



scribe

MSMP News & Events

Check out *The Scribe's* News & Events section, which features details on MSMP student member events in January and nominations for the Rob Delf award for service and MSMP's Board of Trustees.

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A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

MSMP to introduce Physician Wellness Program in conjunction with May Annual Meeting

By Cliff Collins
For *The Scribe*

Physician stress and burnout—it's a national problem:

A 2011 multispecialty survey of more than 2,000 U.S. physicians found that almost 87 percent of respondents felt moderately to severely stressed and burned out, and almost 63 percent admitted feeling more so now than they did three years ago.

Studies also show that doctors tend to seek help to a lesser degree and at a later stage than the general population. Respondents to the 2011 survey cited the need for more support in helping them deal with the stress and burnout in their lives. Among ways they thought would be of benefit: coaching, mentoring and collegial support, educational opportunities and wellness initiatives.

Recognizing that physician wellness is vital to doctors' own well-being as well as to the delivery of safe, quality care, the **Medical Society of Metropolitan Portland** is taking steps to meet the need: On May 5, in conjunction with its Annual Meeting slated for that date, the MSMP will launch its **Physician Wellness Program**.

The program's intent is to address and remove the barriers that typically prevent doctors from getting the help they need, said **Amanda Borges**, MSMP executive director. The Physician Wellness Program will offer confidential, appropriate counseling specifically tailored to physicians, with appointments

available to them quickly at their convenience. The program will be accessible to all physicians, and available at no cost to MSMP members.

The psychologists and physician development coaches MSMP will use are experienced in working with physicians and other health care professionals. Seasoned counselors can help with stress, burnout, patient loss, litigation fears, "all the things physicians are up against and for which they don't have a pathway for help," she said. Physicians are concerned about confidentiality and privacy. "Doctors often don't take care of themselves, for many reasons. We are doing our best to

MSMP Physician Wellness Program

- Confidential, tailored counseling at MSMP's offices, with appointments available to physicians quickly and at their convenience
- Psychologists and physician development coaches experienced in working with health care professionals
- Seasoned counselors available to help providers with challenges such as stress, burnout, patient loss and litigation fears
- Educational seminars and wellness workshops
- Program accessible to all physicians, and available at no cost to MSMP members

tackle all the barriers that prevent them from seeking care for themselves."

That will be one of the great advantages of the Physician Wellness Program: Counseling will be held at MSMP's offices in a confidential room with a private entrance; counseling

and visits are not reportable to the Oregon Medical Board; no information is disclosed to others and no electronic medical records are kept; there is no diagnosis given; and no insurance is billed.

See **WELLNESS**, page 5

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Susan Tolle, MD, Oregon Health & Science University professor of medicine and director of its Center for Ethics in Health Care, was recognized with the 2014 MacLean Center Prize in Clinical Ethics, the highest honor bestowed in the clinical medical ethics field. Tolle is pictured here with Mark Siegler, MD, Lindy Bergman Distinguished Service Professor of Medicine and Surgery and director of the MacLean Center at the University of Chicago.

Portland physician-ethicist honored for POLST work

Susan W. Tolle, MD, receives highest honor in clinical medical ethics field

By Cliff Collins
For *The Scribe*

Oregon Health & Science University's **Susan W. Tolle, MD**, a national pioneer in end-of-life planning, recently received the highest honor bestowed in the clinical medical ethics field.

Tolle, a professor of medicine and director of the **OHSU Center for Ethics in Health Care**, was presented the **2014 MacLean Center Prize in Clinical Ethics**, which includes an award of \$50,000, at the

See **TOLLE**, page 14

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Enhancing lives

Children and adults with challenges benefit from an Oregon City non-profit that provides therapeutic horseback riding and recreation, thanks to an area physician's vision and leadership.

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Advance HIPAA Compliance Training

Jan. 14, 1–3PM • MSMP, 4380 SW Macadam Ave #215, Portland

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 msmp.org or contact Sarah Parker, CMA (AAMA), at sarah@msmp.org for more information. •

Physician volunteers needed

Jan. 28, 6PM • Lucky Labrador Public House, Multnomah Village

MSMP is seeking physicians to speak and interact with our Medical Student members at our "Planning Your Future as a Physician" event. Focus groups, MSMP staff, medical students, and OHSU faculty have designed programs for our student members that serve as invaluable resources by providing social and professional interaction and pairing it with education beyond their curriculum. This MSMP-planned event is geared towards 1st and 2nd year students who want to learn the pros and cons of employment versus independent practice.

Dinner will be served. Any physicians interested in volunteering, please email amanda@msmp.org and indicate whether you have experience from being employed, independent practice or both. •

Medical Student Event—

Planning for your Future as a Physician: Private Practice vs. Health Systems

Jan. 28, 6PM • Lucky Labrador Public House, Multnomah Village

Medical students, join us for a night of networking, social interaction with other students, and an opportunity to ask physicians in your community questions about your future career path. Interact with a panel of physicians who will discuss their experiences in opening their own practice versus joining a well-established practice or health system. There will be a Q&A to follow the panel discussion as well as time to mingle afterwards.

Free buffet and one drink on us! Families are welcome to join us too!

Registration: Email sarah@msmp.org. Registration is for MSMP Student Members. Not a member? Join us! Membership is free! •

Battle of the Doctor Bands coming soon...

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 signing up is that one member of the band must be an MSMP member. If you would like to battle, please read and complete the application forms found at MSMP.org under the *Events* section. The deadline to sign up is April 15, 2015 and space is limited!

MSMP has partnered with Project Access NOW, whose mission is to improve the health of our community by creating access to care and services for those most in need. Watch for more information about this event and where to get tickets at MSMP.org. Contact Sarah Parker, CMA (AAMA), at sarah@msmp.org for more information. •

Save the date for MSMP's Annual Meeting

May 5, 2015 • Multnomah Athletic Club

Mark your calendars for MSMP's 131st Annual Meeting at the Multnomah Athletic Club. Registration is required. Watch MSMP.org for more information and updates on this event. •

New student section at MSMP.org

If you are a current Medical Student member or PA Student member, check out our new Student Only section. We will have special Student Only benefits as well as upcoming student events.

Not a Student Member? Membership is free! Visit us at MSMP.org and go to our *Membership* tab for details! •

Nominations needed by Feb. 18!

Requesting nominations for the Rob Delf Honorary Award

The MSMP Board of Trustees created this annual award in honor of Rob Delf's long service to the organization. This award is given to a person (or persons) who exemplify the ideals of the Medical Society within the community where members practice. This can be demonstrated by work projects or activities that improve the health of the community or the practice of medicine in arenas including but not limited to the practice of medicine; education of new members of the medical community; education of the public about health, medicine and health public policy; improving public health and emergency preparedness; advocacy in health public policy; or other community activities relating to health care and policy. This award may be given to members of the medical community, the health education community, or the general public.

Requesting nominations for MSMP Board of Trustees, the policy-making body of the society

The purpose of the Board is to:

1. Accurately and reasonably represent the values and priorities of the membership;
2. Oversee organizational income and expenditures;
3. Act as stewards of the membership by continually generating innovative ideas and implementing methods to improve the practice and the community of medicine; and
4. Represent members' priority legislative issues to the Oregon Medical Association, which represents Oregon physicians' priority issues to the American Medical Association.

Recent Board actions include:

- Rob Delf Honorary Award: (description above)
 - 2013: *James Lindquist, Associate Director of Development of Our House*. Awarded \$1,000 in recognition for exemplifying the ideals of the MSMP by improving health education within the community.
 - 2014: *Stephen Marc Beaudoin, Executive Director of PHAME*. Awarded \$1,000 in recognition for education of the public about health and advocacy in health public policy.
- Hosted Global Health MDs at our 2014 Annual Meeting, sharing in their experiences of overseas volunteerism.
- Supported and endorsed the Healthy Kids, Healthy Portland Initiative, putting fluoride in Portland's water.

Ultimately the leadership success of the board is a direct result of the creative and productive input of individuals and the collective participation of its members. These are exciting and changing times in medicine. Serving on the Board of the MSMP will allow you the opportunity to help shape the medical profession. Conversations are lively, direct, and value-added. The board meets monthly except July and August. Attendance is important, and we require a commitment to attend at least half of the meetings scheduled for the year. •

We welcome nominations with a deadline of Feb. 18, 2015. Please send your nominations to amanda@msmp.org.



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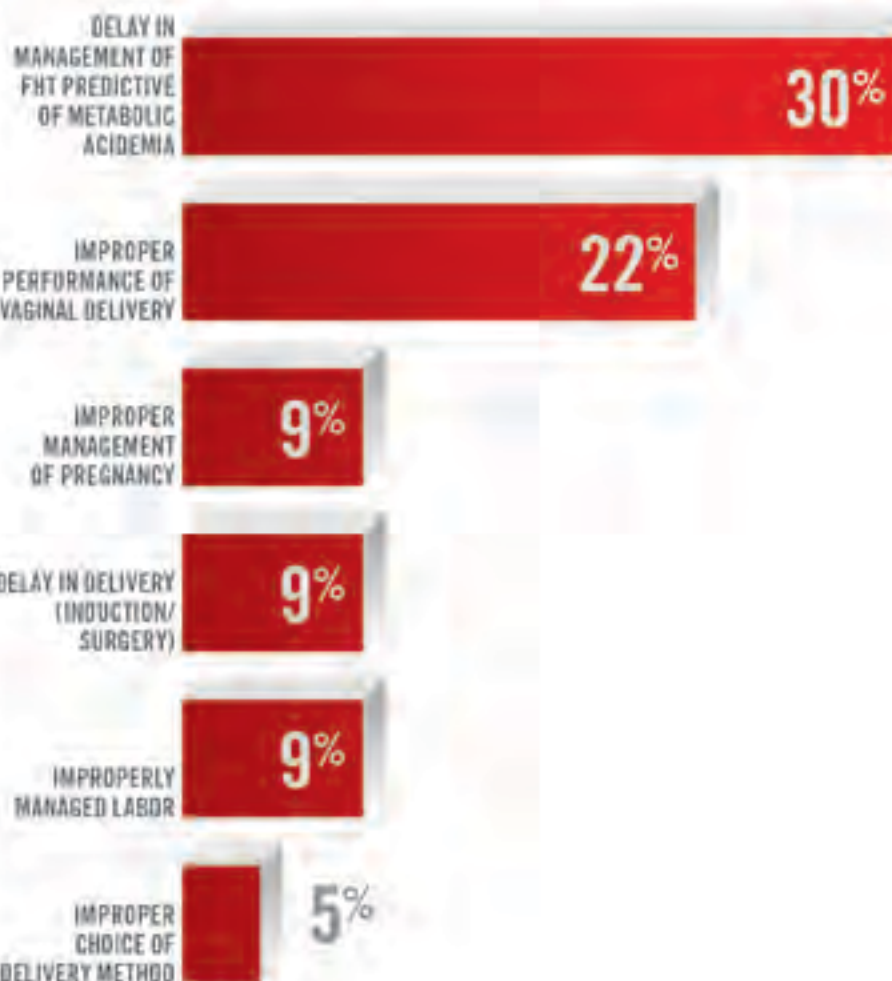


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“Doctors often don’t take care of themselves, for many reasons. We are doing our best to tackle all the barriers that prevent them from seeking care for themselves.”

—Amanda Borges, executive director of the Medical Society of Metropolitan Portland

WELLNESS from page 1

Counseling is not reportable to the Oregon Medical Board, except for conditions that impair a physician’s ability to practice medicine safely. If a physician appears to be impaired, the program psychologist works with the doctor to find safe and appropriate professional services within or outside the local community.

The Physician Wellness Program will aim to help doctors address any problems or concerns they may be experiencing. In the 2011 survey, conducted by Physician Wellness Services based in Minneapolis, doctors reported experiencing:

- Decreasing job satisfaction and productivity
- Insufficient work-life balance
- Conflict at work and at home
- Feelings of irritability, moodiness, anger and hostility
- General fatigue, lack of sleep and difficulty sleeping
- Negative impacts on physical health
- Depression and anxiety, or symptoms such as apathy, cynicism and less interest in engaging with others or in normal activities
- Patient safety–related concerns such as difficulty making decisions and communicating effectively with others, and increased risk of medical errors

Some physicians who seek out the Physician Wellness Program may simply want to talk with someone who understands their concerns and problems.

Counseling or coaching can help find a meaningful way to get back on track and rebuild resilience. The Physician Wellness Program also can help doctors develop strategies to deal with difficult patients or colleagues, or cope more effectively with adverse events or medical errors.

Another component of the program will be educational seminars and wellness workshops. Workshops will focus on topics such as managing personal and professional relationships; managing organizational and health system change; dealing with adverse events and difficult patients or co-workers; creating a healthy work-life balance; and realizing one’s potential and experiencing joy.

Borges credits the **Lane County**

Medical Society for introducing its successful Physician Wellness Program to MSMP, and for sharing its concepts. (Please see sidebar.)

MSMP is building an endowment to operate its Physician Wellness Program in perpetuity. Contributions to **MSMP’s charitable 501(c)(3) Metropolitan Medical Foundation of Oregon** are tax-deductible. Contributions may be sent to: Physician Wellness Program, Metropolitan Medical Foundation of Oregon, 4380 S.W. Macadam Ave., Ste 215, Portland, OR. 97239; by phone at 503-222-9977; or at MSMP.org or MMFO.org.

“We believe physicians will see the value of this program and want to support it,” Borges said. •

Response ‘overwhelmingly positive’ to Lane County society’s wellness program

Lane County Medical Society had been contemplating starting some type of member wellness program for several years, but a cluster of local physician suicides spurred **Candice Barr**, the society’s chief executive, to move quickly to “implement a local program that would be significant enough to make a difference,” she explains.

That was in March 2012, and since then LCMS’ Physician Wellness Program has served more than 45 doctors—more than half of them from primary care—in 160 counseling and coaching sessions. The endowment the medical society set up for the program has received over \$570,000 pledged or contributed.

Large donors have included PeaceHealth Oregon Region, McKenzie-Willamette Medical Center, PacificSource Charitable Foundation, Oregon Medical Group, McKenzie-Willamette’s medical staff, Oregon Medical Education Foundation and Trillium Community Health Plan. In addition, a very large number of Lane County Medical Society members have contributed, several making donations in honor or memory of someone, Barr said.

“The response has been overwhelmingly positive by physicians, their families, and clinic and hospital administrators,” she said. “Physicians feel proud to belong to an organization that has their health and well-being at the core of its mission.” The national media also have noticed the program, which has received mention in The Washington Post, the New England Journal of Medicine, The Happy MD, the American Association of Medical Society Executives and others, she said.

Barr has fielded inquiries from a number of county medical societies, and several are “in the actual stages of creating a program based on the LCMS model,” she said. “The society furthest along is MSMP; they were serious about it. I’m sure that under Amanda Borges’ leadership, the MSMP program will be successful. She’s done everything right.”

Barr said Lane County’s program has worked because it took into account the concerns expressed by doctors about seeking help. Those barriers included confidentiality, privacy, competent practitioners who understand physician issues, time scarcity, cost and trust. The LCMS program has no relationship with any third party, and operates by self-referral only. It is completely confidential and sessions are held in a private room at the society headquarters set aside for that purpose. The program uses three psychologists and two certified physician coaches.

Lane County’s wellness program was modeled after one started at **Oregon Health & Science University** by **Donald E. Girard, MD**, a past president of MSMP.

“I especially want to credit Dr. Don Girard for having the foresight and vision to focus on physician wellness years before others were,” she said. “Dr. Girard, along with psychologist Mary Moffit, created the OHSU program for residents and faculty that has been successfully operating for 10 years now, holding over 100 appointments per month. Dr. Moffit has been particularly generous in sharing her expertise and program specifics with me as we created the LCMS Physician Wellness Program.” In turn, Barr was happy to advise MSMP about starting its own program. “Both Amanda and I are putting our energy into creating solid, sustainable programs that will serve physicians for years to come,” she said. “I’m especially pleased that MSMP is duplicating the program, because not only is it a noble cause, it works!” •

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Ski patrol members in medicine find themselves among friends on the mountain

By Jon Bell
For The Scribe

If you find yourself catching an edge on your way down the Palmer Snowfield on Mount Hood, tumbling downhill while your skis skim away and your knee twists in ways it was never meant to, chances are a doctor's not going to be the first person to come to your aid.

The person who will quickly come to help, however, will likely be a member of the **Mt. Hood Ski Patrol**, a volunteer organization that's been patrolling the slopes of Mount Hood for more than 77 years.

The red-jacketed ski patrollers provide a big portion of the rescue and emergency care services to skiers and snowboarders at four ski resorts on Mount Hood. Not surprisingly, a few of those patrollers are connected to the medical field. *The Scribe* talked to a few of them recently to find out why they do it, what they love about it and what their most memorable experiences have been.



Ski patrol volunteer Loren Black, a student at Oregon Health & Science University, said responding to people in need on the mountain helped him decide to pursue a medical career. Photo courtesy of Loren Black

James Stempel, MD

When he was gearing up to apply for medical school, Andrew Stempel thought it would look good on his application if he had some related volunteer work on his application. So he turned to the Mt. Hood Ski Patrol. But he wasn't alone. His parents, James Stempel, MD, and Mary Stempel, RN, a labor and delivery nurse, wanted in on the action, too.

"We thought we'd go up there and help out with the first aid and support, but instead they got us to do the sled test, so we do the full patrol deal," said James Stempel, who's been with the patrol for six years now.

The sled test is just one part of an intense multiweek training program that

patrol volunteers must complete. For the test, a patroller has to ski down a black diamond run while hauling a 200-pound person in a sled.

Though he grew up in Portland, James Stempel didn't start skiing until he went to medical school. An obstetrician and gynecologist, he said he enjoyed all the first aid training that came with being on the ski patrol, as that was not something he'd gotten from his years in medical school.

"When my kids were younger, if someone got hurt at a ball game, they'd ask if there was a doctor around. So I'd go down, but all I could say was, 'OK, he's not pregnant,'" Stempel said. "So one of the biggest thrills for me with the ski patrol was learning the first aid skill set."

He also enjoys the community that the roughly 300-member ski patrol fosters.

"The people you meet are just great," said Stempel, 62. "It's such an amazing thing to have friends that are 15 years old and some that are 80 years old."

In fact, Stempel and his wife enjoy their time with the ski patrol so much that they'll be volunteering even more in the coming years. They've bought a place in Government Camp and have every intention to increase the amount of time they volunteer as they get closer to retirement. They currently volunteer for the patrol about 14 days each year, including a day or two patrolling the summertime mountain bike trails at Skibowl.

"Our plan is to do even more," Stempel said. "It's just a great community of people."

Bryan Green

One of Bryan Green's most memorable encounters on the Mt. Hood Ski Patrol so far came during an overnight training session just west of Timberline Lodge.

As the daylight grew dim, a call came in that a snowboarder was lost in the area. Green and some fellow patrollers headed down the Glade Trail, a popular trail that links Timberline with Government Camp, and eventually found the lone snowboarder, who'd shed his board and was traipsing through deep snow looking for the way back. They skied him down to Government Camp and sent him safely on his way.

"You go on a lot of searches and find out that whoever's missing has just gone home," said Green, 29, an emergency technician at Providence Newberg, "so to actually find someone and help avoid a potentially dangerous situation was pretty cool."

An Oregon native who started skiing in junior high, Green first volunteered with the ski patrol in high school after being drawn to the organization in much the same way that people are often pulled toward careers in firefighting or emergency services.

"When you see the firefighters or EMTs, the command and control they have over



Bryan Green (left), an emergency technician at Providence Newberg, says serving on the Mt. Hood Ski Patrol is "one of those lifelong volunteer commitments that you can make." Photo courtesy of Bryan Green

a situation, that's an impressive thing to see," he said.

Green left Oregon for college in Denver, then moved back here in 2010 and started patrolling again on a regular basis. He said some of his more regular responses actually occur on the drive to or from the mountain, when people get in car accidents along the way. Green also once helped a father and son who'd run into trouble while climbing the mountain.

Though he's now going to school to become a paramedic, a pursuit that will eat up plenty of his time, Green said he can see himself volunteering for the patrol for years to come.

"From when I did it in high school, to now, at 29, I can see myself at 39 and 49 still doing it," he said. "It's one of those lifelong volunteer commitments that you can make."

Loren Black

Now a first-year medical student at Oregon Health & Science University, Loren Black always had a hunch that he should have been a doctor.

A former Wall Street professional who also worked for a biotech firm in Boston, that hunch solidified for Black when he started volunteering for the Mt. Hood Ski Patrol in 2010.

"You are very much a care provider," he said. "The care level may be low, but when you respond to somebody on the hill who needs help, that just sealed my decision to go into medicine."

Black grew up in Portland and started skiing at Timberline when he was four years old. The mountains, he said, have always been a place of serenity for him and he wanted to find a way that he could help expose others to the same sensibility.

"I wanted to help people experience the alpine wilderness," Black said. "This is in-bound skiing, but it's a way to help get people into the mountains. That's what really motivated me."

One of his most memorable encounters on patrol involved a 7- or 8-year-old boy who'd injured his knee. It was up to Black to get the boy into a sled, then onto the lift to be transported back up to Timberline. On the ride up, the little boy voiced his fears of flying to Black, who could also sense the boy's overall fear about the situation he was in. Black assured him that he was in good hands; as soon as he did so, the boy relaxed and blurted out a classic little-kid line.

"Without missing a beat," Black said, "this kid says, 'Did you know that Smurfs are three blueberries tall?' Right then, I knew I'd helped this kid and it was a great feeling."

Though he's got some busy years of medical school in front of him, Black said he's hoping to continue volunteering for the ski patrol for as long as he can.

"There are 75-year-old guys and gals (in the patrol) who can absolutely shred," he said. "I hope to be that guy someday." •

Dreams of helping people through therapeutic horseback riding become reality for area physician

By Barry Finnemore
For The Scribe

On a chilly December afternoon, **Suzanne Cleland-Zamudio, MD**, stands just outside the covered arena at **Sycamore Lane Therapeutic Riding Center**. Over her shoulder, two children sit tall on the backs of horses, riding instructors providing guidance as the youngsters negotiate around orange cones.

Cleland-Zamudio smiles at the warm scene, recalling a conversation with her husband, Genaro, that has led to life-changing days like this one for youth and adults with physical, mental and emotional challenges.

About eight years ago, Cleland-Zamudio, a physician and surgeon, began having dreams about helping people with disabilities through horseback riding. An ENT specialist who practices in Portland, she enjoyed her work and volunteered with area nonprofits, but had a strong sense that there was another way she ought to be serving people.



Suzanne Cleland-Zamudio shows a rider how to approach a horse as part of a therapy session.

"I told my husband, 'Although I love my job, it doesn't fill my soul,'" she recalls.

Soon after, Cleland-Zamudio and her husband turned those dreams into reality, cashing in their retirement savings and using the funds to develop the non-profit Sycamore Lane Therapeutic Riding Center. Today the ADA-compliant facility, located on 5.8 acres of family property in Oregon City where Cleland-Zamudio grew up raising and training Welsh and Arabian ponies, hosts youngsters and adults who receive tailored therapy to improve everything from strength and balance to sensory integration and spatial awareness.

Cleland-Zamudio puts the benefits of equine therapy another way, and celebrates the role her family's land plays in people lives. "People who are disabled are capable of so many things," she says. "They are not disabled out here. This place deserved to be something special."

'Magic, passion and love'

Sycamore Lane opened in August 2009, initially serving six youngsters with autism. Today, more than 80 people, including

military veterans, visit the riding center each week and experience profound moments. Youngsters with autism have voiced their first words while interacting with horses at Sycamore Lane. Cleland-Zamudio relates the story of an individual with cerebral palsy who came to the center unable to sit up on his own but who improved his core strength through riding. And veterans with post-traumatic stress benefit from the camaraderie with other veterans as well as the natural biofeedback ability of horses, who Cleland-Zamudio says act like "emotional mirrors."

Parents of a boy with Down syndrome who was delayed in speech and motor function shared that he became more independent through riding. "He has responded to this therapy in so many ways. He can even say 'whoa' and 'walk on,'" they noted.

It's important that therapeutic horseback riding and hippotherapy are understood as effective medical therapies with measurable outcomes, Cleland-Zamudio says, adding: "This is not just a pony ride." Conditions that can be addressed by hippotherapy and therapeutic riding range from Parkinson's disease and stroke to multiple sclerosis, learning disabilities and traumatic brain injury, among others.

The facility has 100 volunteers on a rotating basis and several instructors, including a certified occupational therapist, certified physical therapist, and certified speech and language pathologist.

Cleland-Zamudio, who also serves as medical consultant at Sycamore Lane, tears up when talking about how exhilarating it is to see a person benefit from interacting with horses. "This place has magic, passion and love," she notes.

Sycamore Lane is a labor of love for Cleland-Zamudio, who with her husband, established 501(c)3 status in just six weeks. In the span of a year, a large, covered riding arena was designed and built, and an old building that housed a tack room she used as a girl was refurbished. Inside the latter structure are an office, sitting area, and an array of adaptive riding equipment, including reins and saddles that accommodate people sensitive to certain materials and textures. A couple of years ago, a large hay and shavings building and a three-stall barn were added.

No one is turned away

Cleland-Zamudio experienced firsthand the power of equine therapy. Her youngest of two sons, Antonio, now 18, was diagnosed with autism as a boy and benefited greatly from therapeutic riding. She and her husband were told Antonio would have to be institutionalized as an adult; today he is poised to attend college and has a genius-level IQ. He's also the focus of a book Cleland-Zamudio is writing, with the working title "Evolution of a Miracle: Raising Antonio," which will explore her



Suzanne Cleland-Zamudio, MD, began having dreams about helping people with disabilities through horseback riding, eventually opening the non-profit Sycamore Lane Therapeutic Riding Center on land where she was raised in Oregon City. Today, the facility hosts youngsters and adults who receive tailored therapy to improve everything from strength and balance to sensory integration and spatial awareness.

Photos courtesy of Sycamore Lane Therapeutic Riding Center

family's journey with autism and developing the riding center. Both sons (Severiano is 20) help out around the center.

Fifteen horses, five of them rescue animals, are involved in therapy at Sycamore Lane. Cleland-Zamudio "interviews" all potential therapy horses to ensure they are a good fit.

The riding center receives donations as well as grants from foundations, service organizations and government agencies, and offers discounts and scholarships to those who need financial assistance or when sessions are not covered by insurance. Services to veterans are free. "We don't turn anyone away," she says.

Cleland-Zamudio says that someday she'd love to serve more people by expanding the riding center, including creating a "sanctuary" for veterans. One thing is certain: The feeling she had when she first contemplated helping people through therapeutic riding and recreation—that it was an important role she ought to be playing—has come to fruition. •

For more information about Sycamore Lane Therapeutic Riding Center, including volunteering and donating, please visit www.sycamorelane.org or contact Cleland-Zamudio at suzanne@sycamorelane.org.

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Clinical trial of world's smallest pacemaker among many recent 'firsts' for Providence

By John Rumler
For The Scribe

Bill Pike knew that **Providence St. Vincent Medical Center's Heart and Vascular Institute** was the Northwest's only medical center investigating the world's smallest pacemaker, and he wasn't the least bit nervous about becoming the first patient participating in its clinical trials.

The institute is gaining a national reputation for excellence in cardiac care research and is the regional leader in heart-related clinical trials. In August 2014 David Underriner, chief executive for Providence in Oregon, announced that the institute received a \$25 million donation from Nike Inc. founder Phil Knight and his wife, Penny.

After experiencing atrial fibrillation off and on for 25 years, Pike, 76, was due to get a cardiac pacemaker, and after finding out about the unique opportunity from his heart specialist, **Randy Jones, MD**, he eagerly signed on.

The **Medtronic Micra Transcatheter Pacing System**, also known as "the Micra," is one-tenth the size of traditional pacemakers. It is shaped like, and about the same size as, a large vitamin. It takes just 20 to 25 minutes to implant the device.

"Because of its small size, this pacemaker can be implanted into the patient without any surgical incisions in the chest," said Jones, an electrophysiologist with Providence Heart and Vascular Institute. "This less invasive process may lead to faster recovery times, and the fact that this



Bill Pike recently became the Pacific Northwest's first patient to receive the world's smallest pacemaker as part of a clinical trial at Providence St. Vincent Medical Center. He is flanked by Randy Jones, MD, cardiac electrophysiologist with Providence Heart and Vascular Institute, and Ethan Korngold, MD, the institute's medical director for cardiovascular research.

Photos courtesy of Providence St. Vincent Medical Center



Providence St. Vincent became the Northwest's first medical center to take part in a clinical trial investigating the Medtronic Micra Transcatheter Pacing System, or Micra, which is one-tenth the size of traditional pacemakers—about the size of a large vitamin. It does not require the use of wires to connect to the heart or a surgical incision in the chest.

technology is totally wireless reduces the chances of device-related complications."

The device is inserted via catheter into a vein in the patient's leg, as a point of entry, and then is advanced to the heart. Once the Micra is in place, small tines are used to attach it to the heart wall. The Micra then delivers electrical impulses through a tiny electrode, which stimulates the heart to beat at a normal rhythm.

Although pacemakers were introduced in the mid-1960s and quickly became widely used, they have remained basically unchanged for decades, Jones said, and the Micra device is considered to be the biggest innovation in 50 years.

The pacemaker's only contraindication is with people who are morbidly obese, and the cost is just \$1,000 more than standard pacemakers. The lone problem so far is that the Micra pacemaker and

implanting procedure is so new, there aren't any insurance billing codes for it.

Pike, a retired mechanical engineer, said the procedure was pain free. "I felt wonderful. I could have probably gone home afterward, but I stayed overnight because it was a clinical trial." Pike said he was amazed the tiny battery can last so long (up to 10 years) and he is enjoying sending his cell-phone pictures of the tiny Micra to friends and relatives.

Providence Heart and Vascular Institute, which has a team of 80 physicians, is one of 35 centers across the U.S. participating in the Micra clinical trial.

"The trial of the Micra is the latest in an exciting year of technological advances that are helping change the way we treat patients," said **Dan Oseran, MD**, medical director, Providence Heart and Vascular Institute.

In addition to introducing the Micra to the region, Providence Heart and Vascular Institute has several other "firsts" in 2014. In November, Providence St. Vincent interventional cardiologists became the first in the Northwest to use the **Lutonix drug-coated balloon catheter** as minimally invasive therapy for peripheral artery disease, which affects about 8 million people in the nation.

The angioplasty balloon, which is coated with a therapeutic dose of the drug paclitaxel, is the first and so far only FDA-approved drug-coated balloon (DCB) in the nation, and has been used successfully since 2012 in Europe.

The procedure, an alternative to traditional bypass surgery, is expected to become the standard in a few years, said **Ethan Korngold, MD**, medical director of research at Providence Heart and Vascular Institute. •

To read more about other recent innovations with which cardiologists have been involved, please visit www.MSMP.org for the April and August 2014 issues of The Scribe.

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New genetic risk factors for autism identified

Study, led by Portland researcher, aided by advanced genome sequencing technologies

By **Cliff Collins**
For The Scribe

Although the exact causes of autism are still to be discovered, a recent study led by a Portland scientist uses new technology to bolster a genetic connection for some cases.

The paper, published online Oct. 29 in the journal *Nature*, identifies 27 genes that, if mutated, will either cause autism

or contribute to its risk. The study establishes the largest number to date of genetic risk factors for autism, and provides important insights into the underlying biology of the disorder, said **Brian J. O’Roak, PhD**, a principal author on the study and assistant professor of molecular and medical genetics at **Oregon Health & Science University**.

The research is the most comprehensive look at the genomes of parents and

“Identifying the genes and types of mutations that increase autism risk will help us pursue more targeted autism research.”

—Brian J. O’Roak, PhD, Oregon Health & Science University



children where one child is affected by autism, he said. Aided by advanced genome sequencing technologies, O’Roak and his colleagues explored how new, or “de novo,” mutations might play a role in developing the disease, particularly in families with a single affected child and no previous history of the disorder.

De novo gene mutations are formed at conception and are not present in either parent. Researchers specifically examined the exome, a small but important part of the genome that carries the blueprints for all human proteins. The exome is thought to house 85 percent of the mutations that cause genetic disorders. De novo mutations in the exome originate at a child’s conception and are not shared by either parent, which means the mutation is less likely to be passed from parents to future children.

A result is that parents can more comfortably make decisions about having additional children, knowing that they will be at no greater risk than that for the general population, according to **Eric Fombonne, MD**, an OHSU professor of psychiatry and director of autism research at the Institute for Development & Disability at OHSU, who was not directly involved with the study. The findings also may allow scientists to target development of “new therapies” that are going to have a broad impact,” O’Roak said.

“I’ve been working in this area of research for about 10 years, and in the last couple of years we’ve started to get a handle on what we call high-confidence risk factors,” he said. “I’m not sure the public realizes what a leap that is.”

O’Roak has published several studies in other prominent journals such as *Science*. He worked on the *Nature* study for the past three years in collaboration with scientists at the **University of Washington, Yale School of Medicine and Cold Spring Harbor Laboratory** in New York. O’Roak joined OHSU in late 2013 after completing a fellowship with two of the study’s senior authors at the University of Washington.

The research studied more than 2,500 families with autistic children and compared children with autistic characteristics to siblings unaffected by the disorder. The families chose to take part in genetic studies through participation in the Simons Foundation Autism Research

See *AUTISM*, page 14

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Medical innovation, startups getting more attention in Portland

By Jon Bell
For The Scribe

In the world of venture capital, Portland has traditionally been somewhat of an afterthought compared to bigger cities on the West Coast. The big and lucrative ideas have often come from other places, and so the money tends to follow the same course.

That trend has been the same for medical technologies and startups.

"Portland is still a flyover between Seattle and San Francisco," said **Abhijit Banerjee, PhD, MBA**, director of business development for **Oregon Health & Science University's Office of Technology Transfer & Business Development**.

But that's slowly changing thanks to the efforts of entrepreneurial folks, medical innovators and new investment endeavors aimed at bolstering the Rose City's role in new technologies and innovations in the medical world. In addition to OHSU's long-running tech transfer program, which has grown and expanded in recent years, a few startups have recently nabbed funding from investors and several new investment and incubator efforts are under way.

"We have started to move the needle quite a bit," Banerjee said.

At OHSU, the technology transfer program focuses on three main areas: technology licensing and industry-sponsored research; evaluating the technology that comes out of OHSU and making sure the right patents are secured; and business development. Banerjee said between 120 and 130 invention disclosures come from OHSU researchers each year. The tech transfer program also does about \$10 million to \$12 million in sponsored research each year and about \$2 million to \$4 million in licensing, where a private company pays to develop technology launched at OHSU. The university spins off anywhere from two to four companies, on average, each year.

On top of that, OHSU usually receives between \$300 million and \$350 million in federal research funding every year, a sizable chunk, according to Banerjee.

Over the years, OHSU's efforts have introduced a range of new technologies, from implantable sensors for artificial pancreas systems and an algorithm for detecting melanoma to malaria drugs and mice that can be used to study cancer. More than 40 startups have come out of OHSU since 2000, including **Viti Inc.**, which is developing tuberculosis diagnostics, and **UbiVac-CMV**, which is working on therapeutic vaccines for the treatment of cancer. While the breakthroughs and startups are important, Banerjee said that,

without an adequate support system that includes partnerships, industry peers and financial resources, it can be tough to build a thriving innovation scene.

"Unless you have a viable ecosystem, the startups and the technology won't be nourished," he said. "Our office is very engaged in these sorts of activities and we have been for the past seven years."

Those activities have included an annual startup conference during the past three years. The first convened about 30 local startups; the second added in a community of investors, banks and other organizations. This year's conference, held on Nov. 6, included a number of corporate venture groups who met with various startups for one-on-one discussions.

"This was phenomenal," Banerjee said. "Even if they don't get funding right now, they are establishing contacts and building important relationships."

Funding is, of course, always an important factor in getting any innovation or new company off the ground. Earlier this year, Portland startup **AkeLex**, which offers technology that helps streamline the data that comes in from electronic health records and medical devices, landed a \$1.5 million investment from a group that included **OHSU's** Chief Medical Officer **Chuck Kilo, MD, MPH**. The investment will help the company test the commercial viability of its software.

But AkeLex's fortunes are somewhat unique among medical startups here. For a long time, Portland has lacked a venture fund dedicated to the medical world. That started to change in 2014 when **Allegory Venture Partners** launched in May. The company, which focuses on bioscience funding and commercialization, is aiming to raise \$40 million in two years to provide seed funding to life science companies. OHSU contributed \$1.2 million to the fund to help it get started.

In addition, technology executive **Kevin Pereau** recently launched a digital health technology seed fund accelerator called **TranscendIT Health**. The accelerator aims to connect startups with investors, mentors and business partners to help them succeed.

"Our goal is to help bring new technologies to market," Pereau told an audience at **Ignite Health V2**, an evening of quick presentations from 20 local speakers with big ideas for medical innovations. The event, held at OHSU, was put on by the **Technology Association of Oregon**, one of the organizations that Banerjee said he has been working closely with.

Pereau said TranscendIT will also help entrepreneurs by reviewing business plans, helping them pitch to investors, and protect and patent their intellectual property. The company offers up office space and infrastructure, along with its other services, in exchange for an equity stake in the startup. TranscendIT

can also serve as an early vetting source of new technologies to help investors decide whether or not they want in.

"If you know anything about digital health," Pereau said, "you know that everybody is investing in this space right now." •



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Designed for the 'Big Data' era

Oregon Health & Science University's recently completed "Data Dome" is designed to accommodate the university's computing needs for the next decade and beyond. Located on the West Campus in Hillsboro, the geodesic dome also will help lead scientists, clinicians and researchers into a pioneering era of "Big Data"—where cutting-edge technology will help gather and analyze enormous amounts of biomedical data to better understand and cure disease.

The 18,000-square-foot facility was conceived and designed by Perry Gliessman, director of technology services for OHSU's Information Technology Group. It will use about half the electricity of a traditionally designed data center, leveraging ambient air cooling, a unique air-flow design and airflow dynamics. The geodesic design also provides superior resistance to seismic events and is designed to shed snow or volcanic ash, OHSU says.

The Data Dome features 10 mini data centers, or pods, arranged in a wheel-and-spoke configuration with a central hub. It is connected to and operates in parallel with OHSU's existing data center in downtown Portland, and features 10 times the capacity of the downtown facility. Home to the OHSU Advanced Computing Center, the Data Dome provides custom computing solutions for researchers and collaboration facilities for partners such as Intel Corp. •



OHSU's Perry Gliessman
Photo courtesy of Oregon Health & Science University

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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.

University of Chicago in mid-November. Tolle, a member of the **Medical Society of Metropolitan Portland**, has long led efforts to improve communication between health care providers and terminally ill patients regarding end-of-life care.

One of the leaders in developing the POLST form in Oregon in the early 1990s, Tolle donated the cash portion of her award to her OHSU center and its work. She is the first MacLean prize recipient to donate the money given honorees. Tolle said she thought doing so was appropriate, because so many people helped develop, promote and disseminate POLST's use. She called POLST (Physicians Orders for Life-Sustaining Treatment) a community and statewide effort, to which she contributed—as one of hundreds of people—so that frail and dying patients could determine the level of care they desire and the setting for it.

“Dr. Susan Tolle’s dedication, scholarship and hard work to ensure that patients’ wishes are honored at the end of life have transformed the care of dying patients in the U.S.,” said **Mark Siegler, MD**, a professor of medicine and surgery and director of the MacLean Center. “I’m very proud of how Dr. Tolle continues to improve patient care and advance the field of clinical medical ethics.”

Tolle said she attributes part of the reason she was singled out for the award to “the power” of the data shown in a study by OHSU published last year online

in the *Journal of the American Geriatrics Society*. That paper inspired the Institute of Medicine to include the research’s findings in IOM’s 500-page “Death in America,” released in September. Ever since, Illinois and other states have begun taking stronger steps to implement a POLST system, she observed.

According to Tolle, surveys show that fewer than 10 percent of Americans say they want to die in the hospital, yet about four times that many in fact end up dying in a hospital. The reasons for that are complex, but mostly are systemic, which is where POLST fills the gap.

Directions on a POLST form allow patients to request or refuse certain medical treatments such as CPR or intensive care. Patients can avoid unwanted hospitalization by selecting “comfort measures only,” seek basic medical treatment by selecting limited additional interventions, or select full treatment, which includes life-support measures in the ICU.

The OHSU study “found striking differences in how many patients died in hospitals versus at home depending on how their POLST forms were completed,” said **Erik Fromme, MD**, a palliative care specialist with the OHSU Knight Cancer Institute and lead author of the study.

What Tolle characterizes as “a powerful methodologic study” drew from 58,000 Oregon death records for people who died of natural causes in 2010 and 2011, the first two years after OHSU established a statewide POLST registry. Of those records, nearly 18,000 had a POLST form in

the registry. The study compared location of death with POLST orders for those registered.

Study results showed that only 6.4 percent of patients who specified orders for “comfort measures only” died in a hospital, while 22.4 percent of patients who chose limited additional interventions died in a hospital and 44.2 percent of patients who chose full treatment died in a hospital. By contrast, 34.2 percent of people with no POLST form died in a hospital.

“It means that most people are getting what they want,” explained Tolle, senior

said another key is that notification that a patient has filled out a POLST form is embedded electronically in the emergency medical system, so that it is instantly accessible at all hours to EMS personnel. The reason that’s important is that paramedics are trained to revive stricken people and transport them to a hospital, unless personnel can quickly access orders to do otherwise. That makes POLST superior to “Do Not Resuscitate” and advance-directive forms, which often are not accessible when they are most needed.

“We had a team, including all the major health systems. This was something all of us built together.

That was the philosophy behind it.”

—Susan W. Tolle, MD

author of the study. “Those who want full treatment are even more likely to die in the hospital than those who do not have a POLST form. Patients who have orders for ‘comfort measures only’ are far more likely to avoid unwanted hospitalizations.”

Educating doctors and patients about what POLST does and means is a continuous process, and an important one, she said. “If you have something that’s this effective, you have to be sure people understand what they are asking for, because it is probably what they are going to get.”

Although only Oregon and West Virginia have in place what Tolle calls “mature” POLST systems, 28 other states “are in some stage of development” of a system, she said. In addition to hosting the OHSU POLST program, OHSU also houses the national office of the POLST Paradigm, an office that consults with and helps other states—and increasingly other countries—plan and develop POLST forms and systems.

Tolle attributes the success of Oregon’s POLST to the dedication of at least 600 people around the state who have taken the message to hospitals, nursing homes and other care settings. But she

The biggest advantage is this, she emphasized: Filling out a POLST form helps individuals with advanced illness or frailty ensure that their preferences are honored as medical orders. A POLST form is printed on brightly colored paper and signed by a patient’s physician, nurse practitioner or physician assistant after a discussion with the patient about his or her preferred treatment plan.

In Oregon, patients can choose to have their POLST form stored in a secure online registry that emergency personnel can access quickly in a crisis, and 110,000 active registrants have chosen to do so, she said. More than 200,000 Oregonians have submitted forms, sometimes more than once, because some patients fill out new forms to change preferences, usually to ask for comfort-focused care.

In reflecting on the MacLean prize, Tolle said she takes particular pride in the fact that POLST “started here,” and everyone worked together to solve the problem. “We had a team, including all the major health systems. This was something all of us built together. That was the philosophy behind it. All of the long-term care organizations and the hospices (participated). Everybody helped.” •

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AUTISM from page 9

Initiative, which helped fund the study. This is the first time this large a cohort of families has been analyzed genetically as a unit.

Along with identifying the 27 high-confidence risk genes, the study revealed that de novo mutations in this cohort contribute to 25 percent of male autism diagnoses and 45 percent of female diagnoses. Understanding why de novo mutations contribute to male and female diagnoses at different rates is currently an active area of research, O’Roak indicated.

The genes identified in the study represent a small but significant number of the genes associated with autism. Scientists now believe there could be approximately 400 genes associated with the disorder, with different mutations affecting each child. The type of mutation and the gene in which the mutation occurs also may play a role in how severely the disorder affects an individual child.

O’Roak’s lab’s long-term goal is to develop early interventions and biologically based personal therapies that can dramatically improve the lives of individuals affected with neurodevelopmental disorders.

“Identifying the genes and types of mutations that increase autism risk will help us pursue more targeted autism research,” he said. “I am excited about the opportunity to work with my colleagues at OHSU as we build a diverse research program designed to identify the full spectrum of genes associated with autism and related disorders... and expand clinical interventions that help affected children and their families.”

Scientists are continuing to learn about the various risk factors for autism and other childhood brain disorders, he said. “There’s a lot to still work out. For some kids, they’re going to have a clear genetic cause and contribution. My guess is not every kid is going to have a clear-cut genetic connection.” •

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- Communication and advocacy

SPRING COURSE –
March 6, 7 *through*
May 8, 2015*

For more information, dates and a full course syllabus, go to www.wsma.org, click on the Education and Events tab or call the WSMA at (206) 441-9762, 1 (800) 552-0612, email: lyndasue@wsma.org.

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