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The Portland Physician SCRIBE

Vol. 25 No. 11 Published by the Medical Society of Metropolitan Portland on the 1st & 3rd Fridays June 1, 2007

New osteopathic medical school slated for central Washington

By Cliff Collins

The Pacific Northwest is getting a new medical school, what will become the region's first osteopathic medical school.

According to officials who announced the news at a May 16 groundbreaking ceremony in Yakima, Wash., where the new school—called the Pacific Northwest University of Health Sciences' School of Osteopathic Medicine—is planned, the Northwest is the only location in the country without a college of osteopathic medicine.

The university's top priority is to prepare new doctors for the medically underserved states of Washington, Oregon, Idaho, Montana and Alaska, according to Fred Tinning, PhD, president of the university.

Tinning pointed to statistics that dramatically illustrate the need for more physicians, particularly in rural areas of the Northwest.

He said in Washington, 38 of 39 counties are classified as medically underserved, while in Oregon 97 percent of counties are designated as health-professional shortage areas.

The federal government has determined that Idaho, Montana and Alaska also are medically underserved, he said.

In Alaska fully 50 percent of current physicians are over 55 and approaching retirement, which will fuel the access problem further, Tinning said.

The 48,000-square-foot, two-story facility housing the College of Osteopathic Medicine is scheduled for completion in July 2008, with the first class of medical students expected to begin studies in September 2008.

The college will train 70 primary care physicians each year.

Oregon osteopathic leaders, still adjusting to the 2004 closure of Eastmoreland Hospital—where osteopathic residents had been trained for years—welcomed the news.

"We're very excited to have an osteopathic school in the Northwest," said Jeff Heatherington, executive director of Osteopathic Physicians and Surgeons of Oregon. "And we look forward to them opening up and starting their classes in the next two years."

According to Tinning osteopathic physicians are best-known for family-oriented primary care, with approximately 65 percent specializing in areas such as family practice, internal medicine, pediatrics and obstetrics and gynecology.

"Such physicians have a vital role in the rural health care system," he said.

The building will cost $16 million and include classroom space, library, simulated patient-training laboratory, interactive video teaching lab, basic-science anatomy lab, physical-diagnosis teaching performance labs and faculty offices, as well as computer and study space.

The university plans to work cooperatively with other local training institutions, encouraging nursing and other allied health programs to use the simulation and anatomy labs when not occupied for physician training.

Tinning and university officials have been meeting with other Northwest universities and community colleges to determine the best ways to collaborate.

The school has already received nearly 300 letters of support from regional leaders and physicians.

Officials said the school is dedicated to offering affordable tuition rates and developing community-based scholarship programs for students.

As part of the four-year program, students must complete both classroom instruction and clinical training programs.

The college will work with rural and small community hospitals, training students in the environment in which they will ultimately practice, said William Betz, DO, dean of the school.

More than 150 rural physicians already have expressed interest in hosting students for clinical rotation, and 17 health care facilities have signed on as clinical training sites.

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New imaging department comes into focus at Adventist

By Jon Bell

Adventist Medical Center's new, state-of-the-art outpatient imaging department is making it easier for patients to get the imaging and emergency services they need without having to check into the hospital.

The new facility, located just across the street from the main Adventist hospital in southeast Portland, also is accredited by the Joint Commission, so both patients and physicians can rest assured that the highest standards of quality are in place.

"Because we're [Joint Commission] certified, the bar is very high for us when it comes to patient safety and quality," said Scott Israel, MD, medical director of diagnostic imaging at Adventist. "I think physicians can be reassured that they're referring patients to a center where quality and safety are top-notch."

With the new department, Adventist has expanded and reorganized its imaging services.

The facility features digital mammography—including a larger field-of-view option—diagnostic digital X-rays, bone density scanning and a mobile PET scan to help doctors see how organs and tissues are functioning inside the body.

In addition, patients of any age have access to three-dimensional and four-dimensional ultrasound imaging.

Abdominal, obstetrical, gynecological, Doppler, thyroid and testicular ultrasounds are all available.

Filmless imaging allows the department to produce nearly instant results which can then be sent electronically to any care provider.

The department also employs the picture archiving and communications system (PACS,) which provides rapid, easy access to computerized images for radiologists and clinicians.

Scott said the new department, because it is located so close to the main Adventist hospital, offers something more than many outpatient imaging facilities.

For example, if an expectant mother comes into the new department for an ultrasound and if

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Claim processing software solution finally available to physicians

By Ekta R. Garg

Previously slated for a late 2006 release, the software solution ProviderPay that provides an easy way for processing insurance claims finally will be made available to local physicians in mid-June.

The Commerce Bank of Oregon in downtown Portland is responsible for rolling out the software; as reported in the Scribe last November, the bank originally was preparing to release the software by the end of 2006 but decided to wait.

One of the reasons for the delay was tied to a product more enhanced than what was originally available.

ProviderPay is a product of the combined efforts of Utah-based Zions Bank and P5, Inc., a company launched in 1998 to make the most of the Internet to solve inefficiencies in the healthcare administrative claims process.

The software currently is available in eight states across the western portion of the country, and officials at Zions Bank wanted to make sure all eight states had "lock box facilities" or scanning and payment processing operations.

"There was an opportunity to tie the entire service to an image-driven lock box program, and that took a few extra months,"

Please see PROVIDER PAY page 3

PROVIDER PAY

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said Michael Paul, chief executive officer, The Commerce Bank.

Commenting on the delay of the availability of ProviderPay to Portland-area physicians, Debbie Innes, executive vice president, corporate treasury management of Zions Bank Corp. and all affiliates talked about wanting to make the lock box facility available in all eight states.

"When you talk about eight different states, that's not something you can do overnight," Innes said.

The lockbox facilities allow in part for claims to be processed in the local area as opposed to being sent to a long-distance location.

"Doctors really aren't highly interested in having their payments be sent to Houston or Atlanta or New York," Innes said.

ProviderPay allows for information to be entered compliant with the Health and Insurance Portability and Accountability Act (HIPAA.)

Unlike other claims processing software, ProviderPay relies on the Internet to transmit and encrypt information, which ensures security and allows for efficient record-keeping.

"For a physician one of the biggest advantages is there's no technology investment," said John B. Hopkins, chief executive officer of P5, Inc. "One of the great things we do is reconcile claims, remittance advice and payment."

According to Hopkins many programs currently available only take care of the remittance advice, adding to office workload.

By taking care of all aspects of the insurance claim, he says, ProviderPay also takes care of the administrative staff in a physician's office.

"In a doctor's office it really helps reduce the amount of time spent on this administrative burden," he said. "It reduces the paper storm every month."

After implementing ProviderPay three things are established through the bank for the physician's office or the clinic: a line of credit, a checking account and a reserve account.

When a ProviderPay claim is submitted, Commerce Bank advances funds from the line of credit and deposits them in the checking account; this guarantees the continuity of cash flow, and the advanced funds are available within two business days of the claim's submission.

The bank also provides online access to track the history of all claims submitted.

As handling claims becomes easier, handling the customers related to those claims also becomes easier.

"The customer service capabilities, because we have that level of detail, is greatly enhanced," Innes said. "I can give a much better experience to my patient when they call with a question on their payment."

"We can take in all the venues of payment activity and reconcile those."

ProviderPay also allows clinics and physician's offices to organize information and also sort through information by patient name, by the physician who provided the service or by the clinic or office name.

For the administrative staffs of physicians trying to work through the paperwork on dozens or even hundreds of patients, the organization provides a means to track down delinquent payments that much faster.

"It's more common to see 90 to 120 days outstanding and hurts [the physicians'] ability to fund their business," Innes said. "It's bad for the provider because they truly have not recovered that money yet."

"[Patients] don't understand the delay [because they think the insurance company has paid], [and] the provider has to spend an enormous amount of time digging through paper to show the consumer, 'You really do owe this outstanding balance.'"

ProviderPay aims to make that entire process smoother.

Depending on the size and activity level of the interested party, the software solution could begin at a cost of $2500 with a nominal maintenance fee.

Proponents of the software hope to help physicians with a factor of their daily practice that they may not be able to concentrate on.

"Physicians have underinvested in accounting," Paul said. "They've taken the Hippocratic Oath and take care of their patients."

"We're here to help them take care of themselves."

For more information on the software, visit www.providerpay.com.

For additional information on The Commerce Bank, go to www.tcborgeon.com

Event helps raise money for Legacy hospital

Approximately 250 guests attended the sixth annual Red Wagon Leadership Luncheon, raising more than $50,000 in support of the services and programs provided by Legacy Emanuel Children's Hospital.

Pictured left to right are the event's featured speakers; Medical Society of Metropolitan Portland president and pediatric neurosurgeon Monica Wehby and Legacy Emanuel Children's Hospital oncology patient Carson Cardwell with his mother, Kristi.

MSMP-supported foundation receives award for work

Metropolitan Medical Foundation of Oregon helps promote childhood immunizations

By Jon Bell

An organization long supported by and founded through donations from the Medical Society of Metropolitan Portland has received a prestigious award for its efforts to promote childhood immunization programs.

The Metropolitan Medical Foundation of Oregon (MMFO,) under the leadership of president Cathy Krieger, was recognized May 15 by the Oregon Partnership to Immunize Children (OPIC) and the Immunization Action Coalition of Washington for being an organization that promotes highly successful immunization activities in a local community.

"MMFO is honored to receive this award," Krieger said. "We respect and admire every single staff person, volunteer and organization who continue to work in the effort to protect children against vaccine-preventable diseases."

Nancy Church, chair of OPIC, said MMFO has played a vital role in promoting immunization activities by assisting OPIC with planning, implementing and evaluating the partnership's Roundtable meetings since 2000.

"Cathy Krieger provided consistent strategic and grassroots leadership in planning and implementing the 2006 Roundtables in Hermiston and La Grande," she said. "Cathy's community organizing expertise and her leadership skills through MMFO have been instrumental in identifying and developing opportunities for OPIC."

Krieger said the roundtable meetings that she helped coordinate for OPIC have been dedicated to in-depth presentations and discussions on timely policy and policy-related issues of interest in the statewide immunization community.

The meetings have included commentary and presentations by national, state and local experts.

"I have been part of the Roundtable planning committee for many years," she said, noting that roundtables have also been held in Bend, Portland, Medford, Rainier and Pendleton.

"These meetings are attended by immunization providers...local volunteer organizations, hospital staff, health insurance folks and representatives or parents from the education community."

The roundtables often include panel discussions about the trials, tribulations and successes that various immunization efforts have experienced.

Attendees also receive take-home packets of information as well.

"From these meetings," Krieger said, "OPIC learns about community successes and challenges and works to identify resources to help localities address these challenges and to promote success."

Upcoming roundtables will be held this fall in Bend and Washington County, and Krieger has no intention of ending her work with those meetings.

"I enjoy meeting other individuals and representatives of organizations from other areas... involved in this effort," she said. "It is an opportunity to encourage local immunization staffers in their challenges, congratulate them on their successes [and] learn about their experiences so that we can share them with others around the state."

The mission of the MMFO is to support activities that improve health education and the delivery of health care to the community.

Krieger said the organization's initial focus was childhood immunizations.

Early grant awards supported projects in that arena.

Over the years since its founding in 1992, MMFO has diversified its grant-making to meet community needs that are in line with its mission.

The MMFO also established a mini grant program in 2002 that awards grants up to $500 to small community health projects.

The current board at MMFO includes John Kendall, MD, George Caspar, MD, Shane Lee, an OHUS medical student, John Evans, MD, president-elect of the MSMP, and Krieger.

Krieger said the organization always appreciates donations, which allow the MMFO to support activities that support its mission.

Donations can be sent to the Metropolitan Medical Foundation of Oregon, 4380 SW Macadam Ave., Suite 215, Portland, OR, 97239.

The Portland Physician SCRIBE

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The Portland Physician Scribe (USPS 439–280) is published twice a month by the Medical Society of Metropolitan Portland, 4380 SW Macadam, Portland, OR 97239 and provided free to MSMP members; subscriptions to non–members are $36 per year. Periodicals postage paid at Portland, OR. Postmaster: Please send address changes to The Portland Physician Scribe, 4380 S.W. Macadam., Suite 215, Portland, OR 97239

Portland Medical Community Managers seminar

"Leading with Passion"

Presented by:
Steve Hanamura
Hanamura Consulting

Thursday, June 14, 2007
8:30 am – 4:00 p.m.

Oregon Medical Association
11740 SW 68th Parkway, Portland

During the day to dayness of life it may be hard to think of ourselves as leaders in our places of work. This one-day session will help all of us expand our understanding of what it means to be an effective leader, even when we do not hold this title as a job description.

Participants will: learn an expanded view of the term leader; explore the barriers that keep us from being who we are on the job; examine strategies to be positive climate setters in the office; identify ways to bring passion to the job.

This all-day session promises to be lively and interactive.

Our presenter is Steve Hanamura, founder and president of Hanamura Consulting. Steve is nationally recognized for his work in leadership development, managing and leading diversity initiatives, building effective teams, individual and organizational facilitation and managing personal and organizational change.

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Seating is limited.

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CANCELLATIONS must be received 48 hours before the seminar in order to receive a credit/refund on the seminar. All no shows will be billed; however, you may send someone in your place.

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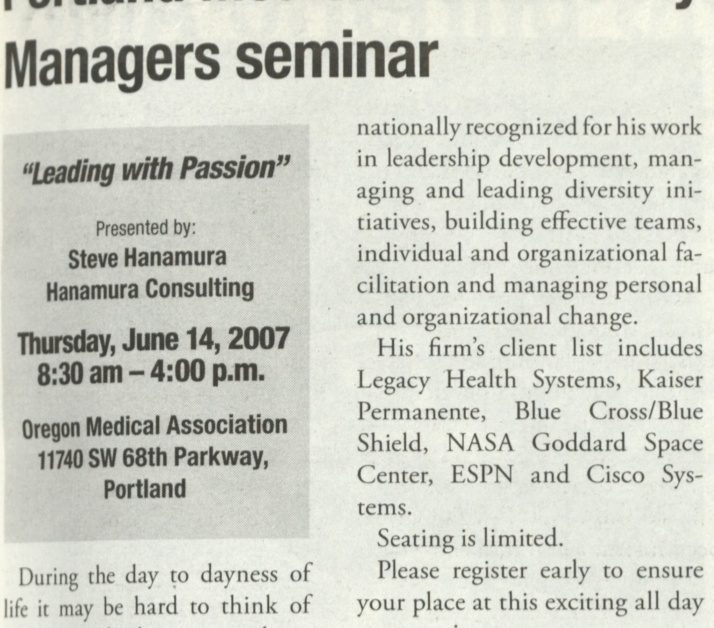
"Leading with Passion"
Thursday, June 14, 2007
8:30 am – 4:00 p.m.
Oregon Medical Association
11740 SW 68th Parkway, Portland

LATE REGISTRANTS: Please fill out the above information and fax to Dianne Price at 503.203.1010 by Monday, June 11, 2007. Bring payment with you to the seminar. If we are unable to accommodate a late registration, you will be contacted. We will not be able to take late registrations after Monday, June 11th for this seminar.



Adventist's new on-site imaging department allows patients easy access to any necessary imaging procedures.

IMAGING

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the pregnancy turns out to be a dangerous ectopic pregnancy, full emergency room services are just across the street.

"Because the emergency room is right across the street, we've got this nice synergy and backup in place," he said. "If something like that happens at some outpatient facilities, they'd have to call 911."

Scott also said the new department makes it nice for patients because they do not have to check in at the main hospital.

"Patients can just drive up," he said. "It's a nice environment for them and it's very user-friendly."

Providence one of two in nation testing noninvasive glucose monitor

By Cliff Collins

Providence St. Vincent Medical Center was one of only two hospitals in the nation chosen to test a noninvasive blood-glucose monitoring device.

The main objective of the first ICU clinical study was to test the form and function of GlucoLight Corp.-made Sentris-100, a continuous, noninvasive blood glucose monitoring device for the acute care environment.

Over the course of the study, 30 patients who had undergone cardiopulmonary bypass surgery were enrolled at the participating centers, St. Vincent and Penn State Hershey Medical Center.

Principal investigator for St. Vincent is cardiac surgeon Anthony P. Furnary, MD.

The company chose St. Vincent as one of the two test sites because Furnary has developed an international reputation for his protocol for how diabetic patients are monitored during heart surgery, said Jean Marks, a spokeswoman for the hospital.

The study provided more than 1,000 hours of data, collected for analysis and interpretation by the manufacturer.

"The clear conclusion so far is that our monitor fits into the ICU work flow, and ICU nurses found bedside operation to be straightforward and simple to execute," said Ray Krauss, chief executive of the Pennsylvania-based GlucoLight, in announcing in May the completion of the first phase of clinical testing.

GlucoLight is targeting the ICU for the first introduction of the device because tight glycemic control in that setting has been shown to significantly improve survival, yet current monitoring provides only intermittent information.

The company's initial animal studies found no distortion of the monitor's signal from changes in blood pressure or hydration, common conditions in ICU patients.

The initial results of the ICU study yielded similar results in humans: Prolonged periods of strong correlation between the monitor's signal and blood-sugar levels were evident despite the wide range of potent drugs used in the treatment of the ICU patients.

GlucoLight plans another ICU study this fall. St. Vincent again will be one of the test sites, Marks said.

"We remain confident that we will demonstrate our goal of measuring accurate glucose data in more than 95 percent of patients," said Krauss.

The monitor requires regulatory clearance and is not yet available commercially.

The wave of the future

Several companies are working on this technology, but GlucoLight's is the least invasive one in development, said Furnary.

He said that technology's use of light as a detection mechanism was like something out of "Star Trek."

Once GlucoLight or some other company develops this technology commercially, it will "change the landscape of medicine," he said. "It will allow more accurate control."

Such devices will create dramatic change for all hospitalized diabetic patients and not just those in the ICU, he said.

Being able to continuously monitor glycemic levels "dramatically improves outcomes and reduces deaths and complications dramatically," Furnary said.

His team proved that being diabetic is not what puts the heart-surgery patient at greater risk than other patients.

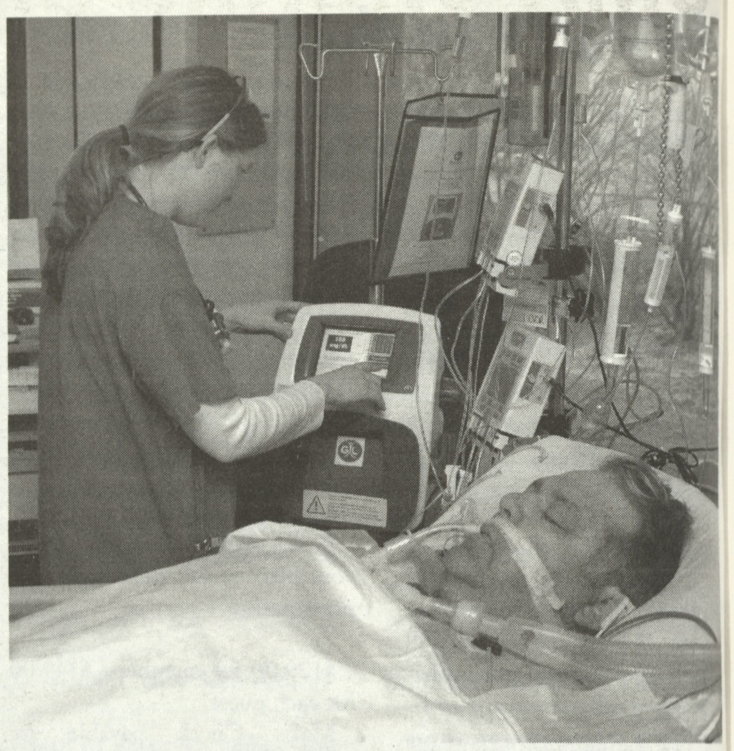
Rather, if diabetic patients have a normal state of glycemia, their risk is no more than other patients, he found.

But standard tracking of blood-sugar levels is very time-consuming and labor-intensive as well as harder on the patient.

Having blood taken every half hour requires up to five minutes each time, which adds up to a lot of nurses' time in one day, he said.

That is why a continuous, noninvasive monitor is such an improvement, Furnary said.

By being able to control blood-sugar levels through intravenous insulin infusion, diabetics—who comprise one-third of all patients who need open-heart surgery—face the same mortality complication rates of other patients.



A hospital staff member works with a patient in the Providence St. Vincent Medical Center cardiac recovery unit using the non invasive glucose testing.

"The nurses in cardiac care...were very enthusiastic about the technology," said Vince Langmann, RN, research liaison with Furnary's team, who works directly with diabetic patients involved in the studies.

"It makes a big difference. We can't wait until the product is available," he said. Langmann predicted that such a product will be "the wave of the future. It's very significant. If [in the future] diabetic patients can take this home and monitor their blood-sugar levels, that would be great."

Furnary has 6,000 patients enrolled in long-term studies, called the Portland Diabetes Project or the Portland Protocol.

Between 2000 and 2006 the national mortality rate for diabetic heart surgery patients was 3.4 percent, Furnary pointed out.

"Our mortality rate was 0.9 percent in that same population over those same years," he said.

Furnary's team's discovery that high blood sugar is as bad or worse than low glycemia is "a paradigm shift" in medicine, he said, one that has brought much attention to St. Vincent and has companies regularly asking the hospital to do trials on prototype monitoring devices.

Furnary said he and his colleagues came up with the hypothesis beginning in 1992 that diabetics' supposed higher risk for heart surgery was "not about diabetes, but about how high your blood sugar is."

"If you create a normal state of glycemia, you eliminate the [extra] risk."

But he said proving such a hypothesis was difficult to accomplish, and he credits the nurses at St. Vincent for their dedication to adhering to the protocol over a long period of time on such a large number of patients.

"We founded the field of glycemic control," said Furnary. "[Now] it's caught on fire. Because we led the field, people have come to us."

"The people of Portland should be very proud of this. It has spread to the world."

OMA offering office-surgery credentialing

By Cliff Collins

The Oregon Medical Association's newly-launched office-surgery accreditation program follows recent state regulatory action but has been in the works for about five years.

That is because the OMA became concerned several years ago after reports from Florida and New York of patient deaths from office-based procedures such as liposuction, said Charles K. Anderson, MD, a Bend anesthesiologist.

The OMA was worried about a backlash against outpatient surgeries and feared state legislatures might start banning them, said Hugh C. Stelson, MD, a Seaside family physician and a past president of the OMA.

The thought was that "if Oregon could do this correctly, get this safely done, we wouldn't have these deaths," and it would head off intervention by government, he said.

"If you wait until there are deaths, you get non-doctors [legislators] creating rules," Stelson said.

An OMA task force examined what other states had done and found that some states' legislatures had enacted regulatory legislation while other states had taken action through their medical boards.

The OMA decided to encourage the Oregon Board of Medical Examiners to consider enacting a rule that requires that physicians who perform office surgeries have proper training and credentialing.

The BME issued such a mandate last October.

In May the OMA announced its Office-Based Surgery Accreditation Program, which enables physicians to comply with the BME's requirement that physicians performing office surgery receive accreditation from a BME-approved accrediting entity.

The BME considers the OMA to be such an entity.

The OMA program provides medical offices the opportunity to be reviewed by peers who are familiar with issues specific to Oregon medical practices.

The association provides telephone and on-site educational consultation and assistance throughout the accreditation process.

In addition the OMA program offers medical offices a cost-effective method for achieving credentialing, said Anderson, who chairs the OMA committee that created the program.

"Outside credentialing is very expensive," noted Seaside physician Stelson, who also serves on the committee. "We had a lot of experience going out to offices to do credentialing" through the OMA's former ARC program for managed care organizations.

The application process outlines each step that is necessary for accreditation. Offices must be able to show surveyors their qualifications such as training, proper certification and logging of complications, he said.

Among other provisions the statute as issued by the BME, found under OAR 847-017-0005, requires medical offices that do surgical procedures requiring anesthesia to document separately the sedation or anesthesia used.

One portion reads:

"If the nature of the surgery is such that analgesia/sedation, major conduction blockage, conscious [moderate] sedation, or general anesthesia are provided, the patient record must include a separate anesthetic record that contains documentation of anesthetic provider, procedure and technique employed."

"This must include the type of anesthesia used, drugs [type and dose] and fluids administered during the procedure, patient weight, level of consciousness, estimated blood loss, duration of procedure and any complication or unusual events related to the procedure or anesthesia."

Many medical offices already will have in place most of what is needed—and thus should have less difficulty achieving accreditation—and some probably already hold credentialing from other organizations, Stelson said.

Developing accreditation regulations was "a protracted and arduous process," which is why it took several years, said Anderson.

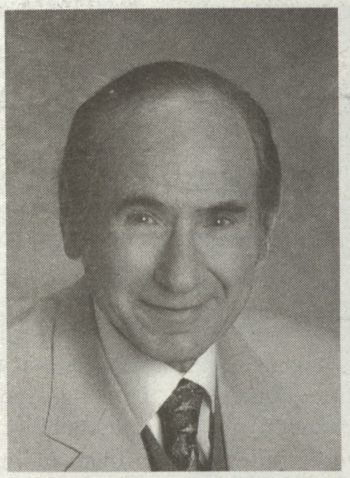
The OMA House of Delegates debated and changed language

Please see CREDENTIALS, page 11

Local physician invited to be "wise man" in Greece

By Ekta R. Garg

In a throwback to ancient Greece and the concept of wise sages who exchanged ideas and solved the difficult intellectual problems of the day, local cardiovascular surgeon Albert Starr, MD, director of the Heart and Vascular Institute of Providence Health System was invited to participate in the "First Symposium of the Seven Wise Men of the Modern World."



Albert Starr, MD

A member of the Medical Society of Metropolitan Portland, Starr was one of only two American physicians to participate in the symposium in Greece.

The event focused on cardiovascular surgery and likely will be the first in a series of symposiums on various global issues.

High-ranking Greek citizen Captain Vassilis C. Constantakopoulos, founder of Greek organization Tourism Enterprises of Messinias SA, provided the financial support for the symposium.

In his welcome message on the symposium's official website, www.7wisemen.com, Constantakopoulos said, "Greece, the birthplace of Western civilization, is uniquely positioned to host such an event."

"Our historical legacy and contemporary position in the world present a unique opportunity to engage today's thinkers in addressing social, scientific, and cultural issues that affect us all."

Starr shared Constantakopoulos' opinions on the symposium and its being held in Greece.

"Western civilization is really based on Greek civilization, so learning about it has some significance," Starr said.

The Greeks, he feels, regard the ancient symposiums as something special and give the same level of importance to the modern-day version of the event.

"There's a reverence for tradition and yet a modern outlook on society [in Greece]," he said. "There's something of value there [for the people.]"

The event was held during a two-day period in Athens and Delphi, the city where according to symposium press materials the original symposiums were held more than 2500 years ago.

The seven surgeons invited to be the "wise men" were made honorary citizens of Delphi on the second day of the event before it concluded.

"The 'wise men' were seated at a table and the moderators asked questions on general features of civilization not necessarily [just] medical," Starr said.

On the second day when he returned to his hotel, Starr received a bouquet of flowers from someone residing in the city of Salonica, Greece; a note accompanied the bouquet with a name and phone number.

Starr says he called the number and a woman who only spoke Greek answered; when she heard who was on the other end of the phone, she began speaking excitedly and kept thanking Starr, the one phrase he understood her to say.

Shortly after she hung up, Starr says the phone rang and when he answered the woman's daughter was on the line.

She explained that Starr had operated on her mother in 1964 on a trip to Greece and had replaced her heart valve with a prosthesis he had developed.

The woman, still in good health today with the same valve, had seen in a local newspaper that Starr was invited to Greece as one of the Seven Wise Men and sent the flowers to thank him for operating on her so many years ago.

Upon hearing her story, Starr says, he remembered the details of her surgery and recalls with fondness the early 1960s and his work from that time.

"In '64 that operation was at the frontier of medical science, so that was a time I was at the frontier," he said. "Now we're at the frontier of a much more complex set of circumstances."

"Looking back that was relatively crude. Now we're at the cellular level of biology."

It was Starr's interest in biology in high school that led him to medical school at the College of Physicians and Surgeons in New York; he finished his general and thoracic surgery residency at Johns Hopkins in 1957 and chose the specialty because, "It was just beginning at that time."

And with Starr's contributions, he helped ensure the development of cardiovascular surgery as a highly regarded field of its own.

In the early 1960s he and partner Lowell Edwards, MD, invented the world's first mitral valve prostheses; within those few years Starr also performed the world's first successful triple valve replacement surgery.

In the 1970s he pioneered work in the teletransmission of pacemaker signals and also developed a system for long-term followup of patients who had undergone valvular and coronary artery surgery.

Starr performed the state's first heart transplant in the 1980s, and throughout his entire career he has been honored by dozens of prestigious organizations both in the United States and internationally for his work.

Fifty years later Starr's inter-

Please see WISE MAN, page 14

Lenses help therapists focus in diagnosing vertigo

Treatment especially helpful to elderly patients at risk of falling

By Cliff Collins

Physical therapists at Providence Health System's seven area rehabilitation facilities are using Frenzel lenses to aid in the diagnosis of the most common form of vertigo.

Benign paroxysmal positional vertigo—or BPPV—is a condition characterized by brief episodes of intense dizziness associated with a change in the position of the head.

Frenzel lenses help physicians and specially trained physical therapists detect nystagmus, abnormal rhythmic eye movements that usually accompany BPPV, said Maureen Gonzales, chief education coordinator at Providence Scholls Rehabilitation Clinic.

The lenses aid the examiner in viewing a patient's eye more clearly.

The internally illuminated, 20-diopter lenses prevent the subject from seeing out while giving the examiner a magnified view of the eyes.

"BPPV affects a large number of patients but is very easy to treat," said Gonzales, a physical therapist with 15 years of experience doing vestibular rehabilitation at Providence.

Patients are treated using a series of simple maneuvers known as canalith repositioning.

The goal is to move particles from the fluid-filled semicircular canals of the inner ear (vestibular labyrinth) into a tiny structure (utricle) where these particles will not cause trouble.

The success rate for the procedure is as high as 90 percent to 95 percent, according to MayoClinic.com.

The classic BPPV history is that the patient presents with complaints of acute vertigo lasting less than one minute, which occurs when the patient lies supine, sits up, rolls over in bed or tilts the head backward.

After the patient assumes one of these positions, vertigo and torsional nystagmus usually begin within one to four seconds.

The nystagmus reverses when returning to the upright position.

"Generally patients are responsive to repositioning," Gonzales said.

Patients may require only a session or two to stop the vertigo, although she said some older patients may have other concurrent balance problems that require longer treatment.

She advises that patients should be treated as soon as possible, especially if they are elderly, because of the potential for falling.

"Therapists can often get a patient in within two days and get this treated," she said.

BPPV is often related to head trauma, but frequently it is found in older patients without a clear history of head trauma.

The condition may spontaneously resolve in many patients, but others seek care. "Vertigo can be persistent," she said. "It can come and go."

According to MayoClinic.com, medications such as meclizine or benzodiazepines usually are not helpful in the treatment of BPPV, which is believed to be caused by particles that become trapped in the posterior semicircular canal.

The web site adds that the most effective treatment is repositioning of the canalith, an office-based maneuver in which the particles are shifted out of the semicircular canal and into the vestibule, where they do not cause symptoms.

For patients whose symptoms are episodic, physical examination findings may be normal between episodes.

Further, because patients often can suppress nystagmus, the Frenzel lenses can be useful in evaluation.

There are various models and types, but the lenses consist of the combination of magnifying glasses (plus-20 lenses placed in front of the patient) and a lighting system.

With the lenses in place and the room darkened, nystagmus can be seen easily because fixation is removed and the patient cannot focus on surroundings.

The lenses magnify and illuminate the patient's eyes while simultaneously defocusing vision.

Before referring physicians may conduct a series of tests to determine the form of vertigo and whether the positional disorientation is a symptom of a different disorder. During a physical examination, doctors look for symptoms of vertigo that generally decrease in less than one minute, occur with head movement and include involuntary eye movements from side to side.

If the cause is difficult to diagnose, additional testing may include electronystagmography—or ENG—in an effort to determine if dizziness is due to inner-ear disease or MRI to rule out acoustic neuroma or other lesions that may be the cause of vertigo.

After referral to physical therapists specially trained in vestibular and balance therapies, an evaluation includes examination of balance reactions; movements that provoke dizziness, vision and gait; and—if the patient is at risk of falling—posture, strength and joint mobility.

Then an individualized treatment program is designed, which may include canalith repositioning, balance and visual retraining, or exercises to reduce sensitivity to movement.

Gonzales said physical therapists treat "balance reactions, strength or flexibility deficits, overuse of visual information, or inability to process proprioceptive information."

"This treatment is critical in the treatment of the elderly with their high risk for falls," she said.

CREDENTIALS

continued from page 9

from various drafts, and the BME held public hearings.

"The ultimate document that came out was significantly pared down ... but it generalized what we were trying to achieve," he said.

Anderson said the work and time involved in developing accreditation was well worth the end result.

"This is a tremendous step for public safety" to have an accrediting body provide oversight of physicians' offices in instances where surgery and anesthesia are administered, Anderson said.

The perceived need was that patients and the public considered medical offices "the last unregulated bastion" in which procedures were administered that present potential risk to patients, Anderson explained.

As more and more physicians do office procedures and become aware of the need for accreditation, the OMA expects the volume of inquiries to increase substantially.

What to expect

Physicians wanting to apply for accreditation can contact the OMA and request an application along with other materials including a copy of the OMA's Accreditation Standards, explained Karen Wood, who will serve as surveyor for the program.

Once the information is completed and returned to the OMA, it is reviewed by OMA staff who will prepare a pre-survey analysis and send it to the facility.

This gives the facility the opportunity to get missing information or to make recommended changes prior to the survey day.

Once the survey is scheduled, Wood arrives at the facility at 8:00 a.m. on the day of the survey.

She then conducts an orientation meeting with chief medical and administrative staff of the facility.

She reviews the survey agenda and answers any questions the staff may have about the survey and the survey process.

After the opening conference Wood tours the facility, including operating and recovery rooms, laboratory and other technical and support services and administration, she said.

She then evaluates the facility based on all applicable standards in the latest OMA Accreditation Standards, and interviews key personnel.

Wood will review, among other items listed in the OMA Accreditation Standards, the following:

- a random sampling of patient medical records
- credentialing files for all clinical staff
- adverse-reaction log
- OSHA training materials

After the collection of final data, a summation conference is held.

She presents survey findings to representatives of the organization for discussion and clarification.

The facility can choose which personnel should be present during the conference, she said.

The summation conference is the last opportunity for direct face-to-face interaction with the surveyor, allows for consultation and education, and gives the organization the opportunity to clarify or explain possible discrepancies or compliance issues.

The surveyor does not make an accreditation decision but instead reports findings to the Accreditation Committee.

Therefore, during the summation conference, the surveyor will not state whether the facility will be awarded an accreditation.

Afterward Wood completes the appropriate survey report forms and other survey documents and submits the documents to OMA staff for report preparation.

The surveyor's reports and recommendations are sent to the OMA Accreditation Committee, which makes the accreditation decision.

Either the facility will receive a three-year accreditation or it will be denied.

The medical office will receive notice of the decision within 30 days of the date of the committee's meeting, she said.

The office may be required to submit a written interim report to the OMA at certain points during the accreditation term.

When a doctors' office receives accreditation, it is responsible for maintaining compliance with the OMA accreditation standards for the full duration of the accreditation term, Wood said.

OMA's Web site (www.oma.org), under the heading Office Sedation Accreditation Program, provides further information.

Doctors who have questions about becoming accredited or enrolling in the program can contact Paul Frisch, the OMA's general counsel, at 503-619-8000, or by e-mail at paul@theoma.org.

Kaiser physician underscores risk of drugs that cause weight gai

By Jon Bell

A patient of Kasier Permanente weight management specialist Keith Bachman, MD, in her late 40s and somewhat overweight, was prescribed the steroid prednisone to help control her Crohn's disease.

Six months later the disease was under control, but the woman had gained 150 pounds and then developed diabetes.

She would eventually lose the weight but not before her self-esteem and her marital relationship had taken a hit.

The case is an extreme example of a medication having an unintended weight-gaining affect on patients, an issue that Bachman says is something physicians always need to be cognizant of.

"It's an issue that's been out there for a while," he says. "It's not earth-shaking news, but as obesity is getting more and more attention, I think it's definitely something that deserves attention."

Some of the prescription drugs that have a tendency to cause weight gain include antidepressants, antipsychotics, birth-control injections, diabetes medications, mood stabilizers, steroids and some high blood pressure drugs.

Bachman, who calls these drugs "very useful," says that in many cases the weight gain is triggered by an increased appetite spurred on by the drug.

"In drugs that improve your mood, it only makes sense that they could also affect the center of appetite regulation," he says, adding that the mood stabilizer lithium can also give patients mouths.

That, in turn, can result in cess consumption of high-ca beverages.

Other drugs such as beta-bl ers prescribed for high b pressure have the potential to crease a patient's metabolic albeit slowly.

But, Bachman says, if the m bolic rate slows down by 50 t calories a day and the patient not adjust food intake or act levels, the pounds can pack o

To help counter or in some es avoid drug-related weight g Bachman says physicians sh focus first on lifestyle cha such as diet and exercise.

That is where Bachman t first, along with stress man ment techniques and me health counseling, for pati with mild depression.

"We should be prescribing and working more on hea eating, exercising and things that," he says.

There are cases, however, w nothing but medication seem make a difference.

In those instances Bach says it is important to cons different drugs that may with less of a weight-gain ris

Still, some of those medica can have their own side eff such as insomnia or liver blood cell damage, leaving initial drug the only choi weight gain or not.

That is when the focus nee return to diet and exercise grams to counter a drug's pensity for adding weight, B man says.

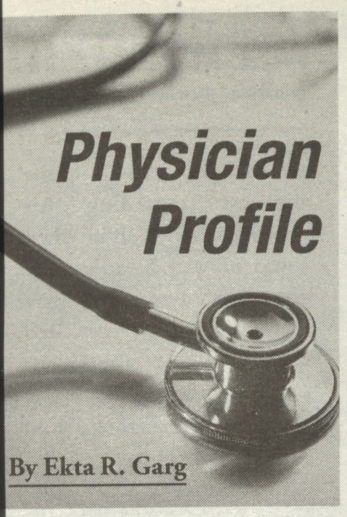
Weight monitoring is essen and physicians need to be vig in checking a patient's we blood pressure, cholesterol blood sugar levels.

Patients on these drugs must take responsibility for ing healthier, exercising monitoring their overall heal

Otherwise they could en with additional health prob brought on or exacerbated b weight gain.

"I think physicians just to consider whether a dru really necessary and whethe not that drug can lead to we gain," says Bachman. "They to consider a patient's obesity they need to consider alterna drugs that might not have negative side effects."

"It also may mean that th reinforcing lifestyle change help patients better main their health.



Physician Profile

By Ekta R. Garg

Medical Society of Metropolitan Member Sharon Higgins, MD, board-certified otolaryngologist and head and neck surgeon, has had a successful 28-year career with Northwest Permanente.

Throughout her time with the group, she has served as the chief of otolaryngology, as medical director for specialty care and as assistant medical director for business affairs.

But her newest position as executive medical director of Northwest Permanente—the physician's group of 900 members that provides professional services to Kaiser Permanente members—is a unique one because she is the first woman to serve in that position.

While she downplays the fact that she is the first woman in the group's 60-year history to be executive medical director, Higgins does touch on her medical discipline and how it is starting to emerge among the big guns of medicine.

"I think otolaryngology is becoming a recognized [specialty]," she said.

Sharon Higgins, MD

Indeed, times have changed; Higgins was the first woman to go through her residency program and in the year she started practicing she says there were only 6000 otolaryngologists in the country of which only 60 were women.

"[The] demographics are shifting," she says of present-day medicine.

Following is the profile of Dr. Sharon Higgins.

1. What is the biggest change you've seen in the general ENT patient population in the last 10 years?

"Probably the biggest changes have been in technology and techniques. Surgery is more of an out-patient technique."

Higgins gives tonsillectomies and sinus surgeries as two examples of these out-patient techniques formerly requiring hospital stays.

She also talks about the cosmetic outcomes of surgeries several years ago versus the outcomes now.

"The operations when I trained were fairly crude. People look much more normal [now]."

Prescriptions also have advanced, she says.

"We have much better allergy medications now than we used to. The 'cocktails' people use are different."

2. Do you think there is another big change coming for the ENT patient population?

Higgins again mentions technology

"Technology is one of the big drivers in American medicine today. Looking at all areas of practices, it puts us on this needlepoint of trying to determine what is on the cutting edge."

3. What would you say is the most crucial thing for other doctors (for example, primary care physicians) to know when they're working with you on your patients?

"The handoff and the communication around a patient is critical. I have to feel totally at ease when I'm calling the primary care physician."

Within the Kaiser system, Higgins says she has no doubts about the physicians with whom she works.

"I have profound respect for my colleagues, [and] one thing that helps is that we have common electronic medical records."

4. Do you think there is a rise in ENT problems, such as allergies, in recent years?

Higgins says that more ENT problems are coming to light but not necessarily because the number has increased; instead she has a different opinion.

"I think it's probably three-fold: [One,] I think there's an increased awareness of health issues in general. [Two,] we catch conditions earlier."

While catching those conditions earlier is a positive change in medicine, there is a negative outcome to the increased awareness.

"We have an expectation that there's a cure out there for whatever ails us."

Higgins continues with her three-fold outlook with something not directly related to medicine but certainly an important topic of consideration in today's world.

"[Three,] maybe there's a difference in the quality of the air that we're breathing right now."

5. What is the last non-medical book you read?

"Right now I'm reading The Kite Runner [by Khaled Hosseini]. It's a beautifully written story and is very compelling."

6. What is your favorite season of the year?

"In Oregon it has to be the summer. We have such remarkable summers."

Higgins adds that she enjoys summer because she can spend time with her family friends at picnics and barbecues and taking her dog out to the water, which he enjoys.

7. Do you consider yourself an optimist, a pessimist or a realist?

"I think I'm somewhere between realist and optimist and have attributes of both."

8. Do you prefer white bread or wheat bread?

"Probably wheat toast."

But if she had a choice, Higgins would have something entirely different.

"French bread. Let's get the crusty good stuff."

9. Pen or pencil?

"Most of the time I use a pen."

10. Coffee or tea?

"Actually tea. Coffee is something I drink rarely, and when I do I have to disguise it as a dessert with chocolate and whipped cream and by then it's a meal and no longer a beverage."

11. Hardback or paperback books?

"Paperbacks, just because they're much easier to carry around."

12. Skyscrapers or farmland?

While Higgins says she loves "rolling hills and mountains," she also has a decided opinion on the choice.

"The outdoors over skyscrapers any day."

13. If you had 12 hours free to yourself, what would you do?

"Most likely spend them with friends and family. I'd take that dog along."

If you know a member physician who should be introduced to Scribe readers, please email the editor at egarg@commnewspapers.com and submit that person's name and contact information for a possible future profile.

UNIVERSITY

continued from page 1

Institution will be the first medical school in 60 years to be built in Northwest

Local support, regional students

The university is being developed on a 42.5 acre parcel of land.

The Temple family of Yakima donated 19.6 acres of land, worth $7.2 million. That portion, combined with an additional purchased 23 acres, will comprise the total university site complex.

The Temples are one of the major founding benefactors of the university and are owners of the Columbia Basin Railroad Company.

The school is founded as a not-for-profit, private university and will continue to seek contributions and financial support.

It has been granted authority from the Higher Education Coordinating Board of Washington State to confer the degree of Doctor of Osteopathic Medicine.

The university also has received pre-accreditation from the American Osteopathic Association Commission on Osteopathic College Accreditation.

Osteopathic Physicians and Surgeons of Oregon's Heatherington said the West has been slower to build new osteopathic medical schools but is catching up.

"The osteopathic profession is building medical schools all over the place," he said, citing more recent ones as those in Kentucky, Florida, Colorado, Las Vegas and the San Francisco Bay Area.

Most are being built from the ground up as new structures, he said.

He said most of the donations for the Yakima facility came out of that area.

"It's been pretty much a Washington initiative," Heatherington said. "They've been talking about this for a couple of years."

School officials completed an initial feasibility study in 2006, according to Tim Morris, vice president and chief operating officer.

The school and campus are located in the Terrace Heights area of Yakima in central Washington.

A medical school "works very well here, because Yakima is centrally located in the region and is familiar with the health care access challenges rural communities face," said Lloyd Butler, DO, chairman of the board of trustees.

"It's an incredible testament to the Yakima community to catch the vision and support this institution without waiting for the state or federal government to do it for them," Butler said. "This is happening only as a result of significant local and regional community efforts."

David McFadden, president of the Yakima County Development Association, said the project will have "tremendous economic impact in Yakima, but more significantly, communities and people throughout the five-state region will benefit, with improved access to medical care by having more physicians in historically underserved areas."

University officials said they believe in training students where the greatest need exists.

"If we take students from the Pacific Northwest, train them in the Pacific Northwest, they will be more likely to stay in the Pacific Northwest and take care of the people in the Pacific Northwest," said Butler.

Potential students indicating a desire to practice in rural communities, particularly within the Northwest, will be part of the selection process used in evaluating students.

"We will have a preferential admission policy with first choice given to the highly qualified students from our five-state region," said Betz.

WISE MAN

continued from page 9

est has not waned in t slightest regarding h profession; at a time wh some physicians might counting down to th retirement, Starr is excit about what is around t corner in medicine.

"The knowledge ba now is far greater," St said, comparing it to wh he first began practicing

He says the increase knowledge base is defini ly one of the most positi changes in medicine sin he started his career; also is quick to point o changes that he does like.

"Changes in the wrong rection would be increas bureaucracy, administrat complexity and liabilit he said. "They are burde some."

Calling himself "na rally optimistic" about t current state of health the American people, St talks about changes in t cardiac population in t last decade.

"The biggest change h been the increasingly eff tive treatment of coron artery disease," he sa "We have seen a signific decrease in mortality. been a very effective area medicine."

Despite the alarmi numbers, with regards general health Starr sa "We probably have hit bottom as far as obesity a diabetes is concerned."

"We have the tools prevention and those to have had a profound eff on life expectancy."

For those students j entering medical scho Starr has some sound a vice.

"Learn as much of science of medicine as y possibly can and that w provide the intellect gratification [you wan he said.

For residents still pull the extra long shifts, he similar advice.

"Concentrate on w you're doing," he said. "T learning phase of medic is during residency. Dur the practice phase it's m difficult to acquire kno edge."

News from Southwest Washington Medical Center

Southwest opens new patient service centers

Southwest Laboratory Services offers multiple convenient locations for patients needing lab draws

Southwest Washington Medical Center Laboratory Services opened its doors today to the new Patient Service Center at Fisher's landing.

The new Patient Service Center provides patients convenient access to routine and STAT diagnostic laboratory services.

The center is located in the Southwest Imaging Center at 16821 S.E. McGillivray Blvd.

An additional site in the Medical Center Physicians Building (formerly PABCO Building) at 505 N.E. 87th Ave. is scheduled to open on Monday, May. 14.

The new sites provide specimen collection for diagnostic testing and screenings for pediatric, adolescent, adult, and geriatric patients.

Both centers are open Monday through Friday. For hours of operation, please call Southwest Laboratory Services at (360) 514-3177.

Outpatient lab services are also available at the medical center.

The lab has relocated to the first floor of the Firstenburg Tower. It is open seven days a week.

For more information on Southwest Washington Medical Center's Laboratory and Pathology Services please visit www.swmclab.com.

Vascular disease forum at Providence Milwaukie Hospital

WHAT: Learn more about vascular disease, the "silent killer," at this free forum presented by Providence Heart and Vascular Institute.

WHEN: 6:30 to 7:30 p.m., Thursday, June 14

WHERE: Providence Milwaukie Hospital (10150 SE 32nd Avenue, Milwaukie)

Free parking

DETAILS: Vascular diseases are often called silent killers. There may be no symptoms until it's too late—potentially leading to heart attack or stroke. But with knowing risk factors and with early diagnosis, vascular diseases can be stemmed or treated before they lead to serious consequences.

At this free forum, E. Charles Douville, M.D., Providence Heart and Vascular Institute, will talk about the different types of vascular disease, risk factors and the benefits of a screening for people with high risk factors.

People are at higher risk for vascular disease if they are 60 or older, smoke, have diabetes, have high blood pressure, have heart disease, have pulmonary disease or have a family history of vascular disease.

Space is limited and registration is required. For more information or to register call Providence Heart and Vascular Institute at 503-216-2088.

Legacy hospital offers organic food in cafeteria

By Ekta R. Garg

Tom Badrick, Sustainability Coordinator, by an organic salad bar at Legacy Emanuel Hospital and Health Center.

In an effort to support locally-grown food and also to provide healthier options to patrons of the cafeteria, organic food is now being offered at Legacy Good Samaritan Hospital and Medical Center.

"If you can buy [food] from a local farmer, why not?" said Tom Badrick, sustainability coordinator for Legacy Health System.

Planning for the program began a year ago, Badrick says, after two main factors were realized.

"One was the usual dissatisfaction with [hospital] food, and the second was a compilation of multiple people working towards the same thing bumping into each other," he said.

In full usage since the last three to four months, Badrick said he and his team made organic options available as soon as the supplies were available.

"When we identified things we could do, we started implementing right away," he said.

"The big issue for us repeatedly was we're here to treat people make them healthy," he said, adding that when visitors and hospital staff visited the cafeteria that issue was compromised because of all the unhealthy foods previously available.

The organic items are available at all of the food stations in the Legacy Good Samaritan cafeteria, but there still are non-organic and "unhealthy" items also available.

Badrick says the main message he and the organic food planners wanted to get across was that people have a choice when they go to eat their meals in the hospital's cafeteria.

"The key ingredient for us is not to force people to do something," he said.

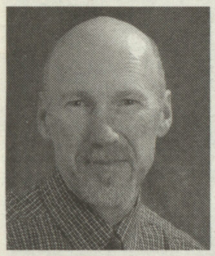
While Legacy Good Samaritan is the only hospital to fully implement the program so far, plans are in full swing to make organic food choices available in the cafeterias at all the Legacy hospitals including the plans for a new kitchen to be built at Legacy Emanuel Hospital and Medical Center, Badrick says.

He says some of the most important aspects of the program include being able to buy food supplies locally instead of waiting for them to be trucked in from a long-distance location; the opportunity to purchase foods are grown in environmentally-friendly facilities; and to see the increase in customer satisfaction.

"It's been extremely well received," Badrick said. "The hospital is paying attention to that."

Currently the organic food options only are available to those who visit the hospital's cafeteria, but there are plans to extend those options to patients who are staying in the hospital.

Badrick says that food program will take a little longer to implement because the factors surrounding the dietary restrictions of some patients; it is definitely in the works, though, he says.



George Van Meter

New Physician Assistant Added to Bone and Joint Clinics

George Van Meter, a nationally-certified physician assistant with more than 26 years of experience, has joined the Bone and Joint Clinics at Legacy Health System.

Van Meter received his bachelor's degree in physician assistant studies at Wichita State University in Kansas.

Van Meter's additional education includes studies of the spine at the St. Louis University School of Medicine in Missouri and an ACLS seminar held by the U.S. Army Medical Department.

He also studied hip and knee anthroplasty with the American Academy of Orthopedic Surgeons.

As a physician assistant, Van Meter will assist David Noall, MD, and other physicians at the clinics in surgery and perform procedures including administration of joint injections and application of casts and splints.

Legacy's Bone and Joint Clinics provide orthopedic care for patients of all ages and treat a full range of orthopedic conditions involving the knee, shoulder, elbow or ankle.

The clinics offer both surgical and non-surgical treatment of injuries and disorders of the skeletal system.

The Bone and Joint Clinics are located at Legacy Emanuel Hospital, 2801 N. Gantenbein, and Legacy Good Samaritan Hospital, 2222 NW Lovejoy St.

Druker named OHSU cancer institute director

Brian Druker, MD, who helped develop the cancer pill Gleevec, will be the new director of the Oregon Health and Science University Cancer Institute.

The announcement was made May 21 by OHSU president Joe Robertson, MD, MBA, and school of medicine dean Mark Richardson, MD, MBA, MScB.

"Dr. Druker is uniquely positioned to lead the OHSU Cancer Institute," Robertson said. "His discoveries establish the power of translating laboratory research at OHSU into life-sustaining patient care. His vision defines excellence."

After 15 years as the founding director of the OHSU Cancer Institute, Grover Bagby, MD is retiring June 30.

He will continue to focus on conducting research in his laboratory and on teaching.

"I feel very grateful to the university for its support in allowing me to build this institute," said Bagby, "and to the clinicians and scientists who actually did the heavy lifting. In the hands of my friend Brian Druker, this institute will soon set new standards for cancer centers nationwide.

"Dr. Grover Bagby's outstanding leadership in cancer care and research resulted in the creation of the OHSU Cancer Institute—an NIH recognized cancer center—and he has been instrumental in improving cancer care everywhere," said Mark Richardson, MD, MBA, dean, OHSU school of medicine.

Druker wants to make cancer a statewide priority and has already started talking with Oregon leaders.

"If we work together, we could make Oregon's mortality rate from cancer the lowest in the nation," Druker said. "Let's eliminate the suffering from this disease through better prevention, better screening and research that delivers more effective cancer treatments. Backed by what the OHSU Cancer Institute has accomplished under the directorship of Dr. Bagby, and by reaching out to the community, I know we can reach this goal."

Gov. Ted Kulongoski congratulated both the incoming and outgoing leadership of the Cancer Institute for their service to Oregon and our country and agreed that cancer prevention and treatment is a statewide priority.

"Focusing on screening, early intervention and prevention [illegible] what we're trying to do throu[illegible] out the entire health care syste[illegible] Kulongoski said, "and by bring[illegible] in a renowned expert in the f[illegible] of cancer, we have an opportun[illegible] to accelerate our efforts in the a[illegible] of breast cancer—where Ore[illegible] has the second highest incide[illegible] of breast cancer in the nation."

"This new leadership at OH[illegible] will not only provide invalu[illegible] research and evidence-based m[illegible] icine to primary care practition[illegible] but it will help save the live[illegible] women in Oregon and throu[illegible] out the nation."

Oregon's cancer mortality r[illegible] are about in the middle of [illegible] pack in the country, but for wo[illegible] en, Oregon ranks 39th.

"Research is critically import[illegible] to this effort. The more we [illegible] derstand about cancer the fa[illegible] we will create better therapi[illegible] Druker said.

Druker said he also will fo[illegible] on cancer patients and their ca[illegible]

"The OHSU Cancer Insti[illegible] needs to offer our patients c[illegible] passion and hope, and the m[illegible] advanced treatments availa[illegible] delivered by nationally recogni[illegible] experts".

Patients are treated at the OH[illegible] Cancer Institute by a multi[illegible] ciplinary team that can incl[illegible] surgeons, radiation oncolog[illegible] pharmacists, nutritionists [illegible] others.

"This multidisciplinary [illegible] proach will help drive excelle[illegible] in care for each of our patie[illegible] Druker said.

Druker's goal is to attract [illegible] tionally recognized researc[illegible] and clinicians to the OHSU C[illegible] cer Institute, which has 138 m[illegible] bers and more than 200 clin[illegible] trials underway at any one tim[illegible]

Druker recently was elected [illegible] the prestigious National Acad[illegible] of Sciences.

He was the first to prove [illegible] principle that molecularly targ[illegible] therapy works. Gleevec has sh[illegible] unprecedented success in stopp[illegible] chronic myeloid leukemia, a [illegible] viously deadly form of cancer.

His work has spurred furt[illegible] cancer drug development for [illegible] array of cancers and revoluti[illegible] ized cancer treatment.

Druker said he will continue [illegible] research to identify targets in [illegible] kemia.

Druker holds the JELD-W[illegible] Chair of Leukemia Research [illegible] the OHSU Cancer Institute.

Please see TRANSITIONS, page

 (continued from page 16)

He is an investigator with Howrd Hughes Medical Institute nd a professor of medicine (hematology and medical oncology), ell and developmental biology, nd biochemistry and molecular iology in the OHSU school of edicine.

Patricia Smith

nitus executive Patricia mith elected to Doernbecher hildren's Hospital Foundation oard of Directors

The Doernbecher Children's Hospital Foundation has announced the election of Patria E. "Pat" Smith, MBA, to its oard of directors.

Smith, a resident of Camas, Washington, is president and hief executive officer of Unitus ommunity Credit Union (formerly Oregon Telco Community redit Union,) a position she has eld since March 2002.

In her role at Unitus, Smith has een active in the Credit Unions or Kids program, a grassroots effort involving more than 100 Oregon and Southwest Washington redit unions.

Through fund-raising initiatives ranging from bake sales to olf tournaments to an annual ine auction, the program has aised more than $7 million for Doernbecher during the past 20 ears.

"We couldn't be more excited o welcome Pat to our board of irectors," said Sue Nicol, executive director of the Doernbecher Children's Hospital Foundation. "Pat has been a leader in he Credit Unions for Kids program for many years, and we're o grateful for the chance to work ith her even more closely in her ew role as a board member."

Before joining Unitus, Smith erved 22 years with Boeing Employees' Credit Union in Seattle, here she held senior positions ncluding vice president of corporate planning and development nd vice president of operations.

She holds the designations of ertified Consumer Credit Executive (CCCE) and Certified enior Executive (CSE) and also as the first recipient of the Credt Union Executives Society's National Operations Professional of the Year in 1992.

She has served on the University of Washington alumni council and is a former advisor of the University of Washington Class XV Advised Fund of the Seattle Foundation.

She received her master's in business administration from the University of Washington and is a graduate of the executive development program at Cornell University.

The Doernbecher Children's Hospital Foundation is governed by a board of directors comprising civic leaders and members of Oregon and Southwest Washington's business community.

Elected to two-year terms, directors are responsible for formulating long-range goals, policies and operating procedures.

Women's Healthcare Associates, LLC welcomes new physician

Women's Healthcare Associates, LLC, the Oregon-based obstetrics, gynecology, midwifery, maternal-fetal medicine and genetics center welcomed Laura Morrison, MD, MPH to its practice.

"We're pleased to have Dr. Morrison join our practice," said Daniel Schrinsky, MD, Women's Healthcare Associates' Medical Director. "She brings a diverse set of skills and knowledge to our practice, which will benefit both our clinicians and patients."

Before joining Women's Healthcare Associates, Morrison practiced obstetrics and gynecology locally in Hillsboro.

She earned her medical degree and completed her residency in obstetrics and gynecology at the University of Michigan in Ann Arbor, where she also studied the reproductive hormones of sheep and received a Master of Public Health from the University of Michigan.

She earned her undergraduate degree in engineering from Swarthmore College. Morrison is particularly interested in vulvar disorders, adolescent gynecology, preventive women's health, and delivering babies.

She is board certified in obstetrics and gynecology.

Morrison is practicing from Women's Healthcare Associates' Peterkort South office, located in SW Portland adjacent to the Providence St. Vincent Medical Center campus.

Creators of the Social Medicine Curriculum honored with prestigious award

The four individuals primarily responsible for creating the innovative Social Medicine Curriculum have been honored with the Northwest Regional Primary Care Association's (NWRPCA) 2007 Award of Excellence.

The Social Medicine Curriculum is a unique collaboration between Central City Concern (CCC) and Oregon Health and Science University (OHSU.)

The Curriculum rotates OHSU residents through CCC's Old Town Clinic, a primary care clinic serving mostly homeless and low income patients.

Residents are able to learn firsthand how to recognize and accommodate the unique social factors that can impact the health of homeless individuals.

The approach, unveiled in July of 2006, simultaneously expands capacity at the Clinic by bringing in new providers, gives OHSU residents and faculty the opportunity to engage in a community care setting and enhances the cultural competency of a new generation of healthcare providers.

"The Social Medicine Curriculum is a remarkable intersection of passion, experience and science," said Ed Blackburn, deputy director of CCC. "Through it we are better serving homeless patients and shaping the competency of a new generation of medical providers."

"We are very proud of the cutting edge work that is taking place in our Old Town Clinic."

Each year NWRPCA recognizes groups and individuals contributing to the success of community and migrant health centers in Alaska, Idaho, Washington and Oregon.

There are four award categories: Legacy, Partnership, Leadership and Excellence.

The Social Medicine Curriculum was recognized with the Excellence award, which acknowledges individuals, programs or organizations that have demonstrated excellence and commitment to community and migrant health.

The four individuals singled out for recognition are: Ted Amann, MPH, RN, director of healthcare and improvement, CCC; Rachel Solotaroff, MD, medical director, CCC, Wise Fellow, instructor of medicine, division of general internal medicine and geriatrics, OHSU school of medicine; Judith Bowen, MD, professor of medicine, and division head of general internal medicine and geriatrics, OHSU School of Medicine; and Jessica Gregg, MD, PhD, assistant professor of medicine, division of general internal medicine and geriatrics, OHSU school of medicine.

"Community partnerships that embrace innovative physician education programs, such as the social medicine curriculum, inevitably lead to improved health care access and quality for everyone, especially vulnerable populations," said Mark Richardson, MD, MBA, MScB, dean of the OHSU School of Medicine.

"Congratulations to my OHSU colleagues and CCC for creating this unique program and for earning this award."

The awards were presented in conjunction with the Spring Primary Care Conference in Portland at the membership luncheon.

ARE YOU PREPARED?

Being prepared means:

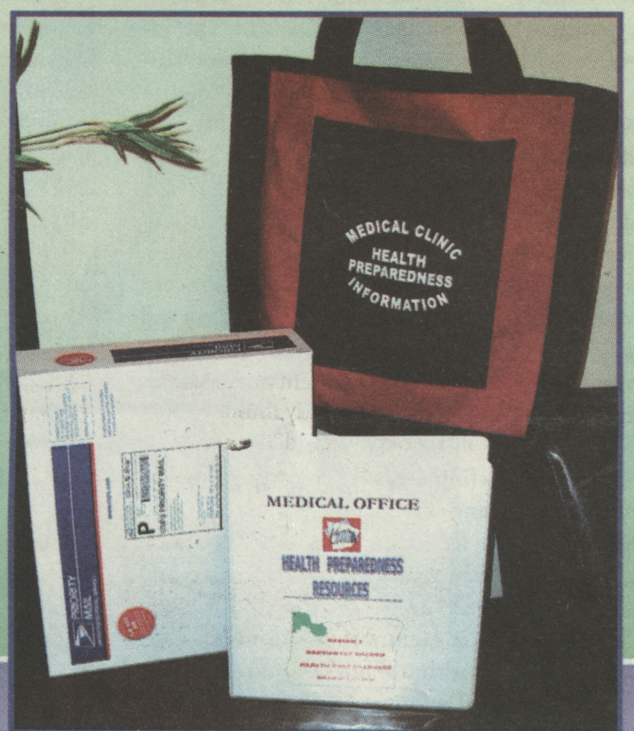
You and your office are willing and able to do the right thing.
You are ready and able to deal with something completely unanticipated.
Your office has made health preparedness an important part of clinic operations.

In the event of a regional medical emergency (e.g., pandemic flu), it will be a little late to start the office preparedness planning process when 30 new patients show up at your door, and you receive an additional 300 phone calls each day.

IN ORDER TO HELP YOU WITH MEDICAL OFFICE PREPAREDNESS, WE HAVE PROVIDED EVERY OFFICE WITH A HEALTH PREPAREDNESS RESOURCES BINDER, INCLUDING A PLANNING TEMPLATE.

ARE YOU MAKING PROGRESS?

You need to find the time to do the work!



The next phase of the process is additional training and exercising (testing) the plan. We are preparing a series of office-based tabletop exercises which will help you to prepare to help others in the event of an emergency.

What is a tabletop exercise?

This is a simulation of an emergency situation for training and testing plans and procedures that does not involve movement of response resources. Tabletop exercises are good training tools because they allow people in leadership positions to work through major problems without the cost of using staff and volunteer time, or using supplies. They can quickly highlight areas of weakness where additional support may be needed.

If you would like to participate in the develop of the exercises, please call us at 503-222-9977, or email us at msmp@msmp.org

Together, we can be READY!

CLASSIFIEDS

PHYSICIAN OPPORTUNITY

Busy Westside Clinic is planning an expansion and is seeking **Full time Family Practice/Internal Medicine Physician** to join our well established practice in mid to late **2007.** Totally modern primary care which includes electronic medical records and paperless systems. **Confidentiality assured** send CV to:
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Sunset Medical Practice
12400 NW Cornell Rd.
Portland, OR 97229
Fax 503-626-6161
email nancy.hardies@MAC.com
Visit our website at
www.sunsetmedicalpractice.com

PSYCHIATRIST OPPORTUNITY

PROVIDENCE
Health & Services

Quality of medicine. Quality of life. Providence Health & Services is seeking BE/BC Psychiatrists for employed opportunities in Portland, Oregon.

Full-time, part time, and weekend employed Psychiatrist positions at Providence St. Vincent Medical Center and Providence Portland Medical Center. Duties may include providing consultations to integrated med-psych unit, med-surg unit, and emergency department. Excellent benefit package and competitive compensation. Call is reasonable.

Portland is an exciting metropolitan area with great livability and many amenities, including ideal climate, fabulous recreation, within a short drive to ocean or skiing, and diverse cultural opportunities.

For information, please contact:
Barbara Worthington
barbara.worthington@
providence.org
toll free (866)
504-8178; (503) 216-5448
fax (503) 215-6561
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Suite320
Portland, OR 97213-1541

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PHYSICIAN OPPORTUNITY

Urgent Care Physician(s)
Adventist Health Medical Group/ Convenient Care Clinic: Has openings for full and part time family practice physicians in our busy walk in urgent care/work care clinic ,located in SE Portland. This well established clinic is open 363 days per year with extended hours. Join our excellent team and enjoy living one hour from "sea or ski" with all the amenities of Portland, Oregon. Our diverse clinic population provides a great environment for a physician with Spanish speaking skills. Competitive compensation and generous benefits. For more information contact: Mike Davis, Adventist Health Medical Group
(503) 251-6310
email davisml@ah.org
Please visit our web site at www.adventisthealthnw.com.

Internal Medicine Adventist Health Medical Group is recruiting a board eligible/certified internist for our Rockwood internal medicine office. This is an office based practice with hospital admissions done by Groups Hospitalists. We seek motivated, team oriented physicians with exceptional clinical and communication skills. Competitive compensation and generous benefits. For more information contact: Mike Davis, Adventist Health Medical Group (503) 251-6310 email davisml@ah.org Visit our web site at www.adventisthealthnw.com.

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For lease - 5000 sq.ft , divisible, full service lease in the Park Way Medical Building conveniently located within a walking distance of Sunset Transit Station near St.Vincent Hospital. Call 503-267-8511

CLINIC SPACE FOR LEASE
Various locations in Metro area. Call Marcele Daeges, Compass Commercial, (503) 201-0833.

Desirable Lake Oswege location. Space includes private office, 3 exam rooms. Share reception, lab, x-ray, and common areas. Expense sharing arrangement also available. Ideal for primary care. Contact Linda Nicoll at 503-534-5135.

PHYSICIAN OPPORTUNITY

Urgent Care Physician
Willamette Falls Hospital is seeking full-time or part-time BC/BE physicians, FP preferred, for Urgent Care clinics in Clackamas (I-205 at Sunnyside Rd.) and new location in Canby. Ability to treat patients of all ages in a fast pace environment. Excellent patient relations skills required. Competitive compensation and excellent work environment. For information, please contact:
Troy Blomquist
Willamette Falls Hospital
503-557-2197
FAX (503)650-6888
troy.blomquist@wfhonline.org

PROVIDENCE
Health & Services

Quality of medicine. Quality of life. Providence Health & Services has several openings for orthopedic surgeons in the Portland Metro area, Newberg (25 minutes south of Portland), Hood River (in the magnificent aColumbia River Gorge) and Seaside (on the beautiful Oregon coast). Providence operates 26 hospitals and partners with dozens of private practice groups across five states: Alaska, California, Montana, Oregon and Washington. Contact us today to learn about current openings. Contact info: Judy Brant judy.brant@providence.org toll free (866) 504-8178 fax (503) 215-6561 4224 NE Halsey Street , Suite 320 Portland, OR 97213-1541

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PHYSICIAN OPPORTUNITIES

THE Portland Clinic

THE PORTLAND CLINIC is an independent full-service medical clinic with private physicians representing multiple specialties. We are seeking BC/BE physicians to join our well established practice in the following specialties:

- **Internal Medicine**
- **Family Practice**
- **Urgent Care**

Send CV to:
Jan Reid, Physician Development
The Portland Clinic, LLP
800 SW 13th Ave.
Portland, Oregon 97205

Fax: 503-221-4451
Phone: 503-221-0161, ext. 2112
E-Mail: jreid@tpcllp.com
Visit our website at
www.theportlandclinic.com

Scr_051807

Well established EAST SIDE INTERNAL MEDICINE practice is seeking a Board Certified primary care physician. We have a unique opportunity for a motivated physician to enjoy the personalized service of a small practice. As a professional, you have flexibility of your schedule. Most arrangements considered. Email resume to Dr. Bert Berney: drb@eastportlandmed.com or fax to 503-249-1872.

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seek physician for retiring MD's full practice.
No purchase, just share expenses. Each in solo private practice. 6 MD coverage group. Consider other specialists.
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PEDIATRICIAN/FAMILY NURSE PRACTITIONER (P/T)

FamilyCare
Medical Clinics

We are the FamilyCare Medical Clinics, Inc., a 15-year old established Family Practice clinic based in the Portland, OR metro area. We have two locations from which we service our client base. Our mission & value encompass innovation and excellence in the delivery of health to our patients.

We are currently seeking a Pediatrician or Family Nurse Practitioner for a 20 hour job-share position in family practice and urgent care work at our Milwaukie and Gresham clinics.

We see a wide variety of pathologies and patient demographics in our culturally diverse practice. There is no OB work involved and the successful candidate will have discretion at scheduling hospital work. Must be able to work independently and comfortably with a large Medicaid/Medicare patient base. Qualified applicants must be BC/BE.

We offer a competitive salary, including incentive plan, and a 4-day work week. Interested candidates should forward their CV and cover letter to applications@familycareinc.org. Attn: Clinic Provider. M-F. EEO.

SHARED SPACE

INTERNAL MEDICINE
Riverplace, Portland, share reasonable expenses, good location, fully equipped, patient parking, practicing internist or subspecialist only. Joseph Parent MD Phone 503-241-2245; Fax 503-241-1977