The Portland Physician
scribe
June 2014
Volume 32, Number 6
A publication of the Medical Society of Metropolitan Portland
www.MSMP.org

The Battle of the Doctor Bands

Don't miss the Medical Society of Metropolitan Portland's Battle of the Doctor Bands June 12 at McMenamins Kennedy School. Four groups are on the bill for this first-ever event, which will benefit Special Olympics Oregon.

—Page 3

MSMP Annual Meeting highlights victories, challenges at home and abroad

By Barry and Melody Finnemore
For The Scribe

The **Medical Society of Metropolitan Portland**'s 130th Annual Meeting proved to be an occasion for members and guests to celebrate, laugh, collaborate and even shed a few tears.

Held May 7 at the Multnomah Athletic Club, the event kicked off with two significant MSMP staff announcements. **Paula Purdy** was recognized for 30 years of service to the organization, and was named director of operations. It also was announced that **Amanda Borges**, general manager, had been named executive director of the medical society. The 2014–2015 officers and Board of Trustees were introduced as well (*please see sidebar on page 14*).

In her opening remarks, MSMP President **Brenda Kehoe, MD**, noted that the medical community has access to the latest technology. Yet in some ways, such as fear that childhood vaccinations may be linked to autism, people are opposed to progress. Kehoe challenged MSMP members to avoid becoming complacent, to take risks and to work together as a team.

"I believe that each of us…can contribute to society. The sky is the limit," she said.

Resident Trustee **Rachel Seltzer, MD**, and Student Trustee **Ashley McClary** led the audience in a "pain points" discussion about what bothers them most about health care. The goal, they noted, was to generate a conversation with MSMP's board and the larger medical community about what improvements should and can be made.

There was no shortage of answers from attendees, who cited electronic medical records, HIPPA regulations, insurance companies and frivolous lawsuits among the biggest

*See **ANNUAL MEETING,** page 14*

Stephen Marc Beaudoin (right), executive director of PHAME, which provides arts education and performance opportunities to adults with developmental disabilities, received the Rob Delf Honorarium Award during the Medical Society of Metropolitan Portland's Annual Meeting. MSMP President Brenda Kehoe, MD, (left) referred to Beaudoin as a "rising star in the effort to help developmentally disabled adults." Beaudoin was joined on the podium by Aaron Hobson (center), a PHAME performer.

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

INSIDE THIS ISSUE

Broadening horizons

Sonia Buist, MD, has written guidebooks to help hiking enthusiasts explore Mount Hood.

—Page 13

Legacy Cancer Institute

Home grown, nationally known

Legacy Cancer Institute is growing and excelling — and experts across the nation have noticed:

- For the second time in a row, we have earned the Outstanding Achievement Award from the American College of Surgeons Commission on Cancer — the first and only program in Oregon to receive and repeat this honor.
- Our five-year patient survival rates exceed national averages for all tracked tumor sites: breast, colorectal, lung, prostate, brain, uterine and bladder.
- Legacy was the first and remains the only accredited integrated network cancer program in Oregon according to the American College of Surgeons Commission on Cancer.
- Legacy was the first in the region to earn the National Accreditation Program for Breast Centers (NAPBC) designation for excellence in breast care. All four Legacy Breast Health Centers are accredited.

Thank you to the community physicians who entrust us with the care of your patients.

To find a specialist: **www.legacyhealth.org/cancer**.

Our legacy is yours.

Legacy Cancer Institute offers interventional radiology expertise, including endovascular therapies with yttrium-90, TACE and bland embolization of liver tumors.

LEGACY HEALTH

EMANUEL Medical Center | GOOD SAMARITAN Medical Center | MERIDIAN PARK Medical Center | MOUNT HOOD Medical Center | SALMON CREEK Medical Center

RANDALL CHILDREN'S HOSPITAL Legacy Emanuel | LEGACY MEDICAL GROUP | LEGACY LABORATORY | LEGACY RESEARCH | LEGACY HOSPICE

MEDICAL SOCIETY OF METROPOLITAN PORTLAND PRESENTS

The BATTLE OF THE DOCTOR BANDS

Featuring
HOMEBREW
LOVE YOU LONGTIME
OJOS FEOS
THE MODERATOR BAND

LIVE! IN PERSON!

JUNE 12

FREE ADMISSION • 6PM DOORS • ALL AGES

KENNEDY SCHOOL

BENEFITTING SPECIAL OLYMPICS OREGON

MEDICAL SOCIETY OF METROPOLITAN PORTLAND

PROVIDENCE Health & Services

THEDOCTORSCOMPANY

Special Olympics Oregon
Multnomah County

MEDICAL SOCIETY STAFFING

Loan program aims to ease providers' school debt, expand access to care

Thanks to the Medicaid Primary Care Loan Repayment Program, health care providers like Matthew Keegan, MD, (pictured) can qualify for assistance in shrinking their student loan debt. The program also aims to expand care access in rural and underserved areas.

Photo courtesy of Matthew Keegan

By Jon Bell
For The Scribe

Matthew Keegan, MD, graduated from medical school at the University of New England back in 2001. Thirteen years later, he has hit a milestone on paying back his student loans: He just got his balance under $200,000.

Granted, UNE is a private university with steep tuition, and Keegan, like many physicians, delayed paying his loans back while he completed his residency in Idaho. But still, he's been repaying his loans for more than 10 years now—to the tune of about $1,000 a month—and he's still got a long way to go.

"I basically took loans for all my school and living expenses for four years, so that adds up pretty quickly," said Keegan, 41, a family physician practicing at Clackamas County's **Sunnyside Health and Wellness Center**. "I've been paying them off consistently, but I just got them under $200,000."

Thanks to a new state program, providers like Keegan can qualify for some assistance in shrinking their student loan debts. Called the **Medicaid Primary Care Loan Repayment Program**, the program is offering $3.6 million in loan repayments not only as a way to help practitioners pay off their debt, but also as an incentive to get them to practice in rural and underserved areas.

"This is a huge issue for folks coming out of medical school and providers with heavy debt loads," said **Robert Duehmig**, communications director for the Oregon Office of Rural Health. "There's a big difference in serving a well-funded, fully-insured population versus a rural and underserved population that may be under-insured or uninsured. And we all know that Medicaid pays less than it costs to provide care.

"This program is designed to help make it more financially viable for providers to serve in those areas while also increasing access to care."

The program is open to a range of providers, including primary care physicians, nurse practitioners, physician assistants, psychiatrists, dentists, clinical psychologists, licensed clinical social workers, and marriage and family therapists. Recipients receive 20 percent of their unpaid student debt, up to $35,000 per year, for a minimum of three years.

Those chosen agree to serve Medicaid and other patients in qualifying practice sites, which include rural hospitals and health clinics, federally qualified health centers and other clinical practices located in Health Professional Shortage Areas. The program is funded largely by extra federal dollars allotted to the state as part of its health care transformation efforts.

Duehmig said expanding access to care in rural and underserved areas is only becoming more important as more people enroll in the Oregon Health Plan. The state estimates that more than 250,000 additional people will sign up for OHP by 2016.

"There is a real issue with access because insurance coverage does not give assured access to providers," Duehmig said. "All the insurance coverage in the world isn't going to help if there are no providers available."

Though Keegan still has a pile of debt, he's not complaining. He intentionally chose to be a family practitioner, not one of the higher-end salaries of the medical field. Ever since he graduated, he's also made a point to practice in largely rural areas with often-underserved populations. His work has taken him all over, from Alaska and New Zealand to Africa and Sea Mar Community Health Centers, a community health and human services provider in Vancouver, Wash.

"That's really been my thing," he said. "For me personally, it's just something that seems a little bit more rewarding. I feel like I'm doing something that wouldn't otherwise get done, or get done very well. I feel like I'm helping to fill in the gaps where they don't have access to very good care."

The Sunnyside Health and Wellness Center, where Keegan works, serves mostly OHP patients, many from diverse ethnic backgrounds, including Russians, Romanians and Hispanics. Keegan, who also speaks Spanish, said many of his patients have language barriers and many are undocumented immigrants.

Other first-round awards through the repayment program went to: **Aaron Lee**, a physician assistant in Madras; **Rainy Davies**, a child psychiatrist who works in Grants Pass; **Danielle Pang**, a dentist practicing at Multnomah County Health's East County Health Center in Gresham; and **Daryl Ann Plotzker**, a nurse practitioner at OHSU's Richmond Walk-in Clinic. Future awards will be made quarterly, with 35–40 additional health care providers expected to participate in the program.

As for Keegan, he said he doesn't see his student loan payments as a hardship, and he said his salary is "very reasonable." He also would likely continue practicing medicine in underserved communities with or without the loan repayment program. In fact, before he was chosen for an award through the program, he had already been working as a temporary physician at Sunnyside Health and Wellness. Being chosen by the program, however, is a big reason he decided to sign on as a full-time doctor with the center at the beginning of this year.

"It makes the salary more competitive with what you would get in a private practice," Keegan said. "I would probably be in community medicine anyway, but this makes it a lot more attractive proposition." •

To find more about the Medicaid Primary Care Loan Repayment Program and other similar programs for providers in Oregon, visit the Office of Rural Health at www.ohsu.edu/orh.

The Portland Physician
scribe
June 2014

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

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

Subscriptions are available upon request. For enrollment, please email *Eddy@MSMP.org*

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 *Eddy@MSMP.org*.

New recommendations create challenges for physicians

ACA, Choosing Wisely may have different emphases, but both strive to 'get people better care'

By Cliff Collins
For The Scribe

Cassandra Dictus, program coordinator for the **Oregon Medical Association**, recently received a call from a primary care physician with a question.

Dictus, who works with the OMA as one of 21 organizations nationally promoting the **Choosing Wisely** campaign, said the doctor wanted information on annual checkups. "He was noticing that the Affordable Care Act covers a majority of his patients now, so a lot more are coming in—sometimes needed, sometimes not," she said.

The ACA requires that health plans for individuals and small groups must offer the same set of what the government calls "essential health benefits," which include office visits, preventive care, hospitalization and prescriptions.

However, this doctor was familiar with Choosing Wisely, a program sponsored by the American Board of Internal Medicine Foundation, and he knew that one of the campaign's recommendations—supplied by the Society of General Internal Medicine—was this: "Don't perform routine general health checks for asymptomatic adults."

The organization goes on to further define that guideline: "Routine general health checks are office visits between a health professional and a patient exclusively for preventive counseling and screening tests. ...Regularly scheduled general health checks without a specific cause, including the 'health maintenance' annual visit, have not shown to be effective in reducing morbidity, mortality or hospitalization, while creating a potential for harm from unnecessary testing."

Like the other specialty groups who participated in Choosing Wisely, the organization made recommendations to educate patients and physicians about: which practices are supported by evidence; not duplicative of other tests or procedures already received; free from harm; and truly necessary.

According to the Institute of Medicine, as much as 30 percent of health care spending is duplicative or unnecessary. Choosing Wisely addresses that overuse of resources, stressing that some routine tests and procedures may provide little, if any, benefit to patients, and also can cause harms such as needless stress and unnecessary radiation exposure.

But the ACA mandates that insurers pay for a number of preventive measures, some of which previously were not routinely covered by health plans. Patients who are aware of these changes are taking advantage of the coverage and asking for the screenings, the doctor told Dictus.

Choosing Wisely®
An initiative of the ABIM Foundation

The ACA's emphasis on the preventative might seem in conflict at times with the tenets of Choosing Wisely, which suggest patients ask five questions:

1. **Do I really need this test or procedure?**
2. **What are the risks? What are the chances of getting results that aren't accurate?**
3. **Are there simpler, safer options, such as making lifestyle changes?**
4. **What happens if I don't do anything?**
5. **Are there less-expensive tests, treatments, drugs or procedures?**

At the same time, the ACA requires all health plans sold through insurance exchanges and many other plans to cover a list of preventive services without charging the patient. Some of these include:

- Abdominal aortic aneurysm; one-time screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Blood pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults over 50
- Depression screening for adults
- Type 2 diabetes screening for adults with high blood pressure
- HIV screening for everyone ages 15 to 65, and other ages at increased risk
- Immunization vaccines for adults; doses and recommended ages and populations vary
- Obesity screening and counseling for all adults
- Tobacco-use screening for all adults, and cessation interventions for tobacco users

Although the ACA and Choosing Wisely may have different emphases, Dictus said both are striving to "get people better care." The idea for both physicians and patients should be to strike the right balance, she suggested.

"The power of the Choosing Wisely lists is that they are designed not as a list of 'forbidden actions,' but as a tool for beginning a conversation with patients that many of us have never been trained to have," observed **Judy Richardson, MD**, a family physician in The Dalles and medical director for Mid-Columbia Outpatient Clinics. "Many of us became aware of the magnitude of wasteful health care spending" with the publication of the Top Five list in primary care, she wrote in *Medicine in Oregon*, the OMA's magazine.

But after Richardson became co-chair of the clinical advisory panel for the Columbia Gorge CCO, "I realized we had a unique opportunity to endorse a local, cross-disciplinary effort towards the judicious use of health care resources within our own community." The lists provide "an evidentiary basis for what our intuition tells us is true: We do a lot of wasteful and unnecessary things in medicine, and have for a long time."

*See **RECOMMENDATIONS,** page 10*

Physician burnout presents differently in male and female doctors

Telltale signs a cue to take a breath, step back, reach out

By Dike Drummond, MD
For The Scribe

Numerous studies have shown that an average of one in three practicing physicians suffers from symptomatic burnout on any given office day...worldwide, regardless of specialty. In a 2012 survey of U.S. physicians, 60 percent said they would quit today if they "had the means." Burnout is a chronic epidemic in physicians, and recent research shows that women and men experience burnout differently.

In this article you will learn the three cardinal symptoms of burnout and how to recognize them in both men and women.

The three classic signs and symptoms of burnout are measured by a standardized evaluation, the Maslach Burnout Inventory (MBI). They are:

1. **Emotional exhaustion**
   The doctor is tapped out after the office day, hospital rounds or being on call and is unable to recover with time off. Burnout is differentiated from "ordinary stress" by the inability to recover fully in the time away from work. Over time their energy level begins to follow a downward spiral. As they near the bottom, most physicians will begin to say or think, "I'm not sure how much longer I can go on like this."
2. **Depersonalization**
   This shows up as sarcasm, cynicism or a negative, callous, excessively detached response to their patients and job duties. Burned out doctors will begin to blame and complain about their patients and their problems. In settings where burnout levels are high, these attitudes and behavior will be seen as normal or even a healthy process of venting.

This article is part of a series exploring 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 about overcoming challenges that you'd like to share with Scribe readers? If so, contact the editors at Scribe@LLM.com or 360-597-4909.

3. **Reduced accomplishment**
   Here the doctor starts to question whether they are offering quality care and whether what they do makes a difference or really matters at all. A common thought or statement at this time is, "What's the use?"

Researchers are noticing differences in the way burnout presents in men and women. If you think for a moment about the three scales of the MBI, you will probably be able to imagine the differences. In 2011, groundbreaking research published in *BMC Public Health*[1] reported these findings. *Note: This study was based on practicing physicians. There is reason to believe the burnout symptom patterns are true in any stressful profession such as nursing, therapists, law enforcement, and even parenting.*

The Female Pattern = 1, 2, 3

Women seem to follow the classic three-part pattern of the MBI above—in the original order.

Stage one: Burnout in female doctors starts with emotional exhaustion. Women support others in numerous areas of their lives, at home and at work. There is only so much energy and compassion to go around. Exhaustion of reserves and entering the downward spiral are the usual first signs.

Stage two: Cynicism, sarcasm and blaming patients are step two of burnout for women. These behaviors are actually a defense mechanism. It is a subconscious attempt to shield yourself from the source of your energy drain. It feels somewhat better for an instant and yet does nothing to stop the actual drain or relieve the feeling of exhaustion. Cynicism is especially difficult for women to keep up for very long before stage three kicks in.

Stage three: "Reduced accomplishment" and doubting the quality of their practice and the difference their work makes in their patients lives.

The Male Pattern = 2, 1, ?

Stage One: Men more commonly start with depersonalization and cynicism, which serve as a coping mechanism for overwhelming stress. "My patients are such a bunch of $%@+!%." This is, again, a dysfunctional response to the inherent stress of being a doctor and is only a temporary relief. After all, these are the people we spent decades learning to serve.

Stage two: Emotional exhaustion follows. The downward spiral worsens until they are tapped out. It is important to note that our medical education taught us to function for long periods of time "on empty." This state of emotional exhaustion often is a chronic condition and can be mistakenly interpreted as "a normal part of being a physician" by those suffering from burnout.

Stage three: By comparison to the female burnout pattern, men's stage three is remarkable for its absence.

Male physicians are far less likely to feel that the quality of their work has diminished. A common statement is, "Sure I'm stressed, but I'm not burned out because I am still doing good work."

This can lead to a cynical, exhausted male physician who keeps going despite burnout because they feel they are still a "good doctor." This lack of a phase three allows them to continue to practice in denial of their distress, despite the exhaustion and cynicism their coworkers, patients and family witness daily.

Another major difference between women and men is willingness to ask for help and support. Isolation is a constant challenge for physicians. Stress and burnout only deepen the sensation of being alone at the top and the belief that no one else could possibly help.

For many doctors, acknowledging burnout and telling someone else you can't keep going like this feels like an admission of inadequacy, failure, not being tough enough or a sign that you actually are crazy (just as you have suspected for a while now). Despite these tendencies, women are much more likely to tell someone they are exhausted, ask for help and receive it.

Men are much more likely to remain in denial and isolated, descending into a classic disruptive doctor pattern or suffering a burnout complication such as divorce, drug and alcohol addiction, and suicide.

The bottom line: Step back, and reach out

When you notice these signs in yourself, take a breath and a break.

Recognize them for what they are—burnout. This is a cue to step back, take better care of your own personal needs and create some boundaries for a more balanced life. You, your staff, your patients and your family will be glad you did.

When you notice these signs and symptoms in a colleague, reach out. Tell them what you are seeing and ask how they are doing. Be a little pushy. Keep checking in. The normal initial response to your outreach—from both women and men—will be denial. As long as you see signs of burnout, please keep reaching out. Be there as a friend when they finally ask for your support. Your caring and persistence could save their career, their marriage…even their life. •

References

1. Houkes et al. *BMC Public Health 2011*, 11:240. www.biomedcentral.com/1471-2458/11/240.

Dike Drummond, MD, is a family physician, entrepreneur and business coach. He provides burnout prevention and treatment services to physicians, other health care professionals and health care organizations through his website, www.thehappymd.com.

A year into pilot project, three Oregon specialty practices earn NCQA recognition

Three Oregon specialty clinics have earned kudos from the National Commission on Quality Assurance (NCQA) as part of its new recognition program for specialists who work with primary care medical home practices. It's a first for Oregon, according to the **Portland InterHospital Physicians Association** (Portland IPA), the state's largest physician group.

Women's Healthcare Associates Peterkort South, **Providence Heart Clinic at The Oregon Clinic Gateway**, and **The Liver Clinic at The Oregon Clinic Gastroenterology–East** achieved Specialty Practice Recognition. **EyeHealth Northwest** is awaiting final NCQA confirmation of recognition. **Compass Oncology** has recently received approval of its corporate survey and is working on its submission as a multisite practice.

In a program similar to the primary care medical home, the NCQA Patient-Centered Specialty Practice Recognition Program shows that specialists are more qualified partners in the care continuum in six standards: tracking and coordinating referrals; providing access and communications; identifying and coordinating patient populations; planning and managing care; tracking and coordinating care; and measuring and improving performance.

NCQA and the Portland IPA have partnered on the Patient-Centered Specialty Practice Recognition Program. The specialty component complements the Patient-Centered Medical Home primary care program the Portland IPA launched in 2010, also in partnership with NCQA. The Portland IPA was also the first organization to launch the NCQA's medical home program in Oregon.

"This new recognition program connects specialty and primary care physicians in the medical neighborhood," said **Tom Gragnola, MD**, primary care physician with Greenfield Health and medical director of the Portland IPA. "Currently, there are few, if any, financial incentives to coordinate care. Advances in IT haven't completely solved the problem. So we ask, 'How do we regain the connectedness that provides our patients the best care?'"

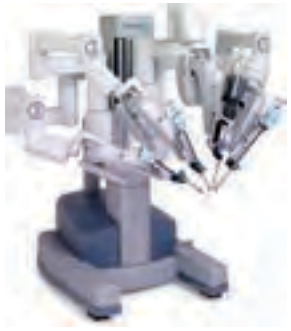
The overall goals comprise a concerted effort to improve patient outcomes, enhance patient safety, increase patient satisfaction, reduce service redundancy, improve efficiency of care, and create greater communication and collaboration.

Gragnola said the overall goals comprise a concerted effort to improve patient outcomes, enhance patient safety, increase patient satisfaction, reduce service redundancy, improve efficiency of care, and create greater communication and collaboration. He pointed to the need for this program among specialty practices to help them successfully engage with coordinated care organizations and emerging models such as accountable care organizations.

"By helping specialists and their practices improve clinical efficiency and clinical management functions, they have demonstrated they are focusing on integrating and coordinating care," said Portland IPA Executive Director **Donna McClellan, RN**. She added that the benefits for specialists who have completed the new specialty program recognition include global budgeting and payment bundling, and visibility that the practices are ready for delivery/reimbursement models that focus on outcomes measurement.

The Portland IPA launched the new program with five specialty practices to demonstrate how this new model integrates specialists in the medical home philosophy. In this model, specialists can increase practice efficiency, integrate care via improved care coordination, create enhanced referral pathways, and work toward providing more efficient, quality medical care at the top of their practice. •

While prostate cancer controversy swirls nationally, immunology research and robot-assisted surgeries forge ahead in Portland



By John Rumler
For The Scribe

Prostate cancer is the No. 1 cancer risk for men in the United States and the second leading cause of cancer deaths, and sometimes it seems that is about all anyone can agree on.

"There is a lot of research going on right now, but it isn't resolving any of the controversies one way or the other," said **Brendan Curti, MD**, director of genito-urinary oncology research at the **Providence Cancer Center**.

New findings from a two-decade-long clinical trial of Swedish prostate cancer patients, published in May in the *New England Journal of Medicine*, and a spate of other studies are stirring up debate over the best way to screen for and treat prostate cancer.

The study, conducted by researchers from Sweden and the Harvard School of Public Health, involved 695 men and found that those under age 65 who had their prostate glands surgically removed were less likely to die from their cancers than the men who weren't treated unless their cancers progressed. Eighteen percent of the men who were treated surgically died of prostate cancer by the end of the study, compared with 34 percent in a "watchful waiting" group.

The study garnered widespread attention because it appeared to contradict earlier findings. For example, a 2012 trial of U.S. patients, men with early-stage prostate cancers, regardless of age, enjoyed no life-extending benefits from immediate surgery instead of monitoring when tracked for an average of 10 years.

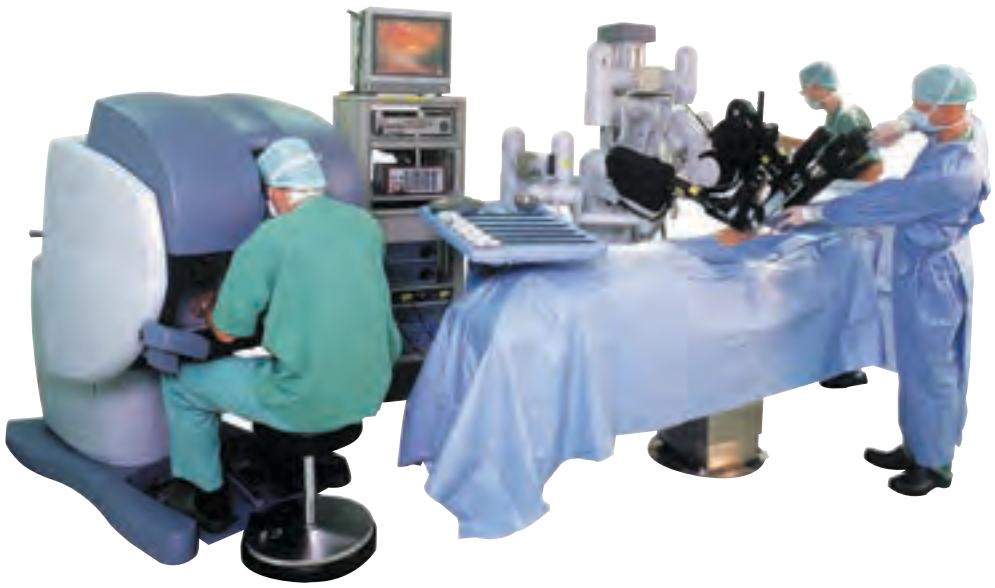
Reducing over-treatment in men with low-risk disease a priority

Different study results and disagreements about prostate cancer screening and treatment have been raging for years and, in recent times, reducing over-treatment in men with low-risk disease has been a growing priority among leading cancer centers. This approach has become popular because surgery and radiation treatments for prostate cancer may cause lifelong debilitating side effects such as urinary incontinence and erectile dysfunction.

In 2012, the U.S. Preventive Services Task Force created an uproar in the medical community when it recommended against using PSA as a prostate cancer screening measure, stating that the harm it caused outweighed the benefits. Also, in 2012, an Institute of Medicine report concluded that Americans spend as much as one-third of their total health care dollars on tests, screenings and procedures that do not improve health outcomes.

With 25 years in prostate cancer research and treatment, Curti has seen trends come and go as the medical community swings between overzealous screening and surgery to a more conservative approach.

"It goes back and forth, but I think the pendulum will settle in the middle," said Curti, whose own research is focused on immunology using the anti-OX40 monoclonal antibody. Curti's cancer research is part of a global partnership Providence is involved in; its Earle A. Chiles Research Institute is one of 10 leading research institutions, and the only one west of the Mississippi, selected by Bristol-Myers Squibb that comprise the International Immuno-Oncology Network. The network is a collaboration between industry, universities and research centers from around the world aimed unleashing the power of immunology as a weapon against cancer.



Patients in the Providence Cancer Center are involved in clinical trials using different combinations of drugs that stimulate antibodies that affect the body's immune system. Additional clinical trials of the anti-OX40 monoclonal antibody are now in progress, including a trial in men with advanced prostate cancer who are first being treated with the chemotherapy agent cyclophosphamide and with radiation in order to promote shedding of tumor antigens. They are then are being treated with anti-OX40 to promote tumor-specific T-cell responses.

Curti, the principal investigator, completed a 30-patient dose-ranging clinical trial which, he said, "showed a strong connection between the immune system activation by OX40 and signs of tumor shrinkage." Clinical trials of anti-OX40 and the OX40 ligand fusion protein will begin soon for Providence Cancer Center patients with several different types of cancer, including breast cancer and melanoma.

Perhaps the biggest trend in prostate cancer treatment is the advent of robot-assisted prostate surgery. Providence Portland performed its first robot-assisted prostatectomy in 2009. Now, it does an average of 27 annually, compared to only nine open prostatectomies.

A study of 5,556 patients who underwent robot-assisted radial prostatectomy (RARP) and 7,878 who underwent open radical prostatectomy (ORP) was published in the May issue of *Renal & Urology News*. RARP was associated with 34 percent and 30 percent decreased likelihood of positive surgical margins among men with intermediate and high-risk cancer compared with ORP. RARP was also associated with a 25 percent decrease of requiring additional cancer treatment within six months.

Michael Kaempf, MD, a urologist and surgeon at **Legacy Health**, used the first da Vinci robot in the Portland metro area in 2005 and performed Legacy's first robotic-assisted surgery at Good Samaritan in 2006. "The robots were originally a prostate machine, but now it is being used in multiple specialties. In the Portland market it is probably used 90 percent of the time for cancer surgeries."

One remaining question is whether the increased expense of robotic surgery justifies the benefits in outcomes. "It still costs more, but the cost has come down significantly," Kaempf said. "Some studies, perhaps biased, show that it is minimally expensive when you account for reduced hospital length-of-stays, blood transfusions, fewer complications and other factors."

Robots provide numerous benefits in many cases, yet Kaempf said that reducing over-treatment in men with low-risk prostate cancer has been a recent trend in the entire health care system and he clarified the differences between the two main approaches, "watchful waiting," and "active surveillance."

"Watchful waiting, or 'wait and see,' is strictly defined as waiting until complications develop from metastatic disease and then treating the disease," he said. "Active surveillance implies careful monitoring and aggressive therapy if the condition progresses before evidence of metastatic disease has occurred."

Kaempf sees no end to the controversies and said that it takes significant counseling and evaluating a patient's overall health risks before making any decisions.

"What's appropriate for one patient may not be appropriate for another patient, even one with the same disease, and when they have several options, that can make a decision even more difficult," he explained.

Study: Risk of cancer recurrence lower in men with blood group O

Yet another study, presented in May at the European Association of Urology congress in Stockholm, indicated that patients with blood group O have a decreased risk of cancer recurrence after radical prostatectomy.

Yoshio Ohno, MD, of Tokyo Medical University, led the study that looked at 555 patients with localized prostate cancer who underwent RP between 2004 and 2010. After following the patients for an average of 52 months, they found that patients with blood group O were 35 percent less likely to have a recurrence of prostate cancer than patients who had blood group A.

This is the first time a blood group has been connected with a decreased risk in prostate cancer recurrence.

Kaempf said researchers don't know why the risks vary with blood groups, but added that the findings will likely stimulate more study, while Curti said the study needed further validation. •

Men increasingly more proactive about seeking medical care, specialists say

By Melody Finnemore
For The Scribe

Over the years, men have earned a reputation for their unwillingness to go to the doctor unless they were in severe pain or were strongly encouraged to go by family members.

Andrew Bodmer, PA-C, a physician assistant with **Providence Medical Group**'s Bridgeport clinic, refers to it as the "John Wayne syndrome, where if it ain't broke, don't fix it and just leave it alone."

However, in his six years of practice, Bodmer is seeing a cultural shift in the way men approach their health care. "They realize they don't have to be so stoic and that it's okay to ask for help."

Shaun Lan, MD, who specializes in family practice at **Legacy Medical Group**'s Northwest Portland location, still sees plenty of male patients who made an appointment because their spouse or significant other told them to. Recently, though, he began seeing an influx of younger male patients who now have insurance through the state's health care exchange.

Lan said he is encouraged to see younger men being proactive about their health rather than waiting until they are older.

DID YOU KNOW?

- Nearly 3 percent of American men aged 40 and older have been prescribed testosterone replacement therapy, according to NBC News. Bloomberg Businessweek estimates testosterone drug sales could reach $5 billion by 2017.
- Late last year, the *Journal of the American Medical Association* published a study that found for men with previous heart problems and low testosterone levels, the use of replacement therapy boosted the risk of heart attacks, strokes and death.

"Men's health is trickier than women's health because men don't have the equivalent of an annual Pap smear or mammogram until they get to the prostate screening recommendation," he said. "Men are at higher risk for heart disease and they need to get earlier screenings than women, and it has been challenging to get them in."

Lan noted that men also should be screened for high cholesterol and diabetes while in their early 30s. "Every couple of years you should come in and get a screening, even if you are young and healthy," he said.

ANDREW BODMER, PA-C

SHAUN LAN, MD

Among his older patients, Lan is receiving more questions about cholesterol medications thanks to new guidelines about who should be treated with statins. The American Heart Association and the American College of Cardiology now recommend that people be evaluated based on their risk of having a heart attack or a stroke rather than simply their cholesterol numbers.

"I think it's increased the number of patients on statins by about 15 million, so now 87 percent of adult patients between 60 and 75 qualify for a statin," Lan said. "That's a lot of patients, and there are a lot of questions about it."

Many of Lan's male patients also are asking about low testosterone, in large part because of the onslaught of television ads about it. He said spending on testosterone supplementation has skyrocketed by 500 percent, and about 4 million American men are estimated to have low testosterone.

"This is really picking up steam and I'm getting a lot of patients who are asking about it, and it's because these TV commercials are really effective," he said.

However, many patients are discouraged to learn that testosterone testing is a fairly involved process that includes a conversation about potential risk factors and health issues that can contribute to low testosterone, such as obesity and sleep apnea.

"The TV commercials really drive the conversation and people are asking for this test, but the first question really needs to be, 'Why do you have low testosterone?' We need to look at some of those risk factors before we do the testing and supplementation," Lan said.

Bodmer said low testosterone also is part of his conversations with male patients, and he is impressed by the growing willingness of men to discuss their health issues.

"Men are much more open to talking about what used to be taboo subjects, like sexual health, urinary health or mental health," he said. "I see a lot of men who come in because they are feeling depressed."

Overall physical health is increasingly a priority for men, Bodmer said, adding he is providing a growing number of physicals and preventive measures such as vaccines, referrals for colonoscopies and other screenings. •

> "Men are **much more open to talking about what used to be taboo subjects,** like sexual health, urinary health or mental health."
>
> —Andrew Bodmer, PA-C, a physician assistant with Providence Medical Group

MSMP Student Trustee

A heart for activism

New Student Trustee Ashley McClary applies energy, leadership skills to nurture MSMP's next generation of physicians

By John Rumler
For The Scribe

Ashley McClary, the Medical Society of Metropolitan Portland's new student trustee, has worked at Oregon Health & Science University as a researcher in various roles since 2007. Currently she's a student researcher in OHSU's Department of Obstetrics and Gynecology. She previously performed student research for the Vascular Surgery division, as a research assistant II for the Pediatric Clinical Research Office, and as a research assistant for the Child and Adolescent Health Measurement Initiative.

With that background, one might assume McClary is fascinated with research, but that isn't exactly the case. During the numerous studies she's participated in, McClary said by far the most rewarding aspect for her was interacting with patients and their families.

"I'm not extremely interested in research, but it is almost required to get into medical school," she said. "Those were good jobs and it will definitely make it easier in the future if I'd like to pursue research, but at this time, I don't plan for research to be part of my career beyond my residency."

McClary, who grew up in Portland, said she became interested in the student trustee position because of the unique opportunity it offers to learn more about how health care policy impacts community physicians, and the role they play in shaping policy at the city and state level.

The student trustee position helps ensure that the views and concerns of medical students are received by the MSMP. The term of the student trustee is one year, but most are reelected until they graduate. The person elected to the position is a full-time medical student at OHSU, an MSMP member and also serves on the Metropolitan Medical Foundation of Oregon's board.

"The position is crucial to reaching out to and nurturing the leadership of the next generation of doctors and getting them involved," said **Marianne Parshley, MD**, immediate past president of the MSMP. "This new generation is politically savvy and very energetic about building a stronger community so this is a great opportunity for all of us."

Social awareness, concern for others instilled early

An activist at heart, McClary served as the student chair of the Oregon Medical Association and organized numerous student lobbies at the Oregon Legislature, speaking out on issues ranging from student debt and increasing subsidies for physicians in rural practices to voting against nurse practitioner pay equal to physicians. Public policy, leadership and volunteerism are what really make her tick.

McClary also served on the OHSU Student Health Advisory Committee and as president of the school's Health Policy Interest Group, where she combined politics with pleasure by creating a "Policy in a Pint" monthly event where a health policy leader would present a topic or discuss a paper at one of Portland's microbreweries. She also organized lobby days at the state Capitol and in downtown Portland with partners such as Health Care for All Oregon and Oregon Physicians for Social Responsibility.

The deep activist streak in McClary is also manifested in her numerous volunteer roles ranging from performing eye exams and glaucoma screenings for people without health insurance to performing sports physicals for low-income middle and high school students. She also volunteered for several years at the Southwest Clinic, a nonprofit, family-based medical clinic for the uninsured. McClary's social awareness and concern for others was instilled early on, as her mother is a marriage and family counselor and her father is a psychologist.

While at the University of Oregon, where she graduated with honors with a bachelor's degree in human physiology and minored in chemistry, McClary co-founded Students for a Smoke Free Campus. She petitioned support from faculty, administration, and various student groups and spoke at the Legislature to make all the state's restaurants and bars smoke free. As a result, UO became a smoke-free campus in 2012.

Besides pursuing academic excellence, McClary pushed herself in the athletic arena as well, serving as captain of UO's Women's Cycling Team. Before entering medical school, she was a competitive triathlete and runner. One of her most satisfying accomplishments was completing Ironman Canada in 2009, an event that consists of a 2.4-mile swim, a 112-mile bike ride and a 26.2-mile marathon run. "This was a grueling event, but also something very special to me as the intense training was more difficult than anything I'd ever done. The race was fun but the training was exhausting as staying committed to that goal for nine months required a lot of sacrifice."

McClary said she mentally transitioned from racing to win to simply completing the event. "This was the first event that I entered just to finish and I was able to relax and fully enjoy it." During her free time, which is hard to come by, she enjoys mountain biking, cross country and downhill skiing, white-water kayaking, and swimming.

McClary said she looks forward to serving as the student trustee and the opportunities and challenges it presents.

"As a student, the majority of my clinical exposure is in academic medicine; however, the majority of physicians do not practice in this setting. As the student section chair of the OMA for two years, I can relate to the different groups, and I am excited about the social as well as business and policy sides of the MSMP." •

Ashley McClary, the Medical Society of Metropolitan Portland's new student trustee, participates in the Health Care for All lobby day in Salem. McClary (center) is joined by fellow OHSU students (from left) Dani Babbel, John Williams, Ross Hart and Rigel Hope.

RECOMMENDATIONS *from page 5*

In a national survey of physicians conducted by Choosing Wisely, doctors who knew about the program were less likely to perform tests or provide treatments that the guidelines didn't recommend. For Choosing Wisely, more than 50 national specialty societies produced lists of "Five Things Physicians and Patients Should Question." The resulting lists for each specialty offer specific, evidence-based recommendations for physicians and patients to discuss to help make decisions about appropriate care based on each patient's situation.

The specialty societies' recommendations for Choosing Wisely sometimes sound in conflict with typical physician practices. For example, the American Academy of Family Physicians recommends: "Don't routinely screen for prostate cancer using a PSA test or digital rectal exam." This advice goes beyond that of the U.S. Preventive Services Task Force, which also doesn't endorse routine PSA screening but stops short of not recommending the digital exam.

The survey found that some physicians may order screenings out of fear of liability concerns, but the American College of Physicians, in a resource on the OMA's Choosing Wisely website, discusses that topic, noting that defensive medicine does not protect physicians from lawsuits.

What effectively does, though, is establishing good rapport with patients, Dictus pointed out. "We encourage better physician-patient communication, which helps avoid suits." •

Prominent medical leader Ralph Crawshaw, MD, dies

Oregon lost a giant in medicine with the passing May 24 of **Ralph Shelton Crawshaw, MD**.

A psychiatrist, Crawshaw, 92, was a prominent physician and community leader for decades. President of the Medical Society of Metropolitan Portland in 1975, he maintained close ties with MSMP for the rest of his life, and wrote and published a history of the organization that now is housed in Oregon Health & Science University's library.

Crawshaw had broad and deep interests, and applied them to help create better, more compassionate health care and teaching. Shortly after establishing his practice in Portland in 1960, he helped found what is now LifeWorks Northwest, a mental health and chemical dependency treatment center in Washington County. In 1982, Crawshaw founded Oregon Health Decisions, an independent citizens' organization; it developed the basic concept that led to the development of the Oregon Health Plan in 1993, for which he was a strong proponent.

Crawshaw also suggested the formation in 1984 of the Foundation for Medical Excellence, whose mission is to promote quality care by addressing the doctor-patient relationship, as well as physician professionalism and well-being. Healthcare Volunteers Overseas

was formed in 1986 in response to an article he wrote in the Journal of American Medical Association, in which he urged fellow medical practitioners to "make a substantial difference to your colleagues in developing countries."

A native of Brooklyn, N.Y., Crawshaw graduated from New York University College of Medicine. His residencies were at Menninger School of Psychiatry, Topeka, Kan., and Oregon State Hospital in Salem. He served in the U.S. Army's 10th Mountain Division Ski Troops and as a U.S. Navy physician to the Marine Corps.

The late Ralph Shelton Crawshaw, MD, (foreground) had broad and deep interests, applying them to help create better, more compassionate health care and teaching.
Photo courtesy of MSMP/1993

Crawshaw was a prolific writer, authoring numerous articles and books on a wide range of topics, including "Compassion's Way: A Doctor's Quest into the Soul of Medicine," published in 2002. In that 648-page tome he posited that medical education "leaves too many young people bereft of compassionate imagination and altruistic ideals." He received many honors during his long career, including being appointed to the prestigious Institute of Medicine and Britain's Royal Society of Medicine. He was chosen as the Oregon Medical Association's Doctor-Citizen of the Year in 1978. Crawshaw also was as a senior scholar at the OHSU Center for Ethics in Health Care, and he became involved in environmental issues such as working to protect the Bull Run watershed.

He is survived by his wife of 67 years, Carol, and children, David and Laura.

A memorial service will be held from 2 to 4 p.m., June 12, in the Terwilliger Plaza auditorium, 2545 S.W. Terwilliger Blvd. In lieu of flowers, the family requests that those wishing to make memorial donations send them to LifeWorks Northwest, www.lifeworksnw.org. •

—Cliff Collins

THE EXPERIENCE TO HELP KEEP YOUR PRACTICE SAFE

www.cna.com/healthcare

FOR MORE THAN 40 YEARS, CNA AND THE OMA HAVE HELPED OREGON PHYSICIANS COVER THEIR PRACTICES WITH TAILORED INSURANCE SOLUTIONS AND RISK MANAGEMENT INSIGHTS

CNA

OMA

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.

Pulmonary researcher's experience, guidebooks help hikers explore Mount Hood

By Jon Bell
For The Scribe

It wasn't until **Sonia Buist**'s three daughters were grown and had moved out of the house that she was able to start hiking in earnest on Mount Hood. Once she started, she couldn't help but notice something every time she and a friend would pass the popular Mirror Lake trailhead on their way to the mountain.

"Every time we'd go past Mirror Lake and see all those cars there, we'd think, There are so many wonderful hikes around here. Why is everybody doing Mirror Lake?" said Buist, MD, a retired professor of medicine at Oregon Health & Science University.

Thinking it might be good to broaden the hiking horizons of those who didn't venture much beyond a single mountain lake, Buist decided to write a guidebook.

"I'm the kind of person, if I see something that is interesting and helpful, I have the compulsion to share it rather than keep it for myself," she said.

At the time, Buist said no publishing houses were interested in focusing on something that localized. So, 20 years ahead of the current day self-publishing trend, Buist started her own publishing company, LOLITS Press—for "Little Old Ladies in Tennis Shoes"—and did it herself. The book, called "Hikes & Walks on Mount Hood: Government Camp & Timberline Lodge Area," first came out in 1994. It features 41 day hikes around the state's tallest mountain with something for just about everyone, from a half-mile walk to a burly 13-mile cross-country hike. It also includes sketches from local artist Emily Keller. A second edition of the book came out in 2006.

"I'm the kind of person, if I see something that is interesting and helpful, **I have the compulsion to share** it rather than keep it for myself."

—Sonia Buist, MD

Not one to stay put long, Buist kept hiking on Mount Hood and got to know the mountain's classic loop hike, the Timberline Trail. Constructed in the 1930s, the 41-mile trail encircles the mountain and encompasses countless streams, wildflower meadows, waterfalls and jaw-dropping alpine vistas that elude most casual visitors to the mountain. Most hikers who do the Timberline Trail take between three and five days to complete it.

Buist, however, envisioned a different way to take in the trail—one for people who didn't have the time or ambition to tackle the whole thing in one go. What if the Timberline Trail was broken down into separate, manageable but still amazing sections that people could knock off in a single day?

And so Buist's second book, "Around Mt. Hood in Easy Stages," came to be in 1997. She released a second, completely revised edition, called "Around & About Mount Hood: Exploring the Timberline Trail, Access Trails, and Day Hikes," in 2013.

"The whole point in writing the around the Mount Hood book was to tell people that you can make this amazing trail into day hikes by using the access trails," said Buist, who's done all the hikes herself and had others do them to ensure accuracy. "A lot of people don't want to backpack, but all these hikes make fabulous day hikes."

'A very exciting time and place'

There is, of course, more to Buist than hiking and Mount Hood—much more. The 74-year-old, who spent the first five years of her life in India and then grew up in the small town of Dollar, Scotland, has had a long and illustrious career in the world of pulmonary research. She earned her medical degree from the University of St. Andrews and then did a residency at the University of Colorado in Denver in 1964 before fellowships in Portland. She said that the University of Colorado had become an epicenter for pulmonary medicine in the 1960s, especially in light of the terrible lung problems and injuries inflicted on soldiers fighting in Vietnam.

"It was a very exciting time and place to be," said Buist, who became interested in the epidemiology of lung diseases and who also studied chronic obstructive pulmonary disease (COPD) and airflow obstruction at McGill University in Montreal. She furthered her research with her first National Institutes of Health grant in the early 1970s, and then in May 1980, her focus shifted a bit when Mount St. Helens blew its top.

As one of the region's pulmonary medicine experts, Buist led a unique five-year study on the health effects of volcanic eruptions. Among several topics, the study looked at loggers who'd worked in the area near the eruption to see how their lungs had been affected by the volcanic ash, which initially had the texture of ground glass. The study found the impacts to be relatively mild because the initial exposure had been limited and also because the ash particles lost their sharp edges over time.

More recently, Buist has been involved in several major studies on COPD and asthma, as well as the Methods in Epidemiologic, Clinical and Operations Research program, which teaches lung doctors in low- and middle-income countries how to do clinical research related to respiratory conditions.

Though she's technically retired, Buist's involvement with MECOR, which requires frequent trips overseas, and her other work keep her as busy—or busier—than she's ever been.

"I just keep on thinking of new things to do," she said. Case in point: though a chronic back problem has checked her hiking, she's considering a guidebook for people with similarly limited mobility.

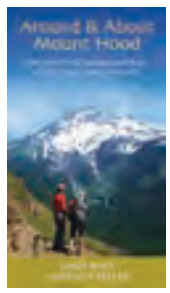
As for her personal favorite hike on Hood, Buist said choosing just one isn't possible.

"They're all different," she said. "It's like asking someone if they have a favorite child." •

Through her guidebooks, Sonia Buist, MD, has helped broaden the horizons of Mount Hood hiking enthusiasts. Buist, who is technically retired, has had a long and illustrious career in pulmonary research, and continues to stay busy, in part through a program that teaches lung doctors in low- and middle-income countries how to do clinical research related to respiratory conditions.

Photos courtesy of Sonia Buist

Sonia Buist's books, "Around & About Mount Hood" and "Hikes & Walks on Mt. Hood," can be purchased at www.mthoodhiking.com.



MSMP 2014–2015

Officers and Board of Trustees

President
Brenda Kehoe, MD

President Elect
Bradley Bryan, MD

Secretary-Treasurer
Lydia Villegas, MD

At Large
R. Bryan Bell, MD
Ertan Esmer, MD
John Evans, MD
Linda Humphrey, MD
Jack Kron, MD
Sharon Meieran, MD
Frank Palmrose, MD
Marianne Parshley, MD

Resident Trustee
Rachel Seltzer, MD

Student Trustee
Ashley McClary

Public Member
Carmen Gaston

ANNUAL MEETING *from page 1*

issues. In addition, a lack of transparency in medical billing, poor communication among providers, inequities in access to behavioral health care, and television ads for prescription drugs made the list during the conversation.

The Annual Meeting also celebrated efforts to improve community health. MSMP and the Metropolitan Medical Foundation of Oregon presented the Rob Delf Honorarium Award to **Stephen Marc Beaudoin**, executive director of PHAME. The Portland non-profit provides arts education and performance opportunities for adults with developmental disabilities.

Beaudoin, who has led PHAME through unprecedented growth in his four years with the organization, was selected for exemplifying the medical society's ideals by improving community health. *(To read more about Beaudoin and PHAME, please see the May 2014 issue of* The Scribe*, available at msmp.org.)*

"I think Stephen is a rising star in the effort to help developmentally disabled adults," Kehoe said as she presented Beaudoin with the award.

In accepting the award, Beaudoin introduced the audience to Aaron Hobson, one of PHAME's own stars, who has risen above a host of medical conditions since birth to become a talented performer. Hobson has starred in several of PHAME's productions—among them Willy Wonka & the Chocolate Factory—and sang for the Annual Meeting audience a few bars of "Bye Bye Birdie."

Mary Burry, MD, and Tom Hoggard, MD, recount for MSMP Annual Meeting attendees their experiences providing volunteer medical care and expertise abroad.

Hobson's father, Randall, took the opportunity to thank the medical community for the care it provides to the many children who are born with severe, and sometimes life-threatening, challenges.

Guest speakers **Mary Burry, MD**, and **Tom Hoggard, MD**, shared stories of the plight children and adults face the world over because of famine, natural disasters and conflicts. Their two decades of volunteer medical relief efforts began in 1992 after seeing starving children in Somalia on TV.

Since then, they have served in Ethiopia, Albania and Kosovo, Afghanistan, Sri Lanka, Pakistan, Haiti and the Philippines, among other places. Through photographs and anecdotes, Burry and Hoggard recounted caring for starving youngsters in Africa; individuals who carried frail family members on their backs over mountains after being forcibly removed from their homes in southeastern Europe; and people with cholera in Haiti. They also talked about their opportunities to train medical professionals overseas.

They shared poignant and gratifying moments experienced abroad—from administering antibiotics to starving children who recovered, to changing the perception among Pakistani physicians that Americans are selfish. They also witnessed incredible displays of optimism among people impacted by natural disasters, including in the Philippines, where messages on buildings expressed hope in the midst of destruction and loss.

MSMP's Annual Meeting also featured music by **Jim Kehoe, Bill Rashid** and **Bob Bailey**. A wine tasting was provided by Bergstrom Wines and **John Bergstrom, MD**, and Wahle Vineyards and Cellars and **Mark Wahle, MD**. •

scribe CLASSIFIEDS MARKETPLACE

To place your classified ad, please contact Jennie Russell at 503-445-2241 or Jennie@LLM.com.

OFFICE SPACE

OFFICE SPACE CONVENIENTLY located in a medical/dental professional plaza directly across the street from Meridian Park Hospital in Tualatin, with many consulting practices just a door or two away. 1160 sq. ft. with a large receptionist area and open waiting room. On the ground level and easily accessible for all. Three exam rooms, a lab/storage, bathroom, and 2 large offices. Suitable for use as a medical or dental office. Recently remodeled, well-maintained. Some utilities included in the rent. Special discounted rate of $1600 for first 3 months for new tenants. Please call 503-784-9724 or email anjalirosenbloom@yahoo.com. Available May 2014.

PHYSICIAN OPPORTUNITIES

WANTED: Neurologist to assist with disability records review, 4–8 hours per week, no patient contact. Contact: 971-321-7688.

SERVICES

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. Sorry, no pets allowed. Call for details and pricing, 503-312-5548.

GOOD MEDICINE HAS ITS REWARDS—$310 MILLION

WE HAVE RETURNED OVER $310 MILLION TO OUR MEMBERS THROUGH OUR DIVIDEND PROGRAM.

When our insured physicians in the state of Oregon keep patients safe and keep claims low, we all win. The Doctors Company is strong, with 75,000 members and $4 billion in assets. This strength allows us to defend, protect, and reward the practice of good medicine like no other.

10% DIVIDEND FOR QUALIFIED OREGON MEMBERS

JOIN YOUR COLLEAGUES AT THE DOCTORS COMPANY

800.352.0320

WWW.THEDOCTORS.COM

THE DOCTORS COMPANY | MEDICAL SOCIETY OF METROPOLITAN PORTLAND

UNRIVALED REWARDS