The Portland Physician
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February 2014
Volume 32, Number 2
A publication of the Medical Society of Metropolitan Portland
www.MSMP.org

MSMP presents:

ICD-10 Planning Webinar* Making a Successful, Timely Transition

Wednesday, Feb. 26, 10–11:30 am

Instructor: Mr. Jerry Bridge

Learning objectives: Provider Engagement; Impacts on your Office Processes; Vendors and Payers; ICD-10 & Project Management.

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** Approved by AAPC for 1.5 CEUs*

To read a message from MSMP President Brenda Kehoe, MD, please turn to page 6.

MARK YOUR CALENDAR

MSMP Annual Meeting May 7

Event offers practitioners opportunity to join medical society, vote for trustees

By John Rumler
For The Scribe

It's time to mark your calendars: the **Medical Society of Metropolitan Portland** will hold its not-to-be-missed Annual Meeting on May 7 in Portland, with a focus on membership.

The event, open to members and nonmembers alike, will celebrate the past year, look to challenges ahead, help shape the organization's leadership and recognize outstanding community service.

At this year's Annual Meeting, MSMP's 130th, nonmembers will have the opportunity to join the organization and, together with fellow members, vote for candidates for the coming year's Board of Trustees.

Also during the Annual Meeting, the recipient or recipients of the Rob Delf Honorary Award will be announced. The award was created last year by the MSMP and the Metropolitan Medical Foundation of Oregon in honor of its namesake's long service. It is awarded annually to a person, or persons, who exemplify the medical society's ideals within the community where members practice. The award may be given to members of the medical community, the health education community or the general public.

MSMP Board President Brenda Kehoe, MD, said the Annual Meeting offers health care practitioners an invaluable chance to join MSMP, and in so doing, play a key role in deciding medical society leadership. But new members also have the opportunity to honor the dedication and generosity of those who serve the community.

*See **ANNUAL MEETING,** page 7*

130th MSMP Annual Meeting

WHEN
May 7, 2014

WHERE
Multnomah Athletic Club
1849 SW Salmon St., Portland

TIME AND GUEST SPEAKER TBD

TICKETS
No cost for members and one guest.
Non-members are $75.

CHILDCARE
Provided by MSMP at no charge. Limited availability.

PLEASE VISIT MSMP.ORG FOR MORE DETAILS.

Join the festivities with friends and colleagues at MSMP's May 7 Annual Meeting. The event welcomes new members and gives all members a voice in the organization's leadership as well as an opportunity to recognize outstanding community service.

Area CCOs experience fast growth, challenges

Oregon organizations enroll more people in expanded OHP by Jan. 1 than anticipated for entire year

By Cliff Collins
For The Scribe

Coordinated care organizations are an important part of health reform but lately have gotten overshadowed in the media by the state's and federal insurance exchanges' rollout problems.

Nonetheless, after a year of operation, the Oregon CCOs already are noting progress. They enrolled more people in the expanded Oregon Health Plan by Jan. 1 than the state had forecast for all of 2014.

In addition, a recent report from the Oregon Health Authority found that emergency department visits decreased by 9 percent from 2011 and ED spending went down 18 percent. Hospitalizations for congestive heart failure dropped by 29 percent, enrollment in primary

*See **CCOs,** page 3*

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INSIDE THIS ISSUE

'It was what I always wanted to do'

Retiring after an illustrious 35 years in maternal-fetal medicine, Peter Watson, MD, shares how his career fulfilled his desire to help people through tough times. ***—Page 8***

An Emergency Department with its own Chest Pain Center

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The Portland Physician
scribe
February 2014

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The Portland Physician Scribe is published monthly by the Medical Society of Metropolitan Portland, 4380 SW Macadam Ave, Portland, OR 97239.

Subscriptions are available for $125 per year. For information, please email *Linda@llm.com*. For payment information, please email *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*.

ACA will benefit Oregon's public health clinics, patients

By John Rumler
For The Scribe

In Oregon, as in the rest of the nation, public health clinics and other safety nets that provide health and medical services for uninsured and low-income people braced for Obamacare's impact.

But with the well-chronicled postponements, delays and web-related snafus slowing the progress of Cover Oregon enrollments significantly, the changes, it appears, are going to be more gradual than expected and overwhelmingly positive.

There will be no mass staff layoffs at free and/or low-income health clinics and no rush for employees of Oregon's 154 federally qualified health centers (FQHC) to transition to the private sector.

The largest safety-net provider in Oregon, **Multnomah County**, serves upwards of 70,000 people annually at more than 30 locations, including primary care health centers, school-based health centers and specialty clinics.

See ***ACA,*** *page 5*

Laurie Vences Mendoza examines patient Smokey Gruhl. Central City Concern's Old Town Clinic is among the public health clinics in Oregon that say the Affordable Care Act will be a benefit to their medical professionals and clientele.
Photo courtesy of Central City Concern

CCOs: Oregon CCOs already are noting progress

CCOs *from page 1*

care homes went up 36 percent and primary care visits for Oregonians served by CCOs increased 18 percent.

Statistics such as those are encouraging signs that the goals of the coordinated care model are working, said **Janet L. Meyer**, chief executive of the state's largest CCO, **Health Share of Oregon**, which serves more than 182,000 Medicaid members and is one of two CCOs covering the Portland tri-county area. The unexpectedly rapid enrollment rate concurrently has brought challenges.

Demonstrating improved care at a lower cost via CCOs is an essential part of the state's agreement and financial arrangement with the federal government. Oregon's CCOs are designed to better coordinate care, focus on preventive care and shift patients away from costly emergency room visits.

Both the state government and the Centers for Medicare and Medicaid Services are banking on Oregon's ability to demonstrate improved outcomes for Medicaid patients at a reduced cost. CMS gave the state $1.9 billion over five years for Oregon to show that it could reduce per capita medical expenditures by two percentage points over the final three years of the contract, said **Alissa Robbins**, a spokeswoman for the **Oregon Health Authority**.

Penalties for not achieving this objective are significant, ranging from $145 million for not reaching the second-year goal, to $183 million in the fourth and fifth years.

CMS also emphasized that cost savings not come at the expense of quality care, either by "withholding needed care, degrading quality or by cutting payment rates." As such there is a requirement that CCOs meet a number of quality measures and that there is a financial incentive for achieving performance benchmarks.

"What we believe is that we can get better outcomes and quality," Meyer said. "Our money is purchasing better value."

Another challenge is to prove that Oregon can take care of a population that encompasses patients who previously did not qualify for the Oregon Health Plan because of income. "The Oregon Health Authority was very effective in getting eligible people enrolled, more than we expected," she said. "Fortunately, we had the capacity."

As of Jan. 20, Health Share had enrolled 28,459 new members, whereas the CCO had expected to enroll only 15,000 new members by Jan. 1, then gradually to add between 25,000 and 30,000 over the course of this year, Meyer said. After the state bypassed the troubled Cover Oregon exchange to reach newly eligible Oregon Health Plan members via a fast-track method, Oregon overall was able to enroll more than 150,000 new Medicaid patients by the first of this year, according to Robbins. The objective had been to enroll 136,000 by the end of this year.

Meyer explained that a large number of the new enrollees in Health Share already were being seen in the health care system. The difference is that now many of those are covered under the Oregon Health Plan, whereas before they had no insurance. A sizable percentage of those patients were treated at federally qualified health centers such as Central City Concern, Wallace Medical Concern or Virginia Garcia Memorial Health Center, she said. Whenever possible, patients and families were assigned to remain at the same locations where they were receiving care when they had no coverage, she said.

However, there also has been a "true expansion" involving bringing in patients who previously were not receiving care but now have coverage under the enhanced criteria, Meyer said. The actual number of those is as yet uncertain.

With greater numbers of covered lives, providers who are part of Health Share have had to add new staff members, and the CCO itself has increased administrative staff such as adding more people to answer phones, she said. Health Share includes Adventist Health, CareOregon, Central City Concern, Clackamas County, Kaiser Permanente, Legacy Health, Multnomah County, Oregon Health & Science University, Providence Health & Services, Tuality Health Alliance and Washington County.

See ***CCOs,*** *page 13*

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ACA: Need for the county's health care services will increase under Cover Oregon

***ACA** from page 3*

The need for the county's health care services actually will increase under Cover Oregon, said communications officer Julie Sullivan-Springhetti, as Multnomah County cares for people with no insurance and those on the Oregon Health Plan. And, under the Affordable Care Act (ACA), the number of county residents enrolled in the OHP is projected to increase by 54,000 by the end of 2016.

With the county's integrated health services tailored to a population with low incomes and complex and multiple heath needs, as well as cultural, language and other barriers, it is unlikely these clients will leave, even if they have other options, Sullivan-Springhetti explained.

Also, the doctors, nurses and other primary providers aren't looking for greener pastures in the private sector. "Our providers, including nine named to Portland Monthly's Top Doctors and Nurses 2014 list, choose public service because of the patients. They want to serve the patients who need them most, and they want to practice in health centers focused on comprehensive, holistic care. We do, however, anticipate adding providers to our team as needs arise," Sullivan-Springhetti added.

With the Cover Oregon health insurance exchange website still not functional as *The Scribe* went to press, Multnomah County has submitted more than 7,270 paper applications and 534 fast-track admissions to the Oregon Health Authority.

Another FQHC, **Old Town Clinic**, under the umbrella of **Central City Concern**, serves about 4,000 unduplicated patients annually, many them multiple times in one month.

Central City Concern Communications Manager Kathy Pape pointed out that with the operations and care models structured so that patients can get all of their needs met at one location—and with a staff they have come to know and trust—it is doubtful that clients will leave for other locations, even if they have more options under Cover Oregon.

"A team of professionals is assigned to each patient, including an MD, a medical assistant, care team manager, a psych nurse practitioner and a health assistant, and in addition, a pharmacy, occupational therapy, and alternative therapies such as acupuncture and naturopathy are all on site."

Pape said it was improbable that any of Central City Concern's medical professionals would leave to work at for-profits in the foreseeable future. "Old Town Clinic attracts a pocket of medical professionals who desire to care for underserved populations and they are passionate about what they do. We don't see them going anywhere."

Previous to the ACA, about 30 percent of its clientele was uninsured, but by mid-2014, Old Town Clinic estimates that the percentage of uninsured patients will be just 10 percent, or even lower.

"The costs of treating uninsured can at times be a true burden for our agency, but when we start getting paid for more of our services it will enable us to deliver more services to people in need," Pape explained.

Virginia Garcia Memorial Health Center, based in Washington County, serves approximately 36,000 patients at four primary clinics, four school-based health centers, a mobile outreach clinic and three dental clinics.

"The APM **frees up teams of primary care providers** and gives us the flexibility to deliver **patient-centered care in the best possible way**."

—Serena Cruz Walsh, Executive Director, Virginia Garcia Memorial Foundation

Approximately 17,000 of its patients, many of whom are Hispanic, are uninsured and many are likely to gain coverage through Cover Oregon. The organization already has processed 600 Cover Oregon applications and enrolled 1,100 persons, and estimates it will enroll a total of 8,000 individuals in the first year.

Serena Cruz Walsh, executive director of the **Virginia Garcia Memorial Foundation**, said that current demand for services is so high Virginia Garcia has a waiting list. Only when a non-OHP patient leaves can the center accommodate a new one.

Cruz Walsh said the increase in insured patients under Cover Oregon would provide a welcome increase in financial resources to primary care that would enable Virginia Garcia to care for more of the uninsured.

The 39-year old non-profit also implemented an alternative payment methodology (APM), a state-sponsored payment reform pilot program to align reimbursement with the patient-centered primary care home model. The program focuses on the population served rather than office visits and procedures, and reimburses the medical home.

"The APM frees up teams of primary care providers and gives us the flexibility to deliver patient-centered care in the best possible way," Cruz Walsh said. "With the APM, the increase in insured patients under Cover Oregon and the continued support from our community, we anticipate growing to meet these increasing demands and to expand our mission of providing quality health to those who need it most." •

MSMP welcomes nominations for the Rob Delf Honorary Award

The Board of Trustees of MSMP has created an annual award in honor of the long service of Rob Delf to the organization. This award is to be given to a person or persons who exemplify the ideals of the Medical Society within the community where members practice.

This can be demonstrated by work projects or activities that improve the health of the community or the practice of medicine in arenas including, but not limited to, the practice of medicine; education of new members of the medical community; education of the public about health, medicine and health public policy; improving public health and emergency preparedness; advocacy in health public policy; or other community activities relating to health care and policy. This award may be given to members of the medical community, the health education community or the general public.

The Board of Trustees is interested in receiving nominations for this award, to be presented at our annual meeting in May. We welcome nominations until the **deadline of Feb. 28, 2014.**

Please send your nominations to amanda@msmp.org.

From MSMP President Brenda Kehoe, MD

By Brenda Kehoe, MD
for The Scribe

As the policy-making body of the Medical Society of Metropolitan Portland, the purpose of the Board of Trustees is to represent the organization's needs and desires. In order to do that, the Board must sally forth into a brave new world, one of electronic records and payor mixes, ICD-10 and robotic surgery.

Had I written this 50 years ago, it would have sounded the same. Here is the laughable simplicity: Medicine has changed. But we based our education on scientific fundamentals, which are as unchangeable as granite, and an ethic as unassailable as the sun and moon and tides.

The art of medicine has been subjected to countervailing social, economic and political forces that have, if not torn through, then certainly weakened the fabric of a noble profession. Generations of doctors have learned through it, adapted and moved on, some for better and some for worse. And, it's not over yet.

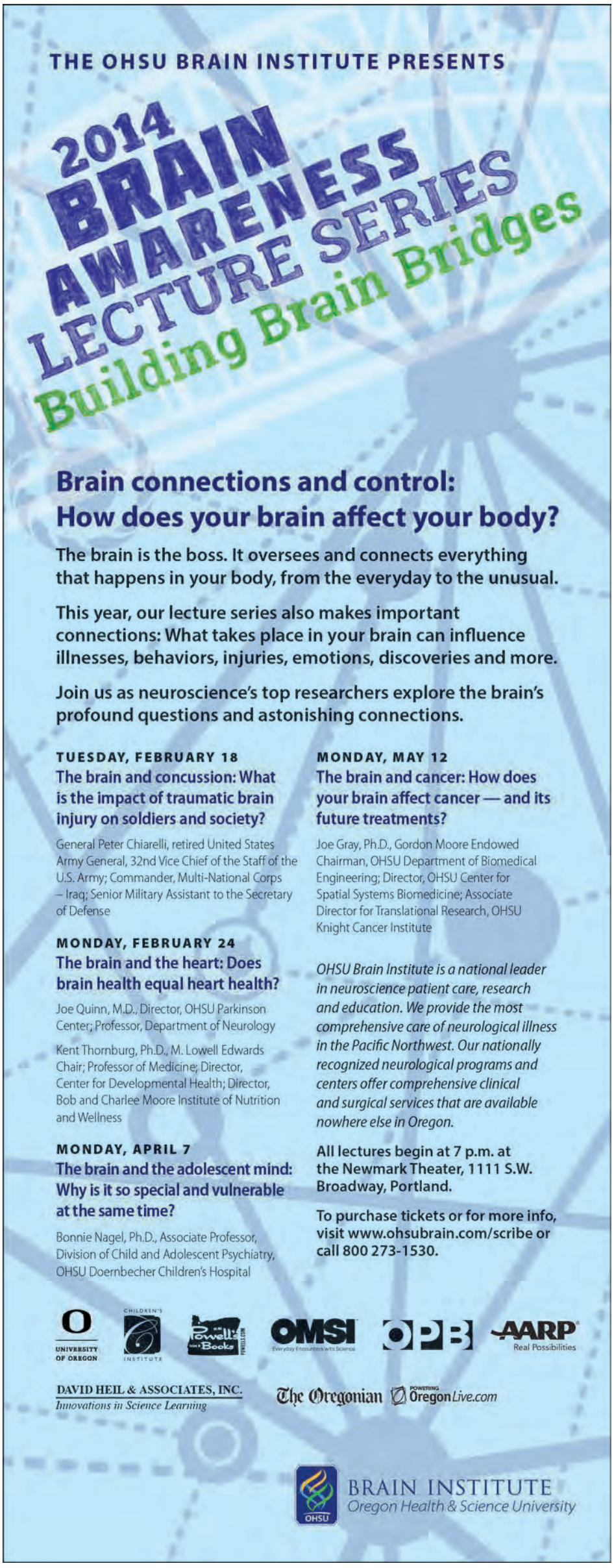
Today's medical school graduates begin their careers in doubt and in debt, already buried under an avalanche of paperwork, and forced to make decisions that will affect their entire lives to accommodate their indebtedness. And yet, they volunteer, attend community health fairs, volunteer at Outside In and Salud, travel at their own expense to Ethiopia and Guatemala, and field the disasters of Sudan and Haiti. Why? Because the ethic of medicine is sound and incontestable, and will be there for a long, long time.

I said last year that the purpose of the Board is to spearhead changes, encourage expansion, and find ways to enhance the environment and community of science at the same time that we embrace our literate, artistic, musical, humanistic and altruistic selves. We have spent the last year trying to do just that, and we, in the Medical Society of Metropolitan Portland, plan to launch into a year of education, cooperation, and dedication highlighting the things that really matter, and lauding the people and organizations that make these things happen.

We, the society, have come very far in 130 years. But it's a long road and we have a long way yet to go, with the help and guidance of our members. We know what we can do alone. Let's see what we can accomplish together!

The first annual Rob Delf Honorarium Award was granted in 2013 to **James Lindquist**, associate director of development of Our House, which provides services and programs to people living with HIV/AIDS in Oregon and Southwest Washington. We are seeking nominations for this award, as indicated in the announcement on page 5. Become an MSMP member and nominate someone who has done the kind of work you want to see recognized. •

MSMP President Brenda Kehoe, MD



Celebrate: Honor volunteers, welcome new trustees

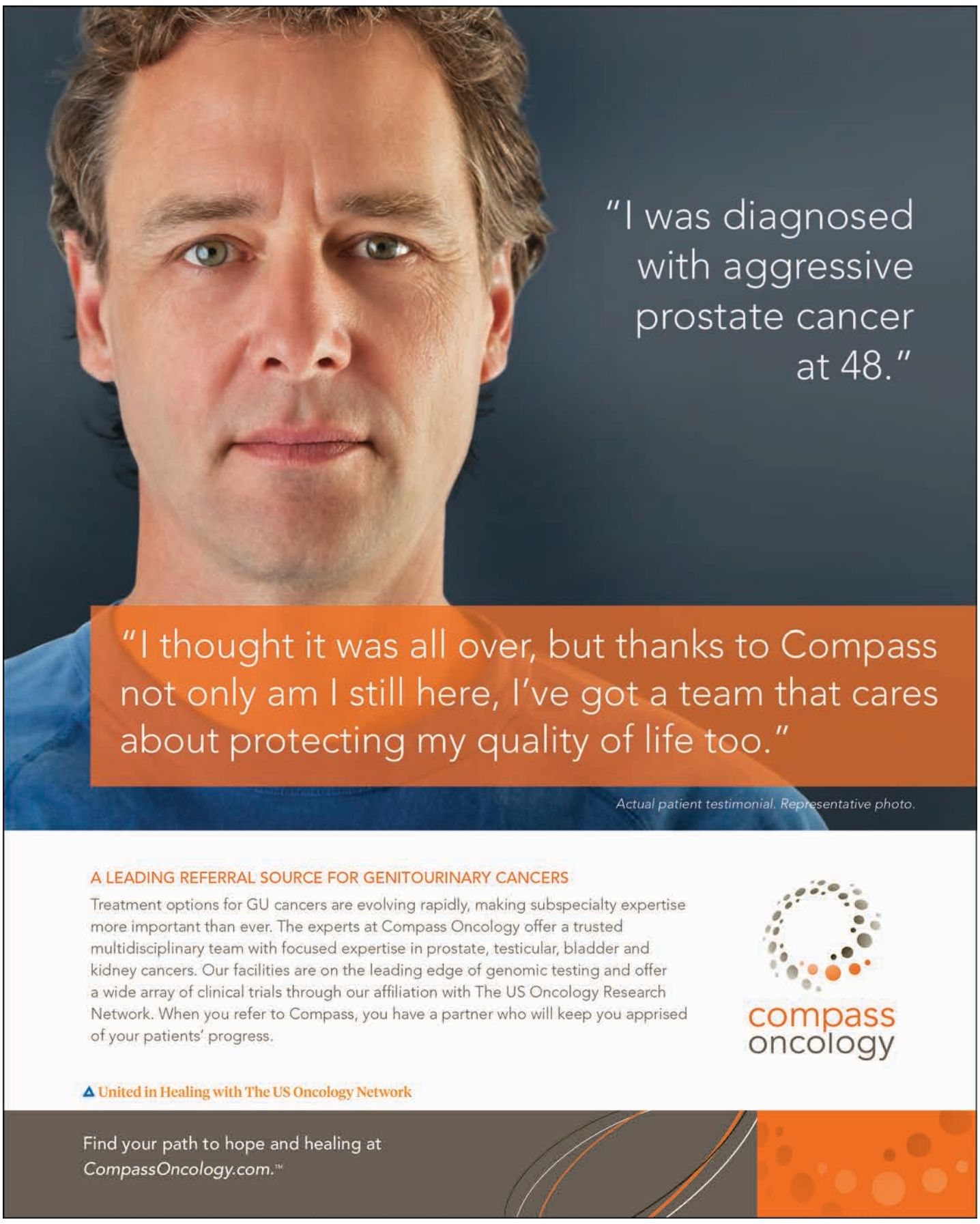
ANNUAL MEETING *from page 1*

"We need to recognize caring and compassion for the human condition, to restore the human touch, to understand that change does not just happen, and is not brought about by someone else," she said. "Celebrate the wisdom, compassion and courage of volunteers at the MSMP annual meeting."

If you are not yet an MSMP member, there is no better time to join. Benefits range from camaraderie and networking to an invaluable array of group member benefits, including tax and accounting services, a group purchasing program, pension plan administration, partnership with The Doctors Company (the nation's largest physician-owned medical malpractice insurer), medical staffing services and much more.

The medical society's new trustees will be announced during the Annual Meeting. Amid an exciting and challenging time in medicine, involvement in the Board of Trustees offers individuals a chance to represent members of a leading organization and affect the future of health care.

Kehoe noted that "the purpose of the board is to spearhead changes, encourage expansion, and find ways to enhance the environment and community of science at the same time that we embrace our literate, artistic, humanistic and altruistic selves. We've spent the last year trying to do just that and we, in the MSMP, plan to launch into a year of education, cooperation, and dedication highlighting the things that really matter and lauding the people and organizations that make these things happen." •



2013 Foundation grants support metro-area health activities

The Metropolitan Medical Foundation of Oregon provided funding to four organizations for health care projects and activities. Here is a summary:

The Wallace Medical Concern received funds in support of a March nutrition education program at the Health Station of the Mexican Consulate. More than 1,100 men, women and children participated in presentations and small workshops addressing a variety of topics, including community gardens, the Supplemental Nutrition Assistance Program, how to access emergency food, cooking with healthy grains, how to read labels for nutritional value, and proper sanitation and diabetic nutrition.

The **Clackamas Volunteers in Medicine—The Founders Clinic**, established in 2012, provides appointment-based primary health care services to low-income, uninsured patients who meet 200 percent of federal poverty guidelines. The organization asked for help in purchasing a new, high-quality handheld pulse oximeter. Since many of the clinic's patients have asthma or chronic obstructive lung disease, the pulse oximeter is a critical piece of equipment for use in examination and monitoring. While they have acquired a new oximeter, the volunteer medical professionals at the clinic continue to use equipment donated by retired physicians. Some of their notable activities and projects were highlighted in the November 2013 issue of *The Scribe*.

Upstream Public Health's mission is to "seek out the most innovative broad-based public health solutions that are backed by science and research, move them into the mainstream dialogue, and build momentum for change." The organization requested funding assistance for efforts to convey scientific information to Oregonians regarding the benefits of fluoride.

The **Asian Health & Service Center** needed financial help for its Asian Community Health Fair. This event offers access to free health care services for at-risk and underserved non-English-speaking Asian community members in the tri-county area. The participants in the fair are also supplied with linguistically appropriate health education materials in multiple languages. The August 2013 fair provided 1,279 free health screenings and health services, which included blood glucose (diabetes), blood pressure, hearing, dental, vision (i.e., glaucoma), cholesterol, mental health, naturopathic health, women's health and hepatitis B. •

The Metropolitan Medical Foundation of Oregon's mission is to support health education and the delivery of health care in the Portland metropolitan area. Since its inception in 1992, MMFO has awarded more than $105,000 for 66 community health projects. If you are interested in applying for a grant or making a donation, forms are available for download at www.mmfo.org.

Physician Profile

Peter Watson, MD

‘It was what I always wanted to do’

Career in medicine fulfills Peter Watson’s desire to help people through tough times

By Jon Bell
For The Scribe

Like lots of 6- or 7-year-olds, **Peter Watson, MD**, knew exactly what he wanted to be when he grew up: a doctor.

But unlike most little boys, who often jump from fireman to pilot to cowboy in their youthful exuberance for future career choices, Watson picked medicine and stuck with it all the way.

“Everyone thought it was just a curiosity of mine,” he said, “but it was what I always wanted to do.”

Watson, now 68 and retiring after an illustrious 35-year career in maternal-fetal medicine, attributes his love of medicine to his grandfather, who played a huge role in raising Watson in a suburb of Philadelphia just after World War II. Watson’s grandfather was a general practitioner who’d bring his grandson on house calls with him. When he died in his late 80s, Watson’s grandfather was the oldest practicing family physician in Pennsylvania.

“He was a tremendous role model for me,” said Watson, who graduated from Williams College and earned his medical degree from the University of Pennsylvania School of Medicine. “He saw patients every day, and I wanted to do what he did. I wanted to work with people in a medical context and get to know families and essentially spend a career in medicine.”

Though he spent 10 years in medical research and initially thought he’d pursue orthopedics or sports medicine, Watson shifted to obstetrics and gynecology at the University of Colorado before a fellowship in perinatology at the University of Louisville. An avid fisherman who’d been intrigued by the Oregon Coast, Watson came to Oregon and established the Emanuel Perinatal Center in 1979. He created the Northwest Perinatal Center at St. Vincent’s Hospital in 1992, and in 1998, he became one of the founding partners of **Women’s Healthcare Associates**, an obstetrics, gynecology, midwifery, maternal-fetal medicine and genetics practice.

He talked to *The Scribe* recently about his career, his approach to medicine and how he hopes to keep soccer a big part of his life in retirement.

The Scribe: **After all your experience in medical research, why did you decide to go the clinical route?**

Peter Watson: I realized I wasn’t born for the lab. I was much more suited for face-to-face interaction with people instead of frogs. I liked the cutting edge of research, but it was not as good of a fit. I didn’t feel that the work I was doing was as immediately socially relevant in terms of people’s struggles on a day-to-day basis. That’s what really appealed to me in medicine, was helping people through tough times.

The Scribe: **Is it true that you delivered your younger son when the attending physician was at lunch?**

Watson: Yes, that’s a true story. It was terrifying and a thrill at the same time. My son, David, had a number of neonatal challenges, but that didn’t become apparent until afterwards. Certainly working with him through those experiences taught me a lot. (David is now a social worker in Portland; Watson’s older son is a soccer coach who works at Vassar College in New York.)

The Scribe: **How did you end up in Oregon?**

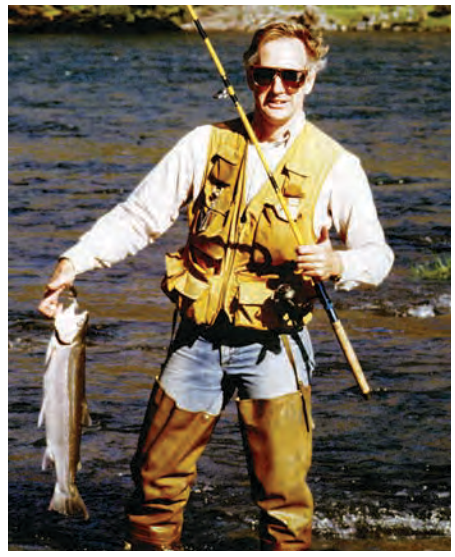
Watson: I was doing a residency in Colorado, and I got to know Bud Conger, who’s an obstetrician and gynecologist. I am a fisherman. My grandfather took me fishing probably when I was a year-and-a-half, and some of my fondest memories are of fishing in the mountains of New England. Well, Bud would talk nonstop about the Oregon Coast and fishing. He talked me into coming up here.

The Scribe: **So, what do you have planned for the near future?**

Watson: I have grandchildren in upstate New York, so we will spend time with them. We have put off a lot of travel over the last three or four years, so we’re going to catch up on that. I’ll be doing some consulting for Providence and Women’s Healthcare Associates, too. My wife and I sat down the other day and tried to plan out our calendar. We put (visiting the grandchildren and traveling) first and consulting came second. By the time we got through the next year and a half, it’s clear that the consulting is going to have to fit in with a very busy schedule. Soccer is also a big part of my life. I coached at (different levels) and I was the assistant men’s and women’s coach at Linfield College. My coaching days are over because it hurts to kick a ball really hard at this point. I gave up playing in my late 40s, but I may get involved with some coaching clinics. The past 35 years would not be complete without my experiences in soccer.

The Scribe: **What do you think you’ll miss most now that you’re retired from full-time work?**

Watson: The people I work with and the patients I’ve worked with over the years. At Women’s Healthcare Associates and Northwest Perinatal (a division of WHA) we had some very functional teams and it was a pleasure to go to work every day, even with all the stresses and strains in the field. Maternal-fetal medicine is often about grief and loss, and there is often a tremendous difference between what you expect of a pregnancy and what develops. I will miss helping people through tough times, but I hope that with my work with communication and team building and conflict resolution I can teach people to do that and do it well. •



Among the pastimes Peter Watson, MD, enjoys are fishing (above) and soccer (below).

Photos courtesy of Peter Watson, MD

> “**Maternal-fetal medicine is often about grief and loss**, and there is a tremendous difference between what you expect of a pregnancy and what develops. **I will miss helping people through tough times**, but I hope that through my work with communication and team building and conflict resolution **I can teach people to do that and do it well**.”
>
> —Peter Watson, MD

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Planning, coordination critical for clinics when it comes to disaster readiness

MSMP offers host of tips, resources to help medical professionals be prepared

As part of *The Scribe's* ongoing coverage of emergency preparedness, we spoke with **Aaron Troyer**, the **Medical Society of Metropolitan Portland**'s health preparedness program manager, about ways private medical offices and clinics can best be ready for a major emergency.

The overarching goal of MSMP's efforts, he said, is to help "build community health care resilience," and private practices and clinics are important threads in the fabric of public and private resources that will be needed in the wake of a disaster or other crisis.

In addition to SERV-OR registration, Troyer offered these tips:

- Maintain **lists** of readily available, helpful information such as:
  - County-specific public health numbers and websites
  - Office employee emergency contacts
  - Building evacuation plans
  - Procedures for sheltering in place
  - Procedures for using personal protective equipment
  - Common best practices for maintaining a clean medical office environment
  - Methods for syndromic surveillance and mechanisms to report potential public health issues
- Develop **plans** for:
  - Continuity of daily operations
  - Contingencies for shortages of consumable office resources
  - Probable staff shortages
  - Possible consolidation of operations
  - Stockpiling personal protective equipment
  - Case reporting to public health entities
  - Communication means between staff, hospitals, and your county health department
- Be **aware** and know what is happening in your immediate community:
  - Be on the lookout for public alerts and become familiar with Basic Earthquake Emergency Communication Node (BEECN) sites. (According to the city of Portland, a BEECN is a place to go after a major earthquake to ask for emergency assistance if phone service is down, or to report severe damage or injuries. For more information, please visit: www.portlandoregon.gov/pbem/59630).
  - If your practice has a hospital affiliation, know what your clinic's role is in the hospital plan.

Troyer recommended that if your clinic is not affiliated with a hospital, maintain contact with MSMP. The organization can serve as an intermediary in learning about the nearest hospital's plan. That's important, he said, to coordinate disaster response.

- **Learn** from the past and review outcomes of previous disasters, among them Hurricane Katrina and Japan's Fukushima nuclear plant, damaged by the 2011 earthquake and tsunami.

  Things to pay particular attention to are:
  - Stories about how private clinics fared immediately after an event and what they did to maintain operations farther on.
  - What roles these clinics played in the immediate response and how their facilities and resources were used.
  - What roles individual physicians played within a clinic.
  - What steps clinics took to instigate their preparedness plans.

Troyer stressed that disaster planning and preparedness is not a one-time effort but a continuous process that should become a routine operational consideration.

To assist clinics with emergency preparedness, MSMP has assembled on its website (msmp.org) resources from multiple sources. The organization also has put together several local resources that can be used as templates and for general guidance. These include county-specific preparedness posters that can be downloaded and printed for free for clinic use; and Medical Office Resource Binders, generated during the 2009 H1N1 flu pandemic, that contain several useful templates and general preparedness guidance. Resources also include a Private Clinic Health Preparedness mobile app for Android devices (available in the next month) that lists relevant public health contact numbers and websites; has several fill-in-the-blanks with your own data pages; and features pre-generated lists of commonly needed preparedness tools, such as how to make a Go-kit and how to shelter in place. •

To learn more, please visit www.msmp.org/resources/health-preparedness

Ask the Expert

Have you registered with the State Emergency Registry of Volunteers in Oregon, or SERV-OR?

If not, consider doing so. SERV-OR (https://serv-or.org/) is a statewide registry of licensed medical professionals who volunteer services during emergencies. By registering, professionals get pre-credentialed and vetted to be part of the broader volunteer response network in the event of a natural disaster or other public health crisis.

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Rx for patient safety:

Ask Me 3™

People who understand instructions make fewer medication errors, are better prepared to manage health outcomes

By Lois E. Kemp, MA, RN, Director, Patient Safety Intervention Program
For The Scribe

In the precious few moments a physician has with a patient, clear communication can be an extraordinary challenge. It is common for patients to nod their heads as an indication that they understand what the physician is saying. However, they sometimes leave the physician's office and tell a friend or family member they "did not understand a word that was said."

What happens during the patient-physician communication? Research has shown that most physicians interrupt the patient 22 seconds after he or she begins speaking. When given the opportunity to speak, however, most patients will only talk for about two minutes. Frequent interruptions and distractions may result in unclear and imprecise communications between the physician and patient.

To promote clear communication, the National Patient Safety Foundation offers a patient education program called "Ask Me 3." Educational materials to implement the Ask Me 3 program may be downloaded free at www.npsf.org/askme3. Additional information available on the site includes a white paper, research studies and other resources.

The Ask Me 3 program is a time-efficient, effective tool that encourages the patient to participate in his or her own health care by understanding the answers to three questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

During the visit, the patient is provided with a preprinted Ask Me 3 form and instructed to write down the answers to the three questions in the presence of the physician.

It is important for the physician to have some idea of the literacy level of the patient and to maintain a safe environment so that the patient does not feel intimidated or rushed. Use everyday language, avoid medical terminology, and utilize friendly body mechanics such as being at the same eye level as the patient.

Ask Me 3 program

What is my main problem?

What do I need to do?

Why is it important for me to do this?

When the patient has written the answers, the physician asks the patient to repeat back his or her understanding of the responses. The patient keeps the original copy, and the physician may choose to keep a copy in the patient's medical record, as it is a good tool to use at the next visit.

The benefits of this unique program include the patient's increased responsibility for his or her health care outcomes, a better understanding of medications (purpose, dosage and times), documentation of the conversation in the medical record, and effective physician-patient communication that may help reduce or prevent malpractice claims. •

For additional information and to view the forms, please visit www.npsf.org/askme3.

This article is courtesy of The Doctors Company, the nation's largest insurer of physician and surgeon medical liability.

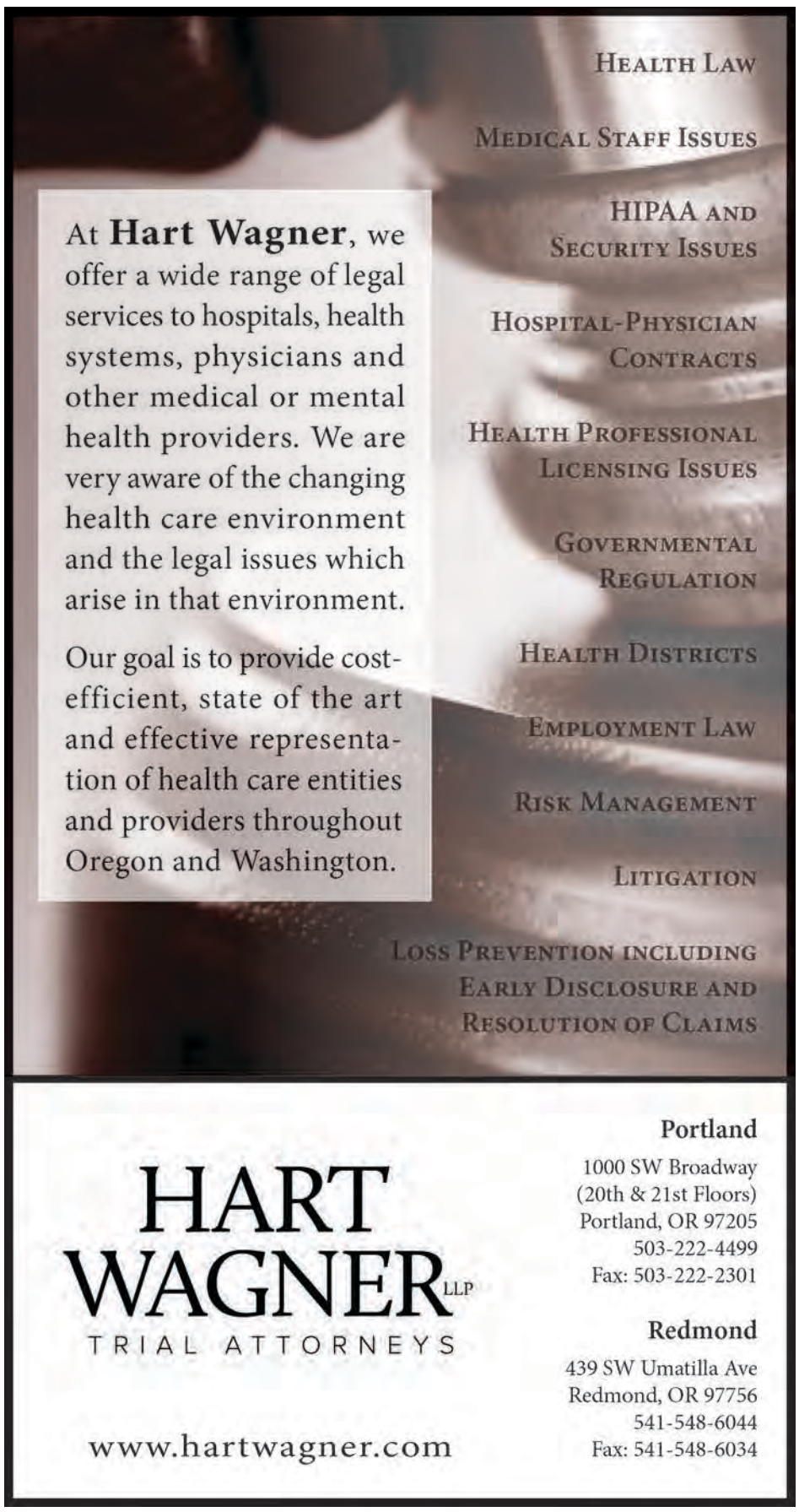
THE DOCTORS COMPANY

For information, contact Sarah Wolfenbarger or Christopher Clark at 800-243-3503, or visit www.thedoctors.com/patientsafety.

The guidelines suggested here are not rules, do not constitute legal advice and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each health care provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

msmp.org

How has your practice addressed the issue of patient-physician communication and improved interactions with patients? To respond, visit the Members Forum section at msmp.org.



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‘Mastering’ personal relationships

Therapist offers tips to medical couples for navigating unique stresses

Editors’ note: *Each month* The Scribe *features an essay or article from medical professionals exploring the life challenges of physicians. It is a part of MSMP’s goal to better support and connect members of the region’s medical community. Do you have a personal story to share with Scribe readers? If so, please contact the editors at scribe@llm.com or 360-597-4909. To share your thoughts and respond to this article online, visit the Members Forum section of MSMP’s website at msmp.org.*

By Melody Finnemore
For the Scribe

Any couple in a long-term relationship can tell you that love takes work and that it’s not always a romantic stroll through the park. Most couples deal with stress ranging from work schedules and personal finances to raising children and/or caring for elderly parents—and a host of issues in between.

Medical professionals who are couples face unique challenges because of the stress that is specific to their work, said John Crossen, Ph.D., whose Northeast Portland clinical and consulting practice includes marital therapy. Crossen frequently leads workshops about how to improve romantic relationships, with a specific focus on medical couples.

Among the issues couples who practice medicine face are emotional patient cases, a high stress load at work and demanding schedules. “They work in a culture that places a higher priority on work responsibility than personal responsibility, so there is a lot of self sacrifice,” said Crossen, who teaches at Oregon Health & Science University and Portland State University.

Medical school students and residents also deal with unique challenges. Many have an astronomical debt load and they must complete a long training process, during which they face a lot of direct and indirect criticism, Crossen said.

“It goes on as a medical school student and it doesn’t get much better during your residency,” he said. “When they come home, they are looking for some appreciation because it’s sorely lacking at work.”

Medical students and practicing professionals alike experience a higher mentality of postponed gratification because of work demands and loans, forcing them to look to the future for satisfaction and fulfillment.

“These factors are especially hard on surgeons, who experience more career conflict and more trouble with their partners at home because they often have to postpone having kids and they don’t have enough time for their personal life,” he said.

Crossen, who recently co-presented “The Seven Principles for Effective Relationships Workshop,” with Sinead Smyth, LMFT, integrates research from John Gottman. Gottman has conducted research on thousands of couples during the last 40 years and is recognized for his work on martial stability and divorce prediction.

Based on this research, couples were identified as either “masters” of their relationships and were happy together, or they were “disasters” who eventually divorced. Crossen noted that there is a relatively simple way to determine which category a couple falls into.

“What (researchers) keep finding is that how people talk to each other when discussing their personal problems will tell you nine times out of ten whether they will split up or stay together,” he said.

Masters have a five-to-one ratio of positive to negative reactions while discussing their problems. Positive reactions include eye contact, touching their partner and speaking in a calm tone of voice, among other behaviors.

“Masters often seem like they don’t get to the point of an issue or resolve it because they are so gentle and careful with each other,” Crossen said, adding masters have a 15-to-one ratio of positive responses when they are just hanging out together.

Disasters, on the other hand, have a one-to-one ratio of positive and negative interactions while discussing their problems, and their discussions are often marked by what researchers call the Four Horsemen: criticism, defensiveness, contempt and stonewalling.

Crossen offered the following “antidotes” to each negative response:

- The antidote to *criticism* is to complain but not blame. Crossen said this strategy is also known as the soft startup and involves one person explaining what is bothering them without blaming their partner for the problem.
- The antidote to *defensiveness* is for each partner to take responsibility for their portion of the problem. “They shouldn’t take responsibility for the whole problem because then they become a martyr and that’s just as damaging,” he said.
- The antidote to *contempt* is to build a culture of appreciation and a pattern of kindness and caring. “You just want to connect in verbal and nonverbal ways so that person feels like your lover and not just a piece of furniture,” Crossen said.
- The antidote to *stonewalling* is starting a conversation about something other than the problem, such as something the pair has in common or enjoys doing together. This strategy can help open the lines of communication, he said.

A national study on the “Dose Response Relationship,” published last year by the Mayo Clinic, showed that medical couples have healthier relationships when they provide emotional, informational and instrumental support to each other.

Crossen described emotional support as listening to each other as they discuss their work day, showing concern and empathy for each other, providing each other with perspective, being patient with one another, and making each other laugh.

Informational support refers to partners understanding the stress involved in each other’s work. And instrumental support involves partners finding a way to balance their work load with their home life, including taking care of children, completing housework and making time for each other.

“It’s really a super challenge. I have colleagues who say they literally have to schedule time together,” Crossen said. “Sometimes it’s really imbalanced and one spouse has to do more all the time.”

He added that outside resources, such as family, can be an essential part of a successful relationship. “If you’ve got two spouses who are doctors and both work 60 hours a week and they want to have children, they need to look for some outside resources,” he said.

Crossen noted that the issue of how medical couples can foster healthy, romantic relationships is gaining growing awareness, and was addressed during the Foundation of Medical Excellence annual conference last year.

“It’s really an important issue, so it’s nice to see that more people are discussing it,” he said. •

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Seeing stars

Physician looks to the night sky for some amazement and fun

By Jon Bell
For The Scribe

Michael Powers, MD, a pediatric pulmonologist and Oregon Health & Science University professor, is among the state's stargazing community, which gathers at locations like this one near Maupin in central Oregon. Powers is a member of the Rose City Astronomers, one of the nation's largest and most active astronomy clubs. Photo courtesy of Michael Powers

A typical family vacation in Central Oregon in the late 1990s opened **Michael Powers'** eyes to much more than the relaxation and scenery of Sunriver.

Unwinding there with his family, Powers, a pediatric pulmonologist and a professor at Oregon Health & Science University, decided to check out the Oregon Observatory at Sunriver. While there, he heard a presentation from Bob Grossfeld, observatory manager and astronomer-in-residence, and gazed at the nighttime stars through the observatory's telescopes.

The stars, it seemed, have never left Powers' eyes.

"I just got really interested in it," said Powers, who also serves as the director of the OHSU Cystic Fibrosis Center. "I bought a telescope, and now, four telescopes later, I still enjoy it."

Luckily for Powers and people who like their stargazing, Oregon is a great place to be. The state is known for its dark wintertime skies, but if local astronomers had their way, Oregon's dark spring, summer and fall skies—especially those east of the Cascades—would be the ones we're known for.

"The neat thing is that we truly have dark skies here, especially in Central Oregon," Powers said. "It's great an hour west or east of the city, but once you get over the mountains, it's really amazing."

Powers is among stargazing friends in Oregon as a member of the Rose City Astronomers, a nonprofit organization that hosts regular star-watching parties and other astronomy-focused events. Its star parties are held at places like Stub Stewart State Park, Rooster Rock State Park in the Gorge and the Maupin Wapinitia Airstrip. The amateur club meets monthly and is one of the largest and most active in the United States.

Powers said he is among the visual astronomers in the club, members who enjoy looking through telescopes and cataloging what they see. Others who enjoy capturing photographs with digital cameras attached to their telescopes are called imagers, and then there is a whole subgroup focused on the cosmology behind it all.

Aesthetic beauty and awe

For Powers, astronomy is the perfect mix of art and science.

"It's sort of what I like in terms of my philosophy toward practicing medicine," he said. "It's art and science. There's the aesthetic beauty of it, and then there's the awe when you think about how big and far away it all is."

A father of three grown children, Powers said he also enjoys the family friendly nature of astronomy and the Rose City Astronomers' activities. One daughter in particular attended every annual Oregon Star Party—a separate nonprofit even held every year in the Ochoco National Forest—with Powers over the past eight years or so until she left for college this year.

"That was a big part of it," Powers said. "It's really family friendly, and it's a good way to get young people into the hobby. She has great eyes, so she was seeing some things I could never see."

Though Powers' fancy for astronomy came after the Hale-Bopp comet of the 1990s, he said he always enjoys seeing galaxy clusters—groupings of 10 or 12 galaxies whose immensity can be hard to fathom—the planets and the annual Perseids Meteor Shower. On clear, calm nights, he's also been lucky enough to see the moons of Jupiter as they cast their shadow on the solar system's largest planet.

On his astronomy bucket list, Powers said he's hoping to someday take a trip to South America or Australia to catch a glimpse of the southern hemisphere's sky and all of its different stars and constellations.

"That would be something I would love to do," he said. "There are all kinds of things in the southern sky that I've never seen." •

The Rose City Astronomers have more than 30 star parties for club members scheduled for 2014; at least 10 are scheduled for the public, as well. To find out more, visit www.rosecityastronomers.org.

"It's sort of what I like in terms of **my philosophy toward practicing medicine**. It's **art and science**. There's the **aesthetic beauty** of it, and then there's the **awe when you think** about how big and far away it all is."

—Michael Powers, MD, on astronomy

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CCOs: There has been a "true expansion"

***CCOs** from page 3*

Statewide, "Provider capacity could be challenging, at least during these initial months of 2014," said Robbins. "However, with OHP under the coordinated care model, we're in a better position to meet the needs of the new OHP members."

The state also is working on a number of initiatives to support capacity. These include increasing the number of recognized patient-centered primary care homes. Almost all private and public payers have agreed to give structured payments to medical homes for the care they deliver, she said. Oregon also is "investing in technical assistance and supports to help people transform care such that it makes the best use of the work force we do have," Robbins said.

The state lists 196 providers participating in the National Health Service Corps' loan repayment program, "our highest number ever," she said. Oregon also established a rural medicine liability-insurance subsidy program to help keep essential providers in underserved areas. Moreover, under the Oregon Health Policy Board, a statutorily created health care work-force committee has focused on education, recruitment and retention approaches.

CCOs across Oregon "are taking innovative approaches to meeting the anticipated new client demand," said Robbins. They are ensuring that providers are working at the top of their license, and CCOs are hiring more community health workers, mental health workers and other providers to help focus on less costly preventive care and to better manage those with chronic health conditions.

FamilyCare CCO, the other coordinated care organization serving the metropolitan area, is using several strategies to improve care of its Oregon Health Plan enrollees, including expanding the number of primary care homes. The CCO is providing technical assistance to small practice groups for technology investments and systems necessary to achieve medical-home recognition status. Further, FamilyCare invests in supporting its contracted providers' use of electronic health records and information exchange.

In addition, some CCOs are applying grant money to run projects that focus on increasing provider capacity. Last November, the Oregon Health Authority awarded Health Share a $3.4 million Transformation Fund Grant. Running through June 2015, it focuses on key priorities such as strengthening primary care capacity and enhancing health information technology.

"What we believe is that **we can get better outcomes and quality**. Our money is purchasing better value."

—Janet L. Meyer, Chief Executive, Health Share of Oregon

Photo by John Valls

"This is an **important investment in our community's health**. The impacts of some of these initiatives…reach beyond Health Share's members and will **benefit everyone in our community**."

—Janet L. Meyer, Chief Executive, Health Share of Oregon

"The Health Transformation Fund grant provides us with an opportunity to launch pilot initiatives, as well as expand programs underway that are showing early promise," said Meyer. "This is an important investment in our community's health. The impacts of some of these initiatives, such as the expansion of the Healthy Homes Asthma Program, reach beyond Health Share's members and will benefit everyone in our community."

Health Share also is using the Health Commons Grant, an award of $17.3 million over three years from the CMS Innovation Center, to, among other efforts, hire and train new community health outreach workers. Many of the new employees will focus on helping clients who have multiple chronic diseases and are "the highest utilizers," she said. The goal is to help these patients prevent complications and receive care in the most appropriate setting and manner.

Meyer expects the number of insured under the Oregon Health Plan to continue to increase. "The phones have been swamped," she said. Newly enrolled "have coverage; they want to use it. It's a wonderful problem to have." •

Writer Cliff Collins covered CCOs in the September 2013 edition. To read that front-page article, please visit MSMP.org, click on the News and Publications tab and visit The Scribe page.

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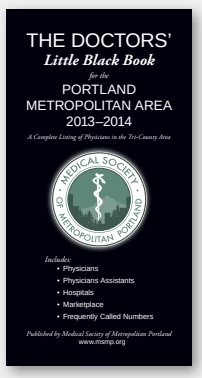

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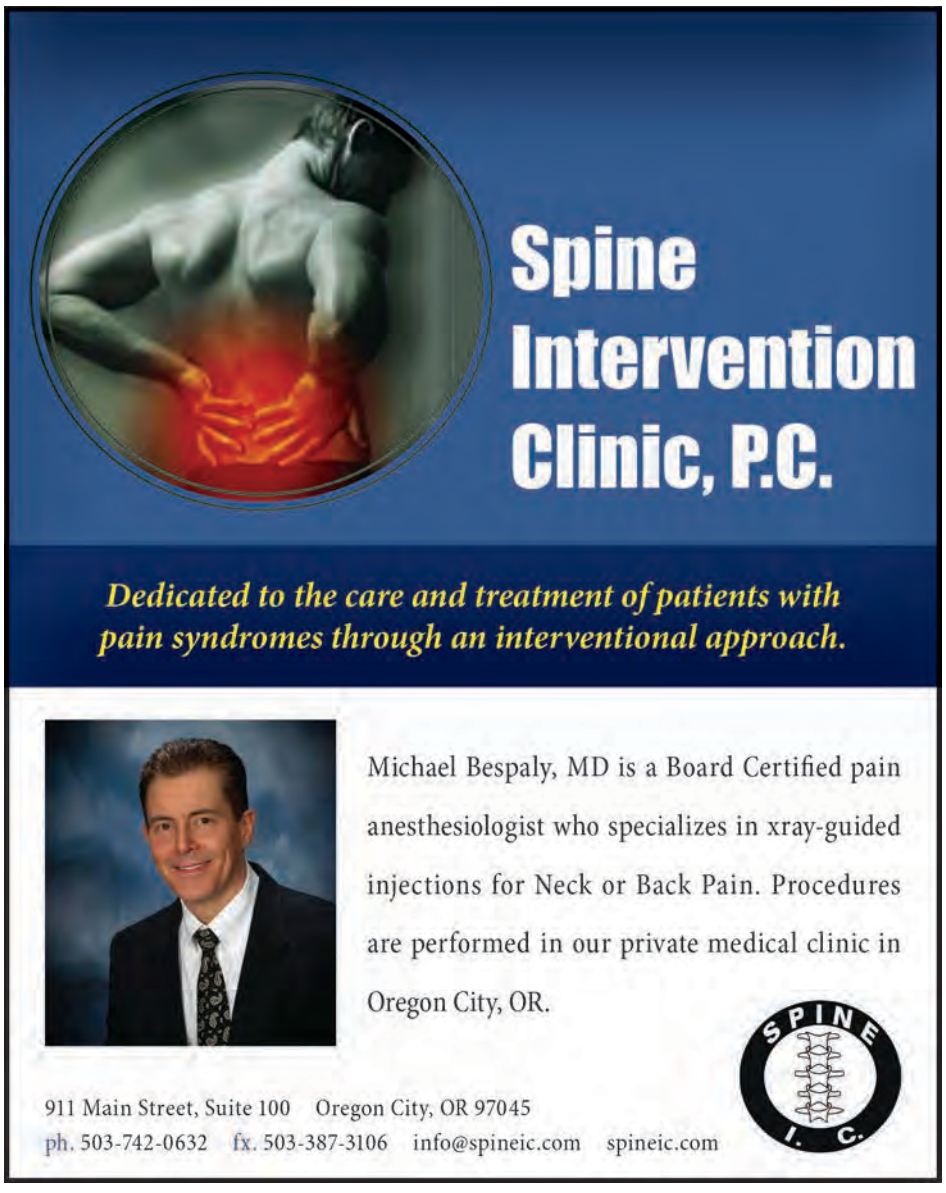

Legislative

Bill promoting medication synchronization among legislation introduced that would impact physicians

By Melody Finnemore
For The Scribe

Among the handful of health care-related bills introduced as the Legislature began its short session in early February was proposed legislation that would coordinate the prescription medications a patient takes for chronic health issues so the patient can pick them all up on the same day each month.

Introduced by Sen. Alan Bates, DO, D-Ashland, the bill's call for medication synchronization may be a new concept to lawmakers but could solve a longtime issue for physicians, said Bates, who practices in Medford.

"I'm always looking for ways to streamline what we do in health care and make it easier for physicians to practice," he said. "I commonly get phone calls from patients whose prescriptions have run out. Each time, I have to look up their charts, write the prescriptions and call the pharmacist. It takes a lot of time, and we can find a more efficient way to do this. And this is something I hear from physicians all the time."

More importantly, he noted, the process would improve patient safety. Many people with chronic health problems are elderly and have mobility issues that limit their trips to the pharmacy. By filling all of their prescriptions at the same time each month, it makes it more convenient for them to pick up their medicine and reduces the risk they will go off their medications because they have run out, Bates said.

"I've seen many cases where patients end up in the hospital because of this," he said.

The medication synchronization concept is supported by the National Council on Patient Information and Education and myriad associations related to the pharmaceutical industry. The Oregon Medical Association supports SB 1579, which would require health insurers to cover the creation and use of prescription synchronization plans.

"As care changes for a patient, especially one with chronic conditions managed by medications, the need to pick up prescriptions issued and renewed on varying dates can greatly impact the patient's ability to stick with needed treatment. Aligning those refill dates in a careful, managed way can produce better results," said Betsy Boyd-Flynn, MA, CAE, the OMA's deputy executive vice president and COO.

Bates says he hopes it will be heard during this session but—given that it is a short session—he has taken a wait-and-see attitude.

A similar measure underway in Connecticut was opposed by the Connecticut Association of Health Plans, which noted that pharmaceutical drugs are one of the single largest drivers of health insurance costs in that state, with prices increasing an average of 15–20 percent a year.

"Understandably, employers who generally pay the bulk of health insurance premiums are looking to health plans to provide some means of cost control so that they can continue providing a pharmacy benefit which is not required by state law," the association said in a statement. "Health plans, like the State of Connecticut, are struggling to respond to these demands and at the same time provide members with broad access to a wide range of quality pharmacy services. HB 5178 would begin to erode the flexibility that insurers need in offering such benefits." •

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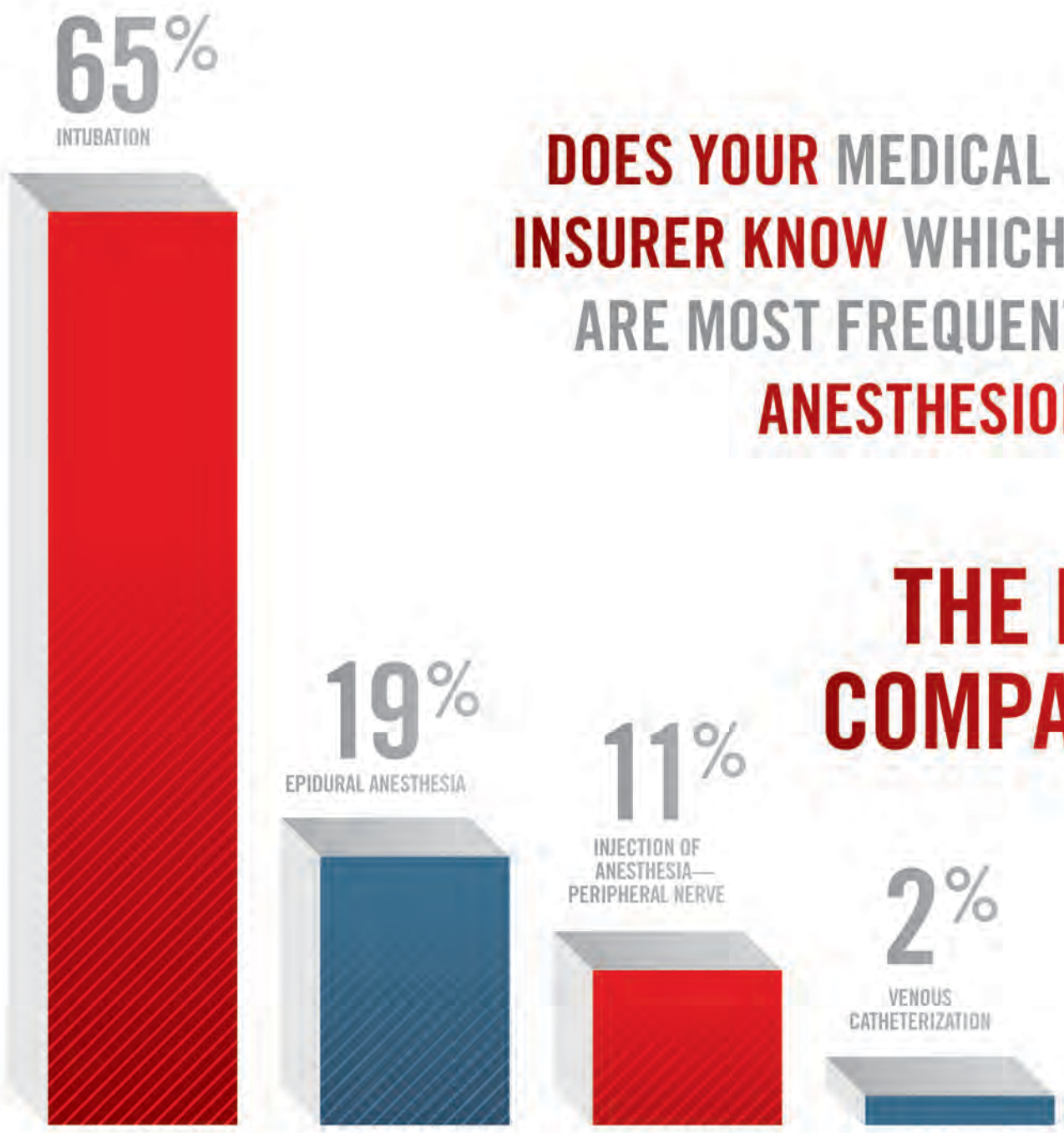

ANESTHESIA PROCEDURES MOST FREQUENTLY LINKED TO CLAIMS OF IMPROPER PERFORMANCE

Source: The Doctors Company

As the nation's largest physician-owned medical malpractice insurer, our insights into the practice of anesthesiology have helped develop our partnership with the Medical Society of Metropolitan Portland. We have been defending, protecting, and rewarding Oregon physicians for 25 years. When your reputation and livelihood are on the line, only one medical malpractice insurer can give you the assurance that today's challenging practice environment demands—The Doctors Company. To learn more, call our Salem office at 800.243.3503 or visit **WWW.THEDOCTORS.COM.**

We relentlessly defend, protect, and reward the practice of good medicine.

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