



# scribe

## MSMP News & Events

Find out more about upcoming events, including Advance HIPAA Compliance Training, the PHAME @ 30 Holiday Finale and registration for the Battle of the Doctor Bands.

—Page 4

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

## Safety-net clinics stretched, adding physicians

By Cliff Collins  
For The Scribe

New rules took effect in 2014 that opened the **Oregon Health Plan** to more low-income adults who previously earned too much to qualify but not enough to afford health insurance.

In addition, the Oregon Health Authority implemented a simplified, fast-track enrollment process that dramatically expanded enrollment in the OHP. The combined effect has been that, since Jan. 1, about 395,000 Oregonians have joined the Oregon Health Plan, an expansion of 59 percent.

The estimated number of uninsured Oregonians in June 2013 was 550,000, or 14 percent of the population; by June 2014 it fell to 202,000, or 5 percent, according to a study.

Nearly 90 percent of OHP members are enrolled in coordinated care organizations, or CCOs, which are designed to bring better health and improved care at lower costs.

Caregivers working within the CCO structure applauded the expansion, but say they are struggling to cope with an increase that was expected to come over a period of years, not months.

"The expansion was definitely more than we anticipated," said **Meena Mital, MD**, deputy medical director of the Multnomah County Health Department until she left Nov. 14. But the county's eight safety-net clinics and 13 school-based clinics have been able to handle the volume so far, she said.

"The Medicaid expansion was a really wonderful thing. We certainly saw a lot of new patients assigned," many of whom the clinics already were seeing but who were uninsured before, whereas now they have OHP coverage, said **Christy Ward**, primary care services director for **Multnomah County Health**

**Department's Integrated Clinical Services.** "There's an increase in demand, but we've remained open to new patients. Many patients who haven't had insurance or are new coming to us are taking advantage of services—in a good way—that they previously weren't able to."

However, Ward added: "Everybody is feeling this demand. We are looking at adding additional physicians and health care providers" to keep up with the volume. "People are stretched, and everybody is watching the time new patients take to get into clinics, to make sure we are able to meet the demand."

Safety-net clinics are trying to ensure that they make the best use of the resources available to them, and that includes having provider staff work at the top of their license, freeing physicians to see more patients and having nurses step in whenever

possible, Ward said. She added that Multnomah County had an advantage in adopting the OHP's CCO concept, because the county first established medical homes several years before the Affordable Care Act was introduced.

**Janet L. Meyer**, chief executive of **Health Share of Oregon**, the state's largest CCO with over 240,000 members in Clackamas, Multnomah and Washington counties, said Health Share has "been able to assign all of our newly enrolled members to primary care homes, and our early data indicates that the new enrollees are being seen on a timely basis. We encourage primary care providers to close

to new enrollment if they cannot accommodate additional patients and maintain the standards of care in our community. Some have closed to new patients, but many have not. Even those who have closed to new enrollment will accept family members of existing patients and new enrollees who were previously seeing that provider before they became eligible for OHP."

Mital said providers aren't asked to take on more of a patient load than they can do well, and there are various ways to determine what capacity is, the optimal number of patients a provider can take care of. For example, patients of particular ages or complexity count for more than one patient, and providers whose patient population is more complex than average will not be responsible for



JANET L. MEYER

See **EXPANSION**, page 5

## Research shows resiliency in the face of stress can be fostered by socialization, compassion

By Melody Finnemore  
For The Scribe

It's well documented that most physicians deal with some level of stress on a fairly consistent basis. So, first the bad news: Resiliency in the face of stress, trauma and other negative experiences is rooted in a person's genetic disposition, and emotions like anxiety and depression have a direct pathological

impact on a person's brain.

The good news: Resiliency can be developed by building social bonds, engaging in altruistic acts and witnessing compassion in action. And, the brain can repair itself when chronic stress is dealt with in a healthy manner.

These are among the research insights **Sarina Saturn, Ph.D.**,

See **RESILIENCY**, page 5

### MSMP Annual Meeting

**Sarina Saturn, Ph.D.**, will be the keynote speaker at the **Medical Society of Metropolitan Portland's Annual Meeting**, which is scheduled for **5:30–8:30 P.M. May 5** at the **Multnomah Athletic Club**.

Please visit [msmp.org](http://msmp.org) in the coming weeks for more details and to register for the event.

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### 'Exciting times ahead'



Fourth year of medical school offers opportunities to explore career options.  
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# 3-D mammography saved her life. Now, she can keep saving others.

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From your MSMP Student Member: Ashley McClary

# Reflections on medical school's 4th year

*It's important to trust the process and know things will work out*

**By Ashley McClary**  
*For The Scribe*

In contrast to the steady, predictable nature of the first three years of medical school, the first five months of my fourth year feel like I have been moving at super speed. They have been the most hectic and intense of medical school. These feelings are likely a result of the sub-internship, residency application and matching process. I am currently finishing my last away rotation in the Midwest and am in the middle of "interview season." Now, in the process of evaluating programs



I have faith that the **experiences I will have and the choices I will make** along the way will guide me down a **path of success and happiness.**

—Ashley McClary

and making my future rank list, I am reminded that I was still undecided on a specialty only six months ago. I always had the inclination I would be a surgeon and assumed I would go into general surgery. However, I was surprised how much I enjoyed my OB/GYN rotation. I loved my residents and attendings on the rotation. After completing my general surgery rotation, I knew OB/GYN was a better fit.

I am frequently asked during interviews why I chose OB/GYN. My answer is always something along the lines of, "I get to operate and have long-term, meaningful relationships with patients," which I strongly believe to be true. However, I have begun to wonder how much of my choice was really dependent on the people around me.

My favorite experience of medical school was nights on labor and delivery, yet I never delivered a baby. I did, however, have three fun, smart, happy residents and one of my best friends from medical school with me during those nights. With five weeks to decide on a specialty, what really influences this decision-making process? How much of the medical student experience is formed by the attitudes of the particular residents and attendings they are paired with? How much is the specific location and population of the patients? How much is the pathophysiology of the particular patients they happen to treat?

After two away rotations and a handful of interviews, I have a greater appreciation for the influence of those around me. Now that I've chosen my specialty and am evaluating specific programs, I am turned off by programs with seemingly

miserable residents. If I had gone to that program's medical school, would I have still chosen OB/GYN?

I find myself in the same dilemma now while choosing a residency. A single two-hour dinner where I may talk to one or two residents, followed by a few 15-minute interviews, is supposed to help me determine if I will be happy at a program for the next four years. More time is spent on hospital tours than talking one-on-one with residents at any given program. Most would agree that if you want to do a fellowship after resi-

would be where I am now. I have faith that the experiences I will have and the choices I will make along the way will guide me down a path of success and happiness.

I suppose we have no option but to trust the process and know that whatever happens, it will all work out. Those of my friends in the class ahead of me, who after four months into their residency have already decided they are in the wrong specialty, have proven there are options along the way. No one wants to go through the match twice, but an extra



dency, it's important to go to an academic, rather than community, residency. How am I supposed to already know, with any degree of certainty, if a fellowship is right for me? I only just decided I was going into this specialty and I haven't even been exposed to all the subspecialties. Many interviewers want to know that you have a plan for where you will end up. The question, "Where do you see yourself in 10 years?" is common. I could easily make up a 10-year plan, but instead have decided to be honest with myself and my interviewers. The truth is, I don't have a solid plan and I don't feel having one would make me a better candidate.

In fact, being too narrow-minded at this stage puts you at risk of shutting doors before you even know they exist. Ten years ago, I certainly didn't think I

year and a lifetime of enjoying your career is certainly worth it in the long run. After my broad third-year clerkships and two sub-internships in gynecology oncology, I am confident I have chosen a specialty that is well suited for my skills and interests. However, I have yet to deliver a baby. I have confidence that my enjoyment of watching this incredible event will translate into enjoyment performing deliveries. Nevertheless, it is another reminder that I still have a lot to learn and that there are exciting times ahead as I continue to gain the tools I need to decide on the scope of my eventual practice. •

*Ashley McClary is a fourth-year medical student at Oregon Health & Science University and the medical student trustee on the Medical Society of Metropolitan Portland's Board of Trustees. She can be reached at mcclary@ohsu.edu.*

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## Efficiency in the Workplace series offers new techniques on achieving wellness and productivity in your office

Deadline to sign up Jan. 8, 2015

MSMP will hold a yearlong interactive cohort series focusing on efficiency. This interactive cohort will involve teaching, discussion and professional literature review.

The Medical Society's Organizational Readiness Expert, Leslie Ruminski, MSW, will cover topics such as 5S Lean, Crucial Conversations—What's your Style under Stress?, and Defining Difficult Differently—Working with Difficult Patients & Families. These topics are designed to give new tools and strategies while providing support to those participating in the series.

The series has limited availability! Contact Sarah Parker, CMA (AAMA), at [sarah@msmp.org](mailto:sarah@msmp.org) for more information and to register. •



## Advance HIPAA Compliance Training Class

Jan. 14, 2015 • 9–11AM or 1–3PM

Don't miss MSMP's January Advance HIPAA Compliance Training. As recommended by ONC, OCR and AHIMA, HIPAA compliance training should be done annually. This class will offer updated Oregon privacy laws, discussion on how privacy laws apply to your role, and interactive case studies.

Certificate of Participation is included in this event and able to be used for employees' compliance files. To register, visit us at [msmp.org](http://msmp.org) or contact Sarah Parker, CMA (AAMA), at [sarah@msmp.org](mailto:sarah@msmp.org) for more information. •



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## PHAME @ 30 Holiday Finale

Dec. 13, 2015

We invite you to join us as we enjoy PHAME @ 30 Holiday Finale. MSMP has reserved a limited number of tickets at a group price of \$15 apiece for this event.

PHAME creates opportunities for adults with disabilities to experience the joy of artistic expression through lifelong arts education and performance. Contact Sarah Parker, CMA (AAMA), at [sarah@msmp.org](mailto:sarah@msmp.org) for more information and to purchase tickets. •



## Battle of the Doctor Bands coming soon...

Application deadline April 15, 2015

Join us for our Second Annual Battle of the Doctor Bands! The Medical Society of Metropolitan Portland is looking for bands to participate in our upcoming battle! The only criteria for filling out an application is that one member of the band must be a member of the Medical Society.

If you would like to battle, please read and complete the application forms found at [msmp.org](http://msmp.org) under the events section. The deadline to sign up is *April 15, 2015 and space is limited!*

Watch for more information about this event and where to get tickets at [msmp.org](http://msmp.org). Contact Sarah Parker, CMA (AAMA), at [sarah@msmp.org](mailto:sarah@msmp.org) for more information. •

## Save the date for MSMP's 131st Annual Meeting

May 5, 2015

Mark your calendars for MSMP's 131st Annual Meeting on May 5, 2015 at the Multnomah Athletic Club.

Registration will be required. Watch [msmp.org](http://msmp.org) for more information and updates on this event. •



## Purdy elected as AAMA vice president

**Paula Purdy**, CMA (AAMA), was elected recently to the **American Association of Medical Assistants** Board of Trustees as 2014-'15 vice president. In this capacity, Purdy represents medical assistants across the nation.

"It is an honor to be serving the association and profession during this time of change in health care," said Purdy, who works with the **Medical Society of Metropolitan Portland**. "These changes have put medical assistants in the forefront of the outpatient environment and have shown the medical community that a medical assistant is an important part of the health care team."

Purdy brings a great deal of experience to her office. She has worked for MSMP for 30 years, starting as a receptionist and today serving as director of operations and manager of Medical Society Services Inc., an arm of the medical society. Purdy provides staffing for the outpatient environment and works closely with supervisors, managers, administrators and physicians to find the right person for each position.

Purdy has served on many committees and strategy teams for the AAMA, including the Membership Committee, the Membership Development and Marketing Strategy Team, the Leadership Development Strategy Team and the Awards Committee.

The AAMA promotes the professional identity and stature of its members and the medical assisting profession through education and credentialing. •





## EXPANSION from page 1

seeing as many patients.

Legacy Health clinics were seeing a significant number of uninsured patients before January, and providers still are seeing many of the same patients, though they now are covered by the OHP, said **Melinda Muller, MD**, clinical vice president of primary care for Legacy. Thus, Legacy clinics' total increase has been smaller than some others because Legacy is seeing so many existing patients, she said.

Legacy accepts as many OHP patients as it can, but not all, in order not to overwhelm its providers, Muller said. Legacy clinics established protocols with Health Share and have tried to confine referral

acceptances to those patients "within a certain radius of a clinic." The goal is to take care of patients in the community, but Legacy was receiving OHP patients from as far away as Salem, she said. If a clinic gets patients from outside its zip code, the clinic helps them get reassigned to a place that is most suitable for their needs, she said.

Ward said the county will watch closely to see what happens as patients are required to re-enroll in the OHP. Even those who were fast-tracked enrolled now will have to fill out a full form, which



MELINDA MULLER, MD

she described as "lengthy and complex. We're not sure how many patients will qualify and how many will apply. We're on pins and needles." Lots of patients have language or mental health challenges, she said. Eligibility specialists are embedded in clinics to help patients complete the required financial data.

Muller anticipates continued challenges until "payment-model reform" catches up with the way CCOs deliver care. The Centers for Medicare & Medicaid Services continue to define access as access to a primary care provider, and "there are not enough primary care providers to cover all," she said. So even though medical homes deliver care as a team, "we still get paid as physicians," not for the full

range of services delivered by different personnel working in a medical home model, she explained.

Oregon gained "a little more flexibility" under a waiver CMS granted to demonstrate improved care and savings using a CCO model, Muller said. "It is better, but I don't think it's gone as far as everybody expected or hoped at this point."

Meyer agreed that access will follow payment reform. "I think we all recognize that we need to move from a physician-based, fee-for-service model to a model that leverages a team-based primary care home with a focus on managing an assigned population. That is the only way we can truly begin to address capacity issues in primary care." •

## RESILIENCY from page 1

presented in a recent talk titled "The Neuroscience of Resilience" at Mercy Corps' Portland headquarters. While a little stress can actually be healthy and serve as a motivator, unpredictable, uncontrollable or chronic stress shrinks areas of the brain's prefrontal lobe, which controls learning and cognitive ability, among other functions, Saturn said.

Saturn is director of The **Saturn Lab** at Oregon State University, which investigates the biology underlying emotional processing in the brain and body. Saturn, an OSU assistant professor of psychology, will deliver the keynote address for **MSMP's 2015 Annual Meeting**.

Research has found that people with strong resiliency skills feel negative impacts from stress, but don't dwell on them. They have a capacity for finding meaning during stressful events. They are less likely to experience depression, post-traumatic stress disorder or other mental health issues. And they have a rapid recovery ability that is largely biological.

In addition, research shows that social isolation, a frequent response to stress, anxiety and depression, ignites an inflammatory gene response that can lead to a host of chronic diseases throughout the body.

Research also has found that people who engage in "other-oriented living," such as socializing with others and volunteering in their communities, tend to live longer. When a person engages in prosocial behavior and charitable acts, a release of dopamine targets the brain's reward and pleasure centers. Generosity, compassion, eye contact, trust and empathy generate serotonin and oxytocin, both of which foster positive responses and fend off negative ones, Saturn said.

Saturn began bridging neuroscience and social psychology as a postdoctoral fellow at the University of California, Berkeley. She received her Ph.D. in neuroscience from New York University under the mentorship of Joseph LeDoux. Her dissertation focused on molecular, cellular and behavioral studies of the amygdala, the key brain structure for emotional processing. She was a postdoctoral scholar at Stanford University, under the guidance of Robert Sapolsky, where she investigated the role of stress hormones on the brain's emotional circuitry. •

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# Physicians reflect on 2014's biggest advances, improvements needed in coming year

The health care community provided a plethora of news about strides made in medical research, treatments, technology and other advances in 2014. *The Scribe* asked a handful of physicians from the Portland metro area what they consider to be the most significant medical developments of the year, and what improvements they hope to see in 2015. Responses have been edited for brevity.

**Bradford Glavan, MD**  
The Oregon Clinic's  
Pulmonary, Critical  
Care & Sleep  
Medicine Division



adoption of lung cancer screening has the potential to change the public perception of lung cancer.

For example, few people are aware that lung cancer claims approximately 150,000 lives each year in the U.S., more than colon, breast and prostate cancer combined. For those who are aware of the impact of lung cancer, too often there is a sense of nihilism in which the diagnosis is often equated with death. Screening changes that paradigm and results in a proactive approach to lung cancer that parallels our approach to screening for breast cancer and colon cancer.

The widespread adoption of lung cancer screening has the potential to get patients talking with their doctors about not only detecting lung cancer at a curable stage, but also reducing their risk of developing lung cancer in the first place. It may just be that conversation that saves the most lives because there is still only one proven intervention to prevent lung cancer: quitting smoking.

The most significant medical development in 2014 may actually have occurred on Dec. 31, 2013, when the U.S. Preventative Services Task Force (USPSTF) recommended lung cancer screening for individuals at highest risk for lung cancer. The guideline recommends screening with low-dose chest CT scans on a yearly basis for those at highest risk.

This is potentially a game-changing development in the treatment of lung cancer for two major reasons. First, lung cancer screening identifies lung cancer at an earlier stage of the disease when treatments such as surgery and radiation can be curative. Second, and perhaps equally importantly, the widespread

In 2015, I'd like to see consistency and transparency regarding what insurance plans will cover and, specifically, universal coverage for screening and preventative health care. In this regard, there may be some room for optimism as we approach 2015. Imbedded in the Affordable Care Act is a mandate that insurers participating in health care exchanges provide basic coverage of preventative services which have been recommended by the USPSTF within one year of the adoption of recommendations.

Lung cancer screening is recommended by the USPSTF and in November the Centers for Medicare & Medicaid Services followed suit, recommending that lung cancer screening be covered for all high-risk beneficiaries (albeit for a slightly restricted age group of 55-74). So, at least for my patients who are at highest risk for lung cancer, I am looking forward to 2015 when I hope to say, "Lung cancer screening may just save your life, and it's covered by your insurance!"

matter the age of the patient or the stage of disease.

The required innovation, creativity and collaboration to meet the challenge of delivering integrative palliative care were widely in evidence here in Oregon—and especially Portland—during 2014. Providence Cancer Center and Compass Oncology both presented posters at the symposium. Providence's poster highlighted a "ripple effect" of the positive impact of nurse practitioner/social work palliative care teams, with benefits such as greater communication about patient goals extending even to patients not directly served by the program. Compass Oncology presented a retrospective review of its palliative care quality improvement program demonstrating better patient outcomes such as higher referral rates for supportive hospice services at the end of life.

The Boston symposium also highlighted a sobering care gap: with a limited (mostly hospital-based) palliative care workforce, increasingly complex cancer care and a large number of cancer patients, how do we bring this highly valued and valuable care integration home to more patients? Again, community-based efforts in Oregon offer optimism for ongoing improvement in care delivery in 2015.

Collaborative partnerships between providers and payers (among them, Cambia, CareOregon and HealthNet) are testing different outpatient and home-based models of care. The Oregon Health Leadership Council Advance Care Planning work group will be initiating a pilot project whose aim is to enhance communication about treatment goals and patient values between patients with serious cancers and their medical teams.

And on Nov. 6, the American Cancer Society Cancer Action Network convened a Palliative Care Forum in Portland at

**Angela Kalisiak, MD**  
Palliative care specialist,  
Compass Oncology,  
and oncology palliative  
care medical director,  
Providence Cancer Center



October's inaugural Palliative Care in Oncology Symposium in Boston was attended by multiple oncology and palliative care Oregonian colleagues, and declared a focus of "patient-centered care across the cancer continuum." National leaders presented ever-increasing evidence that patients with a serious cancer illness and their families benefit from the extra layer of symptom management and emotional/social support that palliative care integration provides—no

## ANOTHER YEAR YOUNGER

MEET JANE - AGELESS AT ALEDA FITNESS SINCE 2012

"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.



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which a diverse group, including palliative care leaders from OHSU, the community nonprofit Familias en Acción and Sen. Ron Wyden, demonstrated the breadth of commitment that exists in our medical community, city and state to expanding access to high-quality oncology palliative care to more Oregonians.

**Joseph Stapleton, MD**  
Progressive pain medicine physician and board chair, East Portland Surgery Center



We're seeing more of a paradigm shift in terms of the treatment of pain. Rather than being simply medication based, we're embracing a lot of alternate treatments. The Veterans Administration is studying how pain, stress and anxiety are intertwined, and they are using tai chi, mindfulness and other options as part of this study. We're telling people that it's all part of a spectrum that needs to be treated.

What we're trying to do is move people away from reliance on medication and explore more passive options like pain support groups, pain psychologists, exercise, and using mindfulness and cognitive behavior therapy. Moving away from pharmacology and moving toward things like acupuncture, water therapy and exercise groups can be more effective than medications for a lot of people.

There are certainly people who need medications and that is something we can continue to use. But we also stress a return to function, and some people on medications may not be very functional.

**Shane Kim, MD**  
Ophthalmologist, EyeHealth Northwest



In ophthalmology, the biggest medical development this year was introducing the first laser cataract surgery device in Portland. The traditional method of cataract removal involved making very small incisions in the eye with surgical instruments and removing the cataract utilizing ultrasound energy. With new, laser cataract technology, we are able to use a femtosecond laser to make incisions and to perform other important parts of the cataract surgery with more precision and safety.

The biggest challenge for health care in the future is trying to figure out how to deliver high-quality care at a lower cost. This is obviously easier said than done. However, one way to save costs without sacrificing quality is to perform an increasing number of uncomplicated surgical cases at outpatient surgical centers rather than at hospitals. For years, ambulatory surgical centers (ASCs) have been holding down health care costs for outpatient surgeries while delivering top-notch care.

Now, I realize this is a small piece of health care reform, but I think the example of ASCs is a good model for using innovative ideas to bring down the cost of health care while continuing to provide safe, high-quality care to patients.

**Peter Hahn, MD**  
Director of pulmonary and sleep medicine, Tuality Healthcare



The USPSTF's recommendation regarding low-dose CT lung cancer screening was a

major development. Its recommendation was based on the results of the National Lung Cancer Screening Trial (NLST), a large multicenter trial which demonstrated a 20-percent reduction in mortality in patients undergoing low-dose CT lung cancer screening. This screening has the potential to save thousands of lives by finding lung cancer at earlier stages, thereby allowing patients to undergo curative treatments.

Under the Affordable Care Act, the USPSTF's recommendation means that private insurances will be required to cover low-dose CT lung cancer screening starting in 2015. It is widely expected that Medicare coverage will be finalized in February 2015.

The USPSTF's recommendation and CMS' announcement is historic news offering hope to patients at high risk for lung cancer. These announcements going forward in 2015 will enable more high-risk patients to be screened, potentially saving thousands of lives by finding lung cancer at earlier stages and allowing patients to undergo curative treatments.

Tuality Healthcare began offering low-dose CT lung cancer screening in July 2013, and was the first Portland-area program to be named a Lung Cancer Screening Center of Excellence by the national Lung Cancer Alliance. •

—Compiled by Melody Finnemore

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# Naturopaths see progress and acceptance, but challenges remain

By Cliff Collins  
For The Scribe

Naturopathic doctors' emphasis on primary care would seem to put them in a favorable position within health reform, particularly when the **Affordable Care Act** took effect.

That's because the law's language contains within it Section 2706, a provision stating that "a health insurance issuer...shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law."

Oregon is one of 17 states that license or regulate naturopaths. Its approximately 700 practitioners here believe the clause makes clear that, beginning this year, they and their patients had the same coverage recognition as other licensed health care providers.

But even though the ACA "is beginning to make a difference," and the state's government has not shown resistance to inclusion, most insurance carriers are resisting, said **Carrie Baldwin-Sayre, ND**,

president of the **Oregon Association of Naturopathic Physicians**. A few insurers cover naturopathic services under private insurance, but most don't. Only one includes naturopathic doctors as primary care providers on its panel: **Oregon's Health CO-OP**.

"We are the only one in the country that credentials naturopaths as primary care providers, with all the rights and responsibilities that entails," said **Ralph M. Prows, MD**, president and CEO. The move was in response to member demand, he said, and before doing so, the company learned about what naturopaths are licensed to do in Oregon. What it found was that they are able and expected to perform the same type of services as "the traditional primary care disciplines," he said.

Prows added that the other health plans that include naturopathic doctors consider their services in a separate



CARRIE BALDWIN-SAYRE, ND

category, often as a limited benefit as some kind of specialist, but coverage "is not a limited benefit for us."

For coverage of Oregon Health Plan patients, some coordinated care organizations (CCOs) are including naturopaths as primary care providers on their panels. The largest in the Portland area and the state, **Health Share of Oregon**, recognizes that "naturopathic physicians have long serviced the fee-for-service population and that they play an integral role in primary care," said spokeswoman **Beth Sorensen**. "Health Share's plan partners develop their own provider networks, based on the needs of our members consistent with our contract and legislative directives. Some of our plan partners have developed credentialing criteria for naturopathic physicians and have contracted with naturopathic physicians."

According to the Oregon Health Authority, "It is up to each CCO to have an adequate network of providers, but CCOs are not required to contract with any particular provider, even if it is the preferred provider of the CCO member."

Alternative practitioners also interpret the ACA's language to say that, for

example, a licensed chiropractor treating a patient for back pain should be reimbursed the same as medical doctors for the same service. However, Baldwin-Sayre said, that is not the case. "It's a very large issue for our profession," she said, noting that payments to naturopathic doctors average 20 percent to 50 percent of what is paid to medical and osteopathic physicians. She added that the ACA forbids reimbursing professionals based solely on provider type.

According to the **Centers for Medicare & Medicaid Services**, nothing in the law prevents "a health insurance issuer...from establishing varying reimbursement rates based on quality or performance measures. ...To the extent an item or service is a covered benefit under the plan or coverage, and consistent with reasonable medical management techniques specified under the plan...a plan or issuer shall not discriminate based on a provider's license or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law."

CMS added to that language wording that alternative practitioners view as a loophole for insurers that was not part of the law's intent: "This provision does not require plans or issuers to accept all types of providers into a network. This

See **NATUROPATHS**, page 14

## Dr. Chelsea Hardin

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**DR. CHELSEA HARDIN** is a broadly-trained general surgeon who has a particular interest in the treatment of cancerous and non-cancerous diseases of the breast. She is board certified in general surgery and is also trained in robotic-assisted surgery as well.

Dr. Hardin completed her surgical residency at Oregon Health & Sciences University in 2006. During her training, she completed a year of research in Surgical Oncology and published several research papers. She received the Martin Howard Award for the Best Surgical Research Paper, 2003-2004, the William S. Fletcher Traveling Fellowship Award, 2004-2005, and the Best OHSU Resident Research Paper Award, 2004-2005. She was inducted into the Alpha Omega Alpha Medical Honor Society in 2006.

Dr. Hardin practiced for 8 years in San Diego, California, where she co-chaired the Breast Center Leadership Team. She helped Sharp Grossmont Hospital receive the designation as a Breast Center of Excellence. Dr. Hardin is a Fellow of the American College of Surgeons (FACS). She is a member of the American Society of Breast Surgeons, the San Diego Medical Society and Oregon Medical Association.

Dr. Hardin performs a wide variety of operations including laparoscopic gallbladder, colon, splenic and intestinal procedures; laparoscopic and traditional hernia repairs; surgery for breast cancer and benign breast issues; placement of breast radiation catheters; treatment of hemorrhoids, anal fissures and fistulae; excision of skin cancers and many others.



To schedule an appointment, please call Dr. Hardin's Office: Phone: 503-292-1103 or Fax: 503 292-1433.



# Center looks to yoga, meditation and other therapies to address neurological disorders

By Jon Bell  
For The Scribe

There was a time when physicians treating patients for the symptoms of multiple sclerosis might not have thought to prescribe, or at least suggest, yoga as a way to help curb fatigue.

But thanks to a study done by researchers in a relatively under-the-radar group at **Oregon Health & Science University**, providers now know that yoga can help MS patients fight fatigue; as a result, the discipline has also joined the list of therapies doctors can turn to for their patients.

"Our main goal of that study was not to show that yoga cured MS, but to show how it could significantly improve fatigue in those patients," said **Barry Oken, MD**, a professor of neurology, behavioral neuroscience and biomedical engineering at OHSU who led the trial.

**"We are by far the leaders in what we do on a national basis, if not internationally.**

As with most good research, results are incremental, but we have a lot of good stuff going on."

—Barry Oken, MD, OHSU professor and director of the Oregon Center for Complementary & Alternative Medicine in Neurological Disorders

Oken is also director of the **Oregon Center for Complementary & Alternative Medicine in Neurological Disorders**, a research center at OHSU. Comprised of about 20 researchers today, the center was founded by Oken in 1999 thanks to a grant from the National Center for Complementary and Alternative Medicine, which is connected to the National Institutes of Health. The center partners with several other institutions, including the **Linus Pauling Institute at Oregon State University**, the **National College of Natural Medicine** and the **University of Western States**.

A neurologist with OHSU for more than 25 years, Oken described ORCCAMIND as a "loose collection" of researchers focused

on complementary medicine for neurological disorders. Among the group's main areas of emphasis have been aging, including Alzheimer's disease and dementia, and MS. Researchers in the group have staged projects with both humans and animals, primarily mice. Other research areas have looked at everything from the effects of acupuncture on pain neuropathy to Parkinson's disease and who benefits most from the polyunsaturated fatty acids found in fish oils.

One of the areas that Oken is particularly focused on is how various forms of stress affect aging.

According to the ORCCAMIND website, Oken is currently looking for individuals to participate in a stress intervention study that looks at changes to stress levels from the use of one-on-one mindfulness meditation. Oken said there is also a significant effort to develop biomarkers

of stress and well-being as a way to target specific complementary treatments.

"I am interested in stress reduction, stress biomarkers and different ways to try to get a handle on whether these interventions are working or not," he said.

In addition to research, ORCCAMIND is home to a sizable training program for postdoctoral fellows. It has a T32 institutional training grant from the NIH, which provides funding for fellows interested in complementary medicine. On top of that, the center also helps connect researchers with ORCCAMIND mentors.

Oken said that ORCCAMIND is focused on important work and has made headway in all its areas of research. He admits to being somewhat biased, but said

that, while there are others doing similar research, ORCCAMIND stands out in its particular areas of focus.

"We are by far the leaders in what we do on a national basis, if not internationally," he said. "As with most good research, results are incremental, but we have a lot of good stuff going on."



Oken also said ORCCAMIND always welcomes funding opportunities and contributions from people who might be interested in the work it's doing. To find out more, visit [www.ohsu.edu](http://www.ohsu.edu) and search for ORCCAMIND. •

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# Naturopaths Without Borders offers healing where it's needed most

By John Rumler  
For The Scribe

In Rocky Point, Mexico, also known as Puerto Peñasco, a young Hispanic boy with cerebral palsy visited the **Naturopaths Without Borders** (NWB) clinic. The youngster appeared depressed, his body was contorted and he was wheelchair bound. However, after a series of treatments over six months, he improved remarkably, said **Stephanie Culver, ND**. As his mobility steadily increased, he progressed to standing, then to walking with a cane. His personality blossomed from being reclusive and sad to confident and happy.

"Similar success stories are not uncommon," Culver said. "It's those kinds of experiences that make all the hours and hard work worth it all."

The local chapter of Naturopaths Without Borders, a nonprofit founded and supported by students at the **National College of Natural Medicine** (NCNM), began in September 2011. The oldest of seven accredited naturopathic medical schools in North America, NCNM was founded in 1956 and has about 600 students.

Medical students Culver and **Kelly Philiba** co-founded the local NWB chapter after witnessing a gap at NCNM in global health education and lack of experiences available to students and doctors alike. The chapter is part of a larger NWB that helps alleviate the burden on over-strained and underfunded health care systems in many poor countries.

There is no formal relationship between the local NWB chapter and the NCNM; however, NWB is being integrated into a new Master's of Global Health program at NCNM and students receive community service/education hours required for graduation when they serve on volunteer missions. Although the students cannot legally practice medicine, they may operate under the supervision of a licensed ND.

Culver, now a resident ND at NCNM, also helped found a Naturopaths Without Borders chapter in Seattle and served as secretary of NWB Global. NWB's local chapter has about a dozen active volunteers.

## Partnerships extend reach, maximize impact

Naturopaths Without Borders began in 2004 at the Southwest College of Naturopathic Medicine in Tucson, Ariz., and expanded in 2009 to Bastyr University, near Seattle. There are now branches at the Boucher Institute of Naturopathic Medicine in New Westminster, B.C., the Canadian College of Naturopathic Medicine in Toronto, and at the University of Arizona in Tucson. NWB Global, which became a registered 501(c)(3) in 2011, is headquartered in Beaverton.

NWB's three guiding principles are that

health care is a human right for all, not a privilege for a few; that everyone deserves the best health care, regardless of finances; and that naturopathic medicine is well suited for resource-poor settings.

NWB is no giant. The organization has about 300 volunteers in total, but its ranks are growing. While its annual budget for 2015 is approximately \$150,000, its strategic partnerships with a large and diverse array of like-minded agencies significantly extend its reach and maximize its impact. Finances come from a variety of donations and contributions as well as student-sponsored fund-raising projects.

Culver's passion for international and public health began when she was a University of Oregon undergrad participating in a study-abroad internship in India. Her leadership in NWB has helped to open international and local service opportunities to students and faculty at Bastyr and NCNM, guiding NWB-Bastyr on its inaugural trip to Haiti in March 2011 and NWB-NCNM to Guatemala in March 2012.

When a NCNM student team traveled to India in 2012, it shadowed medical doctors trained in naturopathic medicine, homeopathy and traditional Indian medicine known as Ayurveda. Students participated in rural village health camps and applied the hours documented in medical service to their graduation requirements.

So far, NWB-NCNM teams have traveled to Guatemala, India, Mexico and Haiti, and volunteers usually find a mountain of need amidst a sea of deprivation, poverty and malnutrition. The resources and facilities for the volunteers can vary greatly. In Rocky Point, Mexico, the team has a fully functioning facility



Stephanie Culver, ND, helps children at an orphanage in Haiti during a visit with Naturopaths Without Borders.  
Photo courtesy of Naturopaths Without Borders

with electricity and plumbing, while well water, pumps and generators are the norm in Haiti.

The daily successes are tremendously rewarding, students say. In Haiti, for example, NWB doctors treated a young girl with severe impetigo, a staph aureus infection that marred most of her face. "With a few treatments using naturopathic medicines alone, the infection completely cleared. No antibiotics or invasive treatments were necessary," Culver explained.

In a Haitian orphanage, a majority of children were infected with pinworms. In the states, this would typically be treated with anti-parasitic pharmaceuticals, but the cost would be far too prohibitive in Haiti, so the team created an herbal

treatment that worked effectively.

Naturopathic medicine is a good fit with most developing nations. It is less expensive and more accessible than traditional medicine, and it is also more user friendly, said **Sean Hesler, ND**, executive director of NWB. "Naturopathic is a mixture of different healing traditions from around the world. Being holistic, it includes eating nutritious foods, managing stress, having a healthy lifestyle, and it takes advantage of plants and herbs that are locally available."

Also, many indigenous people are more comfortable visiting a small, free-standing volunteer naturopathic clinic than a big, Western-style hospital, NWB has found. A naturopath might begin

See **NWB**, page 14



Molly Langteau performs a physical exam on a child in Haiti as part of her volunteerism with Naturopaths Without Borders.  
Photo courtesy of Sean Hesler

## 'A life-changing experience'

**Molly Langteau** joined the NCNM chapter of Naturopaths Without Borders on a student-doctor health care mission to Cap-Haitien, Haiti, in the summer of 2013 that lasted 10 days. Langteau volunteered with community health organizations offering free primary care and also helped staff mobile clinics which were set up in churches, schools and community clinics, and attracted long lines of Haitians.

Langteau said the doctors and student preceptors—there were a total of four NCNM students—treated about 75 patients per day. The students assisted the NDs by taking vitals, helping with labs—such as glucose screenings and urinalysis—and counseling patients on diet, lifestyle and factors that may have been contributing to their health issues.

"It was an incredible experience on so many levels for all of the students," said Langteau, a fourth-year student. "The ability to learn medicine within a global health context has expanded my awareness of different social determinants of health, including poverty, lack of access to clean water and proper nutrition. I also got a first-hand perspective of the impact that such issues have on patients' health."

The most astounding aspect of working in Haiti, Langteau said, was the amount students learned from the indigenous cultural practices and health care strategies that were already in place.

"I saw many medical conditions that we may never have exposure to on our intern shifts at the NCNM Clinic. This experience provided me with a greater appreciation of the power of natural, preventive medicine, especially seeing its profound impact on this type of community." —John Rumler



# Physicians share why they embrace integrative health care

By Barry Finnemore  
For The Scribe

Laura Korman's patient wasn't relishing the prospect of undergoing surgery for an enlarged uterus, but her condition was such that it was the only option. To help settle her nerves before and after Korman, MD, performed the procedure, the woman opted for acupuncture treatment by a provider who practices with Korman at **Synergy Women's Health Care**. Not only that, but the patient received massage therapy at Synergy for musculoskeletal issues.

Such a collaborative, holistic approach to care is exactly what Korman envisioned when she made the strategic decision to stop practicing obstetrics, focus on gynecology and open a practice.

Three years ago, Korman helped establish Synergy, an integrative medicine clinic in Portland with a self-described "blended" approach that reflects Korman's long interest in complementary and alternative medicine. She and fellow Synergy practitioners Amy Bruner, MD, Laura Greenberg, MD, Sally Holtzman, MD, Leigh Lewis, ND, LAc, NCMP, and Wendy Vannoy, ND, provide a range of services under one roof, with a focus on prevention and self care.

Korman said patients appreciate Synergy's range of treatment options, including general gynecology, naturopathic medicine and acupuncture.

She and her fellow providers have the same goal of helping patients improve and maintain optimum health, but approach each case "from different angles and a different understanding of disease processes."

"There is no one way to do anything," Korman said, noting her belief that collaboration among providers with diverse educations and philosophies "is the best arrangement for patients."

Korman said it's exciting not only that so-called complementary and alternative medicine is becoming more and more accepted by the public, but also that insurance providers increasingly are covering such care to one degree or another. According to the National Institutes of Health's National Center for Complementary and Alternative Medicine, nearly 40 percent of Americans use health care approaches developed outside of mainstream Western, or conventional, medicine for specific conditions or overall well-being.

For this month's focus section, *The Scribe* caught up with Korman, as well as **David Solondz, MD**, and **Paul Thomas, MD**, to get their take on what attracted them to integrative health care and its benefits.

Solondz defines his approach to integrative medicine as "having an open mind" to various modalities—Western medical approaches, acupuncture, chiropractic care, massage therapy, homeopathy, among them—and "estimating the risks and benefits of whatever that other intervention might be."

"They don't have to be mutually exclusive," Solondz said. "It's a matter of knowing when to use which one" and meeting patients "where they are."

The concept of medical pluralism was underscored early in his journey to becoming a physician. Solondz, former co-director of the Providence Integrative Medicine Program who practices

family medicine and performs acupuncture at **Providence Medical Group Cascade Family Medicine**, said he was drawn to integrative medicine because he believes different modalities have their "place and time."

"My role as a physician is to help teach and guide patients," Solondz said, noting that he refers clients who desire complementary treatments outside of acupuncture to specialists.

Solondz said he sees a mix of patients, some of whom seek him out because he practices integrative medicine and others who expect to receive mainstream care but who, in discussions with Solondz, also learn about other options, such as meditation to help improve heart health. "It depends on their perspective and where the patient is coming from," he said.

By way of example, Solondz pointed to a patient in his early 30s who, given his body mass index, was approaching morbid obesity and taking medication for high blood pressure. When he came to see Solondz, typically once a year, they would talk about options to work with health providers to improve his health through dietary changes and exercise. Solondz would provide handouts, too, and offer a friendly reminder that, when the man was ready, he could come to the clinic for weekly weight checks.

Another year went by before the man came to see Solondz again, but the next time he did, the change was noticeable.



DAVID SOLONDZ, MD

He had lost some 50 pounds, and was no longer taking blood pressure medication. When Solondz asked how he had done it, the man ticked off a series of changes: he had bet a co-worker over who could lose the most weight in a month; cut out soda and other beverages in favor of water; and refined his diet, adding more fruits, whole grains and vegetables. And he had started exercising regularly—first walking, then more recently ratcheting things up with jogging and weight training.

Yes, many of the changes fall into the common-sense category, but for Solondz, the patient's experience is the perfect example of a key tenant of integrative medicine: empowering patients to improve their own health.

Thomas opened his practice, **Integrative Pediatrics**, in 2008, motivated by a desire—through integrative medicine—"to help kids with chronic conditions in a more effective manner."

Thomas, who is a board-certified fellow of the American Academy of Pediatrics, worked for nearly 20 years at a teaching hospital and group practice. He also is board certified in integrative and holistic medicine, and said he seeks to treat the root causes of health conditions in youngsters by looking at nutritional deficiencies, chronic toxicities and genetic vulnerabilities. In addition, he is an advocate of administering childhood vaccinations on alternative schedules.

Since it opened, the number of Integrative Pediatrics' patients has increased tenfold, a rate of growth Thomas attributes to families feeling empowered by the clinic's approach to care. Thomas supplements face time with patients and families with blog posts; recent entries covered such topics as controlling bed bugs naturally, nutrition during pregnancy and breastfeeding, autism, and a sleep study involving children.

The trend of parents expressing interest in the same approach to care their kids receive at Integrative Pediatrics led Thomas to open **Natura Integrative Medicine**, a clinic for all ages that blends conventional medicine with natural therapies (he also leads a pediatric urgent care clinic). Practitioners at Natura include Erica Zelfand, ND; Felicity Woebkenberg, LAc, MACOM, RN, BSN; Angela Hageman, ND; Jeff Harris, DC; Norman Price, DC; Khivan Oberoi, ND; and Thomas.

Thomas said not only is he seeing greater public acceptance of integrative medicine, but more individuals and families are seeking it out because of its ability to "get to the root cause" of illness.

Thomas said he's excited by the trend "toward better individualized medicine" and a "greater awareness" that nutrition and eliminating environmental toxins are the keys to optimal health. •



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## NATUROPATHS from page 8

provision also does not govern provider reimbursement rates, which may be subject to quality, performance or market standards and considerations."

"The ability for patients to actually take a role in choosing the provider of their choice is integral in the further implementation" of the ACA if the Triple Aim, including improving the patient experience, is truly to be part of health reform, American Chiropractic Association President **Anthony Hamm**, DC, wrote to the Department of Health and Human Services earlier this year.

**Regina Dehen, ND, LAc**, chief medical officer for the National College of Natural Medicine, based in Portland, said her profession is anxious to demonstrate effectiveness of care, but has been hampered by CMS. Two years ago the college invested in Epic software in order to track and improve outcomes, but CMS declines to permit naturopathic physicians to seek so-called meaningful use incentives for employing electronic medical records, and also excludes naturopaths from being considered primary care providers under Medicare.

Dehen added that the college had been "hopeful" that it would be considered qualified by CMS for incentives for using EMRs, but the school wanted to switch to electronic records regardless, "because this is the direction medicine is going, the standard of care. We like to say, 'We're doing this for the right reasons.'"

Many patients who want to see naturopaths cannot because their health insurance doesn't pay for it, she noted. "The vast majority—80 percent of (our) patients—are self-pay. That's not typical of most providers."

But Dehen said she is pleased that Oregon's Medicaid program generally covers naturopathic care, and that other signs of acceptance are evident. For example, the college is participating in the **Patient-Centered Primary Care Institute's Improving Access through PCPCH**



REGINA DEHEN, ND, LAc

**Collaborative**, led by CareOregon, which helps train providers to become patient-centered medical homes. "That's an opportunity for us as naturopathic doctors that's never existed before," and indicates that naturopaths are establishing the same standards and objectives as other types of primary care providers, she said.

Another goal of NDs is to become members of CCOs' Clinical Advisory Panels, which help direct CCOs in the state. Achieving that would help patients get more seamless care and not have to go to several different providers, she said.

Naturopathic doctors also argue that including them will aid in alleviating the state's shortage of primary care providers. An independent, state-appointed body agreed with that contention in a report issued in April 2013: One of the **Oregon Healthcare Workforce Committee's** top-four short-term recommendations to increase primary care capacity was to "make better use of naturopaths as part of the primary care work force by removing contracting, credentialing, coverage and payment barriers." The committee also recommended, "Make naturopaths eligible for the new Medicaid state loan repayment program," in order to train more primary care providers.

Baldwin-Sayre, who also is the new associate dean of clinical education at the National College of Natural Medicine, said she is greatly encouraged by the collaboration and partnerships that are developing among different types of providers. She cited as one example a research collaborative agreement the college has formed with Oregon Health & Science University.

"In small ways, patient by patient, [the ACA] has had an effect," said Dehen. She pointed to a recent case: A patient came to the college's clinic who had been "chronically ill since adolescence," she related. He wanted to try naturopathic care, but his insurer didn't cover it. He told his primary care doctor that he wanted his insurer to let him see a naturopath.

The patient's physician supported the idea, and as a result, the insurance company invited Dehen to be a preferred provider on the carrier's panel. Over the past three years, she has observed more and more patients making such requests. •

## NWB from page 11

a course of treatment with small lifestyle changes and gradually progress to supplements and botanicals, as needed. If someone requires major surgery or emergency treatment, a naturopath will refer them to the nearest hospital.

Hesler said many well-meaning organizations set up shop in a poor, isolated area and provide traditional health services for a month or longer, then pull up stakes and return to the states or move to another location, leaving a vacuum.

"We stay, or at least come back, so we can make more lasting changes and empower people for the course of their lives," he said.

The NWB networks or partners with numerous organizations. Currently, NWB is deepening relations with health care agencies in Nigeria and Thailand and anticipates an increase in outreach activities in those countries, Hesler said.

So far, NWB Global's biggest achievement is establishing a multiservice clinic in Cap-Haitien, Haiti, that serves as a permanent center for area residents to receive care. The clinic, which opened last year, also provides weekly mobile clinics that serve remote villages. In addition, it is the epicenter of the Community Healthworkers Training program. •

*NWB's mission is to provide naturopathic health care to impoverished communities, while empowering those communities through education, supporting growth and cultivating sustainable resources. For information about volunteering or donating, visit [www.naturopathswithoutborders.org](http://www.naturopathswithoutborders.org).*

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