surprise that it's also finding its way into the world of medicine. Physicians have taken to Twitter and Facebook as a way to interact with others in the profession, to share information with patients and to market themselves a bit.

The Medical Society of Metropolitan Portland has also dipped its toes into the social media waters with a Facebook page and Twitter account, both of which launched earlier this year. MSMP will be focusing during the next couple of years on raising awareness about ethics issues surrounding physicians communicating with patients through social media.

Indeed, social media in medicine carries with it some unique issues related to communication, privacy and how much and what kind of interaction is acceptable between physicians, patients and the public.

"I tend not to give medical advice through my social media," said **James Beckerman, MD**, a cardiologist at Providence St. Vincent Medical Center who

has been active on Twitter for the past few years. "Twitter is a great forum for information but a very poor one for advice, so I try to limit myself to the former."

In April, the American College of Physicians and the Federation of State Medical Boards issued a

cardiology—though some of his recent tweets have also lightheartedly referenced the Portland Timbers and the Dalai Lama. Ghaheri, too, has been known to sprinkle in references to bacon, coffee and some of his other favorite things.

relationships with other physicians and medical professionals whom he might not have been able to meet otherwise.

"One of the wonderful things about it is that people whose opinions you trust and look up to are as accessible as anybody,"



"One of the wonderful things about it is that people whose opinions you trust and look up to are as accessible as anybody. To learn from them and engage with them on that kind of a level playing field is really amazing."

—Cardiologist James Beckerman, MD, on social media

paper offering some physician guidelines for the use of digital communications and social media. Among the paper's recommendations are that physicians not use text messaging for medical interactions, even with established patients, that they only use email in established patient-physician relationships and that they keep their personal and professional personas separate.

Beckerman, who has almost 4,500 followers on Twitter, tweets about medical-related topics—health, fitness,

The key is finding the right blend while also maintaining professionalism.

"I usually tweet about more professional things, but sometimes I give out slightly more personal things," Beckerman said. "But I always feel like it's important to be professional and I feel as though physicians are always representing their practices."

In addition to sharing information, Beckerman has also found social media an effective way to learn more about medicine and to develop trusted

he said. "To learn from them and engage with them on that kind of a level playing field is really amazing."

Ghaheri initially became involved in social media as a way to try and attract more patients, but it quickly became evident that there was more to it than that. There is a very community-minded aspect to it, he said, and he's been able to bounce ideas off of other physicians while also offering information—not medical advice, which he

See **SOCIAL MEDIA**, page 5

## INSIDE THIS ISSUE

### Accountable care model embraced



A new, collaborative program between Oregon's largest health insurer and Adventist Health ties provider reimbursement to better health outcomes and lower costs. The agreement marks the first example in the state for Regence BlueCross BlueShield of Oregon to transform all its business to a "total cost-of-care orientation."

—Page 5

### Savoring summer fun with kids



Pediatric hematologist-oncologist Jason Michael Glover, MD, finds great satisfaction in dedicating time to camps for young patients, including at the annual Camp Ukandu.

—Page 8

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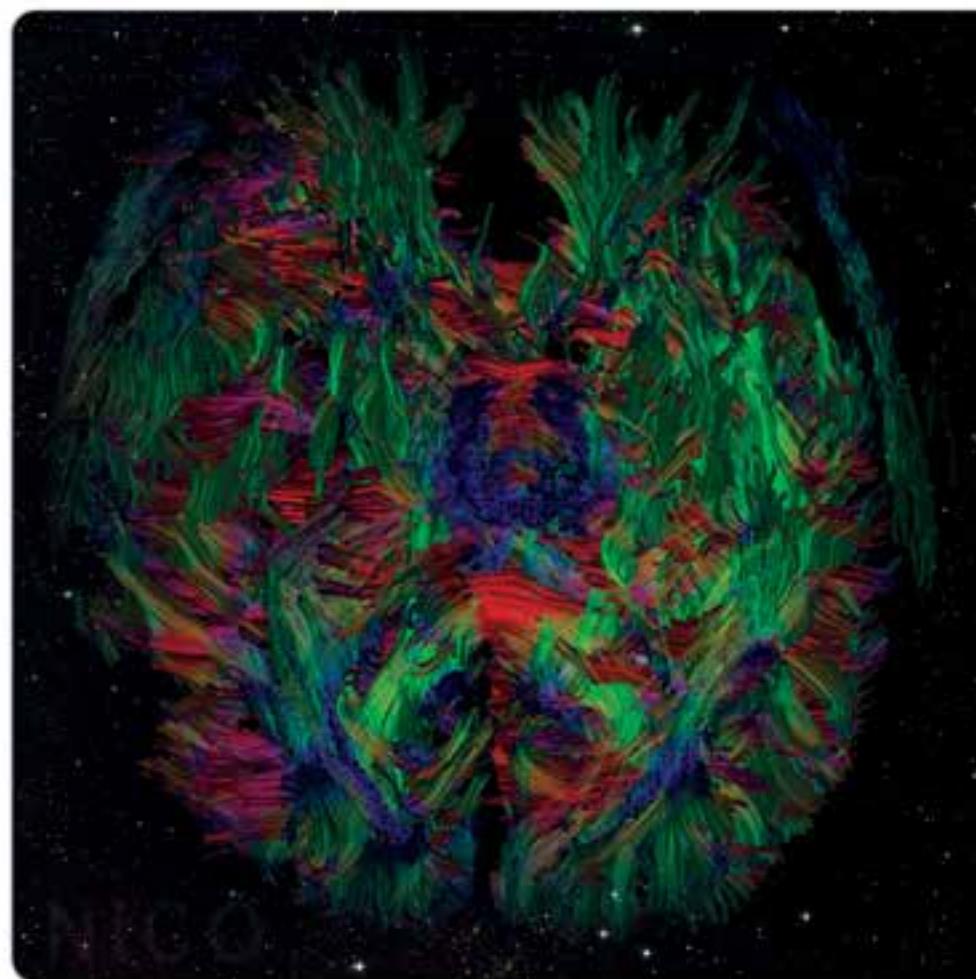
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# Heading west

## Legacy takes bold step into metro area's west side with new clinics

By **Cliff Collins**  
For *The Scribe*

For the first time in its long history, Legacy Health has taken a bold step westward beyond its Good Samaritan Medical Center into the burgeoning, prosperous suburbs of northern and central Washington County.

In recent weeks, Legacy opened two medical clinics: one in Beaverton, on NW Cornell Road in the Bethany area, and one in Forest Heights, on NW Miller Road.

Providence Health & Services always has dominated this part of Washington County unchallenged. The new Legacy clinics stand not only to take away some potential outpatient business from Providence, but also will serve as feeder clinics, referring patients to Legacy hospitals and specialists, not to nearby Providence St. Vincent Medical Center. This includes referring pediatric patients to Randall Children's Hospital at Legacy Emanuel Medical Center.

In addition, the locations for the new clinics are in high-income areas, so they will attract many insured patients who have the choice of where they go to be treated and can benefit from some of the deluxe services Legacy Medical Group-Cornell offers that seem tailor-made for large county employers such as Nike Inc. and Intel Corp. These include what Legacy calls "performance evaluations," such as bicycle fittings and running and golf-swing analyses.

"Washington County is the fastest-growing area in the metro area," noted **Mike Newcomb, DO**, Legacy's senior vice president and chief operating officer. "It's high time that Legacy established a physical presence."

He said more insurers are "developing narrow networks," and the new locations will be much more convenient for patients living in the western suburbs who seek their health care from Legacy. "Historically, we have cared for hundreds or even thousands of people who live on the west side," he said. "The real intent (of the new clinics) was to provide them with services not available in the past."

### Caring for a wide variety of patients

The Cornell location is broad in both scope and size. Opened on April 30 at 1960 NW 167th Place in Beaverton, it occupies a leased, 16,275-square-foot building at what was a location for Metropolitan Pediatrics group. Nine physicians, one nurse practitioner and 19 support staff, including physical therapists and care managers, offer primary care for all ages; specialty pediatric care; orthopedics; foot and ankle specialists; x-ray services; and a sports medicine clinic, which will provide athletic training and physical therapy.

Additional staff will join the site beginning in July, when Legacy will christen Randall Children's Specialty Clinics' urgent care center at the location, which will include rheumatology and diabetes and endocrine services.



Legacy Health recently celebrated the opening of a medical clinic in Beaverton, part of a broader, first-ever foray into the metro area's west side. Helping cut the ribbon were (foreground, left to right): **Stephanie Anderson, MD**, medical director for primary care; **Lorraine Clarno**, president and CEO of the Beaverton Chamber of Commerce; **Abby Tibbs**, district director for Congresswoman Suzanne Bonamici; **Mike Newcomb, DO**, Legacy Health senior vice president and chief operating officer; **Beaverton Mayor Denny Doyle**; and **Raelynn Dieter**, manager of Legacy Medical Group—Cornell and Forest Heights.

Photo courtesy of Legacy Health

Newcomb said the Cornell clinic is Legacy's first to combine pediatric services with adult services, and the sports medicine portion of the center is unique to Legacy.

"There are a lot of families and kids and adults who play a lot of sports," he said, and they will have the benefit of some high-tech equipment designed for their needs, such as a golf-swing cage and video running-analysis equipment.

The pediatric urgent care clinic will stay open evenings and weekends, a service Newcomb says doesn't exist in the area. "One reason we are offering urgent care is that daytime services are well-provided for by other pediatric groups," including Metropolitan Pediatrics, he said.

The latter group vacated the building in June 2012 that Legacy-Cornell now occupies. Linda Bletko, executive director of Metropolitan Pediatrics, declined through a spokeswoman to comment on Legacy's new presence, but noted that there was no connection between her clinic's departure from Cornell and Legacy's arrival. Metropolitan Pediatrics moved from its leased location to one about a mile from where it had been on Cornell Road, and now is at 15455 NW Greenbrier Pkwy. Metropolitan Pediatrics boasts a total of 27 pediatricians and two on-staff psychologists at that and three other locations: in Happy Valley, Gresham and Northwest Portland, adjacent to Good Samaritan.

Providence also chose not to comment about what Legacy's move might mean for that health system, but instead pointed to its long history and formidable presence in the county.

"Providence has more than a dozen westside clinics, immediate care facilities

and expanded children's services, including a new pediatric intensive care unit and the largest NICU in the state at Providence St. Vincent Medical Center," said spokesman **Gary Walker**. "Combined with its wide network of other services, Providence is well-positioned to meet the health care needs of people in all the communities we serve."

Legacy Medical Group-Forest Heights, located in the Forest Heights Village Center at 2127 NW Miller Road in Portland, also combines primary care for adults and children. Situated in a leased space of about 3,800 square feet, it was a dental office. The clinic is staffed by two pediatricians, an internist, a family nurse practitioner and 12 support staff.

Although both of the surrounding areas the two Legacy clinics occupy are near companies that generally pay employees well, *The Oregonian* reported in an article on May 22 that the growth of

poverty has increased in the suburbs faster than in Portland. Beaverton's rate of poverty increased more than 100 percent since the 2000 census, and Hillsboro's more than 70 percent, according to the newspaper.

"Legacy prides itself on its mission," Newcomb said. "Our mission is to care for a wide variety of patients: (those on) Medicaid, Medicare, commercial and with no insurance." He said all Legacy Medical Group clinics follow that philosophy, and the suburban west ones will be no different.

Legacy is open to adding more locations in the suburbs and is always looking for new opportunities for growth, but has no specific future locations selected yet, Newcomb said.

"We are really proud to be a part of the west side," he said. "It gives us an opportunity to serve our patients that we haven't been able to in the past." •

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**Barry & Melody Finnemore**  
Scribe@LLM.com • 360-597-4909

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**Karl Doreza** *Karl@LLM.com*  
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# Regence wants all business based around accountable care model

## State's largest health insurer seeks to expand program with Adventist to full complement of commercial business, membership

By Cliff Collins  
For The Scribe

A new, collaborative program between Oregon's largest health insurer and Adventist Health ties provider reimbursement to better health outcomes and lower costs.

The agreement, announced in late April, marks the first example in the state for Regence BlueCross BlueShield of Oregon to transform all its business to a "total cost-of-care orientation," according to **Richard Popiel, MD, MBA**, Regence executive vice president of health care services and chief medical officer.

"The whole focus of this program is to change the way we engage with the provider community to emphasize pay for value," said Popiel, who joined Regence in late 2012 after creating and running a similar collaboration for Horizon Blue Cross Blue Shield of New Jersey.

The arrangement with Adventist is only the first step, as Regence's plans are not specific to one partner or product, he emphasized. Instead, over time, the company wants to expand this accountable care model to all its commercial business and membership, he said. A total cost-of-care model means paying for value, quality and outcomes, not reimbursing doctors and hospitals for services rendered to patients, as under standard fee-for-service. "We're hopeful all organizations that are part of our network will engage with us in this model," he said.

Regence is developing additional collaborative arrangements with other health systems' doctors and hospitals in a variety of ways that adapt to and support the readiness of providers to engage in this model of care, Popiel indicated.

"We recognize people start with different levels of sophistication" in terms of managing patient populations, and

as a result, Regence is willing to "bring them along" at their own speed in order to "align ourselves with success," he said.

The initiative with Adventist is "more of a collaboration than a contract," and relies on agreements with Adventist-employed primary care physicians to take responsibility for the health of populations, he said. The orientation fits perfectly with the tenets of the Affordable Care Act and Oregon's Coordinated Care Organizations, he added.



**"The whole focus of this program is to change the way we engage with the provider community to emphasize pay for value."**

—Richard Popiel, MD, Regence executive vice president of health care services and chief medical officer

The program with Adventist's physicians includes a shared-incentive arrangement.

"At the heart of it, this is sharing treatment data about quality and outcomes" on Adventist's part, while Regence shares cost data with Adventist, said **Tom Russell**, president and CEO of Adventist. "This accountable care relationship will allow our providers increased transparency around utilization and quality measures."

The idea is to "expand the view of the provider" by offering a financial incentive to care for patients in a holistic and comprehensive manner, not just care for them during a visit, Popiel explained.

For such a model to work economically, primary care physicians must be freed from the fee-for-service arrangements that cause them to have to see high volumes of patients they can spend only a

few minutes with, he said. A total cost-of-care agreement gives those doctors the opportunity to share in the success of improving outcomes and patients' health, as demonstrated through nationally accepted measurement standards such as HEDIS, he said.

Regence has a previous agreement with Adventist for Adventist to serve as a principal provider for the Oregon Select network, a program Regence established last year for customers such

as the self-employed who are insured under individually purchased insurance.

The company describes the new arrangement with Adventist and those with others in the works as "part of a suite of innovative reimbursement models offered by Regence to address the quality and affordability of health care services for its members." The company is working with providers and employers throughout its four-state region to implement collaborative care models, the first of which it launched with Boeing in Washington state in 2007.

That pilot program, which Popiel called "an early version of the patient-centered medical home," lowered per-capita spending on health care by 20 percent; increased "physical and mental functioning ability" by almost 15 percent; and boosted access to health care by almost 18 percent, according to Regence. •

## Social media: "You do it because you want to be there"

CONTINUED FROM page 1

is very up-front about on his pages—to the general public. If there's ever a time where a prospective patient needs more than general information, Ghaheer has the patient contact his office directly.

Already an active Twitter user even before the tongue tie connection—he had more than 3,700 followers a year ago—Ghaheer became interested in tongue tie last year when his infant daughter had trouble latching on to her mother for breast feeding. After doing some research and learning more about tongue tie and its connection to breast feeding, Ghaheer came across a Facebook support page for mothers. The private

group, which is also populated by lactation consultants and physicians, now has about 4,500 members.

Since Ghaheer became a member, he's interacted with hundreds of people who have sought him out for guidance, tagged him in posts and shared pictures of their children's mouths for a little insight. He's shared information with them and had mothers and babies travel to see him from as far away as Montana and Alaska. He's now up to almost 5,000 followers on Twitter and said at least 15 percent of his referral business comes as a result of social media.

Ghaheer sees social media continuing to become more important in the world of medicine, but he'd like to see

HIPAA adapt to this new digital age to help social media become even more mainstream than it already is.

"HIPAA is going to have to adapt to social media," he said. "As it is now, it stagnates conversations that we could be having."

Beckerman, too, said he'll continue using social media as he has been. Whether or not it's for every physician, however, should be up to the individual.

"I think it's a personal decision, whether or not a person should use social media either for its social reasons or professional ones," he said. "You do it because you want to be there, not because you're just checking a box." •





# Achieving a healthy balance

Portland oncologist shares challenges, successes of managing busy career and life outside the office

This is the first in a series of essays exploring life challenges of Portland-area physicians. It is a part of MSMP's goal to better support and connect members of our medical community. Do you have a personal story to share with *Scribe* readers? If so, please contact the editors at [scribe@llm.com](mailto:scribe@llm.com) or 360-597-4909. To share your thoughts and respond to this essay online, visit the Forum section of MSMP's website at [www.msmp.org](http://www.msmp.org).

By Tammy De La Melena, MD  
For The Scribe

At age 7, I caused a baby chick to be injured by trying to "teach" it to fly, and I've tried to mend the injured and sick ever since. In the fifth grade, we wrote future autobiographies for *Time* magazine. My cover and story featured a portrait of me in a white coat with the caption, "Dr. Tammy De La Melena Saves the World!"

From a young age, I knew medicine was my calling. Several years before settling into my present field of breast

cancer surgical oncology, I was working on Thanksgiving Day in the cardiothoracic service in a hospital. One patient, a young woman immigrant, said to me, "I am *thankful* for America today because I feel alive and strong for the first time. I want to run." She was 18 and had been living with a heart defect, severely limiting her ability to walk a few yards without utter fatigue and shortness of breath, forever feeling weak. She had never run in her life. In the states, we correct this condition shortly after birth. In the South Pacific, her condition went untreated.

I'm an immigrant as well, arriving in the U.S. at age 8. It reminded me of how thankful I also was for this amazing country. To start so humbly and have the rare privilege and opportunity to pursue my dreams defines America. I was within a hair's breadth from pursuing a cardiac surgery career due to my experience with that young woman. Life took me in another direction and I love what I do today. I love my patients. I love the staff and people I work with and our team approach. I love the daily difference I make in people's lives.

But I do struggle at times with balancing all the important aspects of my life. I've cycled between periods of fitness and periods of abandon. A few years back, I ran the Chicago Marathon as a charity runner for the Livestrong Foundation. It was nearly impossible to find the time to get the training runs in. I assigned each mile to one of my patients and dedicated the time as if I was dedicating the time to perform an operation for them. It made it easier then. I was used to responding to patient needs regardless of fatigue or the constraints of a 24-hour day. I hate to admit it, but I am frequently overdue for mammograms and dental appointments, too, because it is very difficult to carve out time for myself.

I have a great group of friends that motivate one another to carve out time for runs. We have different abilities and levels of fitness and pace, but we manage to gather here and there for running events—some with the goal of finishing, others with that of a PR. I watch movies and TiVo sporting events with my husband. Lastly, I read—more recently out of an electronic book, but I still prefer the paper version. I only have time to do this on vacation or long flights.

Separating work issues and stress from family time is another big challenge. There are days I'm too tired after hours of surgery to help with that homework assignment or chaperone the school dance like I promised. It's difficult to hang out at my child's soccer game when I know I have medical charting to complete. Some days sad cases come home with me and there is no cheering me up. Looking at my family only makes me sadder because I am reminded of my good fortune, while recognizing my patients' misfortune. But for the most part, my family brings me great joy and balance. I am whole with them around me.

One of my favorite things is hearing, "Thanks, Mom." I love listening to my children speak about their world around them—either my daughter describing how moved she is by Pink's lyrics to "Perfect" or to hear her read the five-page



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CONTINUED ON page 7





CONTINUED FROM page 6

letter she wrote to her teacher. Or have my son explain to me the playground dynamics in choosing soccer teams. I remember one night when he wanted to discuss our souls and why he wasn't "entirely" worried if our bodies "degenerate." Yes, he used these words.

To me, being healthy means being happy and able to engage in relationships, experiences and activities unhindered by disease, chronic illness or pain. I think the "happy" part is sometimes the hardest to reach.

And I think all of us benefit from making "deposits" for retirement. By this I mean deposits into our health and fitness. What good is that 401K if your body and health impede the enjoyment of that careful savings and financial planning? I thought this was a great piece of wisdom, shared with me by the husband of one of my patients. •

*Tammy De La Melena, MD, is with Compass Oncology in Portland. She is married with two children, Emery, 13, and Caden, 8. Portions of this essay appeared previously in Portland Family Magazine.*



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## Jason Michael Glover, MD

# Savoring summer fun with kids

Pediatric hematologist-oncologist Jason Michael Glover dedicates time to camps for young patients

By John Rumler  
For The Scribe

In the course of their healing practice, physicians create bonds with patients. Sometimes, especially when their patients are young and have been diagnosed with cancer, the relationships grow into something very special.

**Jason Michael Glover, MD**, a pediatric hematologist-oncologist at the Randall Children's Hospital at Legacy Emanuel Medical Center, picked his specialties for a reason.

"I chose pediatrics because children and teenagers are generally innocent and they don't have a lifetime of bad habits," Glover said. "I chose oncology because I like the continuity of getting to know my patients, seeing them through their treatments and then go to their prom night, graduate high school, celebrate their birthdays and then come back to see me for followup."

Glover, like many physicians, gets to know a good number of his cancer patients well. "Cancer makes some of my patients stay in the hospital for weeks at a time—or if not that, they'll come to the clinic twice weekly for months or sometimes years."

And even after that, Glover and his team continue to follow the young patients until they are adults, looking for any signs of relapse or toxicity from the treatments.

On top of this, Glover has established a personal tradition of going out of his way to interact with patients outside the sterile walls of clinics, hospitals and examining rooms.

**"Jason is a fantastic physician and the kids he cares for at the hospital love him. They also love to see him wearing a tutu while playing a game of sprout ball and being a big kid right alongside them."**

—Rae Acosta, a registered nurse at Doernbecher Children's Hospital and a Camp Ukandu volunteer

Every summer he spends a week volunteering at Camp Ukandu, which provides youngsters with outdoor adventures—experiences most have missed because of cancer and associated treatments.

Glover has been a camp counselor and has volunteered at camps for children with serious illnesses for more than 15 years. He started volunteering at Camp Ukandu as a fellow at Oregon Health & Science University and has served as the

camp co-medical director (with **Susan J. Lindemulder, MD**) for the last two years.

### 'Dr. Pondscum' is in

Camp Ukandu is a medically supervised, weeklong summer camp for children ages 8 to 17 who are undergoing cancer treatment or within two years of their last treatment. More than 120 youths from Oregon and Southwest Washington attend the annual event, sponsored by the American Cancer Society and held at YMCA Camp Collins, located within Gresham's Oxbow Park. This year, the camp will be held June 16–22.

Camp Ukandu is packed with activities, including horseback riding, rock climbing, swimming, archery, hiking, endless variations of dodgeball, including a version called sprout ball, and nightly campfires with skits.

"Everyone at the camp gets a nickname such as 'Giggles,' 'Booger,' or 'Smiles,'" Glover said. "The camp program director is known as 'Drool' and I'm known as 'Pondscum' or sometimes 'Dr. Pondscum.'"

Camp activities manager for the Great West Division of the American Cancer Society, **Hillary Orr** oversees Camp Ukandu and has known Glover for several years.

"It's obvious that he loves to see the kids outside of the hospital and in a fun environment," Orr said. "He has such a great time he almost becomes one of the campers himself."

Some health professionals who serve as camp volunteers don't know whether to just watch the kids have fun or to participate with them, Orr explained.

"Dr. Glover jumps in, he joins all the activities, from dodgeball games to arts and crafts projects. He doesn't hesitate to be goofy or to wear a tutu on Tutu Tuesdays. The kids love him and are very excited to see him. You'll hear them asking, 'Is Dr. Glover here? When is he coming to camp?'"

**Rae Acosta**, an OCN RN at Doernbecher Children's Hospital, also volunteers at the camp as the medical coordinator and works closely with Glover.



Jason Michael Glover, MD, volunteers each year at Camp Ukandu, a weeklong summer camp for children ages 8 to 17 who are undergoing cancer treatment or within two years of their last treatment. Glover (far left) isn't afraid to be goofy, donning the appropriate attire for the camp's "Tutu Tuesdays." Also pictured are Rebecca Loret De Mola, Rae Acosta, Heidi Smith, Meme Porcelli and Jesse Loveland.

Photo courtesy of the American Cancer Society Inc.

"Jason has become an integral part of the medical staff and the promotion of health and safety—and most of all, happy times for the kids dealing with cancer and their siblings," she said. "He is fun and laid back, but he isn't afraid to be silly, and sometimes humor is the best medicine."

### 'He practically becomes a camper'

Glover, an outdoor and exercise enthusiast, has a busy summer planned. He's doing a two-day Olympic-length triathlon at Blue Lake Park in Fairview in a couple of weeks and an Ironman triathlon in Lake Stevens, Wash., in July.

But it's clear that his week at Camp Ukandu is by far the highlight. Glover finds a deep meaning and satisfaction through his involvement with the youngsters, especially after he's seen many of them go through difficult and painful experiences.

Not all of the kids who go to Camp Ukandu have a good or promising prognosis, Glover explained. "Some of the youngsters go realizing that it will likely be their last year at camp."

It makes Glover happy to see his patients—the same kids he takes care of in the clinic—playing, laughing and smiling.

"They are usually not smiling in the clinic, especially after being poked and prodded and given medicines that make them feel awful," he said. "My week in

camp with them helps remind me that the good times they have outweigh the tough times they have."

Glover has become a huge advocate for the camp and has increased participation by not only promoting the camp to patients and their families, but also by attracting volunteers by talking up the camp to nurses at his clinics.

Orr said she greatly appreciates Glover's enthusiasm. "It's easy to volunteer and be passive about it, but Dr. Glover is involved before, during and after," she said. "He connects with the campers by encouraging them to participate. He practically becomes a camper and it's fantastic!"

Glover is also serving on the Camp Ukandu transition board that is forming a new nonprofit the camp will operate under.

"Jason is a fantastic physician and the kids he cares for at the hospital love him," Acosta said. "They also love to see him wearing a tutu while playing a game of sprout ball and being a big kid right alongside them." •

For more information about Camp Ukandu, please call the American Cancer Society at 800-227-2345.

If you are interested in volunteering, please contact Hillary Orr at 503-795-3914 or [hillary.orr@cancer.org](mailto:hillary.orr@cancer.org).





## Jason Michael Glover, MD

**Occupation:** Pediatric hematologist-oncologist at the Randall Children's Hospital at Legacy Emanuel Medical Center.

**Home:** Beaverton

**Family:** Wife, Cristen. They are expecting their first child in September.

**Hobbies:** Hiking; cycling; participating in triathlons; surfing (very badly, he notes); reading, with a fondness for young adult fiction such as the Harry Potter series; and spending time with family.



Glover (center in front, wearing hat) finds deep satisfaction in interacting with young campers, shown here during an all-camp activity. Photo courtesy of the American Cancer Society Inc.

## Glover a champion of personalized medicine

By John Rumler  
For The Scribe

**Jason Michael Glover, MD**, a Columbus, Ohio, native, attended medical school at the University of Vermont College of Medicine. He completed his internship and residency in pediatrics at the University of Virginia and stayed in Charlottesville to be the chief resident at UVA.

He completed his fellowship in pediatric hematology/oncology at OHSU in 2011. While there, he worked in the lab of **Brian Druker, MD**, the renowned researcher who pioneered the wonder drug Gleevec for treating chronic myeloid leukemia.

"Working in the lab with Dr. Druker was great," Glover said. "I like his philosophy of trying to make the treatment targeted as much as possible to attacking only the tumor and leaving the rest of the body untouched. Most of our current therapies for tumors are too toxic and cause too many side effects."

With a deep interest in developing personalized medicine, Glover has published a number of related papers and presented them at many national conferences. He is a member of the American Society of Pediatric Hematology/Oncology, the American Society of Clinical Oncology and the Children's Oncology Group.

His areas of expertise include solid tumors (including neuroblastoma, osteosarcoma and Ewing's sarcoma), new and experimental therapeutics, leukemia and sickle cell disease.

The thing Glover likes most about his job is seeing kids come back to the clinic after treatment, healthy, happy and excited about life.

"They often are very changed because of their experiences," he said.

The 38-year-old Glover is doing clinical research with the Children's Oncology Group regarding osteosarcomas, especially relating to tumor banking and biology research. He is also the site investigator for several clinical trials for cancer patients and patients with sickle cell disease.

Although Glover believes the success rates for curing cancers are constantly improving, he longs to see the day when his patients come back for their five-year followup free from the damaging side effects to their organ systems such as hearing loss, cardiac dysfunction, obesity, growth delay and infertility.

"Unfortunately, at the present time, the cure from chemotherapy radiation and extensive surgeries still comes at too great a cost to the patient," he said. •

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# Area's medical community blossoms during Rose Festival running events

By Jon Bell  
For The Scribe

It's Rose Festival time again, and even though the Navy ships likely won't be pulling up this year because of federal budget issues, there's still plenty of fun and festivities for everyone to enjoy.

This year, as in prior years, the festival is drawing thousands of families and fun-seekers, but also a share of local medical professionals who are not only spending some time at the festival—perhaps picking up an elephant ear or two—but who are actually participating in it.

Two of the festival's largest events, in fact, have unique medical connections to them. Here's a look:

## Legacy Health Starlight Run

What started out as an attempt to help people avoid injuries while running became an eight-week journey that brought together more than 35 people of all athletic abilities to tick off all 3.1 miles of the Legacy Health Starlight Run.

Longtime runner **Hans Stenfert-Kroese**, a physical therapist at Legacy Meridian Park Medical Center, originally set up a multi-pillar analysis program to help reduce running-related injuries. The program involved photographing and evaluating people's ankles and footwear, using high-speed motion cameras and Dartfish software—the same program used for Olympic runners—to assess their running form and matching them with the right footwear to try and reduce the likelihood of injury.

A couple of Legacy's marketing folks went through the program, and soon ideas percolated about how the health system could do more than just be the title sponsor of the popular annual run.



Running teams from Legacy Health (including those pictured above and below from 2012) have always had fun with the Rose Festival's Starlight Run.

This year, a group of physical therapists from Legacy ran an eight-week training program to help people get ready for the race. Photos courtesy of Legacy Health

Portland. Stenfert-Kroese was one of 13 Legacy physical therapists who helped out with the program. Each session began with a mini clinic on topics such as nutrition and hydration or footwear. Next came a warm-up, followed by a mix of walking and running, with the running increasing each week as the race approached.



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The result: an eight-week "couch to 5k" training program that culminated with the Starlight Run on June 1.

"The Starlight Run really gave us a good opportunity for this program," Stenfert-Kroese said.

"He really did spearhead this program based off of his experience and his love of running," said **David Hughes**, PT, manager of rehabilitation at Meridian Park.

The program kicked off April 9, about eight weeks before the run, with close to 50 community members interested in giving it a go. The group met on Tuesday evenings at Buckman Field in Northeast

"We had physical therapists leading each group and also running in each group," Stenfert-Kroese said, "and they were also there to help with anything that was hurting them during the training."

The initial group winnowed down to about 35 or so, primarily because some of the runners were either at higher experience levels or had gotten in over their heads.

**Kara Schuft**, a physical therapist at Legacy Good Samaritan, who helped with the program, said it was an enjoyable experience for many different reasons.

CONTINUED ON page 11





"...we are all just **so excited to come together** and meet new people of **all different training levels and abilities**. As physical therapists, we always get the injuries after they happen, so it was nice to be involved with them before they happened this time."

—Kara Schuft,

Legacy Good Samaritan Medical Center

**CONTINUED FROM** page 10

"I think we are all just so excited to come together and meet new people of all different training levels and abilities," she said. "As physical therapists, we always get the injuries after they happen, so it was nice to be involved with them before they happened this time."

Though the eight-week training program was geared toward the Starlight Run, the hope is that it will live on after the race, either in a more formal structure with folks starting with Stenfert-Kroese's analysis program or with people just continuing the exercise routines they've gotten into as a result.

The Starlight Run is actually known as much as a 5k run as it is a costume contest as well. The Legacy group was planning on being a part of the masquerade, but at press time, Stenfert-Kroese wasn't sure how they would dress up.

"Someone suggested that we dress as Madonna, but I said no," he said.

### The Rock 'n' Roll Portland Half Marathon

Officially kicking off the 2013 Rose Festival on Sunday, May 19, was the second annual Rock 'n' Roll Portland Half Marathon. The event drew more than 10,000 walkers and runners, none of whom found themselves in any serious medical trouble.

Part of that was because of the mild weather, but part of it was also the backbone of medical staff, volunteers and other resources that helped keep the race on track—and safe.

"We do have some cities where we do these and you come in and it's a struggle," said **P.Z. Pearce**, national medical director of the running series. "But when you come in (to a place like Portland) where everyone knows what they're doing and works together well, it just makes it so much easier."

To put on the Rock 'n' Roll Portland Half Marathon, the series teamed up with OHSU as its medical sponsor, which assists with supplies, some staff and volunteers.

"We usually try to affiliate with a large hospital or university because it becomes a teaching experience for the students or fellows," Pearce said.



Medical staff and volunteers from OHSU helped staff aid stations and tents along the route of this year's Rock 'n' Roll Portland Half Marathon, which kicked off the Rose Festival on May 19. Photos courtesy of the Rock 'n' Roll Portland Half Marathon


The race sets up first aid stations every other even mile along the course, which are staffed by Red Cross and Community Emergency Response Team volunteers. Each one is equipped with an automated external defibrillator. Although rare, heart attacks do happen during such runs at a national rate of one in 50,000, though Pearce said the Rock 'n' Roll series has better stats than that: about five cardiac arrests per 500,000 runners.

At the odd miles are ambulances. There also are several tents set up near the finish line, one to provide care for collapse, one that serves as an ice tent, and then a general medical support tent.

This year's run enjoyed perfect weather, Pearce said, and there were very few injuries and no transports to the hospital. Still, after each run, organizers talk about what went well and what could be improved for future races. The series plans to start training all of its athletes in compression-only CPR via a one-minute video made available at registration.

Pearce said one of the biggest challenges behind a race like this is finding enough skilled volunteers to help out. Medical volunteers seem to get burned out because they're spending their volunteer time doing what they do for work. One way to combat that is to try and make volunteering as fun as possible, with music, food and an overall good energy.

"We all really just enjoy Portland," Pearce said. "It's a cool city, the people are nice, OHSU is a great partner to work with. And I've never seen a place with so many great food carts. We were over there eating every day." •



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## Ask the Expert

Ask the Expert is a new bimonthly feature intended to provide insight and advice for physicians on topics ranging from improving practice management to fostering better relationships with patients. This month, **Malcolm Hodge**, vice president and manager of Columbia Community Bank, discusses financial services issues that impact physicians and their practices.

## Building relationship with bank now pays off later

### What are the most frequently asked questions you get from physicians?

**Hodge:** Do I have to have a down payment to borrow money to buy into a practice? The answer is usually "no;" we can do 100 percent financing. People also ask how a community bank is different from other banks. A community bank typically provides higher levels of service and the banker/doctor relationship is a long-term one. Larger banks are more transactional in nature, and less relationship oriented.

### How have financial considerations changed for physicians since the start of the recession?

**Hodge:** Banks have reverted back to being much more thorough in underwriting, so expect to hear many questions as well as requests for documentation from your banker. It appears that smaller, independent medical practices are consolidating (as opposed to dentists, where independent dental practices are still flourishing). And we are starting to see some innovative, entrepreneurial businesses emerge in health care. As with many industries right now, there is a significant amount of change occurring.

There will be winners and losers, and those that can adapt to changes quickly stand a good chance of succeeding.

### Will health care reform impact financial considerations for physicians?

**Hodge:** Yes, it already is in one way—uncertainty. Commercial bankers don't like uncertainty, so health care reform makes commercial lenders more risk-averse as they await the outcome of the reform measures.

### What advice do you have for physicians who are just starting out and may not yet be thinking about the need for financial services?

**Hodge:** Find a good banker (ask friends and colleagues for referrals) and start building a relationship. Open deposit accounts, establish a dialogue. It's a lot easier to borrow money later if you already have an established banking partner.

Hopefully, 2013 and beyond will bring us all stability and prosperity. And if your banker appears to be conservative, and is asking a lot of questions about your next loan request, remember that may-be that's not such a bad thing. •

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## In Brief

### Health Share launches provider portal

Health Share of Oregon, a coordinated care organization serving the tri-county area, is launching a provider portal to check eligibility status of Oregon Health Plan members assigned to Health Share. Developed by Salem's Performance Health Technology (PH Tech), the portal will allow physical and behavioral health providers to access patient eligibility, determine health plan assignments and find primary care provider information in one location.

Adventist Health, CareOregon, Central City Concern, Kaiser Permanente, Legacy Health, OHSU, Providence Health & Services, Tuality Healthcare, and Clackamas, Multnomah and Washington counties are partners in Health Share.

The portal also will identify a member's primary care provider, eligibility history, language preference and, if applicable, pregnancy status. The portal does not affect how claims or prior authorizations regarding Health Share members are submitted. Physical health providers will continue to use Health Share's plan partners' provider portals pertinent to the member being served.

Provider offices will be able to check eligibility via ANSI X.12 270/271 programmatic transactions or by telephone. To ensure a smooth transition, Health Share plan assignments will continue to be provided on MMIS through July. To learn more, visit [healthshareoregon.org](http://healthshareoregon.org).

### Providence cancer research garners \$96,000

Thousands of Fred Meyer customers and employees have donated \$96,000 to research at Providence Cancer Center, the result of the chain's third-quarter employee giving campaign and contributions to coin boxes in checkout lines in Portland-area locations. The funds will help support the work of research teams at the Robert W. Franz Cancer Research Center in the Earle A. Chiles Research Institute at Providence Cancer Center. Providence researchers have focused on immunotherapy since the center opened 20 years ago.

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In addition to her work as an advisor, Stacey litigates employment-related claims in state and federal courts, administrative agencies and arbitration tribunals. These cases typically involve disability, sex and age discrimination, unlawful harassment, wrongful termination, contract disputes, wage and hour issues, and the enforcement of confidentiality and non-competition agreements. Stacey has also successfully aided employers in opposing union organizing efforts.



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Michelle is a risk control consultant providing healthcare consulting service to CNA insureds in the Northwest region. Prior to joining CNA, she worked as the director of risk management for a professional liability insurance carrier where her responsibilities included conducting risk assessments, marketing, claims analysis, employment practices liability consulting, compliance consulting, and training for hospitals, physician offices, community health centers, dialysis centers, and aging services. She has experience in quality improvement as a vice president of a Medicare quality improvement organization and as a quality manager in a health plan. Her quality improvement experience includes serving as a Washington State Quality Award examiner. She has nearly 30 years of experience in healthcare administration, clinical care and legal nurse consulting. Her clinical experience includes hospital emergency services, hospice care, and long term care. She has served as a faculty member at the graduate level and has taught leadership studies and nursing. Her education includes Bachelor's and Master's degrees in nursing, a Master's degree in business administration from Washington State University, and a Doctor of Philosophy degree in leadership studies from Gonzaga University.

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## OTHER MEDICAL OPENINGS



**MEDICAL DIRECTOR**—Job description: Acumentra Health, a healthcare quality improvement firm, has a part-time opening (.5 FTE) for a Medical Director. This key position will act as a clinical consultant and subject matter expert to project teams; represent Acumentra Health as a physician leader, improvement expert and change agent to physician-targeted audiences and stakeholder organizations in Oregon and Washington; recruit participants for Acumentra Health projects through physician/provider networks and professional and community organizations; provide expertise regarding overarching healthcare topics such as patient-centered care; ACO/CCO, value-based purchasing, primary care/medical home models and quality improvement tools and methods.

Requirements: Board-certified physician with active, unrestricted professional license in the State of Oregon, State of Washington license desirable; minimum of five years of medical practice experience—Family Practice or Internal Medicine specialty preferred; Master's Degree in Business Administration, Health Services Administration or Public Health a plus; excellent interpersonal and team skills; demonstrated public speaking and presentation skills and knowledge of and commitment to quality improvement principles, methods and tools required; experience in physician leadership roles desirable.

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 on-line, visit [www.acumentra.org](http://www.acumentra.org) and select Employment. Application materials may also be mailed to Acumentra Health, 2020 SW Fourth, Suite 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.

## SPACE AVAILABLE

**OFFICE SPACE**—Two established psychiatrists looking for mental health professional to share existing space in prime downtown west end location. Would rent space only or could include services of reception, secretary, bookkeeper, biller. Available June 1st. Contact Howard or Rick at 503-223-6360.

**OFFICE AND EXAM ROOM SPACE** available in multi-disciplinary clinic. Parking and large reception area available. Located in Beaverton near Hwy 217. Staff and office equipment availability negotiable.

## VACATION RENTAL

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