



Check out our MSMP News & Events section, debuting in this issue.

Among the highlights: The medical society's upcoming **Battle of the Doctor Bands**, benefiting Special Olympics Oregon.

—Page 3

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

# Leaving a peaceful legacy

Photos from the late nature photographer Mike Liptan, who developed strong bonds with his care team at Legacy's rehabilitation institute, now adorn the facility

By John Rumler  
For The Scribe

The journey of rehab patients, especially those overcoming severe debilitations, is a rocky one and the relationship with their care team may become strained. In the crucible of the intense and emotional day-to-day victories and setbacks, unique bonds are formed.

Mike Liptan, a former patient at the Legacy Health Rehabilitation Institute of Oregon (RIO), overcame multiple challenges there, forming strong connections with his health care team along the way. Liptan passed away a year

ago after a series of complications left him paralyzed, but his legacy at RIO is very much alive.

A gifted nature photographer and avid art collector, Liptan found comfort and solace in the art that adorned the halls of the clinic where he completed rehab four years ago.

Last month, when his wife Debbie was downsizing many of the couple's belongings, she immediately knew where he would want his photo gallery to be displayed.

See **LEGACY**, page 13



The work of the late photographer Mike Liptan is featured at the Legacy Health Rehabilitation Institute of Oregon, where he received care. Pictured are (back row, left to right) Chip Allen, intake specialist; Debbie Liptan, Mike Liptan's wife; Jennifer Lawlor, MD; Rebekah Case, RN; Denise Fraly, RN manager; Peg Bodell, therapy manager; (front row, left to right) Traci Hutchins, PT; Jocelyn Miller, RN; and Julie Cline, OT.

Photo courtesy of Megan Turnell

PRSR STD  
U.S. POSTAGE  
PAID  
PERMIT No. 700  
PORTLAND OR

# Physicians hope new law makes vaccine info even more clear



By Jon Bell  
For The Scribe

Before March 1 of this year, if parents didn't want their children to get any or all of the vaccinations required by the state of Oregon for attendance in school, all they had to do was check a few boxes on a sheet of paper and sign their name on the dotted line.

In fact, it was so easy to exempt a child from immunization for non-medical or religious reasons that many parents likely chose that option out of pure convenience and simplicity. That ease may be one of the

big reasons that Oregon had the highest non-medical exemption rate among kindergarteners in the entire U.S. for the 2012-13 school year. While most states are at or below 2 percent, Oregon was at 6.4 percent.

"There's good national data that shows that the easier it is to exempt, the higher the rates are," said **Jay Rosenbloom, MD**, a pediatrician at Pediatric Associates of the Northwest. "We had the easiest in the country and the highest rate of exemption in the country. That's not exactly a distinction to be proud of."

See **VACCINATIONS**, page 5

## INSIDE THIS ISSUE

### Growing demand



Doctors, physician assistants and nurse practitioners will be in increasing demand as health reform continues, the population ages, and health professionals reduce their workload or retire, reports say.

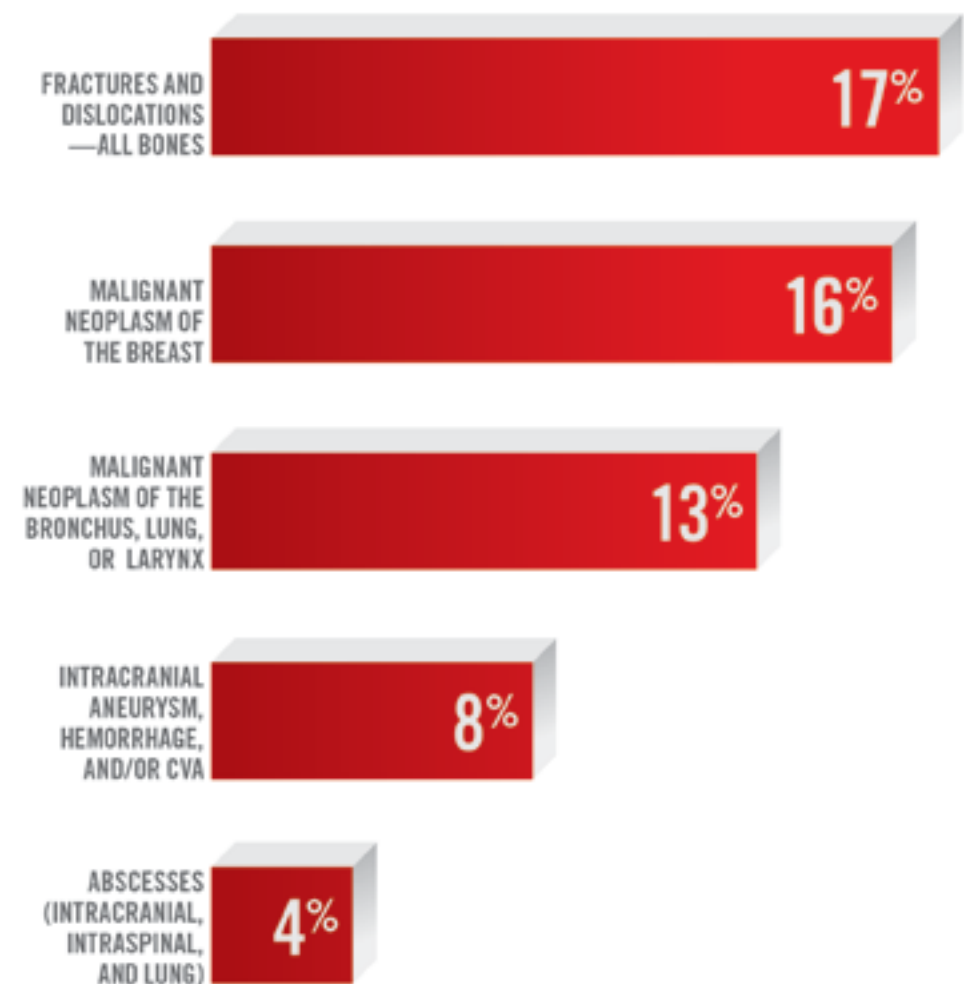
—Page 10

<b>MSMP News &amp; Events—</b>	<b>Medical Student Perspectives—</b>
Calling all bands! Calling all bands! .....3	OHSU students meet their 'match' .....9
Medical assistant class to start in April .....3	Health reform or not, forecasts predict more physician need ..... 10
MSMP 130th Annual Meeting .....3	<b>Off Hours—</b>
Area doctors debut latest sophisticated cardiac treatments .....6	Iron horse devotees ..... 11
MSMP board nominees .....7	<b>Physician Profile—</b>
<b>Physician Wellness—</b>	Is there a doctor in the house? (Yes, 11 of them) ..... 14
OHSU program helps med students build resiliency skills ..... 8	<b>Classifieds Marketplace</b> .....15

# DOES YOUR MEDICAL MALPRACTICE INSURER KNOW THE TOP DIAGNOSIS-RELATED ALLEGATIONS AGAINST RADIOLOGISTS?

## THE DOCTORS COMPANY DOES.

As the nation's largest physician-owned medical malpractice insurer, we have an unparalleled understanding of liability claims against radiologists. This gives us a significant advantage in the courtroom. It also accounts for our ability to anticipate emerging trends and provide innovative patient safety tools to help physicians reduce risk. 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. We have been protecting Oregon physicians for over 25 years. To learn more, call our Salem office at 800.243.3503 or visit [WWW.THEDOCTORS.COM](http://WWW.THEDOCTORS.COM).



RADIOLOGY CLAIMS MOST FREQUENTLY LINKED TO FAILURE OR DELAY IN DIAGNOSIS  
Source: The Doctors Company



The Portland Physician Scribe is the official publication of the Medical Society of Metropolitan Portland.



**"Connecting Physicians in Community"**

4380 SW Macadam Ave, Ste 215  
Portland, OR 97239  
503-222-9977 • Fax: 503-222-3164  
www.MSMP.org

#### MSMP Board of Trustees 2013–2014

**Brenda Kehoe, MD** *President*  
**Marianne Parshley, MD** *Past President*  
**Sharon Meieran, MD** *Secretary-Treas.*  
**R. Bryan Bell, MD** *At-Large*  
**Bradley Bryan, MD** *At-Large*  
**Ertan Esmer, MD** *At-Large*  
**John Evans, MD** *At-Large*  
**Linda Humphrey, MD** *At-Large*  
**Jack Kron, MD** *At-Large*  
**Frank Palmrose, MD** *At-Large*  
**Lydia Villegas, MD** *At-Large*  
**Rachel Seltzer, MD** *Resident Trustee*  
**Maria Peila, MS** *Student Trustee*  
**Carmen Gaston** *Public Member*

#### MSMP Staff

**Amanda Borges** *General Manager*  
**Eddy Marsoun** *Administrative Assistant*  
**Deena Stradley** *Chief Financial Officer*  
**Paula Purdy** *General Manager/MSS*  
**Bob Kress** *Senior Recruiter*  
**Aaron Troyer** *Website Administrator/  
Health Preparedness  
Program Manager*

#### SCRIBE Editors

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

#### SCRIBE Advertising

LLM Publications, Inc.  
**Dustin Lewis**  
Dustin@LLM.com • 503-445-2234  
**Jennie Russell**  
Jennie@LLM.com • 503-445-2241

#### SCRIBE Production & Design

LLM Publications, Inc.  
**Juliette Miratsky, Lisa Joy Switalla  
Heather White**

#### SCRIBE Paid Subscriptions

**Linda Pope** Linda@LLM.com

#### SCRIBE Changes of Address

**Eddy Marsoun** Eddy@MSMP.org

© 2014 The entire contents of this publication are copyrighted by the Medical Society of Metropolitan Portland with all rights reserved. Reproduction or use, without permission, of editorial or graphic content in any manner is prohibited.

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 [Accounting@LLM.com](mailto:Accounting@LLM.com). To change your address or remove yourself from the mailing list, please notify: The Portland Physician Scribe, 4380 SW Macadam Ave, Ste 215, Portland, OR 97239, or email [Amanda@MSMP.org](mailto:Amanda@MSMP.org).

## Calling all bands! Calling all bands!

Are you ready to rock (jazz, funk, blues, classical, hip hop, rap, punk, bluegrass or any other kind of music you play) for a good cause?

MSMP is looking for bands to participate in a **Battle of the Doctor Bands**. The only criteria for signing up is that *one* member of the band be a medical society member.

MSMP has partnered with **Special Olympics Oregon** to host a night of music and mirth while highlighting the programs, sharing volunteer opportunities and raising money for Special Olympics Oregon. The battle winner will be invited to perform at the 2014 Bite of Oregon.

The event takes place Thursday, June 12, from 7–9 pm at McMenamins Kennedy School, 5736 NE 33rd Ave. in Portland.

If you are an MSMP member who performs in a band that would like to participate in this special event, please visit [www.msmp.org](http://www.msmp.org) to download the registration forms. The sign-up deadline is April 15 and space is very limited! •



## CMS Review Class for medical assistants to start in April

Starting April 21st, a four-week class will be offered to help medical assistants obtain a credential to meet the CMS Ruling for Meaningful Use. The class is an overview to prepare to take an examination and is 2.5 hours once a week for four weeks.

The course, *The New CMS Change, How Do I Get Credentialed?*, is offered by **Medical Society Staffing**, a division of MSMP, and will be held from 6:30–9:00 pm every Monday evening in the MSMP's first floor conference room at 4380 SW Macadam Avenue. Past attendees have had great success passing their perspective exams. The cost is \$75 per person for the four classes, with one free staff entrance per MSMP member. Please visit [www.pdxstaffing.com](http://www.pdxstaffing.com) to download registration forms. Space is limited. •

## The Medical Society of Metropolitan Portland Requests your presence at the **130th Annual Meeting**

On behalf of the The Board of Trustees and the MSMP Administration, please join us in celebrating 130 years serving the Portland community and recognizing the Physicians and others who have enhanced the environment of medicine and the Medical Society. Savor food and spirits amidst the ambiance of live music.

#### AWARD:

The Metropolitan Medical Foundation of Oregon, along with MSMP, will present the Rob Delf Honorarium Award to **Stephen Marc Beaudoin, Executive Director of PHAME**, for exemplifying the ideals of the Medical Society.

#### A PRESENTATION BY:

Hear from our prestigious speakers **Tom Hoggard, MD** and **Mary Burry, MD** as they take us on a journey through their experiences with overseas volunteerism, and the many foreign countries they have traveled.

**NEW AT MSMP!** Join us in the unveiling of our new **Little Black Book** Android app. Our developer will be on site to assist with installing the app on your mobile device.

WHEN: **Wednesday, May 7, 2014**

**6–7 p.m.** Registration and Dinner • **7–8:30 p.m.** Meeting/Presentation

WHERE: **Multnomah Athletic Club (MAC)** | 1849 SW Salmon St., Portland, OR 97205

To RSVP, call Eddy Marsoun at **503-944-1138** or email [eddy@msmp.org](mailto:eddy@msmp.org)

► Please be sure to mention daycare needs ◀

- Enjoy a live band throughout the evening.
- Wine tasting by physician-owned wineries.
- MAC daycare provided at no charge. **Limited availability. RSVP for daycare is a must.**
- Ample parking.
- No fee to member and one guest. Non-members are \$75.



## HOME THEATER

Theater Projectors & Flat Screens



- Music & TV Distribution
- Remote Control Systems
- Installation
- Design
- Sales + Service

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

3760 SE Hawthorne Blvd, Portland, OR 97214

503-234-5341

Demonstration showroom open 7 days a week



CCBF 73613

## Top in the nation for cardiac certifications

# Legacy Heart Services gets the Gold

The Joint Commission recently awarded Legacy Good Samaritan Medical Center six Gold Seal of Approvals in cardiac care.

This mark of distinction puts Legacy Good Samaritan in a unique position as the first in the nation to be awarded six Disease-Specific Care Certifications in the following areas:



- Acute coronary syndrome
- Acute myocardial infarction
- Heart failure
- Cardiac rehabilitation
- Cardiac surgery — valves
- Cardiac surgery — coronary artery bypass graft

We earned these honors by creating a culture of excellence and compliance. Our care is driven by the specific needs of our patients and their families, infection prevention and control, and medication management.

You can rest assured that your cardiac patients will be well taken care of inside Legacy Heart Services' complete cardiovascular circle of care.

To refer a patient, please call **503-335-3500** (Oregon) or **360-487-3500** (Washington).

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

**Our legacy is yours.**



## VACCINATIONS from page 1

But a new state law that went into effect March 1 aims to chip away at that percentage, which has been on the rise at least since 2007, when the rate was 3.7 percent. The law, spearheaded by Rosenbloom and formally sponsored by Sen. Laurie Monnes Anderson, D-Gresham, now requires that parents receive educational information about immunizations either from a physician or through an online video presentation before they can opt out.

According to **Stacy de Assis Matthews**, school law coordinator for the Oregon Immunization Program, a similar law in Washington state has led to a 25 percent decrease in non-medical exemptions. Oregon would like to see similar results.

"We want to see it fall for public health reasons," she said. "We want to make sure that kids can go to school in a healthy and safe environment."

The idea behind the law is to provide parents with scientifically-based information about vaccines to help them make informed decisions instead of basing their actions on misinformation they've found on the Internet or heard from friends, relatives or the latest reality TV star.

"It's all about prevention and making sure kids aren't harmed by parents getting false information," said **Sen. Elizabeth Steiner Hayward, MD**, D-Portland, a family physician and one of the main supporters of SB 132, which passed on a party line vote during the 2013 legislative session. Some of those opposed to the bill said it would eliminate the religious exemption or that it would interfere with parents' rights.

Others questioned the science and safety of vaccines in general, a perspective that many physicians have seen gain traction over the past 10–15 years as various theories about vaccines have garnered media attention. One theory, that vaccines are tied to autism, was written about in a 1998 study in the British medical journal *The Lancet*. The study was widely reported on but was later retracted after an investigation revealed it to be fraudulent. As a result, the study's author, Andrew Wakefield, lost his medical license.

Even so, the theory—and others —helped create doubt in parents' minds. TV stars like Jenny McCarthy also helped fuel the anti-vaccine campaign, as did misinformation on the Internet.

**Mary Ellen Ulmer, MD**, a pediatrician at The Portland Clinic, has two children of her own who she had fully immunized, including with the HPV vaccine as soon as it was available.

"Vaccines are about the only chemical intervention that I really champion," she said. "I try to encourage eating whole foods, not using antibiotics too much, getting outside and exercising, but with immunizations, we just know they work. They are a proven, cheap and effective personal and public health measure."

While most parents do have their children vaccinated, Ulmer said many ask questions about the possible side effects or want to spread shots out over a longer period of time than the Centers for Disease Control recommends.

### BY THE NUMBERS

**6.4%** Oregon's non-medical immunization exemption rate among kindergarteners in 2012–13, the nation's highest.

**≤ 2%** The rate for most other states.

"Which is just silly," Ulmer said, "because it's traumatic for the kids. Just do it and you're done."

Others are concerned about what all is in vaccines in terms of additives and other chemicals. But Ulmer said vaccines today are much more refined and targeted than they used to be, so those concerns are largely unfounded.

There's also the reality that outbreaks of diseases like measles and whooping cough still happen. When they do, it often involves a disproportionate number of people who have not been vaccinated.

In 2012, more than 900 cases of pertussis were reported in Oregon, more than in any year since 1953. Many of those cases involved people who had not been vaccinated. Ulmer said one patient of hers whose parent refused the pertussis vaccine later contracted whooping cough. The patient was an older child and ended up being okay, but it was still a scare.

Unvaccinated children also put themselves and others at risk for infection. This is of particular concern in places where the rates of vaccination are low. In the Ashland Public School District, the non-medical exemption rate last year hit 24 percent. Other such "clusters of unvaccinated kids" exist in Portland and elsewhere, said **Brenda Kehoe, MD**, an obstetrician at Everywoman's Health, a women's health practice in Portland.

"Some of the private and charter schools in the state have as many as 75 percent of the kids unvaccinated," she said. "These are extremely risky situations."

Like Ulmer, Rosenbloom has seen a rise in parents asking questions about immunization. He understands why.

"In general, the parents are questioning for the right reasons," he said. "They've heard that the vaccines are harmful, so they ask. If you were a good parent, you would question it, too."

The biggest challenge, Rosenbloom added, is fighting through the sea of disinformation, sharing sound information and doing it all in an understanding way.

"We need to make sure we are being sensitive when talking to parents," he said.

The state will likely do an evaluation after the first year to see what kind of impact the new law has on non-medical exemptions, according to de Assis Matthews. There is hope that it will make a difference and also that it won't be too burdensome on physicians. Ulmer, in fact, said she likes the fact that it puts the onus on parents to take action.

"I'm glad that there's an option other than me spending my time," she said. "I can spend an inordinate amount of time explaining non-problematic things to people who are making it a problem."

If the new process doesn't have the desired impact, Steiner Hayward said she'd be willing to go a little farther.

"I think this is a first step," she said. "We'll wait a few years and see how it works, but I am not averse to doing more if we need to." •

THE OHSU BRAIN INSTITUTE PRESENTS

# 2014 BRAIN AWARENESS LECTURE SERIES

## Building Brain Bridges

### Brain connections and control: How does your brain affect your body?

The brain is the boss. It oversees and connects everything that happens in your body, from the everyday to the unusual.

This year, our lecture series also makes important connections: What takes place in your brain can influence illnesses, behaviors, injuries, emotions, discoveries and more.

Join us and learn from neuroscience's top researchers as they explore the brain's profound questions and astonishing links.

MONDAY, MAY 12

### The brain and cancer: How does your brain affect cancer—and its future treatments?

Joe Gray, Ph.D., Associate Director for Translational Research, OHSU Knight Cancer Institute

As we look into the brain more deeply to measure change over time, we can better identify causes—and perhaps cures—for cancers of the brain. In addition, we can learn how the brain manages the body's responses and behaviors to cancers elsewhere. These discoveries may truly individualize cancer treatment and help reduce or prevent its side effects.

All lectures begin at 7 p.m. at the Newmark Theater, 1111 S.W. Broadway, Portland.

To purchase tickets or for more info, visit [www.ohsubrain.com/scribe](http://www.ohsubrain.com/scribe) or call 800 273-1530.



DAVID HEIL & ASSOCIATES, INC.  
Innovations in Science Learning

AARP  
Real Possibilities

The Oregonian OREGONLIVE



BRAIN INSTITUTE  
Oregon Health & Science University

# Area doctors debut latest sophisticated cardiac treatments

By Cliff Collins  
For The Scribe

Portland-area physicians and their patients now have access to three new heart procedures that proponents say offer an advance over those previously available.

All three were introduced during February and March by local cardiologists at several health systems.

One was Medtronic's Reveal LINQ insertable cardiac monitoring system, just approved in March by the Food and Drug Administration and described as the smallest heart monitor on the market. The device, one-third the size of a AAA battery, is implanted under the skin to help detect potentially fatal heart muscle misfires such as atrial fibrillation, before they become deadly. It is even safe to use during an MRI.

The device allows physicians to monitor a patient's heart continuously and wirelessly for up to three years. It is placed using a minimally invasive procedure in an outpatient clinic, which simplifies the experience for both doctor and patient, said **Charles Henrikson, MD**, of **Oregon Health & Science University's Knight Cardiovascular Institute**. Unlike with existing heart monitoring devices, the patient does not have to be admitted.

"Because it's shrunk down, we can place it in clinic," he said. "Now it's a 10-minute visit." The device is placed just under the skin using a small "stab" incision, he said. "It is an invaluable tool for identifying patients who are high-risk and providing swift, effective treatment."

The device allows physicians to closely monitor patients with increased risk for cardiac arrhythmias and patients who experience symptoms such as dizziness, palpitation, fainting and chest pain that may suggest a cardiac arrhythmia. The monitor is not visible in most patients.

"The technology is way more advanced on this one compared with existing heart monitors," Henrikson said. "The indications are the same, although because this one is easier to put in, I think we'll end up putting more (new monitors) in."

The pre-approval work all was done in Europe.

"I think it will become the standard," he said. "It's great to have this. It makes things much easier for the patient and the doctor. It improves care."

A second, newly available heart-treatment development is the Abbott MitraClip percutaneous transcatheter mitral valve repair, the first minimally invasive transcatheter device made to repair mitral regurgitation. The device is the first of its kind to gain approval in the United States and part of a new movement away from open-heart surgery toward minimally invasive procedures performed in a cath lab or hybrid operating room.

The procedure helps repair leaky mitral heart valves to allow the heart to pump blood more efficiently. It is approved for patients with severely leaking mitral valves who are too frail or at high risk for having complications during open-heart surgery.

The MitraClip device has been approved for patients with significant symptomatic degenerative mitral valve disease, said **Robert W. Hodson, MD**, a cardiologist and medical director of **Providence Heart and Vascular Institute's Valve Center**. He and **Ethan Korngold, MD**, performed Providence's first procedures last month.



CHARLES HENRIKSON, MD



ROBERT W. HODSON, MD

The MitraClip has been "widely available in Europe with good success rates and low risk of failure rate," Hodson said.

Patients must undergo general anesthesia because of the need for the patient not to move at all. The physician uses a probe to evaluate and reconfirm with imaging, then places a catheter through the right femoral vein and into the right atrium. The device is like a robotic arm that provides three-dimensional range of motion and with which the physician clips together leaflets that are leaking. Two or even three clips may be needed to stop the leak, he said. The procedure takes 90 minutes to two hours. The patient is up the next day and is discharged in 24 to 48 hours.

Hodson said the MitraClip technique represents progress, because patients

otherwise could only be medically managed with drugs, which don't stop the disease from progressing. With this new technique, a high percentage of patients are successfully treated and see almost immediate improvement.

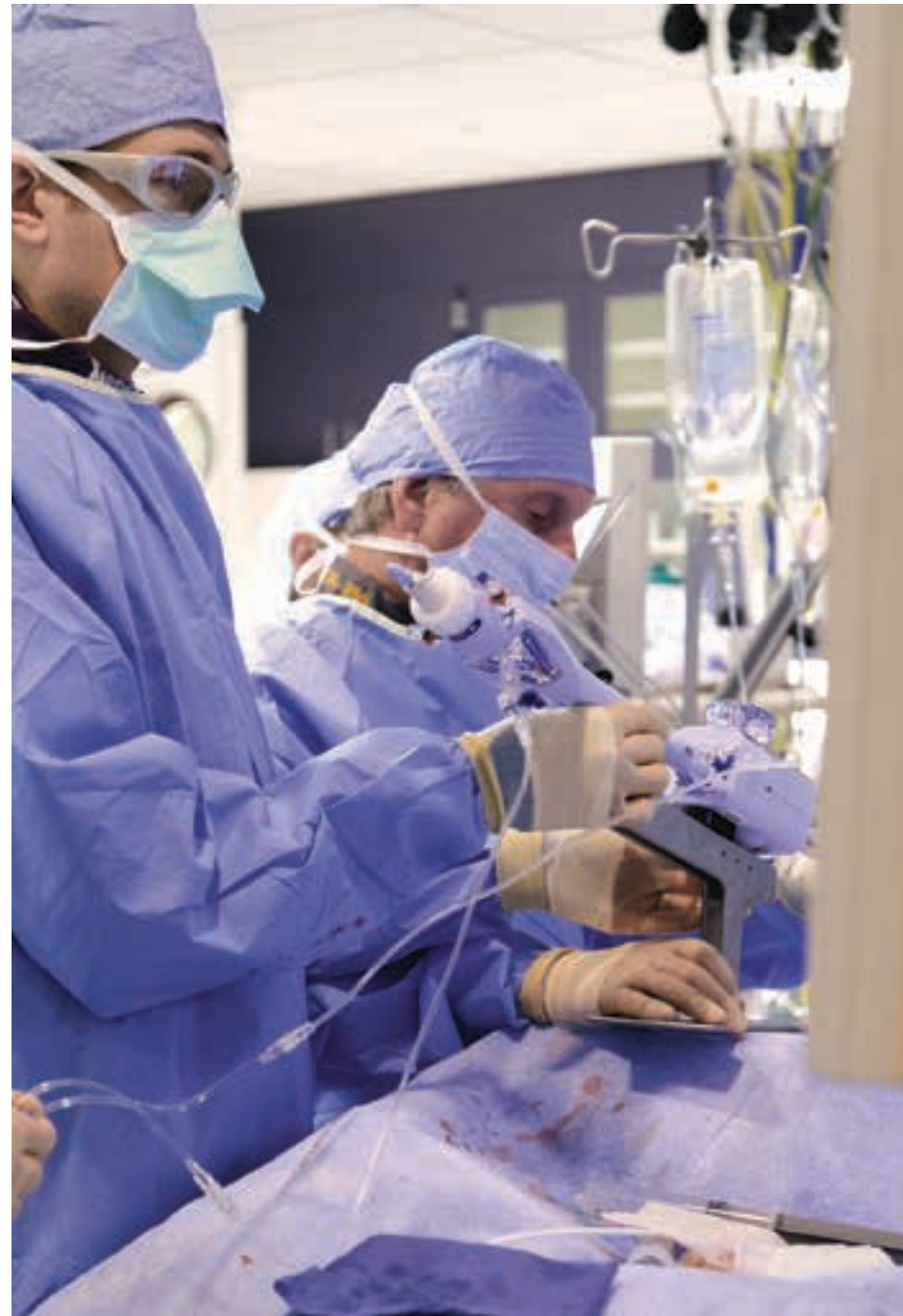
"It's a big step forward for those who can't undergo surgery," he said. "Surgical repair is probably better long term, and it's appropriate for those who can tolerate surgery. Maybe in 10 years, (MitraClip) will be applicable for less-at-risk patients."

See **CARDIAC**, page 7



Medtronic's Reveal LINQ insertable cardiac monitoring system, approved in March 2014 by the Food and Drug Administration, is described as the smallest heart monitor on the market. It is shown here next to the larger, first generation of the monitor.

Photo courtesy of Oregon Health & Science University



In a cutting-edge procedure, Ethan Korngold, MD, (left) and Robert Hodson, MD, co-medical directors of the Providence Valve Center, use a catheter to place a MitraClip on a patient's leaking mitral heart valve.

Photo courtesy of Providence Health

**CARDIAC** from page 6

The third procedure that made its local area debut at several area hospitals is Boston Scientific's subcutaneous implantable cardioverter-defibrillator—or S-ICD—system. It provides patients protection from sudden cardiac arrest without touching the heart.

The S-ICD is the first subcutaneous implantable defibrillator that provides protection while leaving the heart and vasculature untouched. Like transvenous ICDs, the S-ICD system employs a pulse generator capable of delivering life-saving therapy. But unlike transvenous ICDs, the S-ICD uses a subcutaneous

electrode and analyzes the heart rhythm, rather than individual beats.

For years, patients' lives have been extended by implanting transvenous implantable defibrillators, but these traditional devices present some risks, especially if left in place for an extended period of time, and removing them can be difficult and risky, said **Scott C. Brancato, MD**, a cardiologist at **Providence St. Vincent Medical Center**, who last month performed that health system's first S-ICD procedure.

"In particular, people who are at higher risks are young; they may have wires in the heart for decades," he said. "They're

at higher risk of developing problems over time." Others include patients who are at high risk for infections, such as bloodstream infections, and some patients who have "vascular-accident issues," such as those on dialysis, he said. "These might be better off with subcutaneous."

The advantage of the S-ICD is that the leads are just under the skin, outside the chest wall, and yet still detect



**SCOTT C. BRANCATO, MD**

abnormal heart rhythm and terminate nonsustained tachyarrhythmia, Brancato explained.

On the other hand, transcutaneous implants also can be used as pacemakers if the rhythm is too slow. "Subcutaneous doesn't have that ability. Anybody who needs both will still need traditional" ICDs," he said.

The S-ICD underwent clinical trials in Europe and New Zealand, Brancato said, and the FDA approved it in 2012.

Doing the procedure is "less complicated than the traditional method," and doesn't require X-ray guidance like ICDs do, he said. "It definitely represents an advance for these patients, especially in the technology." •

"I was diagnosed with aggressive prostate cancer at 48."

"I thought it was all over, but thanks to Compass not only am I still here, I've got a team that cares about protecting my quality of life too."

Actual patient testimonial. Representative photo.

**A LEADING REFERRAL SOURCE FOR GENITOURINARY CANCERS**

Treatment options for GU cancers are evolving rapidly, making subspecialty expertise more important than ever. The experts at Compass Oncology offer a trusted multidisciplinary team with focused expertise in prostate, testicular, bladder and kidney cancers. Our facilities are on the leading edge of genomic testing and offer a wide array of clinical trials through our affiliation with The US Oncology Research Network. When you refer to Compass, you have a partner who will keep you apprised of your patients' progress.



United in Healing with The US Oncology Network

Find your path to hope and healing at [CompassOncology.com](http://CompassOncology.com).



## Medical Society announces board nominees

The Medical Society of Metropolitan Portland is pleased to report that the following physicians have been placed in nomination for positions on the MSMP Board of Trustees for the 2014–2015 leadership year:

### Board of Trustees

#### President

Brenda Kehoe, MD, Obstetrics/Gynecology

#### President Elect

Bradley Bryan, MD, Internal Medicine

#### Secretary-Treasurer

Lydia Villegas, MD, Family Medicine

#### At-Large

R. Bryan Bell, MD, Oral and Maxillofacial Surgery

Ertan Esmer, MD, Otolaryngology

John Evans, MD, Anesthesiology

Linda Humphrey, MD, Internal Medicine

Jack Kron, MD, Cardiology

Sharon Meieran, MD, Emergency Medicine

Frank Palmrose, MD, Anesthesiology

Marianne Parshley, MD, Internal Medicine

#### Resident

Rachael Seltzer, MD

#### Medical Student

Ashley McClary

#### Public Member

Carmen Gaston

The MSMP Annual Meeting and Inauguration will be held on May 7, 2014, at the MAC Club. All MSMP members will receive a formal invitation to spend an evening celebrating the profession of medicine and recognizing those who lead the Society. Further, there will be great food, conversation, and conviviality. •

# OHSU program helps med students build resiliency skills

*"I think it will help me be more present for my patients and allow me to find the joy in everyday situations."*

*"It made me more aware of the stresses we face and how to address them without judgment or fear."*

*"...(T)his course changed my life by encouraging me to make improvements in my life that validated my health and wellness. Yes, my grades also improved but the best thing was that I found happiness in 'the daily grind.'"*

The feedback above came from Oregon Health & Science University medical students who, along with dozens of other future physicians, recently completed an elective course to build their resiliency skills. Offered through OHSU's Student Resiliency Program, the course curriculum is rooted in the so-called Healthy Mind Platter, a kind of food pyramid for the brain designed to promote optimal function.

The Student Resiliency Program, called "novel" by a renowned leader in integrative medicine, aims to equip students with skills to prevent burnout as they navigate medical school and, indeed, their careers. But the program is not just impacting medical students. It's also beginning to reach clinicians.

Resiliency skills among students and medical professionals are critically important given that the stakes are so high, says **Laretta Young, MD**, resiliency director at OHSU and chief emeritus of mental health at Kaiser Permanente.

Among physicians, research suggests that nearly half experience burnout, which can negatively affect patient care, increase the risk of medical mistakes, lead to early retirement in a field that can't afford to lose practitioners, and lead to substance use and mental health problems.

Young acknowledges the challenges of curbing burnout given the rigors of medical school, the enormous demands and stresses placed on health care

professionals amid sweeping health care reform, and an entrenched culture of perfectionism and long hours.

"There is a big disconnect between how we construct our work (in medicine) and what we know about how optimal human performance occurs," Young says, noting that other highly trained professionals who hold people's lives in their hands and who must know and work with vast amounts of information, such as airplane pilots and ship captains, are not allowed to work the lengthy hours many medical residents typically log in a week.

But she's optimistic that a culture change can begin to take place, "one person at a time."

## 'Owner's manual for the brain'

Enter OHSU's program. First developed in 2010, it centered on self-care to prevent student burnout. But Young, with assistance from her research partner, **Niki Steckler, PhD**, tapped the large body of literature regarding what makes people resilient in the face of stress, redeveloping the program around helping students collectively build resiliency using the Healthy Mind Platter.

The Healthy Mind Platter, which Young describes as the "owner's manual for the brain," was developed by David Rock and Daniel J. Siegel, MD, who tout seven activities that benefit the mind and complement each other: sleep time, physical time, focus time, time in, downtime, play time and connecting time (For details, please visit [www.mindplatter.com](http://www.mindplatter.com)). To that menu Young and Steckler added to OHSU's curriculum "healthy food" and "meaning/purpose."

The Healthy Mind Platter was developed for everyone. But the activities—learned and practiced in small, supportive groups over eight weeks at OHSU—help first- and second-year med students learn to manage their unique stresses, Young says.

Although more research into burnout in the medical profession is needed, there is growing consensus that the vast amount of information required to be a competent practitioner and feelings of isolation are among the contributors, she notes.

Managing med school as if it were a marathon "works to some degree when you are young, and it may work for a short time, but it's not a good, long-term career strategy," Young says.

**To our readers:** This article is the first in what The Scribe envisions to be an occasional focus on medical student, resident and physician resiliency. We want to hear from you. Do you have a unique perspective on this issue, or a resiliency/wellness program in development or operation that you'd like to share with readers? Contact the editors at [scribe@llm.com](mailto:scribe@llm.com), or 360-597-4909.

Among many other skills, the program teaches "emotional centering," designed to help students feel compassion for patients without depleting their emotional reserves, and "naming," or placing a one-word label on a troubling feeling so that it is acknowledged yet allows a student to continue forward in their care-provider role. Program participants also practice generous listening, which focuses on being present for conversations rather than rehashing the past or rehearsing the future, and movement exercises based on evidence that shows posture influences brain function.

Participation in the program, launched with private funds and continued by **OHSU President Joe Robertson, MD**, with university resources when that private support ended, has grown steadily. Ten students took the course in the first year; this past winter, 60 participated.

Asked as part of an evaluation if the course "changed your attitude towards medicine and/or health care," one student replied yes, adding, "I gained an appreciation for medicine that will carry me through the difficulties, expectations, and exhaustion. To appreciate the entirety of the experience (good and bad) will be invaluable."

Asked if the course helped "you as a medical student and/or person," another participant remarked, "Yes, I feel like I can express myself more openly to my peers because of how easy it was to do that in this elective. I feel like that openness will go a long way in med school and beyond."

OHSU's program has garnered even wider praise. **Aviad Haramati, PhD**, physiology professor at Georgetown University School of Medicine and organizing committee co-chair for the 2014 International Research Congress on Integrative Medicine and Health, in a recent email to Robertson said OHSU's program has become one of the two largest such efforts in the nation, and that its "novel approach has gone beyond what we do at Georgetown..." He went on to say that "together we are exploring ways to collaborate, assess, and to inform others of our outcomes."

For her part, Young said it's exciting that med students who take the course will bring those skills with them into their residencies and practices, helping to change medicine's burn-the-candle-at-both-ends culture. Beyond that, the program's increasing numbers of volunteer teachers are sharing the concepts with their colleagues.

And, she is seeing some positive changes in the field that improve patient care, including the use of hospitalists to ease MDs' workload and assistants to help clinicians with data entry. Some health

oregon weight loss surgery

Lose the weight, lower the risk.

Type 2 Diabetes • Heart Disease • High Blood Pressure  
Cancer • Sleep Apnea

GASTRIC BYPASS    GASTRIC BANDING    SLEEVE GASTRECTOMY

FREE Benefits Check • FREE Information Seminars  
**503.227.5050**  
[www.oregonweightlossurgery.com](http://www.oregonweightlossurgery.com)

See **RESILIENCY**, page 9



# OHSU students meet their 'match'

The envelopes, please ...

Last month, fourth-year students at Oregon Health & Science University School of Medicine converged on Richard Jones Hall atrium. With smiles, tears, hugs and shouts of joy, they opened the envelopes that revealed where they will spend the next handful of years for residency training.

The Scribe caught up with several on Match Day to get their reactions. •



Alysha Bennett

*"These are happy tears, and hormonal tears. To help (children) get better and have a fulfilling life...there is nothing better than walking into a room and seeing a child happy and playing, even though they may be in pain."*

—**Alysha Bennett**, 31, who is headed to Phoenix Children's Hospital for a pediatrics residency—and expecting a baby—in June.

*"I wanted to go into something with a broad knowledge base. I want to be a hospitalist, and I love the variety of things you see, taking care of sick patients and hearing their stories. It's really all about the stories."*

—**Zac Jacobs**, 27, who will be an internal medicine resident at the University of Pittsburgh.

## RESILIENCY from page 8

care organizations have begun wellness programs. Still, foundational change is needed in a field in which 80-hour workweeks are the norm among residents, and many physicians are faced with seeing more and more patients and to spend less time with each.

"I think the lack of individual resiliency skills are part of the problem, but not the totality of the problem," Young says. "We

have organizational and systemic problems in the way we have organized medicine in our country. Doctors, who manage a huge and complex amount of material, continue to work too much, without enough time for recovery of any sort.

"But my hope is that we are developing a group of physicians who are trained and more skilled in how our minds work, and when they interview for a job that asks them to work 10 days on they will say, 'No, thank you.'" •

In 2012, an article published in the peer-reviewed journal *Archives of Internal Medicine* (now *JAMA Internal Medicine*) detailing a national study of burnout in a large sample of U.S. physicians, concluded that burnout is "more common among physicians than among other U.S. workers," and that physicians "in specialties at the front line of care access"—emergency medicine, general internal medicine and family medicine—seem to be at greatest risk.

The authors, describing burnout as a loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization) and a low sense of personal accomplishment, noted that although difficult to fully measure and quantify, "findings of recent studies suggest that burnout may erode professionalism, influence quality of care, increase the risk for medical errors and promote early retirement. Burnout also seems to have adverse personal consequences for physicians, including contributions to broken relationships, problematic alcohol use and suicidal ideation."

The authors stressed that, given mounting evidence that physician burnout adversely affects quality of care, their findings suggest a "highly prevalent and systemic problem threatening the foundation of the U.S. medical care system. The fact that almost 1 in 2 U.S. physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals. Policy makers and health care organizations must address the problem of physician burnout for the sake of physicians and their patients." •

*"I like people, and it's a challenge to connect and earn their trust in a short time. People are really scared when they're about to have surgery. It's a very vulnerable patient population, and I want to look out for them."*

—**Rachel Wood**, 30, on her decision to pursue anesthesiology. Wood will spend an internship year in internal medicine at Legacy Good Samaritan and Emanuel medical centers, then pursue residency training at the University of Wisconsin.



Rachel Wood

*"It feels amazing and overwhelming at the same time, knowing I'll be responsible for patients' lives."*

—**Cameron Long**, 28, who will train in internal medicine at Tulane, where he was drawn in part because of a welcoming and dynamic program director, the institution's innovation and strong community mission, and future fellowship opportunities.

*"I've known all along this is the right decision, and as time goes by, it feels more and more right."*

—**David Simmons**, 43, who will be a resident at Providence Milwaukie Hospital, and pursue rural family medicine to care for underserved individuals in rural Oregon and play a role in health care reform.

**Spine Intervention Clinic, P.C.**

911 Main Street, Suite 100, Oregon City, OR 97045 ph. 503-742-0632  
fx. 503-387-3106 info@spineic.com spineic.com

Michael Bespaly, MD is a Board Certified Pain Anesthesiologist who specializes in xray-guided injections for Neck or Back Pain.

We offer:

- Cervical, Facet, Lumbar, Sacroiliac, Thoracic Steroid Injections.
- Hip, Knee, Shoulder, Trigger point Injections.

*Dedicated to the care and treatment of patients with pain syndromes through an interventional approach.*

# Health reform or not, forecasts predict more physician need

By Cliff Collins  
For The Scribe

Doctors, physician assistants and nurse practitioners will be in increasing demand as health reform continues, the population ages, and health professionals reduce their workload or retire.

That was the conclusion of several reports just released that attempt to measure current and future workforce demands.

“Certainly until 2020, we’re seeing an increasing demand for the three professions that has outpaced our historical supply,” said **Jo Isgrigg, PhD**, executive director of the **Oregon Healthcare Workforce Institute**. That fact will be the case no matter how pervasive team-based approaches such as patient-centered medical homes change the way care is delivered, she said.

In a new report, “The Projected Demand for Physicians, Nurse Practitioners, and

Physician Assistants in Oregon: 2013–2020,” Isgrigg’s institute, along with the **Office for Oregon Health Policy & Research** and **Oregon Health & Science University**, take so-called health transformation into account in estimating jobs demand.

The authors predict an overall 16 percent increase in need over current demand from 2013 to 2020 for all three of these health professionals. Adjusting for a 2 percent reduction in Oregon Health Plan spending—corresponding to the state’s commitment to reduce Medicaid cost growth—the demand for physicians, nurse practitioners and physician assistants drops slightly to a 14 percent growth rate. For all three professions, the implementation of the full range of health information technologies reduces demand to an 11 percent growth rate.

As medical homes and what the report calls a team-based approach continue to expand, projected physician demand drops to a 12 percent growth rate while simultaneously increasing that of nurse practitioners and physician assistants to 31 percent.



New reports, including one from the Oregon Healthcare Workforce Institute, the Office for Oregon Health Policy & Research and Oregon Health & Science University, project an increasing demand for health care professionals.

physician assistants placed second and physical therapist aides fifth. Registered nurses ranked fifth among jobs expected to be most in demand during the next decade, and first among fastest-growing high-wage jobs.

HEALTH LAW

MEDICAL STAFF ISSUES

HIPAA AND SECURITY ISSUES

HOSPITAL-PHYSICIAN CONTRACTS

HEALTH PROFESSIONAL LICENSING ISSUES

GOVERNMENTAL REGULATION

HEALTH DISTRICTS

EMPLOYMENT LAW

RISK MANAGEMENT

LITIGATION

LOSS PREVENTION INCLUDING EARLY DISCLOSURE AND RESOLUTION OF CLAIMS

At **Hart Wagner**, we offer a wide range of legal services to hospitals, health systems, physicians and other medical or mental health providers. We are very aware of the changing health care environment and the legal issues which arise in that environment.

Our goal is to provide cost-efficient, state of the art and effective representation of health care entities and providers throughout Oregon and Washington.

**HART WAGNER**  
TRIAL ATTORNEYS

www.hartwagner.com

**Portland**

1000 SW Broadway  
(20th & 21st Floors)  
Portland, OR 97205  
503-222-4499  
Fax: 503-222-2301

**Redmond**

439 SW Umatilla Ave  
Redmond, OR 97756  
541-548-6044  
Fax: 541-548-6034

“Certainly until 2020, we’re seeing an increasing demand for the three professions that has outpaced our historical supply.”

—Jo Isgrigg, PhD, executive director of the Oregon Healthcare Workforce Institute, on the job outlook for doctors, physician assistants and nurse practitioners

“Combining both team-based care and health information technologies further reduces the projected physician demand curve to a 7 percent growth rate, but increases the projected demand for both nurse practitioners and physician assistants by 24 percent between 2013 and 2020,” according to the report.

When the workforce institute opened in 2006 and in the following years, “we were addressing demand,” said Isgrigg. “With health care reform, it’s changed the conversation about what is needed in health care. The health care workforce is needing to change and adapt for a changing infrastructure.” Health care delivery is reorganizing and new policy goals are being formed, but “as long as we have a growing population, we’ll have a need for more health care professionals,” she said.

In mid-March, the **Oregon Employment Department** released a report on long-term projections for job opportunities in the state. Among the private industries expected to add jobs between 2012-2022, the top two categories projected to be most in demand in Oregon are professional and business services and health care and social assistance. In the category fastest-growing jobs,

“The health care profession is seeing a significant number of replacement-employees growth,” people needed to replace physicians and other workers who are permanently leaving the labor force, Isgrigg said.

Nationally, the health care industry added “an impressive 208,000 new jobs despite the rather sluggish economic recovery,” noted a third report, issued by **HEALTHeCAREERS Network**, which specializes in health care jobs and online medical recruiting and staffing. Insurance exchange enrollments under the Affordable Care Act ushered millions of new patients into the system in the final quarter of 2013, further increasing the demand for health care employees, the report stated.

It added: “Unfortunately, this demand comes at a time when we’re already experiencing a shortage of 20,000 physicians. According to the **Association of American Medical Colleges**, this shortage will grow to more than 91,500 physicians by 2020, due to a number of factors. These include a lack of federally supported residency training positions, the retirement of baby boomer

See **DEMAND**, page 11

# Iron horse devotees

Historic locomotives draw in a psychologist, a nurse and other railroad fans

By Jon Bell  
For The Scribe

Like many young boys, **Charles Harrison** developed a fascination for steam locomotives and trains in his early days—and it's pretty easy to understand why.

Raised in a small town north of Portland, Maine, Harrison remembers looking out the window of his elementary school and watching an old steam engine chug along the tracks. It's an image that's stuck with him for decades now, through a 30-year career as a therapist in places like Maine, Illinois, Texas and Oregon. He earned his PhD in psychology from Texas A&M and has spent much of his career working in community mental health, in schools, and in child and family psychology.

When Harrison moved to Oregon in 1991, he heard rumors of an old Southern Pacific 4449 locomotive in the area and was intrigued. A few years later, after seeing a picture of it on his tax preparer's wall, he tracked it down in the Brooklyn Roundhouse, an old Union Pacific locomotive maintenance building in southeast Portland. There, Harrison saw an image straight out of his childhood—and it wasn't just the SP 4449, but another granddaddy from the glory days of steam, the Spokane, Portland & Seattle 700.

"I was down there looking around the roundhouse and this guy came out of the dark and kind of scared the bejesus out of me," Harrison said. "He said if I liked them, I should come on down sometime and help out, so I did."

Fifteen or 16 years later, Harrison is president of the Pacific Railroad Preservation Association (PRPA), an all-volunteer group dedicated to not only preserving the SP&S 700, but to operating it safely as well. The group is one of three nonprofit organizations charged with taking care of three different steam locomotives, all of which were donated to the city of Portland in 1958. The Friends of the SP 4449 tend to that engine, and the Friends of the OR&N 197 are presently restoring the Oregon Railroad & Navigation Railway 197, an early 20th century locomotive that arrived in Portland for the 1905 Lewis & Clark Centennial Exposition.

"When I first went to the roundhouse, I was just hoping they'd have the door open so I could see what was inside.

**Now I know more about it than any one person should. It's just fascinating to me."**

—Charles Harrison, PhD



Charles Harrison fires the Spokane, Portland & Seattle 700 (SP&S 700). He is president of the Pacific Railroad Preservation Association, a volunteer group dedicated to preserving and operating safely the vintage steam locomotive.

Photo courtesy of Charles Harrison

All three locomotives sat relatively neglected at Oaks Amusement Park for years until restoration efforts began in 1980. The three volunteer groups are part of the seven-partner Oregon Rail Heritage Foundation (ORHF), which formed a few years ago to secure land and build a new facility for the engines. The foundation raised more than \$5 million to build the Oregon Rail Heritage Center, a combination museum, maintenance building and showcase home for the three engines that opened in southeast Portland in 2012.

**Susan Pearce**, a retired nurse of more than 40 years, is on the ORHF board in part because of her role in the Hosford-Abernethy Neighborhood Development, an association of volunteers in the



The SP&S 700.

Photo courtesy of Jon Bell

neighborhood surrounding the new center. But Pearce has other motivations for being involved as well.

"I love trains," she said. "I have traveled on many trains and remember doing it when I was little, back when people used trains more than planes for cross-country travel. Oh my goodness, I do love them."

Pearce has taken a 30-day trip across the United States on Amtrak's Empire Builder train, and she planned to take the same train to West Glacier, Mont., for a weeklong trip with one of her friends in March. In addition to her role on the ORHF board, Pearce sits on a few committees and volunteers at the center, which is open to the public from 1 to 5 p.m. Thursday through Sunday.

As for Harrison, during his time with the PRPA he's done a little bit of everything.

"I started out as just one of the workers bees, scraping paint, greasing things, a little bit of this and that," he said. "It's not like I never knew how to use a wrench, so I had some mechanical skills."

These days, he still does some maintenance work on the engine, but much of his volunteer time—about 40 hours a month or so—is occupied with organizing and facilitating the work that goes on with the locomotive.

"I'm also kind of the keeper of the vision for the engine," Harrison said. "Our goal is to bring it back to blueprint as close as we can, and I think we're pretty close."

Though the SP&S 700 is something to see, it is far from just eye candy. The locomotive usually gets out a few times a year for various trips.

This past holiday season, the engine led the ORHF's annual Holiday Express, which offered festive rides between OMSI and Oaks Park. It also delivered Santa Claus to the BNSF terminal in Vancouver as part of an annual holiday celebration. And in September of this year, the SP&S 700 will pull a train of restored vintage passenger cars to Pasco, Wash., for an extended excursion to the Pendleton Round-Up and back.

All these years later, Harrison said he still enjoys working with the SP&S 700 and the other aficionados of the PRPA, which includes everyone from nurses, like Pearce, and machinists to a bank security manager and an Intel employee. They all have different backgrounds, but they share an affinity for the iron horses.

"When I first went to the roundhouse, I was just hoping they'd have the door open so I could see what was inside," Harrison said. "Now I know more about it than any one person should. It's just fascinating to me." •

*Interested in learning more about the region's vintage steam locomotives and other historic railway equipment? Visit [www.sps700.org](http://www.sps700.org) or [www.orhf.org](http://www.orhf.org).*

## DEMAND from page 10

and Gen X doctors, and an influx of new patients under the ACA."

Other factors the report lists as contributing to physician-hiring challenges include a 6.8 percent average physician turnover rate (12.4 percent among doctors within their second and third years of practice) and marketplace pressures that The Physicians Foundation expects will increase health care costs and drive many independent doctors out of practice.

The health care areas in which HEALTHeCAREERS posted the greatest

number of jobs in 2013 included physician/surgeon (48 percent of total jobs), nursing (17 percent), administration/executive (9 percent), nurse practitioner (7 percent) and physician assistant (6 percent). These also were the top five in 2012.

Family medicine, emergency medicine and internal medicine were the three most in-demand physician specialties. Together, they accounted for 5 percent of total jobs posted by HEALTHeCAREERS employers and 10 percent of all physician/surgeon jobs posted.

Psychiatry was the fourth most in-demand physician specialty in 2013,

accounting for 1 percent of total job postings and 2 percent of all physician/surgeon jobs posted. In 2012, this physician specialty was the third most in-demand.

Physician specialties showing the most growth from 2012 to 2013 included physician executive/administrative, with an increase in job postings of 18 percent. That category was followed by gastroenterology (12 percent), cardiology (11 percent), internal medicine (6 percent) and family medicine (5 percent).

Together, nursing, nurse practitioner and physician assistant positions accounted for 29 percent of all HEALTHeCAREERS job openings in 2013.

The network's analysis also found sizable increases in the demand for office managers, medical assistants, billing professionals and dietitians/nutritionists.

"It will be interesting to see how the influx of newly insured patients and preventative care focus under the ACA ultimately influences hiring in the health care industry in 2014," the report concluded.

Isgrigg agreed. New medical technology and new information translate into needs for "new competencies," she said. "Issues of demand are separate from issues of supply. We really don't know what the future will hold." •

# THE EXPERIENCE TO KEEP YOUR PRACTICE SAFE.



[www.cna.com/healthcare](http://www.cna.com/healthcare)

**FOR MORE THAN 40 YEARS, CNA AND THE OMA HAVE HELPED OREGON PHYSICIANS SAFEGUARD THEIR PRACTICES THROUGH TAILORED INSURANCE SOLUTIONS AND RISK MANAGEMENT INSIGHTS.**

**THE OMA / CNA PHYSICIAN PROTECTION PROGRAM OFFERS:**

- Local healthcare liability counsel with expertise defending Oregon physicians
- Risk management resources — created for physicians by physicians
- A full range of insurance coverages and services targeted to physicians' needs
- A local underwriting and claim team who understands the business of medicine
- Rates based on the experience of Oregon physicians

**COMMITTED TO BUILDING THE SUCCESS OF OMA MEMBERS.**

Our unique profit-sharing program has returned more than \$59 million to OMA members. There are no tricks or shortcuts. Just a decades-long dedication to patient safety and reducing costs. If you're looking for an insurer with a long history of helping Oregon physicians like you ... **we can show you more.®**

**For more information on the OMA / CNA Physicians Protection Program, please contact CNA at 800-341-3684 or visit [www.cna.com/healthcare](http://www.cna.com/healthcare).**

**CNA**



## LEGACY from page 1

"Mike hoped to do something meaningful with his art collection, so I thought, what better way than to share it with patients so they can enjoy it when they are reorienting their lives in a positive direction."

The 13 panoramic photos she donated, about half of Mike's collection, include stunning shots of Mount Hood, Haystack Rock, Cannon Beach, Mount Bachelor, Crater Lake and others from outside of Oregon. Four of the photos are by Mike and Debbie; the others are favorites they collected over the years.

First diagnosed with liver cancer in October 2004, Liptan overcame considerable difficulties and received a liver transplant in late 2005 at Oregon Health & Science University. For a time, Mike and his family were able to live a somewhat normal life and welcomed the birth of a granddaughter in September 2007.

### Obstacles in life and health

By early 2009, however, Mike began suffering from a variety of ailments that grew more severe. On May 1, hallucinating and experiencing intense back and joint pain, Mike was taken to the Portland Providence ER. The news wasn't good: Mike was diagnosed with septicemia, suffered permanent kidney damage and was a paraplegic.

But Mike's spirit was intact. Refusing to feel sorry for himself, he instead became determined to rebound the best he could.

After seven weeks of intensive care at OHSU, he gradually stabilized and faced a new challenge: to become strong enough to go through the RIO program (*please see sidebar*) so he could become as independent as possible.

"We were extremely grateful that Mike was even accepted to RIO in the first place. He was evaluated a few times prior to his admission and wasn't considered strong enough. He was so determined and stubborn, he just kept trying to improve, and then he finally made it," Debbie said.

It seemed Mike had overcome so many obstacles, beginning with a painful childhood, it became second nature to him. When Mike was a youngster, his father contracted tuberculosis and became addicted to medications and alcohol. He became increasingly ill tempered and abusive until he died in an auto accident. Still in his teens, Mike had difficulty sorting out his emotions and spun out of control.

"He got in trouble early in life and dabbled in drugs, including heroin. That's how he got exposed to hepatitis C and got liver damage," Debbie said.

Mike straightened himself out and landed a steady job in the city of Portland's mail services department, where he stayed for many years.

Although he was artistically inclined, he never thought of himself that way, Debbie said. "Mike loved creating and bringing old things to life, whether it was a dying tree, or a discarded front door from our 100-year-old house that he lovingly restored. He also built a Buddhist altar for our home—by hand—from koa and other exotic hardwoods."



Mike Liptan  
Photo courtesy of Debbie Liptan

### Rehab made huge difference

A few days before Christmas in 2009, Mike entered RIO, rehabbing earnestly until the end of January. During this time, he developed the strength and motor skills to shower and dress himself and transfer to and from his wheelchair. "It made a huge difference," Debbie said.

The Liptans bonded with the RIO staff, especially Mike's occupational therapist, Julie Cline, and his physical therapist, Traci Hutchins.

Cline worked with Mike daily. His goals, she explained, were to increase his arm and trunk strength so he could do as much for himself as possible. She also worked with the couple to make sure their home was as accessible as it could be upon his discharge.

"A short time before he died, Mike sent me an orchid and a card with just his name on it. He was a very kind, gentle soul as well as a highly motivated patient," Cline recalls.

Hutchins also worked with Mike daily, focusing on mobility, stretching and range-of-motion exercises. "Mike had a practiced and unique ability to take things at a manageable pace, always taking time to reflect, to be aware and present. He was very dedicated to his faith," she said.

While catching his breath between therapies, Mike often gazed at the large landscape photos that adorned the halls there, studying them intently, almost as if they held some secret.

Since the Liptans lived nearby, after his discharge, Mike visited the staff a few times to show his progress and also kept in touch by mail. And together, the couple persevered.

The pair, who met at a Buddhist discussion group in 1974 and married three years later, spent their leisure time in nature, hiking, exploring national forests, especially Mount Hood, and tent camping. They purchased a camper and spent many weekends and vacations photographing coastal scenes, waves and sunsets.

## RIO: Pioneers in rehabilitation

The first rehab center in Oregon and one of only three on the West Coast, the Portland Rehabilitation Center opened in 1948. Major diagnoses treated included stroke and spinal cord injuries, cerebral palsy, polio and multiple amputations.

After considerably expanding its services and reach, the facility in 1958 was renamed the Rehabilitation Institute of Oregon (RIO) and in 1971 became affiliated with Legacy Good Samaritan.

The first facility in Oregon to receive a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (in 1980), RIO entered into a collaboration with Oregon Health & Science University in 2010 to provide inpatient rehabilitation for OHSU patients at Legacy RIO.

RIO, located at Legacy Good Samaritan Medical Center, was the state's first facility to coordinate vocational training, counseling, and physical and occupational therapy at one site. Employing 40 specialized therapists, a nursing staff of about 50, two neuropsychologists, and eight rehab medicine associates, the 36-bed facility treats between 500 and 525 patients annually.

RIO is the regional and national leader in the number of patients discharged back into the community (at a 95 percent rate), according to the national database Uniform Data System.

—John Rumler

The couple also loved the mountains and desert, but Crater Lake—where Mike first proposed to Debbie—was their favorite place.

"We always went back there taking family and friends along for outings. It renewed us," Debbie recalls.

Every trip, Mike photographed nature and developed a high level of expertise. After each outing, he poured over photos and selected his favorites. He'd also begun collecting other nature photographers' work and built up an impressive and eclectic collection.

Nearing the end, Mike's pain had become increasingly difficult to manage, so his hospice was moved to a room at OHSU decorated to look like the Liptans' home. On May 22, 2013, surrounded by friends and family, Mike passed away. The room had a clear view of Mount Hood.

### 'Peaceful sanctuaries'

Medical Director for Legacy Rehabilitation Services Jennifer Lawlor, MD, said that Mike demonstrated one of the magical things that happen when patients are grouped together, each with their own unique circumstances but with the

shared challenge of getting through a very tough medical recovery.

"Mike contributed to the camaraderie that helped lift up all those (at) RIO when he was here. Now, by Debbie leaving this donation, they've created an ongoing gift that will be long appreciated by all who pass through the RIO program.

"The patients at RIO are generally confronting life-altering medical conditions that often seem surreal. Having so many beautiful photos and landscapes provides patients with a small visual escape to peaceful sanctuaries, helping many patients on their journey through the healing process," she said. •

### Want to reach the medical community?


The Scribe is read by more than 7,500 physicians and physician assistants in the Portland-metro area each month.

Contact **Dustin Lewis** at LLM Publications for advertising opportunities, 503-445-2234 or [Dustin@LLM.com](mailto:Dustin@LLM.com).

### Medicare Take Backs or Recoups?

Recent RAC audits are leaving practices with reduced cash flow.

We can help.

health  practice solutions

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

503.953.8452

# Is there a doctor in the house? (Yes, 11 of them)

By John Rumler  
For The Scribe

Talents run in certain families. In music, there are the Carter-Cash and Jackson families; in politics, the Kennedy and Bush clans; and in acting, the Barrymores, Baldwins and Fondas.

In Portland medicine, there are the Rosenbaums.

The who? If you're asking yourself that question, it's because the three-generation family of 11 doctors, who have distinguished themselves nationally and regionally, actually prefer it that way.

The Rosenbaums are low key about their achievements, but from their two patriarchs to the newer female family members in medicine, they have blazed a trail of success and continue to rack up impressive accomplishments.

Joe Robertson, MD, Oregon Health & Science University president, knows the family well. He is closest to Jim Rosenbaum, MD, as the two had adjoining offices at OHSU going back to 1986 and played basketball together. He describes the Rosenbaums as contemplative and considerate. "They are a soft spoken and modest family, yet phenomenally accomplished and I have the utmost respect for them."

The family's story begins humbly enough, with Sam and Bessie Rosenbaum, poor Jewish immigrants from Eastern Europe, what is now the Ukraine, settling in Omaha, Neb., in 1910. Sam worked for the railroad, sold hats and eventually owned a gas station. The hard-working,



Ed Rosenbaum, MD, in his office on Northwest 23rd Avenue and Flanders Street, in the mid-1950s.  
Photo courtesy of the Rosenbaum family

practice at Northwest 23rd Avenue and Flanders Street that thrived for 35 years, in spite of the fact that unpaid bills were written off. They had no collection agency.

The partnership was unusual in other regards, William said. "We had no written agreements and we never discussed income or responsibilities. We were like an ideal marriage."

For a time, Ed's son, Rick, and Bill's son, Bob, joined the pair and the practice was called Rosenbaum, Rosenbaum, Rosenbaum, Rosenbaum, and Flanery. William retired at 72, quickly became bored and then became an assistant in

Ken, laughingly referred to as "the black sheep," went to Yale, earned a law degree from Lewis & Clark College, and is an environmental policy expert and author.

Rick has written three medical books, is a nationwide expert on carpal tunnel syndrome and Parkinson's disease and chairs the Portland Parkinson's Program. Howard and his wife, Marcia Kahn, are practicing psychiatrists in Beaverton.

Jim trained at Stanford University and now chairs OHSU's Division of Arthritis & Rheumatic Diseases. He is the Edward E. Rosenbaum (named for his father) Professor of Research, and head of the Uveitis Clinic. He is also executive vice president and chair of the renowned Legacy Devers Eye Institute at Good Samaritan Medical Center (*please see the February 2014 issue of The Scribe*).

"Jim's one of my heroes because he's always taken the road less traveled," Robertson said. "He's world famous in two separate fields, ophthalmology and rheumatology, which is unheard of. Plus, he's the only guy I've ever known whose jump shot actually improved as he got older."

Look for the second installment of this article in the May issue of *The Scribe*.

## The Doctor

Ed Rosenbaum was diagnosed with cancer of the larynx at age 70 and kept a journal of his experiences, from the perspectives of both a doctor and patient, which resulted in a bestselling book, "A Taste of My Own Medicine: When the Doctor is the Patient," also titled "The Doctor," published by Random House in 1988 and made into a popular film of the same name in 1991. The book (and movie, starring William Hurt), were loved by critics and audiences alike.

Although both works were a scathing indictment of the Western medical model, Jim Rosenbaum, the author's son, said there was no backlash and the timing was right for the field to view itself realistically, perhaps for the first time.

"It was a breakthrough in that, up until then, doctors were portrayed like Ben Casey or Dr. Kildare who could do no wrong and practically walked on water."

While the film did deviate substantially from the book for dramatic purposes, its clarion call for doctors to become less high-handed and more compassionate and sensitive to their patients came through loud and clear, Jim said.

Ed passed away a few years ago, but he left an indelible legacy. The film and book are still mandatory viewing and reading for medical students at many teaching institutions around the world, including at OHSU.

—John Rumler



Ed Rosenbaum, center, gathers for a photo with his sons (from left) Howard, Rick, Jim and Ken in the early 1990s.  
Photo courtesy of the Rosenbaum family

Yiddish-speaking couple never acquired a college education, but made sure their two sons, Ed and William, did.

"It was placed in our minds that a college education was minimal. We never had a decision to make in that regard," recalled William, now 97.

The two brothers attended medical school at the University of Nebraska during the Depression, and distinguished themselves in the military in Europe during World War II. After the war, Ed went to the Mayo Clinic as a rheumatologist and William became a general surgeon. The two came to Portland and formed a

neurosurgery to his son, Thomas, for several years.

Ed, who also created OHSU's Division of Rheumatology (which his son, Jim, currently chairs) was cruising along, perhaps at the peak of his career, when he was diagnosed with cancer. This started a new odyssey for him that resulted in a 1988 book, "A Taste of My Own Medicine," and a 1991 film, "The Doctor," (*please see sidebar*) that made an impact on the medical field that reverberated around the world.

Ed had four sons. Rick, Howard and Jim attended Harvard and became physicians.

STAFFING SOLUTIONS  
THAT WORK  
for Employers  
and Candidates



MEDICAL SOCIETY STAFFING  
A DIVISION OF THE MEDICAL SOCIETY OF METROPOLITAN PORTLAND



503-227-2737 | [www.pdxstaffing.com](http://www.pdxstaffing.com)

MEETING YOUR NEEDS. SAVING YOU TIME. SINCE 1960.

## OPENINGS

**WANTED:** Neurologist to assist with disability records review, 1 day per week, no patient contact. Contact: 971-321-7688.

**WANTED:** Ophthalmologist or optometrist to assist with disability records review, ~1/2 day per week, no patient contact. Contact: 971-321-7688.

## SERVICES

**Dedicated Medical! "Professional And Efficient"**

- ✓ Customized Account
- ✓ Personalized Service
- ✓ 24-Hour Availability
- ✓ Prompt Response
- ✓ Appointment Scheduling
- ✓ Texting to Cell Phones
- ✓ Live Service, Voice Mail, Pagers, Fax, Email
- ✓ Secure Messaging HIPAA Compliant

**WE PROVIDE SOLUTIONS**  
**Physicians' Answering Service** 503-228-4080  
 877-566-0033

## VACATION RENTAL

**OREGON COAST VACATION RENTAL:** Ottercrest condo with the best view on the Oregon Coast. Sleeps up to 10. Full kitchen. Deck. Can rent part or entire condo. Onsite swimming pool and children's playground. Newly remodeled. Sorry, no pets allowed. Call for details and pricing, 503-312-5548.

## Family Practice & Internal Medicine Physicians, and Nurse Practitioners



Pacific Medical Group is a busy, independent, private practice with five provider-owned clinic locations in the Portland metro and surrounding area. We have recently celebrated the retirement of several long tenured providers and are looking for dynamic providers to join and expand our progressive practice.

- Outpatient only practices located in North Portland, Oregon City, and Canby
- Opportunity to be a shareholder, and participate in an incentive pay plan
- Competitive salary, sign-on bonus, and benefit package
- Fully automated EMR software
- All Pacific Medical Group Clinics have received Recognition as a Patient-Centered Medical Home by the NCQA and the State of Oregon

If you are seeking an opportunity to build and grow a solid practice that is both professionally satisfying and financially rewarding, this may be the right opportunity for you.

*At Pacific Medical Group, our mission is to make a positive difference by providing patient centered primary care and customer focused service. In living our values, we foster an enriching work environment, provide leadership, and collaborate with others in the improvement of health.*

To learn more about Pacific Medical Group, please visit our website at [www.pacificmedicalgroup.com](http://www.pacificmedicalgroup.com).

To apply, submit CV and cover letter to Trudy Chimko, HR Manager, by email: [careers@pacificmedicalgroup.com](mailto:careers@pacificmedicalgroup.com), or fax: 503-914-0335.

## The Scribe CLASSIFIEDS MARKETPLACE

RATES START AT \$60/MONTH FOR THE FIRST 40 WORDS.

Add a photo or colored screen to make it stand out!

Contact Dustin Lewis at LLM for details, 503-445-2234  
[Dustin@LLM.com](mailto:Dustin@LLM.com)

Category Headings  
 EQUIPMENT FOR SALE  
 PHYSICIAN OPENINGS  
 OTHER MEDICAL OPENINGS  
 REAL ESTATE  
 SPACE AVAILABLE  
 VACATION RENTALS  
 ...and more

# Senior housing is *not* one size fits all.

The Portland Metro Area has:

- 1500+ Adult Care Homes
- 120+ Assisted Living & Residential Care Facilities
- 40+ Alzheimer's Care Communities
- 65+ Independent Living Communities

With all these options, each person has CHOICE.

Choice Senior Services can help narrow down the options, based on care needs, income, future income, and preferences.

All options are pre-screened by our staff and complaint files are checked on a regular basis so you can rest assured knowing your patients are well taken care of.



Find us on

## Let Choice help your patients find a great fit.

# CHOICE

SENIOR SERVICES LLC

503-353-7870 • 800-757-0921

[Help@ChoiceOregon.com](mailto:Help@ChoiceOregon.com)

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

Member of



Association of Senior Referral Professionals of Washington



# TOGETHER = HEALTHY



**Kaiser Permanente + The Portland Clinic.** Our collaboration with The Portland Clinic offers more choices and more access when it comes to care. Our members can now access 118 new care providers, including 41 of *Portland Monthly's* Top Docs, at The Portland Clinic's seven locations. For more choices and more convenience, join us and thrive. [kp.org/thrive](https://kp.org/thrive)



KAISER PERMANENTE.  **thrive**