The Portland Physician

November 2014
Volume 32, Number 11

Innovative Lecture Series
"Efficiency in the Workplace"

Learn more about the MSMP-sponsored series for medical professionals, slated for the third Thursday of each month in 2015. And register now!

—Page 6

A publication of the Medical Society of Metropolitan Portland www.MSMP.org

Legacy forms clinically integrated network with doctors

By Cliff Collins
For The Scribe

A major theme of health reform could be paraphrased as, "Show me the value." With that objective, **Legacy Health** has launched a new initiative with its medical staff to demonstrate value to the market.

Under the name **Legacy Health Partners**, the health system has formed an integrated partnership with its employed Legacy Medical Group and independent physicians in the community.

The collaboration, which Legacy refers to as a clinically integrated network, or CIN, is meant to address two of Legacy's goals, according to its chief medical officer and senior vice president, **Lewis L. Low, MD**: "to develop a closer, more meaningful relationship" with both its employed doctors and with private-practice physicians on Legacy hospital medical staffs; and "to move to a more value-based environment" and away from fee for service.

LEWIS L. LOW, MD

PETER T. BEATTY, MD

The focus will be on improving population health and improving performance to address the "sea change" that is taking place in health care, said **Peter T. Beatty, MD**, a private-practice radiologist and member of Legacy Health Partners' board of directors. He said he was attracted by the partnership's concept because, from the outset, it had a "collaborative and inclusive feel" due to the tone set by Low and **George Brown, MD**, Legacy's president and chief executive.

"A coordinated, integrated care network is intended to be an umbrella network that can work to take care of a certain population of patients," Beatty said. "The focus is on quality rather than quantity," and enhancing seamless transitions and communication among all areas involved with patient care.

Low said network members will work together to develop clinical performance standards and protocols, which in turn will form a basis to negotiate contracts for performance-incentive programs. The CIN enables health care providers to lower costs through less duplication and to improve care through better efficiency and coordination of chronic-disease management.

"This is truly a grassroots partnership between our physician community and Legacy Health," Low said. "It's being borne primarily by our physician partners," who are putting their time and energy into developing it. "That's going to make this stronger. We said, 'We need your input, because we can't do it alone.'"

Beatty said there has been strong physician interest in being involved. Forty-five people applied to represent independent primary care, specialty and pediatric providers on the CIN's board; a committee selected the final 16 members: 15 doctors and a registered nurse who is a hospital administrator (*see sidebar on page 5*). Over 1,400, including more than 1,000 independent private-practice

*See **LEGACY,** page 5*

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

Giving Back

Housecall Providers is part of our annual focus on organizations and their volunteer providers who are helping deliver health care to those in need.

—Pages 8–11

Benneth Husted, DO, who founded Housecall Providers and served as its medical director, examines patient David Stezaker. Husted, who retired at the end of October after 22 years of making house calls in the Portland metro area, recently received a Lifetime Achievement Award from the American Academy of Home Care Medicine. Photo courtesy of Cathy Cheney

INSIDE THIS ISSUE

Off Hours

Jim Smith, MD, has a passion for tennis and chess and says both enhance his professional life.

—Page 13

Developments promise to bring gender, sex into sharper focus in health research...3
Classes available to help medical assistants obtain CMS credential...5
MSMP News & Events—
2015 Efficiency in the Workplace Series...6
Physician Profile—
Miles Hassell, MD...7
Giving Back—
Wallace Medical Concern...8
Project Access NOW...8
North by Northeast Community Health Center...9
Housecall Providers...11
Southwest Community Health Center...11
Medical Student Profile—
Serving and learning...12
Off Hours—
Passion for tennis, chess enhance career...13
Classifieds Marketplace...14

3-D mammography saved her life. Now, she can keep saving others.

Thanks to 3-D mammography, breast cancer surgeon Nathalie Johnson is also a breast cancer survivor. Her 3-D mammogram found the cancer her 2-D mammogram missed.

Nearly all women survive breast cancer if it is found early. Screening mammography is the key to early detection, and 3-D reveals even more than 2-D. Also, the accuracy of 3-D results in fewer call-backs for a second scan.

The largest study to date on the effectiveness of 3-D mammography found that 3-D:

- Finds 41 percent more invasive breast cancers
- Finds 29 percent more breast cancers of all types
- Results in 15 percent fewer false alarms

In Portland and Vancouver, only Legacy Health offers 3-D mammography to all patients.

Our legacy is yours.

Learn more

Watch Dr. Johnson's story at **www.legacyhealth.org/3Dmammo**.

Legacy Cancer Institute breast cancer surgeon and breast cancer survivor, Dr. Nathalie Johnson

AD-1050 ©2014

November 2014

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

"Connecting Physicians in Community"

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

MSMP Board of Trustees 2014–2015

Brenda Kehoe, MD *President*
Bradley Bryan, MD *President Elect*
Lydia Villegas, MD *Secretary-Treasurer*
R. Bryan Bell, MD *At-Large*
Ertan Esmer, MD *At-Large*
John Evans, MD *At-Large*
Linda Humphrey, MD *At-Large*
Jack Kron, MD *At-Large*
Sharon Meieran, MD *At-Large*
Frank Palmrose, MD *At-Large*
Marianne Parshley, MD *At-Large*
Rachel Seltzer, MD *Resident*
Ashley McClary *Medical Student*
Carmen Gaston *Public Member*

MSMP Staff

Amanda Borges *Executive Director*
Deena Stradley *Chief Financial Officer*
Paula Purdy *Operations Director*
Bob Kress *Senior Recruiter*
Aaron Troyer *Website Administrator/ Health Preparedness Program Manager*
Sarah Parker *Admin. Coordinator*

***SCRIBE* Editors**

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

***SCRIBE* Advertising**

LLM Publications, Inc.

Nicole Gardner
Nicole@LLM.com • 503-445-2233

***SCRIBE* Production & Design**

LLM Publications, Inc.

Juliette Miratsky
Lisa Joy Switalla
Heather White

***SCRIBE* Changes of Address**

Sarah Parker *Sarah@MSMP.org*

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

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

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

To change your address or remove yourself from the mailing list, please notify: The Portland Physician Scribe, 4380 SW Macadam Ave, Ste 215, Portland, OR 97239, or email *Sarah@MSMP.org*.

Developments promise to bring gender, sex into sharper focus in health research

By Barry Finnemore
For The Scribe

A blind spot has historically existed when it comes to considering gender and sex in an important segment of health research, but recent developments promise to bring these factors into sharper focus.

In late September, the **National Institutes of Health** (NIH) announced an investment of about $10 million to boost the research of 82 grantees to explore the effects of sex in preclinical and clinical studies. The NIH said the supplemental funds, which encourage the study of females and males, are a "catalyst for considering sex as a fundamental variable in research."

"The current overreliance on male subjects in preclinical research can obscure key findings related to sex that could guide later human studies," the NIH noted. "This progressive approach will result in greater awareness of the need to study both sexes, demonstrate how research can incorporate sex, and reinforce the value of taking it into account as these studies yield results."

The NIH said the recent supplemental funding is part of a program it launched in fiscal 2013. It will go toward projects including basic immunology, cardiovascular physiology, neural circuitry and behavioral health. The funding is an encouraging sign to medical leaders such as **Dr. Michelle Berlin, MD, MPH**, co-director of **Oregon Health & Science University's Center for Women's Health** and vice chair of the Department of Obstetrics & Gynecology. Berlin, who also is on the board of the Sex and Gender Women's Health Collaborative, a group dedicated to fostering a sex and gender approach to medical education and practice, described the infusion of federal research funds as "concrete evidence" the issue matters to the NIH, the federal organization that ranks as the world's largest funding source for medical research.

"I welcome this. I can't tell you how much," Berlin said. "It's heartening and absolutely essential."

The funding is part of a NIH program described in the May issue of the journal *Nature*. In a commentary, Janine A. Clayton, MD, NIH's associate director for women's health research, and NIH Director Francis S. Collins, MD, PhD, wrote about the agency's intent to develop policies requiring applicants to address the influence of sex in the design and analysis of biomedical research with animals and cells.

The piece noted that in 1993, the NIH Revitalization Act required women to be included in NIH-funded research, and that today slightly more than half of NIH-funded clinical research participants are women. The result: "We know much more about the role of sex and gender in medicine."

However, Clayton and Collins noted the absence of a "corresponding revolution in experimental design and analyses in cell and animal research—despite multiple calls to action." They emphasized that the NIH would address sex and gender inclusion "across biomedical research multidimensionally—through programme oversight, review and policy, as well as through collaboration with stakeholders including publishers."

They said the move "is essential, potentially very powerful and need not be difficult or costly." Policies requiring applicants to "report their plans for the balance of male and female cells and animals in preclinical studies in all future applications, unless sex-specific inclusion is unwarranted, based on rigorously defined exceptions," are being rolled out in phases beginning this fall, along with changes in review activities and requirements.

As part of its policy development, NIH in September issued a request for information seeking feedback from researchers and stakeholders. The Sex and Gender Women's Health Collaborative responded to the request, noting that "(o)ne only need look at the research on pain management, drug metabolism, (and) myocardial infarction outcomes to see that without consideration of sex as a biological variable, any data that does not include sex could not be applied appropriately, and often not safely across both sexes."

The collaborative's response, developed for the NIH with input from Berlin and several OHSU colleagues as well as medical leaders from around the country, also stressed that understanding "whether sex differences underlie specific disease processes is basic to understanding when results can be translated to the general population. It is impossible to generalize results without scientific evidence showing whether or not the population is homogeneous."

The collaborative went on to note that the chief obstacle to considering sex as a biological variable in research is "the reticence on the part of the scientific community to recognize and value the importance of this particular variable in all areas, beyond just reproductive health. For experiments in which subjects from both sexes are included, results need to be consistently reported by sex. Simply noting the sex of the participants without further mention of the impact of this variable is insufficient."

In an interview, Berlin said the NIH move to emphasize sex and gender in preclinical research is an important step toward shedding light on the "gazillion things we don't know."

Another critical factor in the sex and gender equation, she said, is the importance of ensuring health care providers are prepared to receive and respond to new findings about sex and gender differences in order to improve clinical care.

Berlin said OHSU's curriculum transformation, which began this year and in part emphasizes interprofessional education, will help ensure a sex and gender lens is applied in the clinical setting, equipping providers with the skills and knowledge to weigh the best available science for a given patient.

"We are all trained that every patient is an individual, but we end up—understandably—thinking about people in groups," Berlin said. The key is "thinking about population medicine and personalized medicine at the same time, and what is appropriate based on the data and…the (patient) in front of you." •

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

FredSoundofMusic.com
3760 SE Hawthorne Blvd, Portland, OR 97214
503-234-5341
FRED'S Sound of Music
Since 1948
The Stereo Store that Service Built
Demonstration showroom open 7 days a week
CCB# 73613

THE EXPERIENCE TO HELP KEEP YOUR PRACTICE SAFE

www.cna.com/healthcare

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

THE OMA / CNA PHYSICIAN PROTECTION PROGRAM OFFERS:

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

COMMITTED TO BUILDING THE SUCCESS OF OMA MEMBERS

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

For more information on the OMA / CNA Physicians Protection Program, please contact CNA at 800-341-3684 or visit www.cna.com/healthcare.

CNA is a registered trademark of CNA Financial Corporation. Copyright © 2014 CNA. All rights reserved.

LEGACY from page 1

providers from across the Portland metro area, have signed up as members.

A primary care advisory committee first worked on developing the project beginning last year. **David E. Shute, MD**, a member of the **Medical Society of Metropolitan Portland**, "quickly became one of the leaders" of the advisory committee, Low said. "He is very knowledgeable about value-based care," and Shute chaired the nominating committee that selected the board.

"From the beginning of this process, dozens of independent physicians have been at the table," said Shute, an internist and medical director of Greenfield Health. "Working together, we've been able to create a partnership that will provide comprehensive care to our patients."

Because the CIN is an entity that will use information technology and data integration to manage populations of patients, one of the biggest challenges over the next six to nine months will be related to electronic medical records, Low said. The CIN's 1,400 members use an estimated 50 different EMR systems, and in order for the collaboration to work, these EMRs need to be able to "talk to" Legacy's Epic system, he said. Legacy is seeking vendors to try to integrate these disparate EMRs.

Low and Beatty said the organization still is so new—its board began meeting in October—that many details such as those related to contracting and risk sharing are yet to be decided. Many of those decisions will come from the members, Beatty said.

"We are in the very early stages," he explained. "Much of the how-to is evolving in response to continuous change" taking place in medicine. He predicts that during the next 18 months to two years, "the tempo of that change will be quite quick."

The CIN has "no formal involvement" with insurers right now, but "there is a high level of excitement for payers and employers out there" about the prospects for Legacy Health Partners to employ payment methodologies that reward value, Low said.

Beatty said he was honored to be chosen as a board member, adding that he wanted to be involved in the CIN "because I believe in the process. I'd like to collaborate in the development of a quality product to present to the Portland area. It is a very exciting process."

He thinks the CIN will help him meet his personal objective that motivates him to come to work every day: "The purpose is to take care of patients in the best way I can." •

Legacy Health Partners BOARD MEMBERS

Bruce Andison, MD, The Women's Clinic of Vancouver
Peter Beatty, MD, Tualatin Imaging
Robert Bentley, MD, Eye Health Northwest
DeOna Bridgeman, MD, Davies Clinic
Mark Buchholz, MD, Northwest Pediatric Critical Care
Joe Frankhouse, MD, Gastrointestinal Surgery, Legacy Medical Group
Arvin Gee, MD, Pacific Surgical
Jennifer Kearsley, MD, Cascade Physicians
Lewis Low, MD, senior vice president and chief medical officer, Legacy Health
Cameron Luck, MD, The Children's Clinic
Malcolm McAninch, MD, Greenfield Health
Mady Murrey, RN, chief administrative officer, Randall Children's Hospital
Opher Nadler, MD, Northwest Acute Care Specialists
Doug Renouard, MD, Broadway Medical Group
Jay Rosenbloom, MD, Pediatric Associates of the Northwest
Greg Saunders, MD, Legacy Medical Group—Fisher's Landing

Classes available to help medical assistants obtain CMS credential

As **Kristy Frazier** prepared for the exam required to obtain her credential to meet the Centers for Medicare & Medicaid Services (CMS) ruling for meaningful use, she felt a little intimidated and wanted to give herself the best chance possible to pass the exam.

She, along with about a dozen fellow medical assistants, took part in a four-week preparation course that **Legacy Medical Group** offered onsite through a partnership with **Medical Society Services**, a division of the **Medical Society of Metropolitan Portland**.

"A lot of us hadn't been in school for over five years, so it was a nice overview of what we should be studying," said Frazier, lead medical assistant at Legacy Medical Group Northwest.

Preparation for the exam became a clinic-wide effort, with the medical assistants holding group study sessions, working with flashcards and writing potential exam questions on a whiteboard to quiz each other. In addition, one of Legacy's physicians led a study session to answer questions the medical assistants had as they prepared.

Tedra Demitriou, ambulatory nurse specialist for Legacy Medical Group, worked with **Paula Purdy** at Medical Society Services to organize the onsite classes and said they helped reduce the stress of taking the exam.

"It was really a wonderful way to build camaraderie and generate appreciation for the medical staff and what they have to do," Demitriou said. "Everyone who has taken the exam at Legacy has passed it, and a big part of that success was their support for each other."

To schedule CMS courses for medical assistants, contact Purdy at 503-944-1128 or paula@msmp.org. •

The Medical Society of Metropolitan Portland presents Medical Assisting Review classes

The New CMS Change: I am not certified, what do I do now?

Location: Salem Hospital – Building C, Conference Rooms A & B
875 Oak Street SE, Salem, OR

Dates/Times: **Saturday, December 6 & 13, 8 AM – 1 PM** (Snacks and lunch on your own)

Cost: $75/person, for two Saturdays (15+ attendees)
$90/person, for two Saturdays (10–15 attendees)

Materials: Study guide can be found on Amazon. *Lippincott Williams & Wilkins' Medical Assisting Exam Review for CMA, RMA & CMAs Certification* / Ed. 3

Contact: Paula Purdy, CMA (AAMA), paula@msmp.org or 503-944-1128

Register: Download form at www.msmp.org/education/ma-classes-for-cms-change
Send check to: MSS, 4380 SW Macadam Ave., Ste 215, Portland, OR 97239
Credit card payment, please call MSMP Accounting at 503-944-1135. •

WANT A DIFFERENT KIND OF GYM EXPERIENCE?

"After 4 years of surgery and 4 years of caring for parents I felt and thought of myself as an invalid. My strength and flexibility were so poor that dressing had become an ordeal. I often chose to postpone until noon. One afternoon I decided a wheel chair at 68 wasn't for me, so I'd better see if this trend was reversible ... And I joined Aleda Fitness. Two years later I just completed the Buns & Guns Challenge. I am NOT an invalid. I am a strong confident woman! Thank you Aleda, for your faith and encouragement and most of all, thanks to all the other wonderful members; I couldn't have done it without you!" - **Jane, 71.**

CALL TODAY FOR A COMPLIMENTARY CONSULTATION:
503-906-4144 - www.aledafitness.com
Located in NW Portland

2015 Efficiency in the Workplace Series

Join us for a time to discuss, and learn techniques on how to create engagement amongst your team, involve all team members in achieving wellness and productivity in the office, and become familiar with creating the change you want to see in your workplace.

Our Series will be teaching and discussion through an interactive cohort of peers (limited availability), where we learn from one another and share strategies that will make us successful in our medical community.

Areas of Study and Discussion:

- How to be a Leader when you aren't the Boss
- 6 Hats - Parallel Thinking
- FaceTime vs Face Time
  Communicating Across the Generations
- Liberating Structures - 2 Parts
- 5S Lean
- Brain Writing
- Defining Difficult Differently -
  Working With Difficult Patients & Families
- Heart & Soul of Teamwork – 2 Parts
- Crucial Conversations –
  What is Your Style Under Stress?
- One Addition Hot Topic Discussion on a
  Current Medical Event

**Additionally - We will have a Professional Literature Review! The book will be The Goal: A Process of Ongoing Improvement by Eliyahu Goldratt
http://amzn.to/10fnyF0

Leslie Ruminski MSW works in Organization Readiness at Providence Health and Services. With over 25 years of experience working with local organizations like OHSU, Multnomah County and The American Cancer Society.

www.leslieruminski.com

Where: Medical Society of Metropolitan Portland
First Floor Conference Room
4380 SW Macadam Ave #215
Portland, OR 97239

When: 11am- 1pm on the Third Thursday of the Month beginning January 15th, 2015

Fee: $2000 Practice Management Members of MSMP
$2400 Non-Members
Lunch and **Book Included
This Program Qualifies for ACMPE Credit Hours

Register: MSMP.org or Sarah Parker CMA(AAMA)
503-222-9977 or Sarah@msmp.org

Deadline for Registration – January 8th, 2015

Miles Hassell, MD

Recipes for good health

In an updated book, physician and sister outline healthy lifestyle choices, backed by medical evidence

Miles Hassell, MD, and his sister, cooking instructor and writer Mea Hassell, have revised and updated their book, *Good Food, Great Medicine*.
Photo courtesy of Providence Health & Services

By Jon Bell
For The Scribe

Miles Hassell, MD, had to share some surprising news with one of his patients, a 50-year-old man who'd come in for a physical: The man had diabetes.

"He hadn't dreamed of that," said Hassell, medical director of the **Zidell Center for Integrative Medicine at Providence St. Vincent Medical Center**. "Here's a guy who had ignored his health for so long that he didn't even know how bad it had gotten. I thought he was going to cry."

Rather than prescribe the patient a bunch of pharmaceuticals, however, Hassell told him to go home, eat some dark chocolate, have a glass of red wine and whip up a batch of meat loaf.

OK, not really. But Hassell did point the patient to his book, ***Good Food, Great Medicine***, a diet and lifestyle guide that focuses on simple ways people can improve their health through diet and exercise. The book, which Hassell wrote with his sister, cooking instructor and writer **Mea Hassell**, focuses on the benefits of the Mediterranean diet, exercise and the right amount of sleep.

But rather than just offer advice, humor and recipes—there is plenty of all that—the book is backed up by medical literature showing how diet and lifestyle can help people avoid heart disease and Type 2 Diabetes, stave off dementia, improve cholesterol and blood pressure, and increase their immunity.

The Hassells revised and updated their book, which first came out in 2007, for its third edition, released earlier this fall. The *Scribe* talked to Hassell about the book, the foods and suggestions in it, and why a doctor who smokes might not be the best person to take lifestyle advice from.

The Scribe: **Where did the original idea for the book come from?**

Miles Hassell: Way back when I started, we created all these handouts and leaflets that we would give to patients. We ended up with a blizzard of them, so we compiled them into the book. Then people criticized us, so we came out with another one, and now we're on the third edition, which is more of a rewrite. We pretty much started with a blank slate on this one.

See ***DR. HASSELL,*** *page 13*

"My lung cancer was already advanced when it was diagnosed."

"The Phase I clinical trial at Compass has given me hope and the social workers on the team have been a major support to me and my family."

Actual patient testimonial. Representative photo.

A LEADING REFERRAL SOURCE FOR LUNG CANCER

Lung cancer treatment requires a high level of multidisciplinary expertise and a vibrant support network for patients. Compass Oncology's lung cancer experts are dedicated to state-of-the-art, evidenced based cancer care. In addition to medical and radiation oncologists, our team includes social workers, financial counselors and palliative care experts to support your patients throughout care. Through our affiliation with The US Oncology Network, we offer Phase I, II, III and IV clinical trials expanding our knowledge and providing your patients with access to treatments otherwise unavailable.

United in Healing with The US Oncology Network

Find your path to hope and healing at *CompassOncology.com.®*

Wallace Medical Concern finds greatest need—and serves

By John Rumler
For The Scribe

Three decades ago, a selfless physician toting his medical supplies in a tackle box started providing free medical services to the homeless and uninsured in the Portland area. That is how **Wallace Medical Concern** (WMC) began, and that man, **Jim Reuler, MD**, was chief of general internal medicine at the Portland VA Medical Center and funded by a bequest from a former patient, Edwin Wallace.

Wallace Medical Concern

Founded: **1984**

What it does: **Provides high-quality health care services via multiple locations to low-income and uninsured people of all ages.**

To learn more: **503-489-1760**
www.wallacemedical.org

Reuler, who was presented with the Oregon Health & Science University Dean's Award in 2012 and retired shortly after, now serves as emeritus director of WMC, a federally qualified health center with a staff of 36 and about 300 volunteers operating on a budget of $3.9 million for 2014–15.

Most of WMC's funding comes from patient revenue ($2.3 million) and government grants and contracts ($1.3 million); the rest comes from a variety of grants, donations and contributions.

WMC serves the very neediest population, with 83 percent of its patients having incomes below the federal poverty level and most being non-English speaking people of color. In addition, one-fifth are homeless and 14 percent are migrant workers.

In the early years, WMC volunteers made house calls to 32 different low-income housing units and SROs in Portland's Old Town. After gentrification in downtown, WMC, working with the mayor's office, pinpointed the most underserved area as in East Multnomah County and shifted some services there in 1999.

In 2010, WMC began reaching out to patients through its "clinic on wheels," a well-equipped mobile medical van that is sited at different social services centers throughout Portland and also in Gresham.

2012 was the biggest year in WMC's history: It became a full-fledged FQHC and began enrolling patients in primary care. WMC also moved to a spacious new location in the Rockwood Building, a multi-social services center operated by Human Solutions.

Maureen Wright, MD, began volunteering at WMC almost since its inception. Over the years, she's seen the agency grow and the patient demographics change from serving the mostly homeless to the mostly working poor. From serving as president of the board to serving in homeless shelters and helping on the mobile clinic, Wright said that WMC has been a wonderful vehicle for her to give back to the community. "I see so many patients who would have no place else to turn to for help if WMC was not there. I'm very gratified and humbled by the experience of our patients who are pursuing very human needs that many of us take for granted."

Also a longtime volunteer, **Ginny Feldman, MD**, believes all humans have a right to health care. She worked alongside Reuler and saw in him "all the passion and organizational skills needed to make WMC such an effective clinic." Feldman serves in many roles, including participating in an ad hoc group to advise the organization on future plans and on the mobile clinic, which she greatly enjoys. "WMC rolls with all the punches that American medicine can hit you with. It is really impressive in its creative ability to help underserved clients who otherwise would not get medical care." •

"I see so many patients who would have **no place else to turn to for help if WMC was not there**."
—Maureen Wright, MD

Volunteer providers continue to show 'amazing' generosity, commitment

By Cliff Collins
For The Scribe

Project Access NOW continues to work with all the hospital systems in the area as well as most of the major specialty and multispecialty clinics in the region to provide donated care to the remaining uninsured that meet income guidelines.

The organization's network consists of more than 2,800 volunteer physicians and other health care providers.

The majority of people now served by Project Access' traditional program are immigrants, many of them undocumented. Although the total number of individuals actively served by Project Access has gone down, costs for interpretive services and per-member, per-month medication costs have increased.

When the Affordable Care Act took effect, Project Access was concerned it would lose many of its physician volunteers.

"We have been very pleasantly surprised that a majority of our volunteers have stuck with us, even with fewer remaining uninsured," says **Linda Nilsen-Solares**, executive director. "Providers understand that there are still people without access to insurance, and they are now (helping by) seeing even more Medicaid patients, as well as truly donating care to the remaining uninsured."

Project Access NOW is developing a coordinated system that will **help discharge planners, social workers and care managers connect patients** to needed resources to safely leave the hospital.

With the expansion of Medicaid this year and the advent of the ACA both leading to dramatically lower numbers of uninsured, the organization has adopted a new strategic vision, she says.

"We are still focusing on the remaining uninsured, but we are also paying for premiums for people who make a little too much money to qualify for OHP, yet still can't afford coverage and the associated out-of-pocket-costs. Again, our volunteer providers are stepping up to the plate and writing off out-of-pocket costs for insured individuals with low incomes who are participants in our program—another way they are donating care. Health care providers continue to demonstrate an amazing generosity and commitment to community."

Patients in the premium-assistance program previously qualified for 100 percent discounted services with hospital systems and other health care providers. As of 2014, this same population was required to pay premiums, deductibles, coinsurance and prescription costs, placing private insurance out of reach for many people, she explains.

The Project Access system is familiar to the many physicians who have participated. The organization—which the **Medical Society of Metropolitan Portland**, and several doctors in particular, were instrumental in helping launch—coordinates a network of volunteer physicians and other health care providers, making it easier for them to donate medically necessary care to the low-income uninsured. This allows doctors to order tests, schedule hospitalizations and care for their uninsured patients in a manner very similar to the process for caring for insured patients, without having to take extraordinary measures. Patients have access to medications, hospitalizations, lab testing, diagnostic imaging and other ancillary services.

Nilsen-Solares notes that after being discharged from a hospital stay or emergency room visit, low-income people may face additional barriers to returning home, if in fact they have a home. Project Access is developing a coordinated system that will help discharge planners, social workers and care managers in connecting patients to the resources they need to safely leave the hospital. These resources may include transportation, temporary housing and medication assistance. •

Project Access NOW

Founded: **2007**

What it does: **Connects low-income, uninsured people to donated care across the Portland metropolitan area. Its mission is "to improve the health of our community by creating access to care and services for those most in need."**

To learn more: **503-413-5541**
www.projectaccessnow.org

NxNE continues to fill niche seven years after its unique founding

By Jon Bell
For The Scribe

There's no better way to tell the story of **North by Northeast Community Health Center** than from the very beginning.

Moved to help survivors of Hurricane Katrina in 2005, Portland pastor **Mary Overstreet Smith** rallied local resources to send a van and help families find food, shelter and a new start in Portland. The effort eventually brought 40 families to the Rose City.

But Overstreet Smith didn't stop there. Realizing that some of the families needed medical attention and that there were no free clinics in her north Portland neighborhood, Overstreet Smith set out to start one. She met **Jill Ginsberg, MD**, a family practice physician, while Ginsberg was gathering donations to help hurricane survivors. And so, in 2006, North by Northeast Community Health Center came to be.

"It was really founded based on the need in this community," said Suzy Jeffreys, the clinic's executive director who joined in 2007. "There just wasn't any low-cost or free health care services for people who didn't have insurance."

Seven years later, NxNE has close to 550 patients; the clinic logged nearly 2,000 appointments last year and is adding new patients at the rate of about 40 each month. Located in a small building on North Williams Avenue, NxNE serves as a primary care clinic much more than an urgent care facility. It focuses on continuity of care, providing, among other services, long-term care for patients managing high blood pressure, diabetes and other conditions.

The clinic is also geared largely toward African Americans, from its staff to the artwork on its walls.

"We really focus on maintaining and strengthening our commitment to the African-American community," Jeffreys said, noting, however, that all are welcome at the clinic. "We see ourselves as a culturally specific provider. If you are African American, you walk in here and can feel like this place is for you."

Jill Ginsberg, MD, co-founder and medical director of North by Northeast Community Health Center, with patient Bruce Garlington. Photo courtesy of North by Northeast Community Health Center

Funded largely through donations and grants, NxNE has about a dozen volunteer physicians who provide care, along with close to 15 volunteer nurses. In addition, NxNE has a staff nurse practitioner, and Ginsberg, who worked from the beginning as a volunteer, is now the paid medical director. The shift came in part due to the implementation of the Affordable Care Act and also the expansion of the Oregon Health Plan, which has increased the number of people who have health insurance.

As a clinic, NxNE decided last year that it would continue to serve uninsured adults while also beginning to accept OHP. Jeffreys said patients now have access to more services, including labs and women's health; they can also get assistance in applying for health insurance.

According to Jeffreys, transitioning into this new model is fueling the clinic's growth. While that's a good thing, it's also stretching the boundaries of NxNE's physical capacity. In addition to launching an electronic medical record, Jeffreys said moving to a new location is likely on the horizon, though the clinic wants to stay in the neighborhood.

"This community has really changed over the past few years," she said. "We'd love to be part of the reason that people can stay here." •

North by Northeast Community Health Center

Founded: 2006

What it does: The center's mission is "to advance health equity and improve health outcomes in a medically under-served community by offering health screening and basic medical services at no cost."

To learn more: 503-287-4932
www.nxneclinic.org

PORTLAND AREA MEDICAL SPACES AVAILABLE

REAL ESTATE INVESTMENT GROUP

Nicholas G. Diamond
503.222.2655 (office)
ndiamond@reig.com

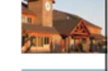
Ian M. Biggi
503.222.1683 (office)
ibiggi@reig.com

Commercial Real Estate Professionals Since 1978

WILLAMETTE MARKETPLACE : 733-3,870 sf Available
2000 8th Avenue, West Linn OR

SHOPPES AT PROGRESS RIDGE : 1,000-12,000 sf Available
14805 SW Barrows Road, Beaverton OR

PROFESSIONAL PLAZA 102 : 420-5,000 sf Available
121-185 NE 102nd Avenue, Portland OR



DEBORAH BUILDING : 733-3,800 sf Available
700 Deborah Road, Newberg OR

EDDYLINE AT BRIDGEPORT : 1,256-6,847 sf Available
18045 SW Lower Boones Ferry Road, Tigard OR

TANASBOURNE CENTRAL : 1,124-1,178 sf Available
1870 NW 188th Avenue, Hillsboro OR

*Please Call for Additional Information as well as General Sales or Leasing Inquiries

Physicians providing expert Anesthesia for:

Neurosurgery
Pediatric Surgery
Pediatric & Adult
Critical Care
Adult & Pediatric
Trauma Care
Adult & Pediatric
Orthopedic Surgery
Congenital Pediatric
Open Heart Surgery
Adult Open Heart Surgery
Newborn (Perinatology)
Surgery
Obstetrics
Acute & Chronic
Pain Management
Robotic Surgery
General Surgery
Burn Care Surgery
Vascular Surgery
Plastic Surgery
Reconstructive Surgery
Outpatient Surgery
Gastroenterology
Crisis Management

Actual OAG Physician

Through all phases of surgery and recovery

Expert Anesthesia.
Smart Care.

We're with you 100%

OAG is the premier Physician Anesthesia group in the Northwest for creating value for our patients and partners in operating rooms and beyond. Find our 240 Anesthesiologists at www.oagpc.com

Home is where its heart is

By Cliff Collins
For The Scribe

> "They're comprehensive in their approach. **They have a can-do attitude, and I really respect that.** They are helping people stay in their homes as long as possible. I know that they are setting **a great role model for the community**."
>
> —Julie Jones, RN, on Housecall Providers

Julie Jones, RN, had been an obstetrics nurse in a hospital for her entire career, but about two years ago, she decided she wanted to work in a hospice setting.

"I wanted to do volunteer work to expose myself to other types of patients, with an eye toward doing hospice, and also to see if that would be a good fit for me," she says. "It was very rewarding with the people I got to meet as a volunteer. I got as much out of it as they did."

Studies show that most people say they want to die in their own home, but in fact, most end up dying in a hospital. "A lot of people really don't know what their options are and get bulldozed," Jones says.

Housecall Providers proved to be a good fit for her because of the nonprofit organization's focus on personal home health. "They're comprehensive in their approach," she observes. "They have a can-do attitude, and I really respect that. They are helping people stay in their homes as long as possible. I know that they are setting a great role model for the community."

Her trial period worked: After volunteering with Housecall Providers for 18 months, Jones now is employed by two different home health agencies to do hospice work.

The idea for Housecall Providers grew from a childhood experience of **Benneth A. Husted, DO**, the organization's founder and recently retired medical director. Husted's father also was an osteopathic physician, and she made house calls with him when he routinely visited several frail older patients who no longer could make the trip to his office.

After nine years of family practice in southern Oregon, Benneth Husted moved to Portland in 1992. She felt inspired to build her practice here around taking care of older homebound patients. Word spread quickly among the aging services' case managers that a doctor in Portland was making house calls, and within six months of setting up her practice, she had 100 patients and had to turn down new referrals.

A member and former trustee of the **Medical Society of Metropolitan Portland**, Husted, along with a nun and a nurse practitioner, incorporated Housecall Providers as a nonprofit charitable organization in 1995. In 1996, she was joined by a second physician, and two years later by three nurse practitioners. Since then, Housecall Providers has experienced steady growth, adding hospice care to its services in 2009. That same year, the group's primary care program exceeded 10,000 patient visits.

With more people living to be older and suffering from multiple chronic conditions and degenerative diseases, the need for medical home visits has never been greater, she says. This trend will continue for decades as baby boomers age.

Housecall Providers uses an interdisciplinary approach and welcomes volunteers, including doctors and nurses, in its primary care and hospice care programs. Contact Todd Lawrence, volunteer coordinator, at 971-202-5515, or tlawrence@housecallproviders.org, if you are interested in volunteering. •

Housecall Providers

Founded: **1995**

What it does: **Delivers personalized, proactive primary medical care to homebound, medically fragile elders and disabled adults. Also offers hospice services and advocates on behalf of patients, families and caregivers.**

To learn more: **971-202-5500**
www.housecallproviders.org

Health clinic evolves with changing patient needs

By Jon Bell
For The Scribe

When **Southwest Community Health Center** opened its doors in 2005, the nonprofit health clinic was in a single room at the Multnomah Arts Center Building. It opened two half-days a week, had one full-time staff member, two part-timers and a volunteer coordinator from AmeriCorps.

Much has changed in the past nine years.

Today, SWCHC has an expanded clinic in Multnomah Village with a patient waiting area, five exam rooms and more. It is open three half-days a week, the first Wednesday of every month for a women's health clinic and one Saturday every month. SWCHC also opened a second location last year, this one in Hillsboro at a clinic formally occupied by Essential Health Clinic. As an organization, SWCHC has also expanded its staff and array of services, broadened its affiliations with area hospitals, boosted its list of volunteer medical providers to more than 160 and logged nearly 2,000 patient visits last year alone.

"We have expanded a lot since we started, but the need is still there," said **Samira Godil**, executive director of the clinic.

A safety-net clinic—and a 501(c)(3) nonprofit governed by a board of directors—SWCHC provides health care services to low-income and uninsured residents, many of whom have not seen a physician in years. About half of the clinic's patients are ethnic minorities. Patients pay on a sliding scale, but Godil said the average is about $8 per patient per visit.

Services at the Portland clinic include everything from treatment of acute health problems, like infections and minor injuries, to routine labs, women's health and prescription medications. The Hillsboro clinic's services are more limited, but still include acute care, lab services and patient referrals.

The Portland clinic has also added care for chronic diseases like diabetes, hypertension and asthma in recent years.

"We started with episodic care, but then we started seeing that a lot to our patients needed chronic disease management," she said.

Godil first saw the need for a community clinic in Southwest Portland when she worked as a health coordinator for a social service agency called Neighborhood House. There, she was always referring clients downtown or to the eastside for medical services. Planning for the southwest clinic began in 2002, and it opened in May 2005. The clinic partners with Oregon Health & Science University, Legacy Health and Pacific University; volunteer providers come from all three organizations as well as the broader community.

Another change SWCHC has seen since its founding has been the increasing number of people who have health insurance, a result of the Affordable Care Act. None of the clinic's patients has insurance, but Godil said even people now covered often have access issues that prevent them from getting the care they need, so SWCHC's services are just as important as they always have been.

A medical student works with a patient at Southwest Community Health Center. Photo courtesy of Southwest Community Health Center

Looking ahead, Godil said SWCHC will continue to assess the community's need for services. It may also look into a hybrid model where it might be able to work with people who have health insurance.

"We are really guided by responding to the needs of the community," she said. "That is what guides us and how we will position ourselves in the future." •

Southwest Community Health Center

Founded: **2005**

What it does: **Serves as a safety-net clinic, assuring basic health care to low-income, uninsured individuals and families in the Portland metropolitan area.**

To learn more: **503-977-0733**
www.swchc-pdx.org

Serving and learning

Interdisciplinary student group reaches out to the underserved, while enriching members' education

By Barry Finnemore
For The Scribe

Melanie Prestidge grew up learning the importance of volunteerism. She put that understanding into action, volunteering in emergency medicine during college and at a clinic for homeless people after earning her undergraduate degree. Now, as a medical student at Oregon Health & Science University, Prestidge has found an avenue to continue serving others.

Through the **Association of Students for the Underserved**, an all-volunteer group, she and about 50 fellow students not only give back, but also enrich their education and understanding of community needs.

Prestidge, who has transitioned into a leadership role with the group, said a couple of the factors that drew her to the association are its interdisciplinary makeup—medical, nursing, dental, pharmacy, nurse practitioner and health policy students are involved from OHSU, Portland State University and Oregon State University—and its focus on service to diverse populations.

The term "underserved" often is rightly applied to urban homeless individuals and families, but it also encompasses everyone from undocumented workers and those with mental illness to the prison population, Prestidge said.

"This group looks at various ways to reach out," she said.

The association's flagship event is a health fair, held annually as part of Health Care Equity Week. The fair, at O'Bryant Square in downtown Portland, offers, among other services, medical and dental screenings, vaccinations, hearing and vision checks, diabetes foot care and education, as well as information on housing and other resources.

More than 100 Oregon Health & Science University students and faculty member volunteers, including Ally Rich, a second-year MD student at OHSU's School of Medicine, provided basic health services to community members during the annual Health Care Equity Week in April 2014. Photo courtesy of OHSU

The next fair, slated for Feb. 22, again will bring together several organizations that serve the community. Attendance for the 2014 fair was less than many expected, said Prestidge, who pointed to the Affordable Care Act and greater access to care as a possible explanation. She is interested to see how this upcoming event plays out amid what she referred to as a transitional time in health care, noting the important opportunity to identify and fill gaps in care.

Kristen Foskett, RN, a doctoral nursing and nurse practitioner student at OHSU who also works as a sexual assault nurse examiner, said she jumped at the chance to get involved in the association because it dovetailed perfectly with her focus on the underserved. The group helps students understand and address community needs while building leadership and teamwork skills.

"It gives people a chance to get involved, beyond coursework, and connect with communities," she said. "I love meeting other students, and learning and working together. At the end of the day, we have a common goal. It's about working with the patient population you're passionate about and making a difference, whether it's in policy or through day-to-day face time."

Students involved in the association also volunteer in other capacities, including at clinic events through the nonprofit Virginia Garcia Memorial Health Center. They also have participated in Potluck in the Park, the long-running nonprofit effort in downtown Portland that serves free hot meals on Sundays to those in need. In addition, students boost their education through lectures focusing on social justice, cultural competency and other critical topics.

Like Foskett, Prestidge found that the association dovetailed well with her interests. She volunteered as an emergency medical technician during college; worked at a Texas homeless clinic for a year, earning a stipend through AmeriCorps; holds a master's degree in medical anthropology; and is eyeing a career focusing on global health and HIV.

Also like Foskett, Prestidge is enjoying a leadership role with the Association of Students for the Underserved as well as learning things that will help her deliver the best health care possible during her career. During her first year with the group, for example, Prestidge attended an area conference about health issues in the LBGT community. One of the presentations that stood out for her focused on what a health clinic visit is like for the African American gay population. She hopes through the association to help develop more learning opportunities on such topics.

"It's vital to us as students to learn from the community," Prestidge said.

In fact, Foskett and Prestidge said the group is always exploring ways to expand its volunteer, training and informational opportunities. Among other things, it is building a partnership with the State Emergency Registry of Volunteers in Oregon (SERV-OR), the database of licensed health care professionals who have registered to volunteer in response to emergencies. One outcome could be a training that focuses on serving people with disabilities, Prestidge said. •

Welcome to Carefree Living

Proudly serving the assisted living and memory care needs of your patients and families since 2007.

- Beautiful Southeast Neighborhood Community
- 51 Assisted Living Apartments: Studios, One Bedrooms, & Two Bedrooms
- 7 Memory Care Shared Suites
- Wellness & Activity Programs
- Restaurant Style Dining
- Weekly housekeeping
- Engaging activities
- Individualized care plan

Call us today (971) 222-0396

2828 SE Taylor St. Portland, Oregon • p. 971.222.0396 • hawthornegardensslc.com

Want to reach the medical community?

The Scribe is read by physicians and physician assistants in the Portland-metro area each month.

Contact Nicole Gardner at LLM Publications for advertising opportunities, 503-445-2233 or Nicole@LLM.com.

Passion for tennis, chess enhance career

By Melody Finnemore
For The Scribe

Jim Smith, MD, is quick to admit that he was a small, skinny kid in school and his general lack of athleticism meant he was usually last to be chosen for any team sport. While he enjoyed riskier endeavors like racing motocross and skiing, it wasn't until medical school that he discovered his talent for tennis.

Smith, who specializes in rheumatology and internal medicine at Portland's **Northwest Rheumatology**, started playing on the public courts in Augusta while attending the Medical College of Georgia. His fond memories of watching the 1980 Wimbledon final between John McEnroe and Björn Borg made Smith a lifelong McEnroe fan and encouraged his interest in playing.

He continued to play during his internship and residency at Metropolitan Hospital in New York City, though it was more difficult to find a court.

"I have played in some odd places that were hidden throughout Manhattan, Queens and Brooklyn," he said. "I actually played on a court hidden in a warehouse that Bill Cosby used to play on."

Smith honed his tennis skills at camps in Florida, South Carolina, California and Hawaii. Soon after moving to Portland in 1998, he joined the Multnomah Athletic Club and has played league tennis with the U.S. Tennis Association for the past decade. As a team captain for both men's and mixed doubles' teams, Smith has won a sectional championship and met many interesting people along the way.

"Tennis competition has helped me step out of my comfort zone. I used to be so nervous that I could barely hit the ball. I'm still a little nervous, but in a good way. Matches are real fun, and any worries or problems are pushed back. I have also made so many good friends," he said.

Smith, who is experiencing degenerative arthritis, said he prescribes regular exercise for both himself and his patients. "Even before all this data on the effects of exercise on depression and

chronic pain, I always felt like exercise made me feel better, sleep better and relax more," he said.

"Rheumatology mostly deals with auto-immune disease, but recent studies show that despite treatment advances, a significant portion of patients have issues with chronic pain, depression and functional impairment," Smith added. "I have always been interested in physical therapy, fitness and sports medicine. I have tried to integrate this into a holistic approach to patient management with a strong emphasis on healthy lifestyle. I encourage exercise that is fun and preferably a group activity."

Along with tennis, Smith enjoys playing chess and has volunteered for the Oregon Scholastic Chess Federation. Chess is a family affair: His daughter was a K–4 state champion, and his wife's nephew was on the Turkish national team. Smith, once the lowest rated player in a very large national tournament with 2,000 players, said the $300 he won during one of the competitions meant more to him than a whole year's pay.

"Chess definitely improves your ability to solve complex problems in an efficient manner. I have noticed that some doctors have difficulty with complex cases because they are not identifying the features or issues that really set the case apart," he said.

As an example, when Smith assesses for vasculitis he focuses on the skin for petechiae or the urine for active sediment along with multiple pulmonary nodules since the presence of all these abnormalities together are atypical for infection but common for Wegener's granulomatosis.

"In chess, the only way to win is to quickly identify and attack something weak or odd about your opponent's position rather than wasting time contemplating every possible move or worrying about something that really does not pertain to the position at hand," he said.

"One major chess principle is that every move creates a weakness, so one must be sure that the move accomplishes something that is more important than the weakness. Maybe I am old school, but I feel that every test or treatment has at least some cost or possible negative consequence; therefore, it should really be doing something positive for the patient," Smith added. "Unfortunately, at present, there is a medical culture of more is better or at least a tendency that we must always do something. The chess master in me is more impressed with evidence-based guidelines that carefully weigh the benefits and risks of our tests and procedures."

Whether it's tennis, chess, volunteerism or an entirely different hobby, Smith strongly advocates for physicians to strive for better work-life balance. He recalls fellow med students and residents who were proud to admit they did nothing but study, and said it's equally important to have a hobby one is passionate about.

"I'm a real big critic of workaholism, and some doctors get roped into this extreme delayed gratification," he said. "You're supposed to work like a dog for all these years and then have this glamorous retirement when you're 65. That's great, but what have you missed along the way?"

Smith noted that talking, working and playing with people in a fun, social and athletic environment makes physicians more well-rounded, which in the long run should make medical practice more interesting and fun as well.

"Being a doctor is wonderful, but all work and no play can make people really one dimensional," he said. •

DR. HASSELL *from page 7*

The Scribe: **What's the gist of the book?**

Hassell: We know that lifestyle makes an enormous difference in people's health outcomes. You can easily demonstrate that lifestyle does more than any doctor can. And we also think the available data are not controversial. We would argue that the data points to a whole-food, omnivorous diet—probably the Mediterranean diet—along with exercise and getting enough sleep. That's an approach, backed up with the medical literature, that we can show helps prevent heart disease and diabetes, reduces obesity and helps avoid dementia. It can also improve survival rates for cancer.

The Scribe: **What's new in this edition of the book?**

Hassell: There's a new section on reading the medical literature on the Internet, because a lot of times people don't know how to separate good writing from a convincing piece of crap on the Internet. We've also got a 14-step action plan and almost 200 recipes and some information on menu planning. We have tried to make it really practical.

The Scribe: **Your approach sounds fairly straightforward.**

Hassell: What we like to point out is that the suggestions we make are pretty consistent with what humans have been doing for a long time. These are not radical. Things like avoid refined grains and highly processed fats, eat more whole foods—fruits, vegetables, nuts, seeds—and include meat, fish, eggs. It's like what (food writer) Michael Pollan has said: "Eat food, not too much, mostly plants." This is stuff that any thoughtful grandmother can tell you; we've just given medical reference to it. And the evidence in the medical literature is not highly confusing.

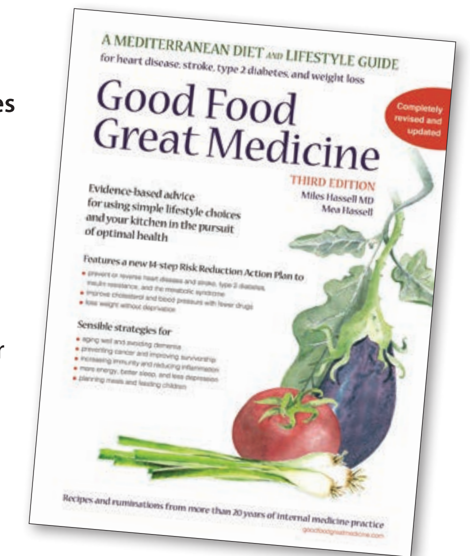
The Scribe: **The book also talks about how this kind of approach can often have better outcomes than pharmaceuticals.**

Hassell: Say you have a 40-year-old guy who's 20 pounds overweight and he's not feeling great and he's got high blood pressure. I would argue that his problem is not that he has high blood pressure, but that it's a lifestyle problem. Oftentimes what happens is we treat him as if he had a deficiency of pharmaceuticals, not healthy lifestyle choices. If you give him a drug—a drug that may cause erectile dysfunction or gout—then boom! We've lost the opportunity to help him make better lifestyle choices.

The Scribe: **What role do physicians play in influencing the kinds of lifestyle choices that their patients make?**

Hassell: I don't know that it's given the prominence that it needs. We all give lip service to it, but I don't know that that's enough. We should always be gently pushing people to be improving their lifestyles. And we should be doing it as physicians. If you are a smoking doctor or a Taco Bell-eating doctor you are going to have a hard time making a point of this. •

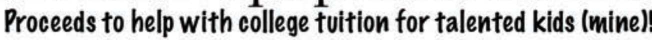
For more information about Good Food, Great Medicine, *visit www.goodfoodgreatmedicine.com.*

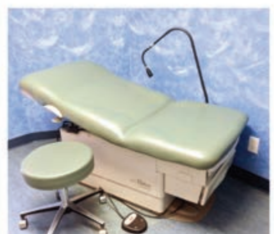


To place your classified ad, please contact Nicole Gardner at 503-445-2233 or Nicole@LLM.com.

MEDICAL EQUIPMENT

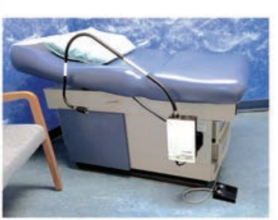
Medical Equipment for Sale





** These tables descend to 18" for pregnant or debilitated patients!*

Ritter Power Exam tables*: 222 (hi-low)$3000 and 223 (full power) $3500 both w/ W-A light & matching stools. First buyer may choose color as tops interchangeable "moss" or "perfect plum".



Ritter M-9 Autoclave $2000

Leisegang Colposcope w/ **Leica** digital camera. $2500

Ritter 307 Power table (blue) w/ light & stool. $2200

Thanks!

and Gyn tools & vaginal speculums

Contact: Kathy Brown
Cell 503-803-1001
email - Drkathybrown@gmail.com

PHYSICIAN OPPORTUNITIES

OHSU Center for Women's Health

Primary Care Division

OHSU Center for Women's Health – Primary Care Division seeks an **Internist** or **Family Medicine Physician** (Assistant or Associate Professor).

- The ideal candidate has special training, strong interest and/or clinical expertise in women's health.

Appointees shall work in pursuit of the University's missions of teaching, research, patient care, and public service.

These positions require an MD degree or equivalent, Oregon licensure, potential for academic accomplishment; board certification or eligibility, where appropriate. OHSU is an affirmative action/equal opportunity employer.

Apply online at ***www.ohsu.edu/hr*** (IRC33847); or send a CV and cover letter to Dr. Christine Kelso, Head of the CWH Primary Care Division: ***gearenc@ohsu.edu.***

WANTED

Internist, psychiatrist, and/or physiatrist with interest/experience in disability medicine to work full or part time for local major insurance company.

For further details, call
971-321-8376

PHYSICIAN OPPORTUNITIES

STAFFING SOLUTIONS THAT WORK

for Employers and Candidates

RNs, LPNs, PAs, NPs, MTs and other licensed personnel
MAs and CMAs | Receptionists
Schedulers | Billing Specialists
Medical Records Technicians
Bookkeepers | Coders
Managers | Supervisors

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

503-227-2737 | www.pdxstaffing.com

MEETING YOUR NEEDS. SAVING YOU TIME. SINCE 1960.

PHYSICIAN OPPORTUNITIES

Family Practice & Internal Medicine Physicians

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

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

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

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

- To learn more about Pacific Medical Group, please visit our website at **www.pacificmedicalgroup.com**.
- To apply, submit CV and cover letter to Trudy Chimko, HR Manager, by email: **careers@pacificmedicalgroup.com**, or fax: **503-914-0335**.

CLASSIFIEDS MARKETPLACE

To place your classified ad, please contact Nicole Gardner at 503-445-2233 or Nicole@LLM.com.

The Portland Physician

CLASSIFIEDS MARKETPLACE

Rates start at $60/month for the first 40 words.

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

CONTACT

Nicole Gardner

503-445-2233

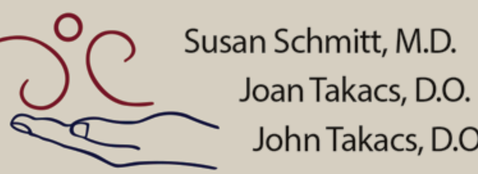
Nicole@LLM.com

CATEGORIES

- Medical Equipment
- Office Space
- Physician Opportunities
- Services
- Vacation Rentals
- … and more!

SERVICES

Physical Medicine & Injury Rehabilitation



Susan Schmitt, M.D.
Joan Takacs, D.O.
John Takacs, D.O.

The clinic offers alternatively extended medicine including Physical Medicine and Rehabilitation and Comprehensive Family Practice. The physicians utilize holistic principles that include the Anthroposophical world conception and its medical modalities, movement principles from Spacial Dynamics®, Feldenkrais®, Intermuscular Stimulation (IMS), Musculoskeletal Ultrasound and refined hands-on techniques to augment alternative and mainstream medical approaches in diagnosis, treatment and prevention of illness and injury including work related injuries, personal injuries, motor vehicle injuries and sports injuries.

5909 SE Division Street, Portland, OR 97206

www.anthroclinic.com 503-234-1531

Senior Housing is *not* one size fits all.

Let Choice help your patients find a great fit.

The Portland Metro Area has:

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

With all these options, each person has CHOICE.

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

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

Find us on

503-353-7870 • 800-757-0921
Help@ChoiceOregon.com
www.ChoiceSeniorServices.com

ASRP Association of Senior Referral Professionals of Washington

CHRISTIAN CHAMBER NORTHWEST

WE ARE UNWAVERING IN OUR MISSION TO DEFEND, PROTECT, AND REWARD THE PRACTICE OF GOOD MEDICINE

New healthcare delivery models bring new medical malpractice risks. That's why you can't afford to be wrong in your choice of malpractice insurer. The Doctors Company relentlessly defends, protects, and rewards the practice of good medicine. We provide unmatched coverage to 75,000 members nationwide. When your reputation and livelihood are on the line, choose the insurer that stands with doctors.

Join your colleagues—become a member of The Doctors Company.

CALL OUR LAKE OSWEGO OFFICE AT 800.243.3503 OR VISIT WWW.THEDOCTORS.COM

In partnership with

Providing superior protection to Oregon physicians for over 25 years.