The Portland Physician scribe

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Technology Focus

Portland-area doctors now can offer patients a precise means of **knee resurfacing** that preserves healthy tissue and a normal feel not possible with total-knee replacement. The technological advance that allows this is medicine's first robotic-arm system for orthopedic surgery -- a procedure known as **MAKOplasty**, available at Legacy Meridian Park Medical Center.

—Page 8

Legacy adds EMRs, funds Doc participation

Legacy Health System goes all-electronic; offers financial incentive to physicians

By **Cliff Collins**
For The Scribe

Legacy Health System's hospitals and clinics are going completely electronic, while at the same time giving physicians the chance to join the party.

By September, all Legacy hospitals should have in place and operating an electronic medical records system, according to **Jon Hersen**, Legacy's acting **vice president of information services**.

"We've taken a hospital-at-a-time approach," he said. **Salmon Creek Medical Center** in Washington was the first Legacy hospital to take the plunge, mainly because that hospital had used EMRs since it first opened, albeit with a different brand than what Legacy is employing now, which is made by **Epic Systems Corp.**

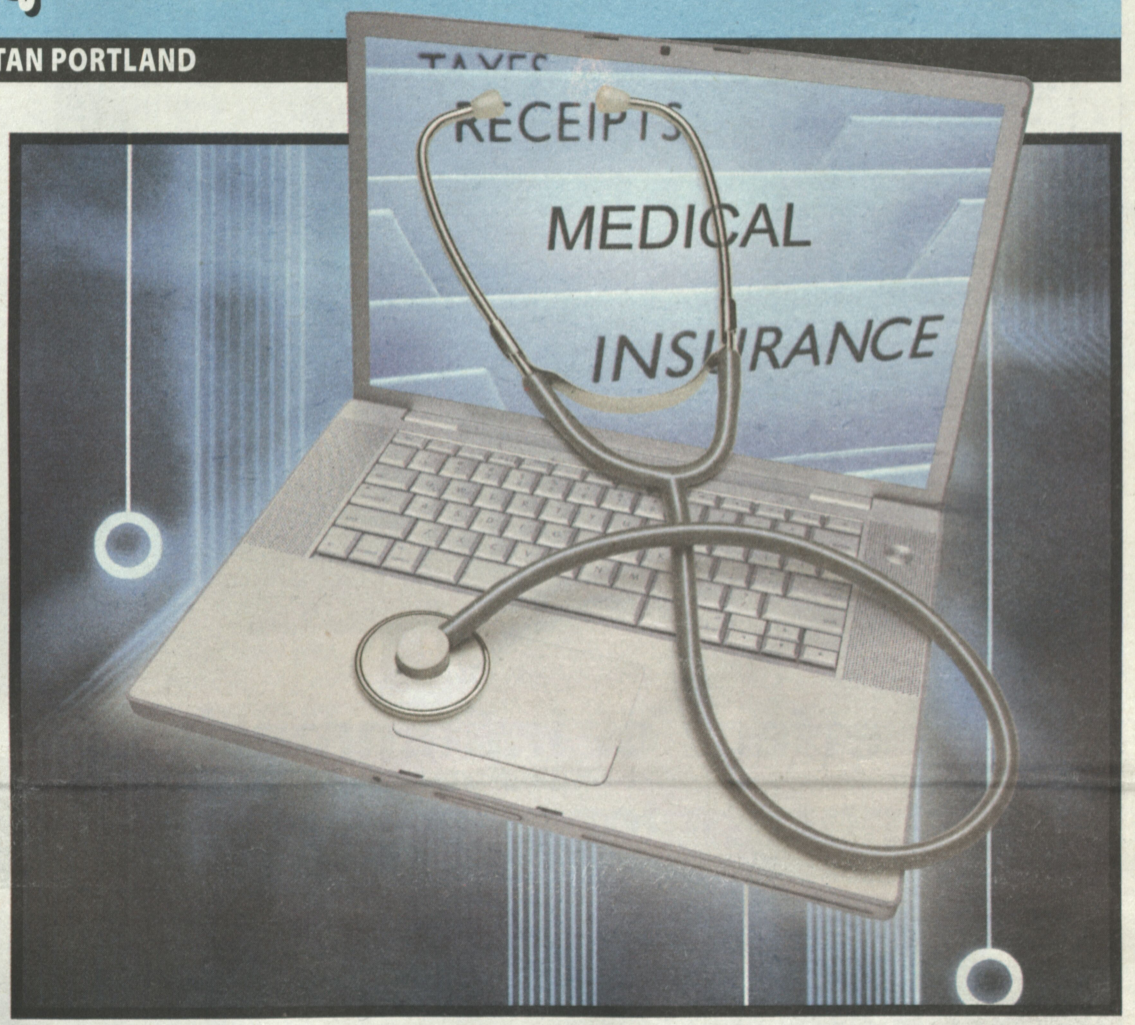

JON HERSEN

Epic makes software for mid-size and large medical groups, hospitals and integrated health care organizations, and also was the choice of other major health systems such as Kaiser Permanente, Oregon Health & Science University and Providence Health & Services.

Legacy's time line for implementation began with Salmon Creek last November, Hersen said. From there, EMRs should be installed at **Emanuel Medical Center** in April, **Good Samaritan** in June, **Meridian Park** in August and **Mount Hood Medical Center** in September.

Moreover, a month before each hospital goes on the system, medical clinics of Legacy-employed doctors and staff will have installed and activated electronic records, as well. Earlier this year, Emanuel-affiliated clinics were up and running EMRs, he said.

Hersen, who has been on the job for a year, said the project was well on its way when he arrived. "Overall, it has been a successful implementation" so far, he said. "But certainly not without challenges, with the size, scope and complexity of this project. We continue to proceed on track and on time."



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Acquisition, training and implementation are complex, and also highly expensive. In March 2008, after **Dick Gibson, MD, PhD**, Legacy's former chief information officer, recommended that Legacy switch from EMRs made by Cerner Corp. to Epic, Legacy estimated that the Epic project's total costs would be $10 million over several years, the Portland Business Journal reported at the time.

Three years later, Legacy officials' estimate now run more than 10 times that amount: Full implementation, including training, consultation and technology, will exceed $100 million. Legacy is paying for the Epic project out of cash flows from operations and cash reserves.

Helping doctors take the leap

Some physicians and other staff have used electronic records for several years now, so they prob-

See EMR/ Page 3

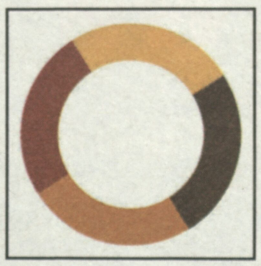
WHAT'S INSIDE THIS ISSUE

Survey shows Americans support quality end-of-life, palliative care

A national poll found that more than 70 percent of Americans believe enhancing the quality of life should be a priority at the end of life. The survey, co-sponsored by The Regence Foundation and National Journal, showed majorities also want open public dialogue end-of-life care, including palliative care.

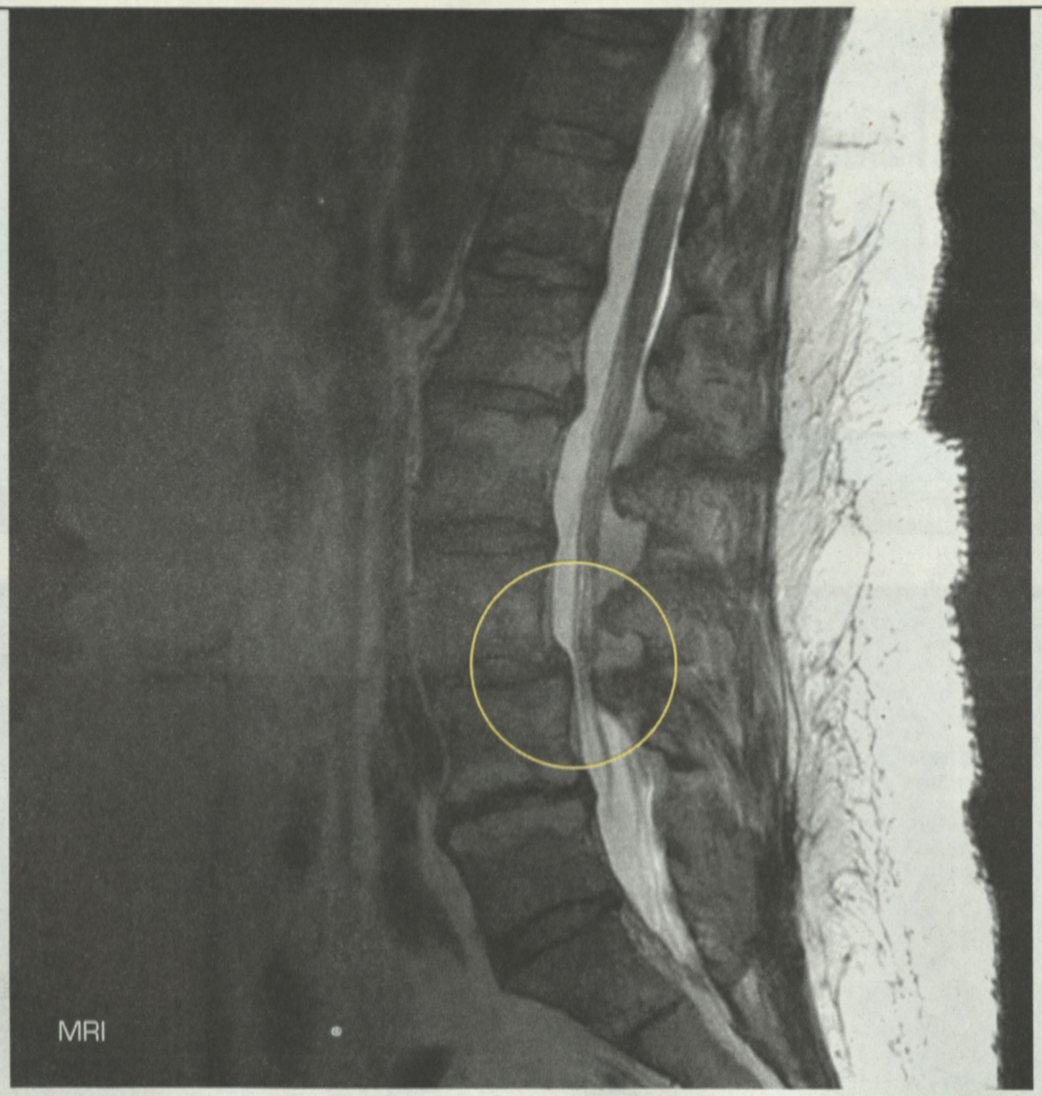
—Page 4

Project Access NOW thanks local physicians for donated time

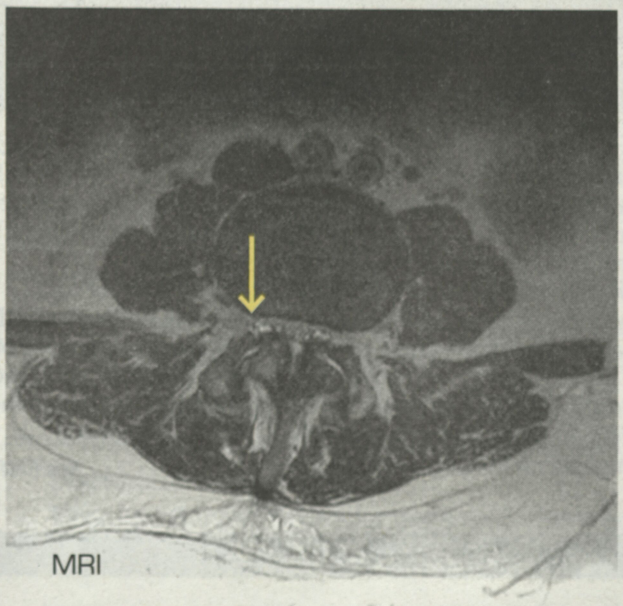


Project Access NOW has the honor of coordinating the donated care offered by more than 2,800 healthcare provider volunteers across the Portland Metropolitan Area who have donated over $16 million worth of medical charges in 2010.

—Page 6 & 7



The effect of inflammation on morphology: a case study



HISTORY: Claustrophobic 58 year old female with gradual onset of acute, sharp, burning pain in the right lower back and right hip over 3 days following normal exercise routine and antalgic gait favoring her right. 10/10 on the pain scale.

PROCEDURE: Images of the lumbar spine were acquired at EPIC's Hall/Nimbus facility utilizing the extra-large bore, open architecture Siemens 3.0 Tesla MRI and interpreted by musculoskeletal and interventional pain expert, Dr. Rahul Desai. Exam was well tolerated by this highly claustrophobic patient. Primary findings revealed severe central canal stenosis at L3-4 secondary to end-stage degenerative facet arthrosis with subsequent anterolisthesis of L3 on L4. This was further compromised by advanced ligament flavum hypertrophy and hypertrophic facet degeneration. Following consultation with Dr. Desai, patient received fluoroscopically-guided epidural and steroid injections into the right and left L3-4 facet joint to treat the inflammation that exacerbated the previously undiagnosed spinal morphology. Patient was referred for neurosurgical consult.

OUTCOME: Within 72 hours, patient was 0/10 on the pain scale. Neurosurgical consult recommends continued interventional pain injections for flare-ups and the resumption of moderate exercise and physical therapy as tolerated. Surgery is not recommended if pain can be managed through image-guided injections because of the potential destabilization of the lumbar spine in this patient.

EMR: Legacy switches to electronic records system-wide

CONTINUED FROM / Page 1

ably will have a less-steep learning curve, Hersen said. But all doctors and staff must undergo special training of between eight and 12 hours before they are given access to the Epic system, he indicated.

"That would apply also to private practice groups, who would have the same training requirements," he added. That will affect a large number of physicians, because only 10 percent of Legacy's medical staff is employed by Legacy, according to Hersen.

If, say, a member of a surgical group on a hospital's medical staff admitted a patient, the doctor could use Epic's inpatient module to access the patient's records. This would be the case no matter whether that group used paper records, Epic or some other type of EMR system with the group's office. Epic also encompasses not just electronic medical records, but also scheduling and billing.

A special program, **Legacy Epic for Affiliated Physicians -- or LEAP** -- works with doctors who are on the medical staff of Legacy hospitals but not employed by Legacy to help them "put this in their office, to allow them better connectivity to Epic inpatient records," Hersen said.

Private practice physicians who choose to join LEAP will find several benefits, including the fact that Legacy will subsidize 80 percent of doctors' costs to obtain and hook up to the Epic system, according to **Linda Janiszewski**, Legacy's LEAP program manager. Doctors may be able to obtain the remainder of the cost through "meaningful use" federal stimulus funding, she said. In addition, Legacy will provide technical support for three years following installation.

LINDA JANISZEWSKI

Physicians in general have other incentives to convert to electronic records, not the least of which is the one provided courtesy of the Centers for Medicare & Medicaid Services, which has applied a carrot-and-stick approach to encouraging EMR use. CMS will reimburse at a higher rate for EMR use and has set 2015 as the date by which medical offices must have EMRs in place to avoid penalties.

Once doctors are on Epic, they can more easily share records with the hospital and other offices, she said. Because most of the other large health systems in the metropolitan area also are on or will be on Epic, physicians with patients in hospitals run by other health systems will be able to access their patients' records seamlessly.

She said Epic has risen to the top of health care software, earning the highest scores from KLAS, a national consulting company that evaluates health care EMRs for health systems.

Janiszewski explained that Epic Systems Corp. does not market or sell to small medical groups, only to those with over 100 physician members. "So they allow health systems to do that," she said. That, and changes to the federal Stark rules, permit Legacy to extend the same benefits to private practice doctors as it does to its employed panel.

Legacy is in the process of contracting with a national firm to handle the LEAP program, because "Legacy has its hands full" right now implementing EMRs for its hospitals and employed groups, Janiszewski said.

She said many specialists are looking at LEAP. "We've had really strong interest," and Legacy is in contract talks with some groups. On March 14, Legacy gave an Epic demonstration to 16 obstetrics-gynecology clinics.

Once medical groups contract with LEAP, the process of getting Epic up and running in their offices is expected to take about six to eight weeks, she said.

For more information about joining LEAP, contact Linda Janiszewski at 503-415-LEAP, or LJsnisze@LHS.org

The Portland Physician **scribe**

6605 SE Lake Rd Milwaukie, OR 97222

Editor
Randalyn Nickelsen Clark
Scribe.Editor@commnewspapers.com
503-546-9884

Advertising
Schadia Newcombe
503–546–9881
snewcombe@commnewspapers.com

Art Direction & Design
Kevin Anspach

Subscriptions 503-620-9797

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Americans want more discussion about end-of-life care

National survey shows more Americans believe in 'quality' end-of-life experience, not just extending the length of life

By Cliff Collins
For The Scribe

A national poll released in March found that more than 70 percent of Americans believe enhancing the **quality of life** – not just extending the length of it – should be a priority at the end of life.

The survey, co-sponsored by **The Regence Foundation and National Journal,** showed overwhelming majorities also want a more open public dialogue about the issues and options surrounding end-of-life care, including **palliative care**, and that Americans believe such discussions should be fully covered by both Medicare and private insurance.

> **"We do Americans a huge disservice by talking about end-of-life issues in a politicized way," said Kieren Porter, who chairs the board of The Regence Foundation.**

KIEREN PORTER, The Regence Foundation

Nearly two-thirds of respondents had personal or family experience with palliative care, end-of-life care or hospice care, but only half of those say they were prepared for the experience. Respondents across all political affiliations placed a priority on quality of life at the end of life and want a deeper discussion – both publicly and privately – about these complex issues.

"We do Americans a huge disservice by talking about end-of-life issues in a politicized way," said **Kieren Porter**, who chairs the board of **The Regence Foundation**. "If there's one thing this first survey has shown us, it's that for most Americans this isn't a political issue at all – it's a personal one – and they want to have meaningful, thoughtful and well-informed conversations about it. Fostering those conversations should be a top priority going forward."

The sponsors pointed out that the survey found paradoxical attitudes, attributable to the complicated issues involved.

"While Americans state a clear preference for options that make the end of life better, not just longer, a majority still believes the health care system should spend whatever it takes to extend life, and they worry about the possibility of diminished treatment," said **Ronald Brownstein**, editorial director of **National Journal Group**. "That tension, while not unexpected for such an intricate issue, shows how challenging it will be to craft public policies that balance all of the public's mixed emotions in this complex arena."

Other key findings included:

-- Americans feel strongly that enhancing quality of life is more important than extending it, but they are divided on how much the health care system should spend to extend the life of a seriously ill patient. By a wide margin, Americans believe it is more important to enhance the quality of life for seriously ill patients, even if it means a shorter life than to extend the life of seriously ill patients through every medical intervention possible (71 percent versus 23 percent).

This result was consistent across all party affiliations – Democrats (71 percent/24 percent), Republicans (68 percent/27 percent) and Independents (72 percent/20 percent).

More than half of respondents said the health care system has the responsibility, technology and expertise to offer treatments and spend whatever it takes to extend lives. This is compared to 37 percent who believe the system spends far too much trying to extend the lives of seriously ill patients.

-- Americans believe palliative care should be a top priority in health care. They are unfamiliar with the term "palliative care" (24 percent said they are "familiar"), especially compared to end-of-life care (65 percent) and hospice care (86 percent). When informed about palliative and end-of-life care, Americans are nearly unanimous in believing these treatments should be a top priority in health care (96 percent).

-- A strong majority of Americans believe there should be more of an open debate about public policies regarding palliative care options. Respondents agree that educating patients and their families about these issues is important; they think a public dialogue will provide more information about care options, and they think discussions should be fully covered by both private health insurance and Medicare.

Only 12 percent of Democrats, 26 percent of Republicans, and 22 percent of independents agreed with the assertion that an open debate about palliative care and end-of-life care could interfere with personal decisions between families and doctors. And 81 percent believe discussions about palliative care and end-of life treatment options should be covered by Medicare, including 86 percent of Democrats, 77 percent of Republicans, and 79 percent of independents.

-- Despite a strong preference for quality of life at the end of life, many Americans worry about potential conflicts between palliative care and doing whatever it takes to extend a patient's life. Roughly half of respondents said they worry that emphasizing palliative and end-of-life care options could interfere with doing whatever it takes to help patients extend their lives as long as possible.

This concern was expressed by 45 percent of Democrats, 48 percent of Republicans and 51 percent of independents. Significant differences were evident between college-educated (35 percent) and respondents not completing college (57 percent), and between whites (44 percent), Hispanics (39 percent) and African-Americans (71 percent). The poll was conducted by international consultant FD among 1,000 adults 18 years old and above. The survey has a margin of error of plus or minus 3.1 percent in 95 out of 100 cases.

To view the entire survey: www.nationaljournal.com/events/event/45/

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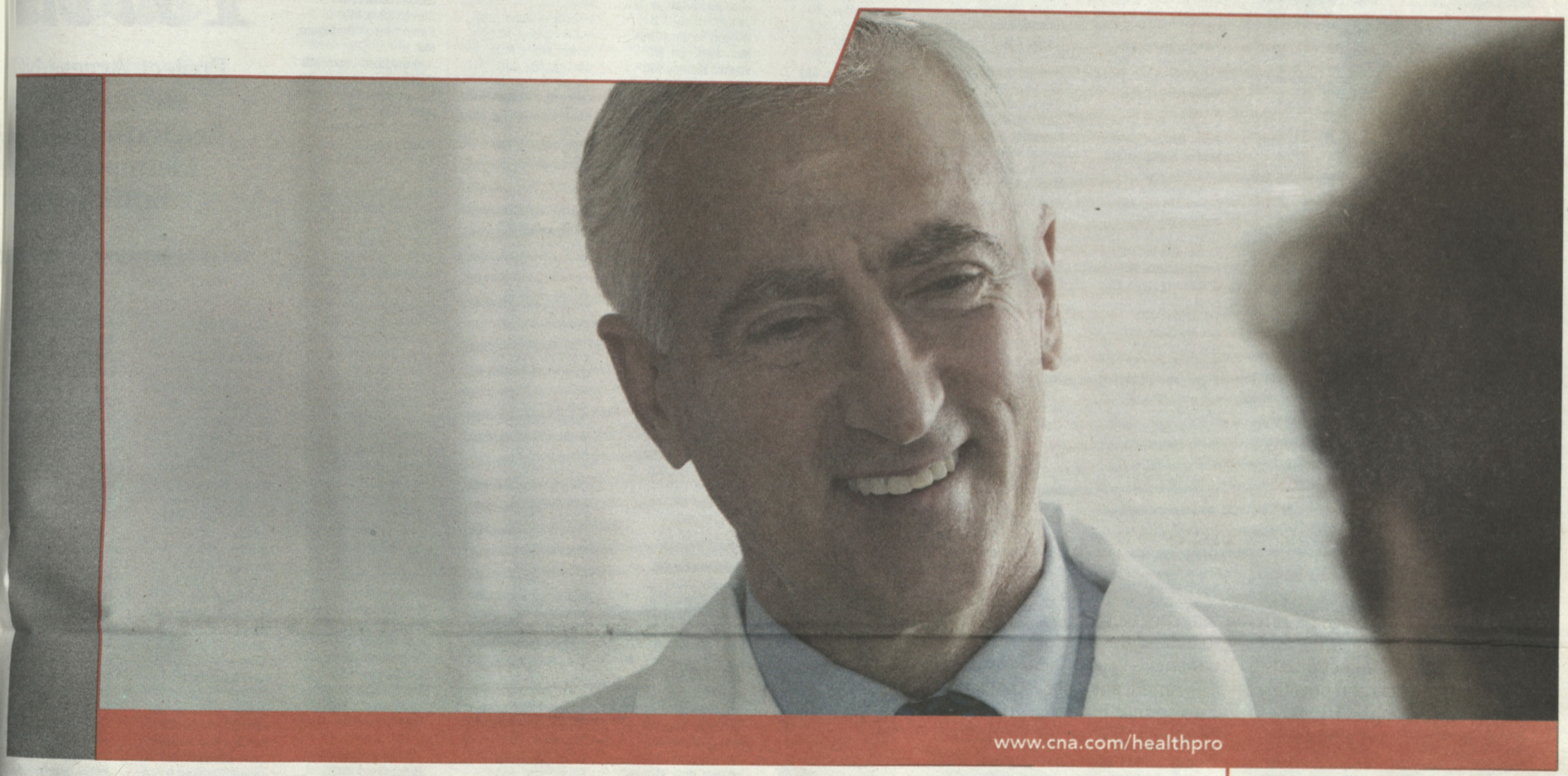

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Meridian Park adds robotic-assisted knee resurfacing

Precision surgical procedure preserves healthy tissue and normal feel not possible with total-knee replacement surgery

By Cliff Collins
For The Scribe

Portland-area doctors now can offer patients a precise means of **knee resurfacing** that preserves healthy tissue and a normal feel not possible with total-knee replacement.

The technological advance that allows this is medicine's **first robotic-arm system for orthopedic surgery.** Called the MAKO Surgical Corp.'s RIO Robotic Arm Interactive Orthopedic System, it is a procedure known as **MAKOplasty,** available at **Legacy Meridian Park Medical Center.**

Before now, surgeons haven't had the technology to do partial knee resurfacing in a precise way, said **James C. Ballard, MD,** one of four orthopedists on the Meridian Park medical staff using the technology.

He explained that the knee contains three compartments: the lateral, medial and patellofemoral. "Those three areas commonly are affected differently," he said. "It's common for only the inside to wear out."

Partial knee replacement is not new, but until MAKOplasty became available, the procedure was not exacting enough: Replacement components were difficult to place in optimal positions. That is where the MAKO RIO excels, he said. "It allows the implants to be customized to the patient's anatomy. You plan the surgery before you get in the operating room."

The system features a robotic arm and a three-dimensional, visualization system. This system gives the surgeon a pre-surgical plan that details the technique for bone preparation and customized implant positioning using a CT scan of the patient's knee. During the procedure, the system creates a 3-D, live-action, virtual view of the patient's bone surface and correlates the image to the preprogrammed surgical plan. The robotic arm then limits the surgeon to just the diseased areas.

"It fine-tunes the placement of the pieces," Dr. Ballard said. "The computer will show you how pieces will marry each other. The robotic arm carves out what you planned. It lets you plan this entire thing before you even touch the person, which is completely unheard of."

About 85 percent of Dr. Ballard's surgical work is in joint replacements, and he emphasized that MAKOplasty "is an excellent alternative, but total knee replacement is ridiculously successful. (MAKO) just offers a quicker recovery and a more natural feel." That's because total knee replacement removes the ligaments that drive the knee, and as a result, the knee never returns to completely normal feel or function.

MAKOplasty patients may experience a shorter hospital stay, quicker recovery and a smaller incision as compared to total knee replacement, in addition to minimal blood loss, faster rehabilitation and a smaller scar. Many

CONTINUED FROM / Page 8

patients return to normal activity within weeks of the procedure, compared to a total knee replacement, which can take several months of rehabilitation.

When MAKO RIO first came out, Dr. Ballard said he was skeptical about it, thinking it was "a marketing thing." His attitude changed dramatically when he went to California to observe surgeons using it there.

He had been using computer-assisted surgery for four or five years before that, so "interacting with a computer was normal for me. MAKO combined robotics and computer-assisted surgery. When I saw it (being used), it was a combination of everything I like."

The technology is too new to have produced long-term studies to weigh results, but Dr. Ballard noted that we have "lots of long-term studies on partial replacements," which showed that "results have been good for skilled practitioners who did them all the time. The designs are very similar, and the plastic is identical."

> **"The computer will show you how pieces will marry each other. The robotic arm carves out what you planned. It lets you plan this entire thing before you even touch the person, which is completely unheard of."**
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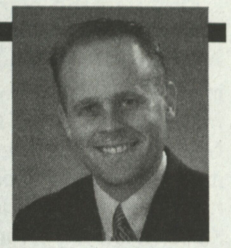
> 
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> JAMES C. BALLARD, MD

Careful patient selection is crucial to good outcomes, he stressed. The preferred patient has only the outside part of the knee worn out, or just the kneecap worn out. In addition the candidate's quality of life must be severely hampered. "It's definitely not something that should be done if (the patient is) functioning well."

Meridian Park began offering the procedure in December and has performed more than 19 cases to date. The hospital's knee replacement surgery volume will be approximately 400 cases at the end of its fiscal year March 31, according to spokeswoman Lisa Wood.

Besides Dr. Ballard, orthopedic surgeons who will perform the procedure at Meridian Park include **Scott R. Grewe, MD; Kevin J. Murphy, MD; and Christopher J. Nanson, MD,** who practices in Salem.

The RIO costs about $1 million. Meridian Park is the first hospital in Oregon to obtain the technology, and will remain so until November. The hospital signed an exclusive arrangement with the manufacturer to be the only facility to provide the procedure in Multnomah, Washington, Clackamas, Marion and Polk counties through the end of 2011, Wood said. Such arrangements allow a hospital that makes the investment in the technology time to build its market for the procedure, Wood said.

Legacy's Salmon Creek Medical Center was the first hospital in the Pacific Northwest to offer MAKO RIO, beginning in December 2009. To date, 141 MAKOplasty surgeries have been performed at Salmon Creek. **Todd A. Borus, MD,** who practices with **Rebound Orthopedics**, has done the vast majority of those, with 123 MAKO surgeries, according to Wood.

For referrals: Meridian Park Total Joint Center Referral Line, tel. 503-692-2411, or see www.legacy-health.org/mako

For more information about the technology, see www.makosurgical.com

Kaiser continues expansion with new Hillsboro clinic

By Cliff Collins
For The Scribe

Kaiser Permanente plans to open a new medical office in Hillsboro this fall, its fifth in burgeoning **Washington County**.

On tap is what the health plan describes as a neighborhood medical office, which will be patterned after Kaiser's first neighborhood clinic, the Murrayhill Medical Office in Beaverton, which opened in October 2009.

This means a scaled-down version of Kaiser's full-service medical offices: It will be located within a small, existing shopping center in a residential area, and it will cater to families and children, said **Jan Weaver-Shelby**, who will be office manager. Anticipated opening is about September.


JAN WEAVER-SHELBY

Staff will be family practice clinicians, including five primary care doctors, and the office will include a pharmacy and a blood-drawing laboratory but no X-ray facility, she said.

Total costs to renovate and open the new office are expected to run $3.3 million, according to Kaiser spokesman **Dave Northfield**.

The office, to be located at 5357 W. Baseline Rd. in Hillsboro, is situated close to Intel Corp.'s large Hillsboro facilities. Kaiser is a provider for Intel, but so far has only a small number of members employed by Intel, Northfield said.

Although the planned office will be in Tuality Healthcare's territory, Tuality declined comment in response to the news of Kaiser's plans, said Tuality spokesman Gerald Ewing. In the past, Tuality Community Hospital officials have said they did not consider Kaiser a direct competitor, because Kaiser serves only its own members rather than accepting other commercially-insured patients.

However, Kaiser's membership continues to grow as the health plan penetrates Washington County, with about 75,000 members living in the county, an increase of 40 percent over the past decade, according to Northfield.

Kaiser Westside Medical Center, the first newly-built hospital in the tri-county area in decades, is being constructed in the Tanasbourne area of Hillsboro and is ahead of schedule and under budget, he said. It is expected to open in early 2013.

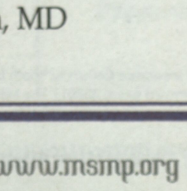
The $360 million hospital will open with 126 beds, with room to grow to up to 240 beds. The hospital will offer emergency, general medical, maternity and surgical care.

In addition to the Murrayhill neighborhood clinic, Kaiser runs full-service medical offices in Beaverton, Tualatin and in Hillsboro adjacent to the new hospital. Kaiser also has four dental offices located in Washington County.

TRANSITIONS

Announcements of hiring, appointments, movement, career and leadership changes of physicians and administrators in the Portland Metro area. Send your Transition submissions to Scribe.Editor@commnewspapers.com.

The **Oregon Clinic's Neurology East** division welcomes **Dr. Brooke Walter**. In addition to her general neurology practice, she specializes in the treatment of movement disorders, including Parkinson's disease, tremor, dystonia, ataxia, myoclonus, tics, restless legs syndrome, chorea and Huntington's disease. Dr. Walter received her medical degree from the University of Virginia School of Medicine in Charlottesville, Va. in 2004. She completed an internal medicine internship and a neurology residency at the University of Washington in Seattle. She later completed a fellowship in movement disorders at the University of Washington and the Veterans Administration Puget Sound Healthcare System. Originally from Richland, Wash., Dr. Walter graduated from the University of Puget Sound in Tacoma, Wash. in 1997 where she majored in psychology. After college, she contributed to brain imaging research at the National Institutes of Health. Dr. Walter is author of numerous research articles and has presented research findings at medical conferences and assemblies. She is the recipient of many honors and awards including the Movement Disorders Society Travel Award and the Ellesor Scholarship for medical school.


BROOKE WALTER, MD

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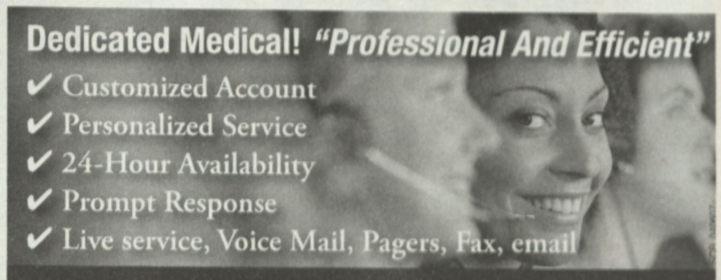

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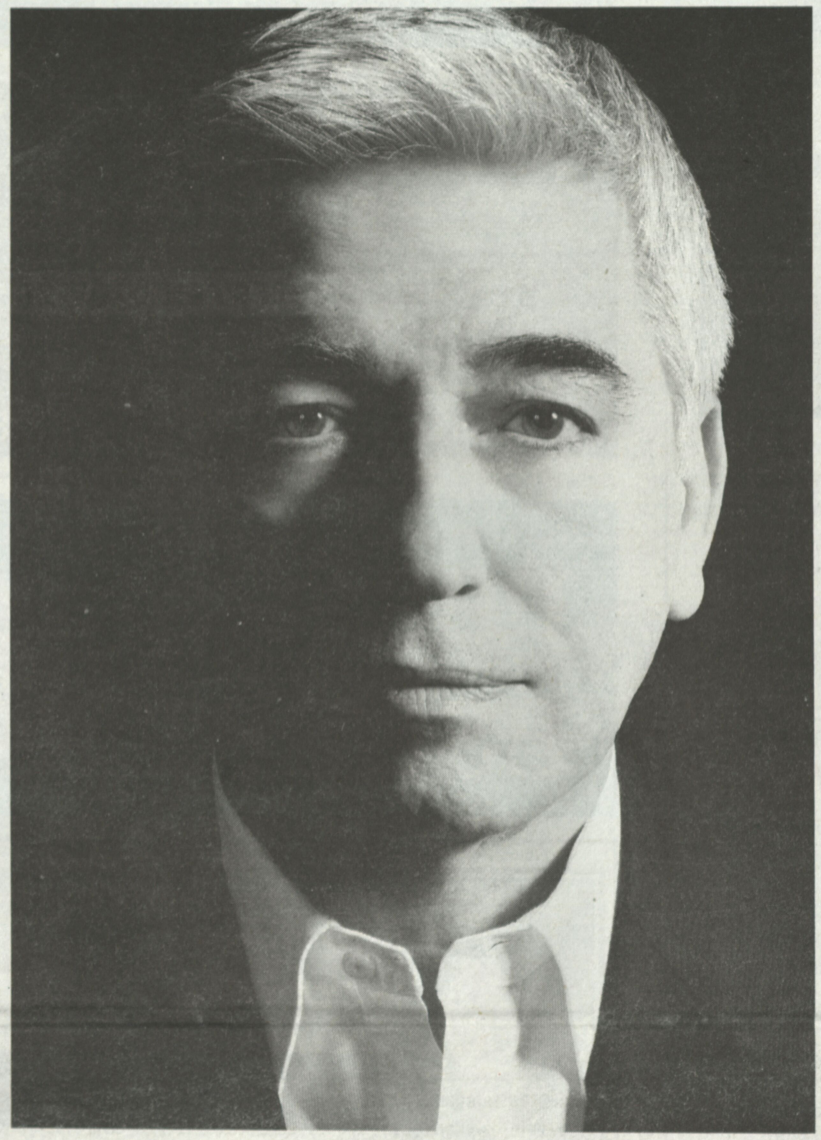

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