



scribe

MSMP News & Events

Find out more about our practice management classes, Providence Bridge Pedal team, and other upcoming events and opportunities. —Page 4

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

New law aims to make lawsuits a last resort

By Cliff Collins
For The Scribe

With the completion and acceptance of administrative rules in June, Oregon has embarked on a new experiment in avoiding medical liability lawsuits.

As of July 1, the state became the first in the nation to implement a statewide program allowing **voluntary early discussion and resolution**—known as EDR—when adverse health care incidents occur.

According to **Melissa Parkerton**, director of Early Discussion and Resolution for the Oregon Patient Safety Commission, the Beaver State also records two other firsts associated with this law, which passed the 2013 Legislature as Senate Bill 483: It allows such discussions to take place in settings other than just hospitals; and it permits patients or their representatives—not just facilities or providers—to initiate the process.

SB 483 charged the Oregon Patient Safety Commission with developing administrative rules to guide how the statute would function. The rule-making process was a complex task involving numerous people representing several professions and entities affected by the law, she said. The rules were developed through collaboration among the commission's board of directors; the governor-appointed Task Force on Resolution of Adverse Healthcare Incidents; the EDR Patient Advisory Group; and the EDR Stakeholder Advisory Group. The commission also considered concerns received from a month-long period of



MELISSA PARKERTON

public comment that ended April 30. The task force met monthly and consisted of 10 voting members, including two physicians and two trial lawyers, and four legislators who were not voting members.

The EDR bill resulted from a document created in 2012 by a state advisory group appointed by **Gov. John Kitzhaber**. The governor and several Oregon Medical Association leaders, including then-OMA President **William "Bud" Pierce, MD**, and the OMA's Medical Liability Reform Task Force strongly endorsed the proposal that became law.

They stated that the EDR concept has the potential to

improve the liability climate in Oregon, and that it represents a collaborative approach to reduce lawsuits, lower administrative costs and improve the patient experience. The statute contains a three-pronged approach to addressing adverse patient outcomes: early discussion and resolution; mediation; and litigation.

Robert Dannenhoffer, MD, a Roseburg pediatrician who served on the Task Force on Resolution of Adverse Healthcare Incidents, which oversees the implementation and evaluation of EDR, said initially there may be some resistance by physicians to using EDR, but the task force sees "it as a much better way to handle disputes. It's a totally voluntary process, which is good. I think this

will become a model for the rest of the country."

Pierce, who co-chaired the task force with a trial attorney, hopes providers will embrace the EDR process.

"The current system just doesn't work," he said. "It doesn't work for providers and it doesn't work for patients." Doctors fear reporting errors, but often the same errors continue happening because providers are not talking about them and working on solutions to prevent them from happening again, he said. "It's time for a new approach that has the potential to benefit providers and patients alike."

Both before and after passage of the law, some doctors and others expressed concerns

See **EDR**, page 13

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'She learns from her patients'

Central City Concern's Rachel Solotaroff, MD, receives national award for service to homeless people

By John Rumler
For The Scribe

The idealistic medical student at Dartmouth College yearned to work as a family doctor in the underserved backwoods of Maine. Instead, she found

her calling working with underserved people in the heart of a big city.

Rachel Solotaroff, MD, medical director for **Central City Concern (CCC)**, which

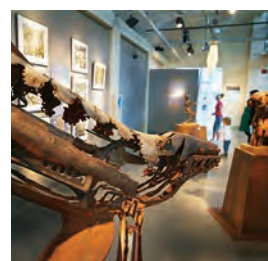
See **SOLOTAROFF**, page 13



Photo courtesy of Heidi Hoffman

INSIDE THIS ISSUE

Proving the power of art



The founder of The Geezer Gallery has known for years that art can make a huge difference in people's health and well-being. Now, she and her collaborators have set out to back up with hard data what she knows to be true. —Page 6

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Next-generation 3-D mammography comes to town

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MSMP presents

Battle of the Doctor Bands—*Thank you!*



The Medical Society of Metropolitan Portland extends a much-deserved “thank you” to all who attended the first annual **Battle of the Doctor Bands** benefit on June 12. It was a tough competition as all the bands performed extremely well. And, the standing-room-only crowd helped raise over \$1,100 for **Special Olympics Oregon!** •

Webinar: Maximize Practice Revenues

July 24, 10:30 a.m.

MSMP welcomes back **Jerry Bridge** for his presentation, “**How to Maximize Practice Revenues in the Face of Healthcare Reform and Transition.**” We will host Jerry’s webinar on **Thursday, July 24, from 10:30 a.m. to noon.** For pricing and to register, please contact Eddy at eddy@msmp.org and don’t forget to ask about the MSMP member discount code. Please visit our website, msmp.org, for more information. •

Practice management classes at MSMP

Aug. 5, 9 a.m. and 1 p.m.



MSMP is thrilled to re-engage a partnership with Practice Management Institute to offer medical office training and credentialing through webinar series and onsite training. Our first class,

“**Transform the Front Desk Staff for Today’s Medical Practice,**” will be hosted on **Aug. 5** at MSMP. Two programs, one at **9 a.m. to noon** and the other from **1 to 4 p.m.**, will be offered. Please visit msmp.org or email eddy@msmp.org for more information and to register. •

MSMP Bridge Pedal Team

Aug. 10, start times and locations vary



Join the **MSMP team** for Providence Bridge Pedal 2014! Improve the health of the community together. Visit msmp.org under the events tab to get your group discount code and to register. Sign up now! •

Battle of the Doctor Bands winner at the Bite of Oregon

Aug. 10, 10 a.m., Garden Stage, Waterfront Park

Join **MSMP** and **The Doctors Company** in celebrating the winner of the first annual Battle of the Doctor Bands at the Bite of Oregon. The winning band, **Love You Longtime**, will perform at **10 a.m. Aug. 10 on the Garden Stage** at the Bite, also benefiting **Special Olympics Oregon**. Admission to the Bite is \$5. If you are riding with the MSMP team in the Providence Bridge Pedal, then admission is free. Please visit msmp.org for updates. •

PHAME Variety Show

Aug. 24, 7 p.m., Portland Center Stage



After viewing the heartwarming presentation by PHAME at our May Annual Meeting, we now invite you to enjoy a **PHAME Variety Show** with MSMP members. MSMP has reserved a limited number of tickets at a group price of \$15 apiece for the PHAME Variety Show, **Aug. 24, 7 p.m. at Portland Center Stage.**



PHAME creates opportunities for adults with disabilities to experience the joy of artistic expression through lifelong arts education and performance. The PHAME Variety Show is an amped up version of its popular annual cabaret night, with plenty of music and shtick for days.

Please visit msmp.org or email eddy@msmp.org for more information and to purchase tickets. •

Battle of the Doctor Bands draws enthusiastic crowd

Love You Longtime wins inaugural event, which supports Special Olympics Oregon



The group Love You Longtime (pictured) won the first-ever Battle of the Doctor Bands, which attracted a large and enthusiastic crowd and raised money for Special Olympics Oregon. The Medical Society of Metropolitan Portland, Medical Society Staffing, The Doctors Company and Providence Health & Services sponsored the June event.

By **Barry Finnemore**
For *The Scribe*

“Are you guys ready for some rock ‘n’ roll?”

That question, voiced over the PA system at McMenamins Kennedy School, drew enthusiastic cheers from a capacity crowd, and Love You Longtime launched into its set that, at night’s end, resulted in the group winning the **Medical Society of Metropolitan Portland’s** inaugural **Battle of the Doctor Bands.**

The June event, a benefit for **Special Olympics Oregon**, drew an audience of some 200 people—adults and kids alike—who clapped and danced as four musical acts, the Moderator Band, Ojos Feos, HomeBrew and Love You Longtime, vied for the right to be called band battle champion and earn a spot on the bill at the **Bite of Oregon** at 10 a.m. Aug. 10.

Norman Willis, MD, guitarist for Love You Longtime, called the battle a great opportunity with great energy that gave the band—including bassist Ken Mann, lead guitarist Dan Stanton, drummer Richard Parker and keyboardist Troy Welstad—the chance to improve its musical chops. The band played both cover and original songs, and for Willis, winning came as a surprise.

“I expected to be the one congratulating everybody else at the end of judging,” he said. “I thought the other bands were great.”

The event raised more than \$1,100 for Special Olympics Oregon. The proceeds will support athletes who are part of its

Multnomah County program and help with uniforms, transportation, equipment and facility costs, according to Kelly Coates, the organization’s director of field services.

The event “far exceeded any expectations I had,” Coates said, noting the standing-room-only crowd; the positive interaction between the audience and athletes Davante Hardy, Dominic Flesey-Assad and B.J. McInturf, who were selling raffle tickets; and the collaboration with MSMP.

“It was really amazing to have such a good response,” she said.

The audience enjoyed food and drink as judges Paula Purdy, director of operations for Medical Society Staffing, Rocky Tinder of the band Wampire, and Tony DeMicoli, talent coordinator for the Bite, evaluated the bands. And when HomeBrew, the evening’s last act, took the stage and played the first few bars of Steely Dan’s “My Old School,” the crowd had packed the dance floor.

Brenda Kehoe, MD, MSMP president and member of the Moderator Band, called the Battle of the Doctor Bands a “fabulous” event.

“It makes giving money fun,” she said. “The audience was so responsive and enthusiastic.”

Coates said all efforts went into laying a solid foundation for the first Battle of the Doctor Bands, and that things are in the preliminary stages to replicate the battle in other parts of the metro area in 2015. •

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



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

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

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Doctor finds 'gifts' in cancer diagnosis

By Cliff Collins
For The Scribe

Nathalie M. Johnson, MD, couldn't believe it when the radiologist called her on the phone. Johnson had undergone her routine screening mammography that day, and seen her results afterward. "I looked at the 2-D pictures," she says. "They looked fine." But the radiologist who called had also reviewed pictures taken on Legacy Health's new 3-D mammography equipment, and told Johnson, "It looks like there's something."

There was. About a year ago, Johnson was diagnosed with HER2-positive breast cancer, one of the more aggressive types of breast cancer. It meant she would have to undergo chemotherapy. Because Johnson—a surgical oncologist who is medical director of Legacy Cancer Institute and of Legacy Breast Health Centers—is a breast cancer specialist, she had the advantage of knowing the ins and outs of her particular case, as well as the advantages and disadvantages of various therapy approaches.

She chose to have chemotherapy before surgery, in order to see how the tumor responded. She also took Herceptin for a year, and will remain on tamoxifen for seven years. She decided to have bilateral mastectomies.

Her medical training had prepared her for making decisions about treatment, but she had to figure out the rest on her own, such as whether to talk about her disease publicly, and whether to share it with patients.

"Initially, I wanted to be private about it," she acknowledges. Her mother had had breast cancer, and she survived it, so Johnson looked to her example and decided to share her own experience with cancer.

Johnson says going through treatment herself allowed her to see things from the patients' perspective in a different way. She felt she always had been supportive and empathetic, but now she realizes even more what patients are going through, including "the hopes and expectations."

For example, sometimes during treatment, physicians will advise patients that they would benefit from additional therapy. Patients commonly react despondently to that news. Having been a patient now herself, she sees that "when you change the schedule, it's like moving the finish line," she says. "I have a deeper appreciation."

In addition, although she had always recommended that patients seek complementary therapies such as acupuncture, massage therapy and herbal treatments, after her own diagnosis when she tried them herself, she became more aware of how they helped, she says. "Now I stress their importance and the value they add."

During chemotherapy treatment, she cut back her schedule to half time. At the beginning of June, when she had her final chemo treatment, she was slowly coming back to full time.

"A gift that cancer has given me is to re-evaluate life balance," Johnson says. Prior to her cancer, "I had a ridiculous schedule," she admits. "I see now I have grown and become a better wife, a better person, a better doctor. I wouldn't want to go through it again, but I've gotten many gifts from it."

She said that after years of supporting others, she has in turn been supported by everyone she encounters who knows about her disease.

"One of the things that's been professionally a challenge" is whether and when to share her own experience with her patients. She doesn't do that routinely, partly because she believes each individual should decide with her doctor the treatment regimen to pursue. But Johnson does share her story if a patient knows and asks about it, or if "I think it will allay a fear or be helpful to them."

This article is part of a series exploring life challenges of physicians. It is a part of MSMP's goal to better support and connect members of the region's medical community. Do you have a personal story about overcoming challenges that you'd like to share with Scribe readers? If so, please contact the editors at scribe@llm.com or 360-597-4909.

Johnson is a person of faith, and she has prayed a lot during her disease and treatment. Her first response to being told she had breast cancer was: "Why me? Why couldn't I get a breast cancer that doesn't require chemotherapy? Why? Then it came to me, 'Why not? Why would I be special? So many people have had that and had to go through it.'"

She acknowledges the irony of coming down with something she specializes



Nathalie M. Johnson, MD, says her first response to being told she had breast cancer was, "Why me? Why couldn't I get a breast cancer that doesn't require chemotherapy? Why? Then it came to me, 'Why not? Why would I be special? So many people have had that and had to go through it.'"

in helping others try to overcome, "but I feel in so many ways it has been good," she says. "As physicians, we struggle with illness (in ourselves) as being seen as weakness. Like, 'Don't let them see you sweat,' that you're vulnerable, and feel your colleagues look at it that way. It's kind of silly. All of us are human."

Instead, Johnson says, doctors should think and talk about how to take care of themselves at a time when they are ill, and how they can make sure their patients are taken care of in the meantime.

Johnson is thankful that Legacy had installed 3-D mammography, which it now has at all four of its hospitals even though insurers don't pay any extra for using that more-expensive technology, despite its superiority in providing comprehensive images and greater clarity compared with the standard 2-D mammography. "Legacy had a commitment to go ahead and do it and not charge the patient for the difference," she says.

The 3-D played an essential role in her finding her own cancer, she says. Her diagnosis would have been made "eventually," she says, but with the aggressive form of breast cancer she had, it probably would have spread before detection. "It was a blessing for me." •

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OHSU, The Geezer Gallery collaborate to prove that art is good for the brain

By Jon Bell
For The Scribe

Amy Henderson has known it for years: Art can make a huge difference in people's lives—in their health and well-being—and especially in the lives of the elderly.

As founder of **The Geezer Gallery**, a Portland art gallery that showcases the works of talented senior artists and offers art therapy programs, Henderson has seen the difference art can make. What she hasn't really seen, however, is the scientific research that proves it.

But thanks to a new partnership with Oregon Health & Science University, Henderson and her collaborators have set out to change that and back up what she knows to be true with some hard data.

"Does art have a positive impact? Absolutely," said Henderson, who earned a master's degree with a focus in gerontology from Marylhurst University before founding The Geezer Gallery in 2010. "We've done these programs and refined our curriculum with several hundred people in the area since 2010, and I can tell you it's shown me that there is such a strong voice saying that art does, indeed, have an impact. Now we're going to put the science behind that."

Last year, Henderson applied for a grant from the Oregon Tax Check-off Alzheimer's Research Fund, which is one of many optional donations Oregonians can make on their tax forms each year. **Mary Ruhl**, a research associate at **OHSU's Layton Aging & Alzheimer's Disease Center**, one of 27 NIH Alzheimer's Disease Centers in the U.S., said the fund usually awards grants of about \$30,000 for new research projects.

The Geezer Gallery's project was a good fit because it could tap into some research already under way at OHSU and with the **Oregon Center for Aging & Technology (ORCATECH)**. That research uses a variety of sensors to monitor the activities of groups of seniors, some of whom have mild cognitive impairment and some who do not. The sensors track activities such as walking speed, how often someone gets out of bed at night, whether they're taking their medication or not, how often they use their computer and how many visitors they have.

Ruhl said that data, collected over years, can help track brain function—for example, people tend to shuffle if they're having neurological issues—and also show the important connection between social engagement and well-being. Adding an art component will give a new twist to the research, she said.

"The kinds of things that Amy is doing are really great and her programs are wonderful for life enhancement and well-being," Ruhl said, "but they are very difficult to test. If you can be scientific about it, though, and if you can prove that it was beneficial, then maybe you can advance to another level of funding."

The Geezer Gallery project will tap into those populations who are already wired in with ORCATECH sensors. Forty-five seniors will be part of the study, with some at a REACH Community Development assisted living facility in the Pearl District and some at Mary's Woods in West Linn. Through the project, which began late this spring, people were first given a battery of tests to determine a baseline on things like loneliness, depression and anxiety.

They'll then undergo a six-month art intervention using The Geezer Gallery's "Capturing Time" and "Vibrant Elders" therapeutic programs. Those combine a variety of art media and methods with creative writing to stimulate imaginative thinking, problem solving and personal expression. They will be monitored during the intervention and then for three months afterward to see what impacts it had.

"There is some research out there, but there's not been enough to really gain credibility," Henderson said. "This is what's needed, and our hope is that if we prove our hypothesis to be true, then we can go to NIH collaboratively for a larger study."

Tying into the research is a new exhibit at OMSI that kicked off June 6 and will run through Sept. 28. Called "Mind to Hand," the exhibit looks at the intersection of art, science and creativity. It features the research being done by OHSU and The Geezer Gallery and also the work of 11 master artists, all age 60 and older. Henderson said in addition to its main aim, the exhibit should inspire younger generations to think differently about their elders while also serving as a platform to educate everyone about how art affects brain health.

"This is really ground-breaking research," she said, "and in a society that is aging, we really need to pay attention to this." •

For more information, visit The Geezer Gallery's website at www.geezergallery.com.



An exhibit titled "Mind to Hand" at the Oregon Museum of Science and Industry explores the intersection of art, science and creativity, and features the work of 11 master artists 60 and older. It ties into research being done by Oregon Health & Science University and The Geezer Gallery, a Portland art gallery that showcases the work of talented senior artists and offers art therapy programs. Photos courtesy of Corporate Graphics & Printing/Gordon Scott

Remembering one's story key to staying grounded during med school, being sensitive to others' personal narratives

By Gabriel Edwards
For The Scribe

Here's the trick about writing a piece reflecting on what I've learned during the second year of medical school: Last year I had a summer break waiting for me at the end of our final course. I had ample time to reflect. This year, I have the

USMLE scheduled in a week and a half as of writing this sentence. I'm currently in the middle of preparing for that exam. So what have I learned this year? I'm tempted to say that I'll let you know when I find out a few weeks after I take the exam.

In a larger sense, I've realized this: Last year felt like diving into a large tank, suddenly immersed in both the science of

medicine and the beginnings of my interactions with others in my new role as medical student. I found myself thinking about my father taking me to the pool as a kid. Getting into the water was (and still is) never easy because of the immediate dissonance one experiences between the warmer temperature of the body and the cooler temperature of the water. But

Student Essay



Photo courtesy of Gabriel Edwards

that sensation subsides with enough time. One "gets used" to it. And like I did then, so I did this year as well, at OHSU.

That's where I am now. I know I'm still just as immersed, I just don't notice it as much. The large amount of information you learn in such a short time not only fills your consciousness, but it actually makes it more challenging to imagine things that were unquestionably true just a short time ago. The act of remembrance necessitates the overwriting of memories that came before. At some point, for example, rivaroxaban was just a drug advertised on TV. Diabetes was once the simple, fascinating act of watching your elementary school classmate prick his finger and squeeze a single drop of blood on a tiny strip. It's hard to imagine them without imagining the former as a factor Xa inhibitor in the clotting cascade, and the latter as an epidemic chronic disease.

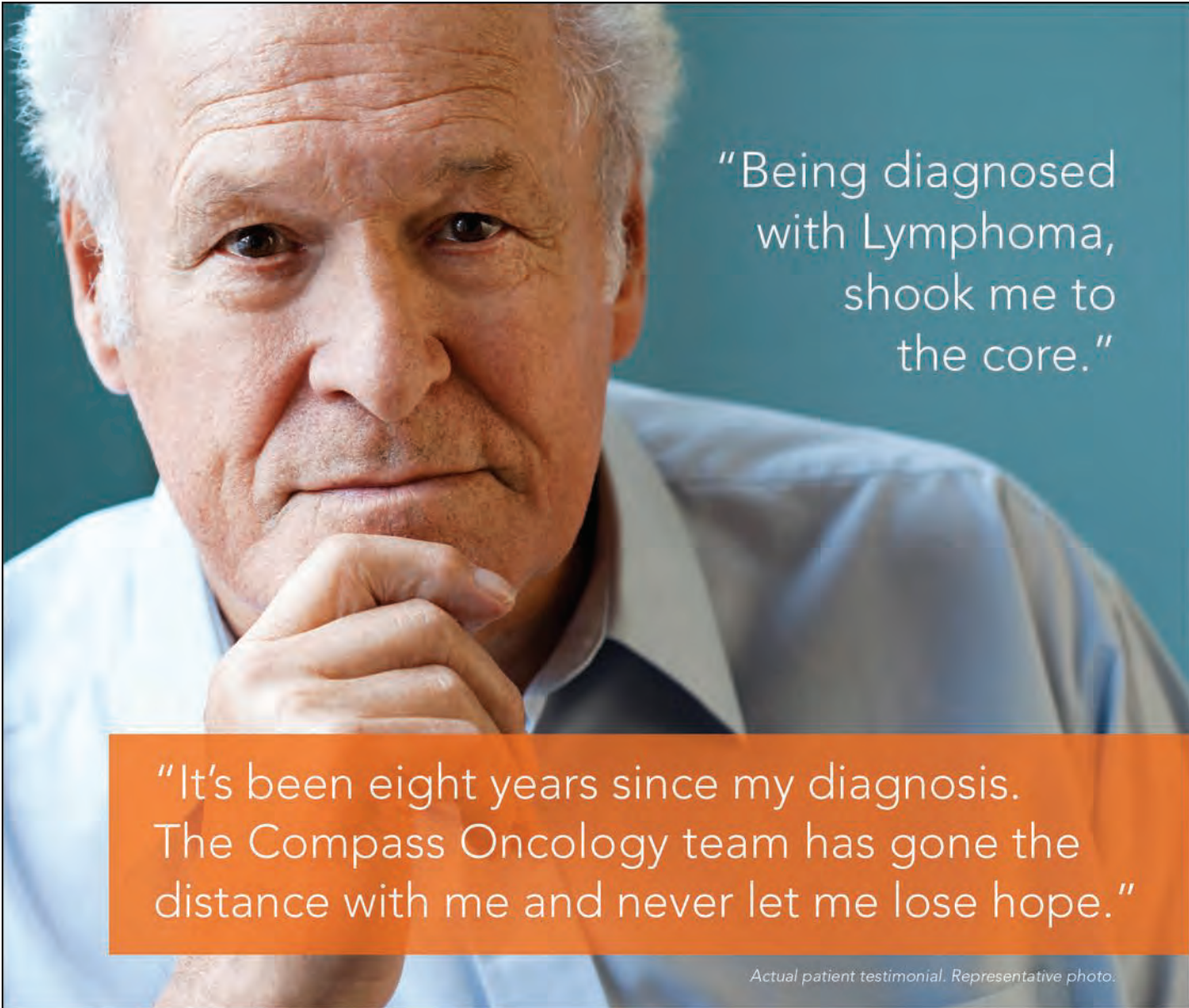
For most people, medicine is something that intermittently comes into their life like a rain shower. I was like most people in this sense until two years ago. But becoming a medical student marks the process of stepping off dry land and into the ocean, where all of those raindrops eventually converge. It is made more meaningful when you can still recall how it started. After all, the person I was before didn't know very much about beta blockers, but he knew why he wanted to become a doctor. That's worth remembering.

Remembrance of a particular story is important because of the ease by which medical school, left to its own devices, molds the narrative into an academic steeplechase. This is especially true when you're relentlessly preparing for an exam where your performance is curved with respect to the performance of your peers. That's a narrative distortion if there ever was one. It becomes more tempting to compare the quality of your jumps to those around you, and gauge your sense of accomplishment by the ease in which you run the race. Remembering one's own story is important to being grounded through this process, but more than that, keeping it in mind is important in order to remain sensitive to the narrative of others, be they patient or colleague.

Nothing feels as much like a race as does studying for the USMLE Step 1. I look forward to finishing it so I can begin molding the story into something more closely resembling my own. •

Gabriel Edwards is a medical student at Oregon Health & Science University. He can be reached at edwargab@ohsu.edu.

The Scribe welcomes essays from medical students. If you are interested, please contact the editors at 360-597-4909, or scribe@llm.com.



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Patient literacy improvements in full swing among area health systems

By John Rumler
For The Scribe

Following the monumental shift from paper to electronic medical records, the movement to improve patient literacy, and facilitate better communication between patients and their physicians and the entire health team is in full swing in the Portland metro area.

"Federal law requires that patients have access to their medical records, including clinician notes, but obtaining those records could often be time consuming, frustrating and, in some cases, expensive," said **Homer Chin, MD**.

But according to Chin, chairperson for the **We Can Do Better** campaign, the nonprofit health advocacy group that is organizing the regional push for patient literacy, the day is approaching when patients will be able to access their charts, medical information, and notes



HOMER CHIN, MD



GREGORY PATTON, MD

with a single tap on a keypad. A Portland-based leader in national health care reform, **We Can Do Better** was founded by Gov. John Kitzhaber in 2006.

No less than nine health systems in the Northwest (**Kaiser Permanente Northwest, Legacy Health, Oregon Health & Science University, Providence Medical Group, The Portland Clinic, The Vancouver Clinic, Portland VA Medical Center, OCHIN and Salem Health**) have committed to providing upwards of one million patients in Oregon and Southwest Washington with electronic access to the notes their providers include in medical records. This marks the first time that **OpenNotes**, a national initiative encouraging health organizations to adopt open access to clinician notes as a standard of care, has been supported and implemented by an entire region.



Maria Ross (left), a brain aneurysm survivor, patient advocate and author, talks with Tricia Tillman, director of the Oregon Health Authority's Office of Equity and Inclusion during a health literacy conference hosted by Legacy Health. Ross, the keynote speaker during the 2013 conference, gave a presentation titled, "Stranger in a Strange Land: A Patient Point of View About What Health Literacy Means to Recovery." Photo courtesy of Legacy Health

The stage was set for the OpenNotes patient literacy movement in 2009 by the Health Information Technology for Economic and Clinical Health Act, which promoted the use of accessible electronic medical records and modernizing information technology in clinics nationwide. Funded by the Robert Wood Johnson Foundation, it began in 2010 as a one-year study at Beth Israel Hospital in Boston and has grown phenomenally.

Adopting OpenNotes is just one of the ways area health systems are empowering patients. New applications of technology such as **Compass Oncology's MyCarePlus**, which recently completed a six-month pilot, are being devised to give patients new resources to monitor and advocate for their own health. A secure online portal developed by McKesson Specialty Health, provides extensive medical information from all members of a patient's health care team. Additional CURE Today resources featuring patient experiences and cancer guides are also available to support patients on their cancer journey.

More than 75,000 patients are enrolled in MyCarePlus nationally, including 4,000 locally, and the numbers are growing daily. "We're still in the early stages, but it's available to all our patients," said Practice President **Gregory Patton, MD**. "The biggest lesson we learned during the pilot period was that it takes time and several reminders for most patients to get into the habit of using something new like this. Just telling them about it once or twice isn't enough."

Providence Heart and Vascular Institute is also participating in a unique trial: To find out if direct monitoring of heart pressure by heart failure patients can improve outcomes, participants in

the LAPTOP-HF trial receive an implant in their chest, similar to a pacemaker, that remotely connects to a hand-held device called a Patient Advisor Module (PAM).

The PAM not only monitors the heart's pressure, it also reminds patients to take medications, provides daily recommendations on dosages and allows them to record symptoms. Physicians review the data by logging in to a website. "We hope the PAM will give the patients more control over their condition, similar to the way a diabetic manages their insulin therapy," said **Jacob Abraham, MD**, medical director of the institute.

In another first, Legacy Health is offering its patients who have either an Apple iPhone or Google Android device a multifunction mobile app allowing them to interact with their physicians, clinics and hospitals regarding how, where, and when they access their care. Users are able to keep track of their insurance information such as co-pays and coverage benefits, and can list conditions, medications, allergies, and other vital information that could be life-saving. A built-in link enables patients to ask questions and get lab results, medical histories and more on their mobile devices.

Legacy worked with Slalom Consulting in creating the mobile app and conducted usability tests with sets of more than 30 patients, primary care and specialty physicians and clinics to ensure the app was practical and user-friendly.

"We're finding many ways in which digital technology makes it easier to communicate with our patients, extend our services, and improve the ways we deliver care," said **Amy Chaumeton, MD**, Legacy Health chief medical information officer.

See **PATIENT LITERACY**, page 11

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Cultural competence a growing priority as Oregon's population diversifies

This article is part of an occasional series about cultural competence in health care.

By Melody Finnemore
For The Scribe

Of the 215,000 people **Health Share of Oregon** serves, nearly half are people of color and 46,507 of them speak languages other than English. Over 20 percent of Americans speak a language other than English at home, according to the U.S. Census Bureau's 2012 American Community Survey.

That number is even higher for consumers applying for health insurance through CCOs and insurance exchanges under the Affordable Care Act. Of the new applicants, one in four is expected to have limited English skills.

Health Share, the state's largest coordinated care organization, is among the area health care entities seeing a growing number of patients from immigrant populations and seeking ways to improve its cultural competence. The Civil Rights Act and Title VI have long required health care organizations that receive federal funding to provide professional interpreters for non-English speakers. The ACA's reimbursement for this service and the

rise in medical consumers from different countries are among the factors driving local organizations to beef up their cultural competence programs.

Health Share recently submitted its proposed standards and improvement plan for cultural competence to the Oregon Health Authority. The proposal was the result of a yearlong effort in which it created a Cultural Competence Workgroup that approved and conducted an Organizational Assessment for Cultural Competence & Health Equity.

Sandra Clark, project director of community health strategies, said Health Share sought a multistakeholder approach to addressing cultural competence and health equity issues for two reasons.

"Eliminating health disparities requires coordinated, collaborative work across many sectors and Health Share can provide the ability to convene and facilitate the work," she said. "And we did not want to create a set of mandates or otherwise approach this work from the 'top down.'"

In partnership with its Community

Advisory Council, Health Share developed priorities for 2014–15. These include hiring more multilingual health care professionals, improving its written materials by working with Spanish speakers to review the translations, and integrating more professional interpreters.

Tore Maras-Lindeman, managing director of **Certified Medical Interpreters' (CMI) Western region**, said the demand for medical interpreters in Oregon far exceeds the supply. As an example, CMI has just two medical interpreters for the burgeoning number of Russian immigrants who now call Oregon their home.

Cultural competence extends beyond language barriers, Maras-Lindeman noted. Even for those who can speak English as a second language well, comprehension of medical terminology and explanations can be low. This is especially true when faced with complex diagnoses and different treatment options.

Cultural attitudes toward health care also vary. Some Asian immigrant cultures, for example, are influenced less by science and more by traditional or

Eastern views of medicine. By contrast to Western models, these approaches tend to be more holistic and ritualistic, often incorporating religious or animistic practices, according to CMI.

And, Maras-Lindeman said, many ethnic populations rely upon acquaintances from their community or church to serve as medical interpreters, leading patients to hold back about their physical conditions due to privacy concerns.

Louis Provenzano, co-founder of **Certified Medical Interpreters** and the **National Board of Certification of Medical Interpreters**, said the movement toward enhanced cultural competence not only alleviates costs and legal liabilities for health care organizations, but it also can boost the bottom line.

"It makes sense not only from an economic standpoint and a liability standpoint, but from a market share and brand-building standpoint," he said, referring to the loyalty cultural competence instills in patients and their families. "It just makes sense to speak the language of the local community." •

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News briefs

Providence St. Vincent recognized for stroke care, clinical care excellence

Portland's Providence St. Vincent Medical Center was recognized recently for delivering exceptionally high levels of clinical care. It was among just seven acute care hospitals with over 250 beds honored with VHA Inc.'s 2014 Clinical Care Award. VHA uses cost, length of stay, readmission and clinical outcome data from the Centers for Medicare and Medicaid Services to determine award recipients.

In addition, Providence received three recognitions from VHA for innovative approaches to supply chain management in Oregon and across its five-state system. VHA is a national network serving more than 5,100 health system members and affiliates that work together to achieve new levels of clinical performance and operational efficiency.

The medical center also has received certification as a Comprehensive Stroke Center by the Joint Commission. The certification recognizes hospitals that have expertly trained caregivers in all areas of advanced stroke care and a state-of-the-art facility to treat patients with the most complex strokes. •

Surgery center receives top patient safety honor

Northwest Ambulatory Surgery Center in Portland received top honors in patient safety from the Oregon Patient Safety Commission.

The award, first announced earlier this year, recognized the physician-owned center, a Legacy Health System partner, as the leader among ambulatory surgery centers participating in Oregon's Patient Safety Reporting Program, which supports health care organizations dedicated to improving patient safety and promoting transparency when unintended harm happens as a result of medical care. •

Adventist lauded for care, safety

Portland's Adventist Medical Center has again been recognized as a leader in caring for stroke patients, receiving the 2014 Get With The Guidelines Stroke Gold-Plus Quality Achievement Award from the American Heart Association/American Stroke Association.

Get With The Guidelines helps Adventist provide the most up-to-date, research-based guidelines, with the goal of speeding recovery and reducing death and disability for stroke patients. The hospital earned the award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients at a set level continuously for two years. Get With The Guidelines also evaluates hospitals on providing the community access to information on stroke prevention, while helping educate stroke patients about how to manage their risk factors, recognize warning signs and take medications properly. Separately, the latest Hospital Safety Score honored Adventist with an A, its top patient safety grade. The Hospital Safety Score is compiled under the guidance of the nation's leading experts on patient safety and administered by The Leapfrog Group, an independent industry watchdog. Hospital scores are transparent and designed to give consumers information to protect themselves and their families when facing a hospital stay.

Meanwhile, seven Adventist Health Medical Group clinics were honored by the Oregon Health Authority for achieving the highest level of Patient Centered Primary Care Home in the state. This means patients receiving care at these Tier:3 clinics receive the most comprehensive level of coordinated care, with an emphasis on prevention and managing chronic conditions.

The Adventist clinics honored were Clackamas Family Practice, Sandy Family Practice and Urgent Care, Parkrose Family Practice, Damascus Family Practice, Cherry Park Family Practice, Eastside Internal Medicine and Internal Medicine Associates. •

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Neurologist has personal reasons to pedal for MS

By Jon Bell
For The Scribe

Kyle Smoot, MD, was in his first year of medical school in 1997 when he got some troubling news about his mother: She'd just been diagnosed with multiple sclerosis.

Fortunately for Smoot's mother, Karen Gorby, her initial symptoms were mild. She was evaluated at the Cleveland Clinic, home to the world-renowned Mellen Center for Multiple Sclerosis, and ever since has been stable thanks in part to a weekly shot of the MS drug, Avonex. She's currently a 62-year-old nursing administrator in Ohio who, according to Smoot, probably puts in more hours each week than he does.

Her diagnosis had a big impact on Smoot's life, as well. When he'd gone into medical school, he didn't really have much of an interest in neurology. But that changed when MS came to his family.

"That really sparked my interest and I became fascinated with it," he said. "It drove my passion for neurology and, more specifically, MS."

Today, Smoot, 39, is a neurologist at **Providence Neurological Specialties** in southwest Portland. His specialty, naturally, is MS; about 80 percent of his patients have the disease.

Beyond practicing in the MS field, Smoot has also racked up some serious cycling miles in an effort to help raise funds for the National Multiple Sclerosis Society. The nonprofit mobilizes people and resources to drive research for a cure and to help those who are affected by MS. Every year, the society's various state chapters host **Bike MS**, a multi-day fund-raising ride covering routes ranging from 33 to 100 miles or more. Last year's rides involved more than 100,000 bicyclists who raised in excess of \$80 million for the society.

"I do feel that it provides a lot of big benefits for education and research and



KYLE SMOOT, MD

for helping patients," Smoot said. "All the money raised goes to the society, which probably of all the groups is the leader in providing support for MS."

Smoot, a bike commuter and fairly avid cyclist, started doing Bike MS in 2005 or 2006 when he was living in Seattle, and he's done it every year since.

"When I moved to the Northwest in 2000, I commuted to work on my bike, but that's really all I was doing," he said. "The MS ride really got me interested in doing some more serious road biking."

He spends time training for the ride every year because he's always done the longer Bike MS routes, usually 100 miles one day and 50 the next. He's also ridden in the 100-mile Portland Century and would someday like to do the seven-day Cycle Oregon, time permitting.

On past Bike MS rides, Smoot said he's been inspired by some of the other riders.

"I usually see a few of my patients out there, which is motivating and neat to see," he said. "The whole thing is just fun, too. On Saturday they usually have a band and food and people camp. The goal is a fund-raising event, but it also brings a sense of community and support to people that have the disease and their friends and family."

This year's Bike MS takes place Aug. 1-3 and starts and finishes at Western Oregon University in Monmouth. A small team of five or six riders from Providence will be in the ride, with one special guest taking part as well: Smoot's mother.

"This year, my mom hinted at coming out in August, so we worked her visit and the ride in together," he said.

While not exactly a cycling zealot, Smoot said his mother did start riding more regularly last year. This past Mother's Day, he headed back to Ohio

for a visit and they went on a 25-mile ride. Once Smoot's sister heard about her mom coming out for the ride, she wanted in on it, too, so she'll be part of the team. Smoot's two young nieces will likely volunteer at the event as well.

"It'll be a whole family affair," Smoot said.

Though he's a little worried that Ohio's comparative lack of topography may not do enough to prepare his mom for Oregon's hills, Smoot said he thinks they'll all do great on the ride. They

won't, however, be doing the 150-mile route, but will instead stick to one of the more manageable options.

"That's perfectly fine with me," Smoot said. "It'll just be nice to do it together." •

Do you or someone you know have a hobby or off-hours activity to share with Scribe readers? We'd like to hear from you! Contact the editors at 360-597-4909, or scribe@llm.com.

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PATIENT LITERACY from page 8

The only major health care agency in the metropolitan region to enact its own centralized, system-wide health literacy initiative, Legacy has hosted three major patient literacy conferences—the only ones so far in the Pacific Northwest, beginning in 2012. All have featured national presenters and have been filled to the 500-person capacity with a lengthy wait list.

Representatives from 79 different health care agencies have attended, according to Legacy spokeswoman Julie Reed. "The response has been phenomenal. There's been an outpouring of gratitude from health professionals and community-based organizations that Legacy is taking the lead on this."

Since 2008, Legacy has trained between 3,000 to 4,000 of its caregivers and

providers in "Teach-Back," a method of communicating that improves patient comprehension and retention. In addition, it is engaged in simplifying medical charts so they can be understood by people with a sixth-grade education. "Our goal is to have the charts simplified and the OpenNotes process completed by 2016 or before," said **Wayne Clark**, vice president for community health and literacy.

Legacy has also provided the **Wallace Medical Concern** with an \$180,000 grant for a three-year Health Literacy Project to support the comprehensive integration of health literacy into every aspect of WMC's patient care. "We viewed this as an opportunity to create a living laboratory for patient literacy at our Rockwood Clinic from the day we opened," said **Katrina Ratzlaff**, director of advancement. The project has one more year, but WMC presented its two-year findings during Legacy's March Health Literacy Conference. •

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serves about 13,000 people annually with health care, housing, peer support and employment, received the **Karen Rotondo Award for Outstanding Service** at the National Healthcare for the Homeless Conference last month. Rotondo, who died earlier this year of cancer, was an RN who was instrumental in building the nationwide health care network that exists for the homeless today.

The award recognizes hands-on caregivers who demonstrate vision and creativity in advancing the goals of ending and preventing homelessness, and who have made a significant contribution to improving the health and quality of life of people experiencing homelessness.

Solotaroff, who still spends 18 to 20 hours a week seeing patients, is credited with transforming CCC's Old Town Clinic into a patient-centered primary care home model and was recognized last year by the Robert Wood Johnson Foundation as "a national exemplary practice of patient-centered health care."

In addition to leading the Old Town Clinic, which serves about 4,000 patients yearly, Solotaroff has championed the development of a chronic pain program, which has become a national model for its innovative and effective approach to addressing chronic pain among homeless patients with histories of addiction.

Her unique dual role as CCC's medical director and faculty member at Oregon Health & Science University has brought dividends: Solotaroff helped develop

the social medicine curriculum for OHSU residents, and now all internal medicine residents rotate through Old Town Clinic twice.

Chief Medical Officer of Health Share of Oregon **David Labby** has known Solotaroff since she started at CCC in 2006. "Rachel listens very deeply to the community she serves. She seeks connections, she learns from her patients and is guided by their experiences," he said. "We've all gained from Rachel's commitment and passion for helping others, and she can be counted on to add a perspective you didn't think of yourself, which is wonderful."

"This is what I want to do with my life"

Solotaroff's father was an English professor at the University of Minnesota and her mother was general manager of the St. Paul Chamber Orchestra. Her parents divorced when she was 8.

Her stepfather, Bernard Mirkin, MD, PhD, was a neuropharmacology researcher and founded a research institute at Children's Memorial Hospital in Chicago. "It would be nice to say that Bernard affected my decision to go to medical school, but that wasn't the case," Solotaroff said. "His line of work was so different than what I do. I've tried research and I am terrible at it," she said.

The decision to become a doctor came to Solotaroff in an odd way. After graduating with an English degree from Brown University, she lived near Swans Island, Maine, a tiny fishing community where the family had spent summers



Rachel Solotaroff, MD, medical director for Portland's Central City Concern, was honored recently with the Karen Rotondo Award for Outstanding Service. The award recognizes hands-on caregivers who demonstrate vision and creativity in advancing the goals of ending and preventing homelessness, and who have contributed significantly to improving the health and the quality of life of those experiencing homelessness. Photo courtesy of Heidi Hoffman

that part of me, and he taught me that leadership can be charismatic without being self-aggrandizing."

The other mentor, Michael LaCombe, MD, she met during her third year in medical school when she was doing an internal medicine rotation. Solotaroff was struggling, wanting to stay true to her goal of becoming a family physician, but feeling that the internal medicine experience challenged and engaged her in a whole new way.

"Dr. LaCombe gave me the most valuable advice imaginable when he told me, 'You can always step down and work anywhere you want, but when you have the option to learn and train, pick the most rigorous option, because you may never get that chance again.'" LaCombe continued to mentor Solotaroff personally and professionally through med school, her residency and beyond, and he officiated her wedding in 2005.

Solotaroff was an internal medicine resident at the University of Virginia when she met Tony Iaccarino, her future husband. A teacher at Reed College, he happened to be doing a research fellowship in Charlottesville. That brought Solotaroff to Portland, where she garnered a fellowship at the VA hospital.

Executive Director of the Oregon Primary Care Association Craig Hostetler has known Solotaroff for seven years and describes her as humble, approachable and compassionate. "But when it comes to her patients, she's very smart and aggressive," he said. "We need more doctors like Rachel who factor in the psychological and socioeconomic issues her patients face and make greater strides to improve their health outcomes while lowering the overall cost of care." •

vacationing. She lived deep in the woods in a shack without heat or running water and happened to read "Heirs of General Practice," an article in the July, 1984 *New Yorker* by John McPhee. "I read it with the zeal I usually reserved for their movie reviews and when I put it down I thought: 'This is what I want to do with my life,'" she said.

But it was five years before she returned to New England to study medicine at Dartmouth, where she graduated with honors. In between, she worked for City Year, a cutting-edge youth service organization. "I cut my teeth on community service and learned about diversity, idealism, organizational culture and visionary leadership," she said.

Humble, approachable and compassionate

Solotaroff's benefitted from many mentors over the years, but two stand out. Alan Khazei, one of the founders of City Year, encouraged her funny and creative side. "My father is very gifted comically and he taught me a love for impersonation and performance, but that desire to be onstage seemed selfish to me. Alan encouraged me to nurture and develop

"We've all gained from Rachel's commitment and passion for helping others, and she can be counted on to add a perspective you didn't think of yourself, which is wonderful."

—David Labby, chief medical officer of Health Share of Oregon

associated with EDR, especially about confidentiality and about the potential for reporting to the National Practitioner Data Bank when payments are made by a liability insurance carrier to a patient. But Parkerton said the Patient Safety Commission did not have the authority in its rule-making to address these or any other changes to the statute.

"I know there are major concerns for people," said Parkerton. The EDR law contains confidentiality provisions to protect discussions that take place between patients and providers, "but there is a particular limit to that if it goes to court," she said. "If in court a statement is made that is material to the case and directly contradicts" something the provider said during the discussions, the confidentiality of that statement doesn't

apply, she said. "Otherwise, those conversations are not admissible in court."

The statute defines an adverse health care incident as "an objective, definable and unanticipated consequence of patient care that is usually preventable and results in the death of, or serious physical injury to, the patient."

One of the challenges that arose during the rule-making was that "we were being asked repeatedly the definition of 'severe physical injury,'" Parkerton said. After much study and input from the patient and stakeholder groups that advised the commission, it arrived at a definition: Severe physical injury means an injury that: "is life threatening; or results in significant impairment of a body function or significant damage to a body structure; or necessitates medical or surgical intervention to prevent, mitigate or correct significant impairment of a

body function or significant damage to a body structure."

The other main challenge the commission faced was the realization that it needed to expand the diversity of opinion it was receiving in the rule-writing process. In particular, "medical liability insurers and hospitals—we recognized that those had not been part of the work group," she said. The commission realized the importance of including those who actually do the everyday work that will be affected by EDR, Parkerton said.

The commission has created a dedicated webpage for EDR: edr.oregonpatientsafety.org (not preceded by "www"). It contains a "Decision Guide" containing both patient and provider information, as well as a component for mediators.

Mediation is the suggested second step to the EDR process if any dispute

cannot be resolved in the discussion phase. To comply with the statute, the commission has compiled a "qualified mediator list" as a resource. Mediators can come from other sources, as well, but any mediator selected must be agreed on by all parties involved, she said.

Gwen Dayton, general counsel and vice president of health policy for the OMA, said the association believes the new law presents the opportunity for "much more equitable and appropriate resolution," and will benefit both patients and physicians. Once the program is up and running, organized medicine will have a better idea of whether any aspect of the statute or the administrative rules needs to be re-evaluated, she said, and "we stand ready to support the commission" in that effort. •

The Scribe previously reported on voluntary early discussion and resolution in the April 2013 issue.



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