



# scribe

## A NIGHT OF BATTLE

Don't miss the April 15 application deadline for MSMP's second Battle of the Doctor Bands in June.

—Page 10

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

# Devers researchers in national spotlight

Steve Mansberger, MD, MPH, to address Congress; Claude F. Burgoyne, MD, to receive honor from American Glaucoma Society



In a presentation before Congress this month, Steve Mansberger, MD, MPH, will highlight, in part, the need for increased eye and glaucoma research funding. Photo courtesy of Legacy Health

By John Rumler  
For The Scribe

This month two research scientists at **Legacy Devers Eye Institute** will be in the national spotlight: **Steve Mansberger, MD, MPH**, is addressing Congress in Washington, D.C., and **Claude F. Burgoyne, MD**, will receive the Clinician-Scientist Lecturer award from the American Glaucoma Society in Coronado, Calif., at the society's 25th annual meeting. Both honors/events are in conjunction with World Glaucoma Week, March 8–15.

Mansberger will address Congress March 11 with a speech titled, "Glaucoma's Public Health Challenge: Controlling Intraocular Pressure (IOP) in At-Risk Populations." His speech will focus on the need for controlling IOP in African American and Hispanic populations, which have disproportionately high risks of developing glaucoma.

**James Jorkasky**, director of both the National Alliance for Eye and Vision Research, an advocacy agency, and the Alliance for Eye and Vision Research, an educational foundation, said he wanted Mansberger to speak because of his successful research and ability to give engaging presentations. "I've heard him speak before and he's excellent. We've wanted him for some time, but due to his clinical

practice and his teaching in both public health and ophthalmology, his schedule didn't allow it until now."

Mansberger has published more than 200 scientific papers and his public speaking is nearly as prolific: He's delivered upwards of 110 medical education lectures worldwide as well as another 100 community-based lectures about eye health. For this speech, Mansberger says his biggest challenge is keeping the lecture at everyone's level—from senators who don't have a professional background in medicine to funded researchers in eye disease. "I hope to keep everyone entertained as well," he added.

Both the National Eye Institute and the Centers for Disease Control and Prevention have funded Mansberger's research in the epidemiology of eye disease. In recent years he's investigated the causes of eye disease, particularly macular degeneration, in Northwest American Indian/Alaskan Natives and has also studied telemedicine as an alternative method of detecting eye disease in patients who have diabetes and experience difficulty in obtaining eye examinations.

Mansberger will also highlight the importance of researching eye diseases in an effort to persuade the federal government to increase eye and glaucoma

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## OMA's Day at the Capitol spotlights health care-related issues

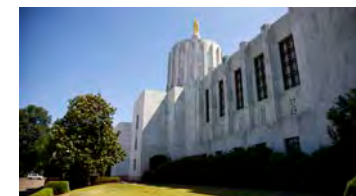
By Barry and Melody Finnemore  
For The Scribe

The Oregon Medical Association's (OMA) annual Day at the Capitol is March 12, an opportunity for medical professionals

and students to make their voices heard on a range of issues—from a grace period fix involving the Affordable Care Act and transparency in virtual credit card payments to tougher penalties for patients

who assault medical providers and tightening school immunization exemptions.

For this legislative session, the OMA has focused its primary legislative agenda on three issues (outlined at theoma.org)



and include what the OMA refers to as an ACA 90-Day Grace Period Fix. Under the ACA, patients enrolled in a subsidized exchange health insurance plan who fall behind on paying

See **LEGISLATION**, page 3

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#### Women's Circle



MSMP's Women's Physician Circle on May 14 is the first in a series of gatherings for Portland-area women physicians that, over a light meal, offers time to meet colleagues and talk about ways to improve personal lives and medical practices. The inaugural gathering will focus on influence. —Page 7

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## LEGISLATION from page 1

their premiums enter a 90-day "grace period" to allow them time to catch up on them. Unless the patient pays the three months of premiums in full prior to the end of the grace period, insurers are not obligated to reimburse provider claims submitted in the second and third month of the grace period.

The OMA had introduced a legislative concept to require insurers to notify providers when a patient enters the grace period. If no notification is given, insurers would be required to pay claims even if the patient ultimately fails to pay their full premiums, the OMA says in its legislative agenda.

Ken Cole, the OMA's director of marketing and communications, said the legislation was introduced as SB 523 and was due for a hearing in early March.

The OMA's second legislative priority is funding for the Oregon Healthcare Workforce Institute, which coordinates and advances statewide strategies to address the state's growing shortage of health-care workers. The OMA is proposing appropriation of \$450,000 from the state's general fund to the institute for data collection and analysis of the performance and effectiveness of state programs designed to encourage health care providers to practice with underserved populations or in underserved/rural areas. This will help ensure these programs are working for providers and the populations they serve, according to the OMA's legislative agenda.

The issue of transparency in virtual credit card payments, introduced as HB 3021, would prohibit health insurers from paying with virtual credit cards unless a provider opts for that payment method. More insurers are paying health care providers with virtual credit cards rather than a check or electronic transfer, but this method of payment requires providers to pay fees as high as 5 percent to receive payment, and therefore to get less than their negotiated rates, the OMA states.

Cole said that while the OMA is tracking hundreds of legislative issues that could affect the medical community, it prioritized these three particular issues for this session because of their direct impact on access to care and physicians' ability to provide quality care.

"These are issues that really speak to access for patients within practices in the state. Whenever there's a financial component or an impact on the practice that might have physicians limiting patients or their practice, it's really important for us to act on those," Cole said.

Meanwhile, SB 132, supported by the OMA and the Oregon Emergency Nurses Association, among other professional organizations, would make it a class C felony to assault a worker in a hospital. Punishment as a class C felony could include up to five years in prison, a \$125,000 fine or both.

SB 442, the legislation focused on school immunizations, was scheduled at press time to have a work session this week at the Capitol. Bill sponsor Sen. Elizabeth Steiner Hayward, MD, said she

is advocating for an amendment to the bill that would eliminate all non-medical exemptions for children on their school shots.

The issue has made headlines in Oregon, which has the nation's highest rate of childhood nonmedical vaccination exemptions, and with the recent measles outbreak in several states.

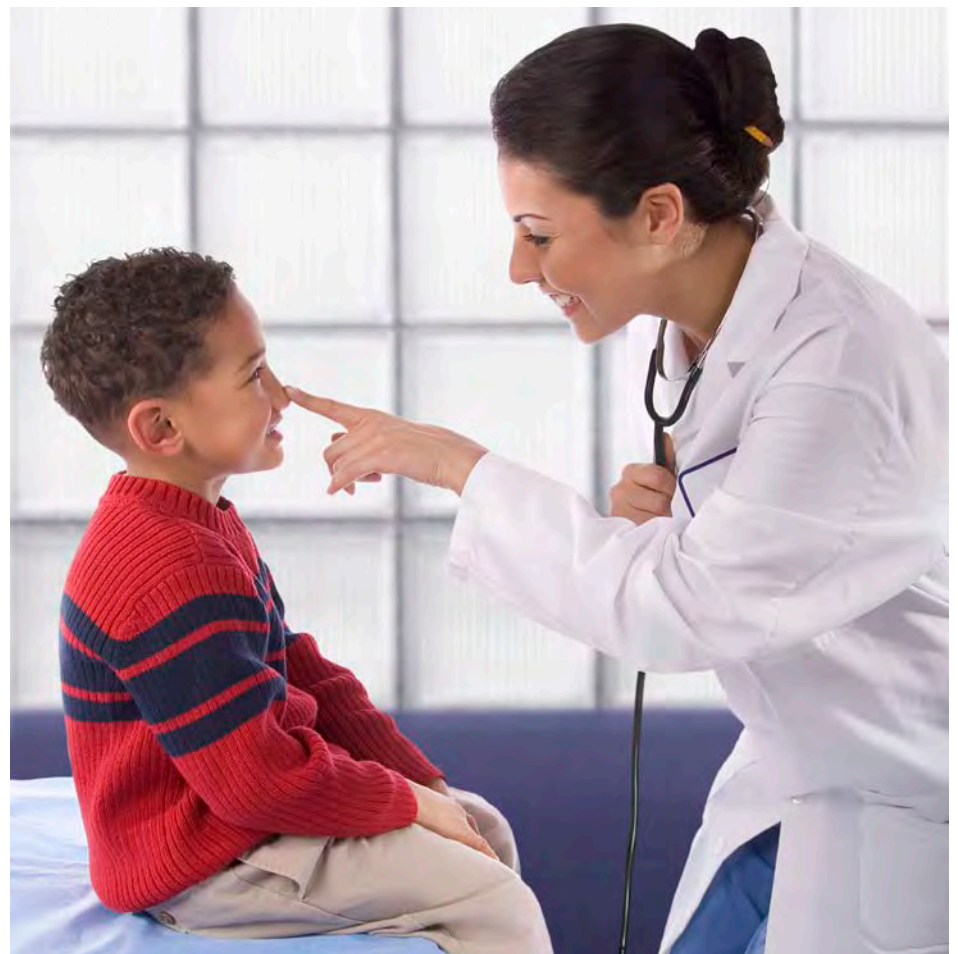
The bill had a public hearing in mid-February, and Steiner Hayward said in an interview shortly after the hearing that she "absolutely believe(s)" parents have the right to make many choices for their children, adding that parents with questions or concerns about vaccine safety "have been put in an untenable position and are trying to do what is best for their kids."

She added that, "As physicians, our goal is to keep people healthy, and the scientific evidence on immunizations is very solid. While there are risks

associated with any medical intervention, risks with vaccinations as formulated are extremely low. The benefits far outweigh the risks. As physicians, we should be focused on solid science and preventive interventions we know make a huge difference in public health."

The OMA's Cole said the hundreds of health-care related proposals the association is tracking include the Cover Oregon transition, telemedicine payment equity and the designation of the Oregon Medical Board as a semi-independent state agency. He invited health-care professionals from throughout the state to join OMA members for Day at the Capitol, and registration for the event can be completed at [www.theoma.org](http://www.theoma.org).

"It's a great opportunity for legislators to meet with the physicians, physician assistants and medical students and hear directly from the people who have this expertise," Cole said. •



## MSMP Board of Trustees nominees

The Medical Society of Metropolitan Portland is pleased to report that the following individuals have been placed in nomination for positions on the MSMP Board of Trustees for the 2015–2016 leadership year. The Inauguration will be held during the MSMP Annual Meeting on May 5, 2015, at the Multnomah Athletic Club (MAC).

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# Providence takes telemedicine directly to consumers

Health system offers remote, face-to-face visits for common ailments

By Cliff Collins  
For The Scribe

After introducing telemedicine visits for local employers and employees about two years ago, **Providence Health & Services** has adopted technological advances to take the service a step further:

The health system now offers remote, face-to-face visits to individual consumers anywhere they may be, for common health problems that normally would be seen in an urgent care setting. Using their own technology, even in their own home, consumers who register online can pay \$39 and see a health care provider on their screen and be diagnosed and prescribed medicine, if necessary.

Dubbed **Health eXpress**, it is designed to provide on-demand, secure video consultations for common medical conditions such as colds, sore throats, ear infections or rashes. A Providence doctor or nurse practitioner can review the patient's medical history, answer questions, diagnose, treat and even prescribe medication, with virtually no waiting.

"We're bringing patients, providers and insurers together in new ways, making access to health care easier than ever before," said **Susie Fisher, RN**, Providence's director of telehealth.

"I really see it as a whole continuum of health care to be able to **access health care wherever I am**, when I need it. Or to tell me whether I need to go to my primary care provider. It **doesn't ever replace that primary care role.**"

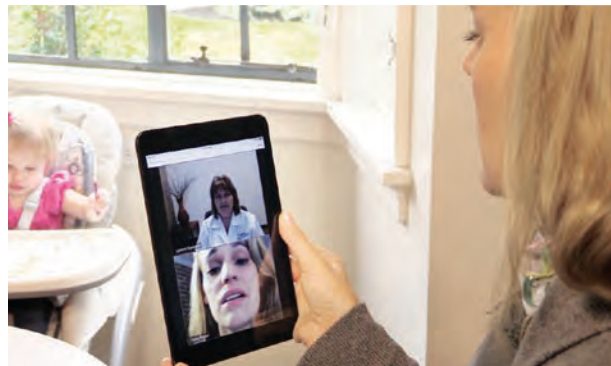
—Susie Fisher, RN, Providence director of telehealth

Using their own smartphone, tablet or computer—as long as the device includes a camera—consumers can go to a website or use an app to set up an appointment with a Providence provider. She compared it with the website FaceTime, which allows face-to-face telephone calls, but said Health eXpress adds "secure technology."

Until Providence introduced the program, most telemedicine locally was, and continues to be, used as a doctor-to-doctor resource between two hospitals, where a physician in a suburban or rural location can consult a specialist such as a neurologist or dermatologist using video technology.

Fisher employed the new consumer service herself as a patient during the holidays, when she developed a severe sinus infection. With her smartphone, she was able to see and converse with

Providence Health & Services offers Health eXpress, designed to provide on-demand, secure video consultations for common medical conditions such as colds, sore throats, ear infections or rashes. Here a patient uses the mobile app on an iPad (below), and another utilizes a grocery store kiosk (right). Photos courtesy of Providence Health & Services



a provider, who reviewed her medical records, listened to Fisher describe her symptoms and prescribed an antibiotic—all while she was sitting in her kitchen. She said she was relieved not to have to go to an urgent care center or to have to wait for an appointment and be in a



"We continue to put kiosks in locations that want them," she said. One is in a Safeway store in the Pearl District that the store offers in conjunction with its pharmacy's wellness program. Providence also worked with a coordinated care organization in Medford to set up a kiosk in Providence Medford Medical Center. That addition has helped relieve "the huge strain" on the hospital's emergency department, by giving patients who need routine care a more appropriate place to go.

"I really see it as a whole continuum of health care to be able to access health care wherever I am, when I need it," Fisher said. "Or to tell me whether I need to go to my primary care provider. It doesn't ever replace that primary care role. We have telemedicine in our hospitals, as well, to try to integrate telehealth in all aspects of health care."

Health eXpress fits well with the current emphasis in health care of encouraging and allowing patients to receive

the right care in the right time and place, for the lowest cost, according to Fisher.

"The \$39 fee is a very reasonable fee," she said. "The goal of that is ease of access. We need to have something that is affordable and accessible, because so many people are on high deductibles. This is a way to have a visit. Telehealth has met the need to bring health care through technology."

Providence Health Plan covers telehealth visits for members who are on its commercial plans, and some other insurers may pay for the service as a reimbursable expense, she said. Medicare generally won't, though: It pays for telemedicine appointments only for "point-to-point visits in a clinic or hospital setting, and only if it is in an officially rural-designated area," Fisher said.

More information about the services of Health eXpress can be found at [www.healthexpress.com](http://www.healthexpress.com).

waiting room with other sick patients.

"When I used it myself," she realized the full value of the service: "the ability to have a visit with a health care provider wherever you are. My favorite part about it is that you can do it anywhere, if you're traveling in Oregon or southwest Washington." The only other stipulation is that "the physician must be licensed in the state where the patient is sitting at that moment."

Providence introduced Health eXpress in phases, she explained. At the time it debuted, the service was directed at employer groups and their employees using kiosks, where an employee who needed to see a doctor could go into a room and remotely receive a face-to-face appointment on a computer screen. The idea was to allow employees access to health care in the workplace, without having to take time off work to go to a clinic.

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# Pure joy

*Longtime musician Thomas Gilberts, MD, returns to the stage as bandleader for the first time in years*

By John Rumler  
For The Scribe

*With the amber-neon glow of stage lights flickering in the shadowy, cavernous music hall and the hipster crowd milling about in anticipation, the moment seemed surreal.*

**Tom Gilberts, MD**, an internist at Pacific Direct Care in Beaverton, felt the flutter of a few butterflies in his stomach as he tuned up his electric guitar and did a sound check with Sonic Bliss Project bandmates Dan, his brother, on drums, and bass player Joe Aloia.

It had been 15 years since Gilberts last took the stage as a bandleader. Here he was, at Northeast Portland's Tonic Lounge, one of the city's most popular venues for a wide range of indie and alternative musical groups. It was Friday, 8 p.m.—time to rock the house.

Steeped in music from all angles, Gilberts' oldest brother, Dave, started teaching him to play guitar when he was five. His paternal grandfather played upright bass in swing bands in the '30s while grandma played piano. His father, who was also an MD, and helped found OHSU's Family Medicine Practice department in the early 1970s, played tuba, upright bass and guitar, while his mother played piano.

During his high school years, Gilberts played numerous instruments, including guitar, bass, tuba, trumpet and saxophone. Both of his older brothers attended the University of Oregon and would drive Tom down to Eugene to round out the trio on bass, and they'd play gigs, frat parties and backyard barbecues. Gilberts became hooked on performing early on.

At what is now Western Oregon State University, Gilberts met musicians Jeff Dodge and Clint Sargent, who are still close friends. He later went on to complete his undergraduate degree in microbiology at Oregon State University, where he took music theory, played cello in the orchestra and studied jazz under trumpet maestro Rob Blakeslee.

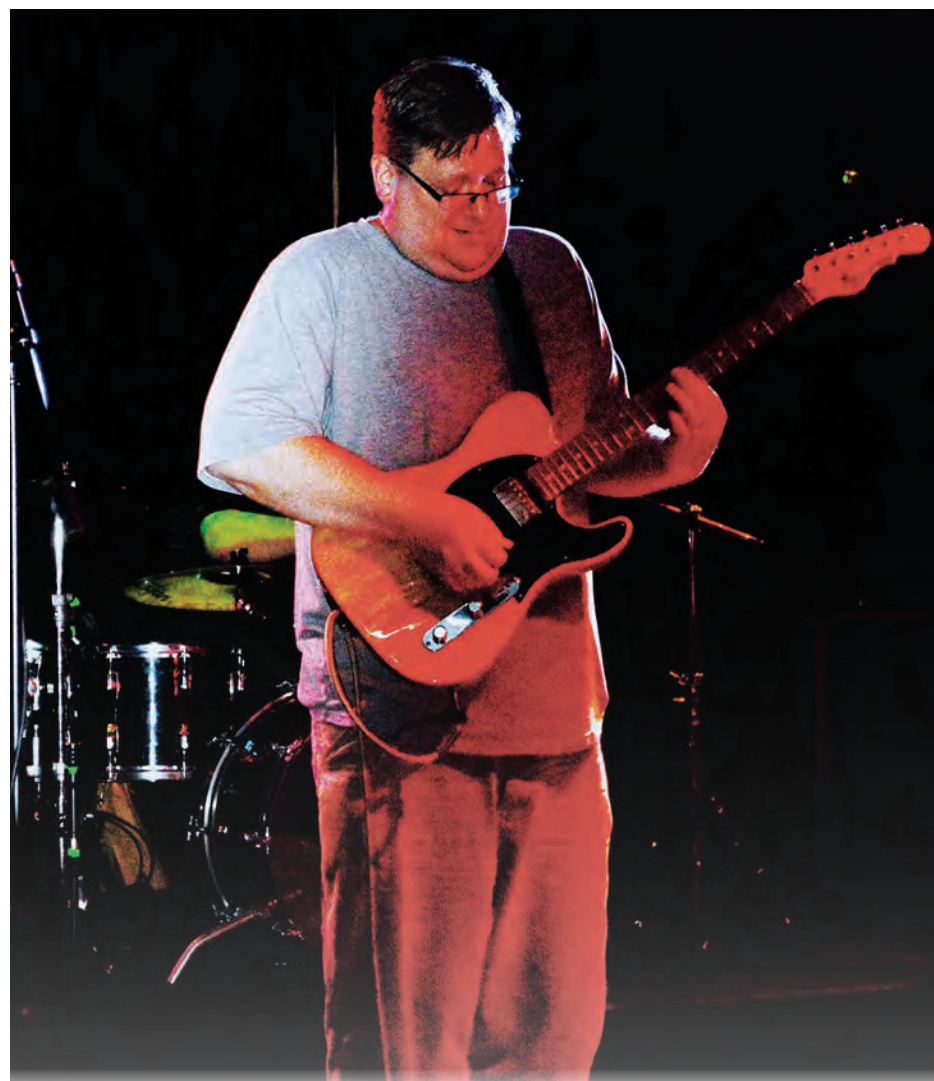
Dodge, who owns a music and video production company and has his own musical group, The Jeff Dodge Peasant Revolution Band, says Gilberts was quite musically advanced even then. "Tom was into complex music: Pink Floyd, Bon Jovi, Jimi Hendrix, and he could play guitar in the style of jazz great Stanley Jordan. We all thought of him as a sort of musical professor."

Similarly, Sargent has a band, The High Violets, which has produced five CDs. He says when he first met Gilberts, he exaggerated his guitar playing ability. "Tom, as my first guitar teacher, took it in stride. Besides being well-versed in jazz and classical techniques, he was a very patient and supportive teacher."

Prior to medical school, Gilberts played with several Portland-area bands and musicians, including The Mavens, a rock band with a strong Beatles influence; Nicole Campbell, a regional singer/songwriter who plays mostly pop tunes; and The Sweet Honey Dijon Jazz Quintet, an experimental acid jazz project.

Once in medical school, Gilberts was unable to commit to playing with any bands because of his grueling schedule. While he did play sporadically at hospital-based events at Tuality and for The Placebo Effect, Gilberts sorely missed "the juice" of playing live with other musicians as he continued to woodshed on guitar for the next dozen or so years as time allowed.

In recent years, with a well-established medical practice, and thanks to modern digital audio technology and social media, Gilberts is rekindling and sharing his passion for music.



"Recording allows multiple takes and therefore is **more forgiving**. Listening to a song you've mastered is **tremendously gratifying**, knowing that it is something you **created from nothing**, while playing live gives you only one shot and is unforgiving but you get **immediate feedback**. It is difficult to explain how powerful that experience is, interacting with an audience and the **energy and emotion** passes back and forth."

—Musician Thomas Gilberts, MD

**The Sonic Bliss Project will perform March 19 at the Alberta Rose Theatre, 3000 N.E. Alberta St., Portland**



Thomas Gilberts, MD, performed live in early February with his power trio, the Sonic Bliss Project, at the Tonic Lounge, a Northeast Portland nightclub. Joe Aloia (right), plays bass and Gilberts' brother, Dan Gilberts, (center) is on drums.

Photos by Bruce Sehorn

## 'An escape to another place'

It's impossible to pigeonhole Gilberts' genre, which he describes as an indie blend of jazz, blues, rock, Americana, folk, alternative and experimental music. The vast majority of his tunes are instrumentals.

He believes that music is universal, transcends cultural barriers, and has powerful healing and calming effects that are not well understood.

Gilberts frequently self-records out of his home, using Reason 7 software through a Focusrite interface that allows for "incredibly clean recordings," he says. "Modern digital technology is nothing short of miraculous. I can record every track myself, including the drums, on the virtual studio on my laptop. A few years ago, it would have likely cost a million dollars in equipment to perform what my MacBook currently does."

Although Gilberts finds recording to be a satisfying outlet, he admits that nothing compares to the thrill of performing live. "Playing music with others, in front of an audience, is pure joy. It's an escape to another place where you can simply get lost interacting in the music."

The rewards from recording in the studio and performing live are totally different, he explains.

"Recording allows multiple takes and therefore is more forgiving. Listening to a song you've mastered is tremendously gratifying, knowing that it is something you created from nothing, while playing live gives you only one shot and is unforgiving but you get immediate feedback. It is difficult to explain how powerful that experience is, interacting with an audience and the energy and emotion passes back and forth."

At the Tonic Lounge, Sonic Bliss Project played a wide variety of tunes, including some of Gilbert's original compositions and other cover tunes, such as Jimi Hendrix's "Little Wing" and a rocked-up, heavy-alternative version of Glen Campbell's "Wichita Lineman" that stirred a raucous response from a crowd of several hundred music aficionados.

"I was a bit nervous at first, but quickly got comfortable and ended up having a lot of fun. Overall, I was very pleased with the results and I'd love to play there again," Gilberts says. •



# MSMP to host Women's Physician Circle to promote wellness, social connections

By Melody Finnemore  
For The Scribe

In her work with women physicians in a variety of practice areas, **Deborah Munhoz, MS** has discovered a shared sentiment that connects them. They would each like some downtime to talk with other women doctors who face similar challenges and rewards, both personally and professionally.

Munhoz, is a certified physician development coach who partners with the Lane County Medical Society to promote physician wellness. In 2012, she initiated a Women's Circle that brings female physicians together each month for a light meal, some social time and discussions about how they can improve their personal lives and their practices. The Women's Circle also meets for a garden party each summer and a holiday party in the winter.

"When women are talking to each other and I hear what the needs, concerns and patterns are, I will facilitate a conversation about it or I will bring in a content expert," Munhoz said. "We provide resources that will help them be more effective in everyday life."

**MSMP is initiating a Women's Physician Circle** for Portland-area female doctors that is modeled on Lane County's program and will be facilitated by Munhoz. The first Women's Physician Circle will meet from 6–8 p.m. May 14 at MSMP's offices at 4380 S.W. Macadam Ave., Suite 215. The topic of discussion is "Influence: When women physicians have influence in medicine—everyone wins! Explore where you lack influence and strategies to increase your influence."

Munhoz said the gatherings provide a comfortable place for women physicians to meet other colleagues in the area, socialize, and discuss topics ranging from building stronger negotiation skills to handling difficult health care dynamics, such as decreasing reimbursement and autonomy amid an increased patient load.

"Those health care changes are really stressful and sometimes the solutions to these problems are not on the horizon, so they are trying to manage a pretty unmanageable situation, frankly," Munhoz said.

"Most physicians went into medicine because they want to help people, and the environment makes that pretty challenging. It kind of takes the soul out of the work they do, so we discuss how to keep that as much as possible in their work and also the impact that has on them personally," she added. "They are really able to open up with each other and normalize things so they know there's nothing wrong with them, it's just a bad situation."

See **CIRCLE**, page 10

## Women's Physician Circle

MSMP will host the first Women's Physician Circle from 6–8 p.m. May 14 at its offices at 4380 S.W. Macadam Ave., Suite 215. The topic of discussion is "Influence: When women physicians have influence in medicine—everyone wins! Explore where you lack influence and strategies to increase your influence."



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# Physicians brace for series of federal cuts

By Cliff Collins  
For The Scribe

A scaling back of primary care physicians' reimbursement under the Affordable Care Act is one of several federal reductions slated for 2015 that affect doctors who treat Medicare or Medicaid patients.

The American Medical Association has been adamant in emphasizing to the Centers for Medicare & Medicaid Services that cutbacks in Medicaid payment to physicians jeopardize care for

the expanded population of patients who now qualify for coverage. A provision of the ACA boosted primary care doctors' reimbursement to Medicare levels for 2013 and 2014, to encourage those physicians to embrace the much larger population of patients deemed eligible for Medicaid under the health law.

That incentive worked, noted **Robert L. Dannenhoffer, MD**, a pediatrician in Roseburg who is an AMA delegate for the Oregon Medical Association and took a leadership role in setting up the



**ROBERT L. DANNENHOFFER, MD**



**ROBERT A. GLUCKMAN, MD**

medical records, "converting is one thing, but there is also certification," he pointed out. Stage 2 of Meaningful Use imposes "really problematic changes that complicate things and don't improve care." As a result, he said, many practices, including his own, have decided not to pursue Meaningful Use anymore, despite the financial incentives for meeting its requirements, and the fact that the program's intentions are "well-meaning."

An example Dannenhoffer gave of unnecessary changes imposed by Stage 2 of Meaningful Use is the requirement that health education materials given to patients must be generated by the medical office's EMR system. For the past two decades his medical practice has used material developed by the American Academy of Pediatrics to provide printed safety handouts to patients, such as describing how to use children's car seats properly. But these no longer suffice under Stage 2 requirements, he said.

"The goal (of Meaningful Use) is to get people interested and to participate," but the Stage 2 requirements are "too hard" and don't improve care, he charged.

Many of CMS' reductions to doctors will impact small medical practices more than IPAs, because "adding higher administrative burdens does make it more challenging" for them, said Gluckman, a past trustee of the Medical Society of Metropolitan Portland and current treasurer of the American College of Physicians.

The lack of alignment between these various programs related to Medicare and Medicaid forces physicians to register and report their information multiple times in a variety of formats that not only is time-consuming, but also creates widespread confusion, said AMA President **Robert M. Wah, MD**, a native Oregonian who obtained his medical degree at Oregon Health & Science University. In addition, the numerous and varied requirements, the different scheduled phase-ins and annual changes in requirements for each program make compliance overwhelming and difficult, he said.

Medicare's Sustainable Growth Rate formula, which was intended to reduce overall Medicare spending, includes scheduled reductions to doctors each year—and program costs that continue to mount when cuts have been delayed by Congress at the last minute, in what is dubbed the annual "doc fix."

"It's not really fair to ask people to make that long-term commitment" to taking care of Medicare patients when CMS cannot give physicians "predictable reimbursement rates," said Dannenhoffer. Doctors don't object to the low pay so much as having to face annually the unpredictability of physician reductions. "That's what the issue is with Medicare." •

state's system of coordinated care organizations. He cited a study recently reported in the *New England Journal of Medicine*: It provided evidence that increased Medicaid reimbursement to primary care providers, as mandated in the ACA, was associated with improved appointment availability for Medicaid enrollees, without causing longer waiting times.

States received an estimated \$12 billion in additional federal funding during the two-year period to pay for upping Medicaid payments to primary care providers, according to the American Academy of Family Physicians. But that additional revenue expired at the end of 2014 and, so far, only 15 states plan to continue the reimbursement increases, the study noted.

Dannenhoffer said the reduction puts a squeeze on Oregon physicians and CCOs, which are responsible for taking care of Oregon Health Plan patients. "CCOs are struggling to find the money to pay that," he explained.

"The CCOs will have to determine how they are able to allocate primary care and other services" after the reduction, said **Robert A. Gluckman, MD**, chief medical officer of Providence Health Plans. "Within Providence, we are maintaining the same reimbursement with primary care." But, he added, overall, Medicaid payments are low to begin with, and continuing to pay doctors at a higher level is challenging and puts "a greater strain" on organizations.

## 'More frustrations'

The Medicaid reductions represent just one example of the cuts doctors are faced with in 2015, Dannenhoffer added. Calling them "a number of overlapping and often conflicting patchwork of laws and regulations," the AMA listed others as: the Meaningful Use program, which pertains to electronic medical records; the Physician Quality Reporting System; the Value-based Modifier Program; and the sequester. These cuts would be in addition to the potential 21 percent reduction that physicians could face April 1 if the Sustainable Growth Rate formula is not replaced.

"These are just more frustrations for docs seeing Medicare and Medicaid patients," said Dannenhoffer, a past president of the Oregon Medical Association. Although Oregon has been a leading state in early conversion to electronic



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## Ask the Expert

# Saving, spending and taxes: Advice from a physician-minded advisor

By Jon Bell  
For The Scribe

Ben Utley didn't start out in the world of financial advising looking to help physicians. But one day, about two years into his business, a luxury car dealer told Utley that his approach to financial planning would synch well with doctors. It was just a hunch, but Utley decided to act on it.



BEN UTLEY

More than two decades later, well over 90 percent of Utley's clients are physicians across most specialties—and across all parts of the country. Today, Utley, who owns Eugene-based Physician Family Financial Advisors, specializes in helping physicians get—

and stay—on track financially and build long-term financial security.

"The last thing we—as patients—need them to do is waste precious time worrying about their money," Utley said. "Somebody ought to watch out for them...make sure they're saving enough for college, investing enough for retirement and doing all the stuff they need to do."

Utley shared some of his tips and advice for physicians on a range of financial topics in a question-and-answer session with *The Scribe*.

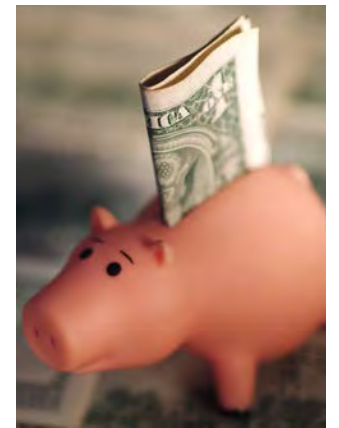
**The Scribe:** *Even though it's too late to really impact 2014 taxes, what advice do you have so physicians don't get surprised come tax time?*

**Utley:** As a financial planner for physicians, I know what you want is to have all your taxes paid by year end—before you file your taxes—so you can know how much of the money in your checking account is yours to spend, share and save. What your tax preparer thinks you want is to avoid paying a penalty for underpayment, and to hang onto your

erstwhile tax money for as long as you can. To avoid a big surprise this time next year, you need to say something different to your tax preparer when you chat with them in the second half of the year. Instead of saying, "Help me plan my taxes," say "I want you to help me pay all of this year's tax liability before the end of this year. To the best of your ability, I want you to help me pay 100 percent of my taxes as I go. I want to sleep well, knowing that I'm all paid up. I want to know that the money in my savings account is really, really mine, not the Fed's."

**The Scribe:** *You've helped some clients save money for their children's or grandchildren's college expenses. What's one of your preferred ways to go about that?*

**Utley:** [There are situations where] I believe a Section 529 College Savings Plan is a perfect fit. These allow grandparents to make a gift to a child, which can be used for qualified higher education expenses. At the same time, you as



a parent retain control of the money. Your child cannot reach the money—so they won't be using it to buy a bright red sports car.

**The Scribe:** *What about retirement planning for physicians?*

**Utley:** Here are three steps you can take toward the day when you hang up your practice: One, set a goal. Set a date for your exit and pick a number for how much you'd like to "earn" once you're done. Two, make a plan. It doesn't have to be a big deal. What you're shooting for is a number that tells you how much you need to be saving for retirement each and every month. And three, make adjustments to be sure you're on track. And remember, the sooner you get on track with your retirement, the better. •

## Medical community calls attention to importance of restoring research funding

As Steve Mansberger, MD, MPH, speaks to Congress about the need for increased eye and glaucoma research funding (*please see cover article*), medical researchers in Oregon and nationwide are seeking ways to restore funding to pre-sequestration levels.

In a fact sheet about the impacts of the government's 2013 sequestration, the **National Institutes of Health** stated that it was required to cut 5 percent, or \$1.55 billion, of its budget for that year. That meant 640 fewer research project grants were awarded compared to the year before.

The **Centers for Disease Control and Prevention** had to cut 5 percent, or \$285 million, of its 2013 budget—nearly \$1 billion less than 2012. The CDC budget cuts impacted programs ranging from medical research to immunizations, prevention programs and public health services it funds for cash-strapped states, the CDC said.

**Research! America**, a national not-for-profit education and advocacy alliance whose mission is to make health research a national priority, states the sequestration has taken a significant toll on research, forcing institutions to scale back or eliminate important studies and

cut jobs. A two-year bipartisan budget deal for fiscal years '14 and '15 reduced the cuts for those years, but the full sequester is set to return in fiscal '16.

"Because of the completely arbitrary sequestration budget cuts, our ability to fight the next Ebola outbreak—through medical research, vaccine development and local preparedness—is one of many potential threats to health that we just aren't ready for," Mary Woolley, the organization's president and CEO, said in a January statement. "This isn't a minor hiccup, it's a major gap in our national security infrastructure. Congress must lift the sequester and invest in the research and capacity building necessary to truly protect public health."

Oregon's medical researchers have felt the economic impacts as well. In February, **Charles Blanke, MD**, a professor at Oregon Health & Science University's Knight Cancer Institute and chairman of SWOG Cancer Research, and **Brett Sheppard, MD**, an OHSU professor and clinical vice chairman of surgery, climbed Mount Kilimanjaro to raise awareness of the importance of clinic trials in developing better treatments for cancer patients and to help more patients enroll in studies, while

at the same time raising money to help offset dwindling federal funding of such studies. SWOG, a consortium that includes more than 650 medical centers and community oncology sites, designs and conducts clinical trials as part of a National Cancer Institute network.

"Federal support to the National Cancer Institute is lower today, in real dollars,

than it was in 2003," Blanke said in a statement before the climb. "This funding decline threatens to stall progress in the fight against cancer at the very time breakthroughs in genetically targeted therapies are starting to radically and successfully transform the way we treat patients with cancer." •

### Welcome New Members

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# One good knot: Evidence the process just might be working

By David Simmons, MD  
For The Scribe

I'm running behind. Again. On everything. Which is typical for a tenor, but not typical for me: Two decades ago, working as an opera singer, I would try to show up at the theater three hours early, before the stage manager, to walk the stage, thinking through every note, and moving through every cue. The better part of being ready for the unexpected, which inevitably came, was being well-rehearsed. "If you can't be good, be thorough," my father would say.

Today, however, I'm hustling to what should be my fourth delivery of the day. I wipe my forehead on my scrub jacket, take a breath, and step in the door just in time to see the attending adroitly plopping para 2 on gravida 2's bare abdomen. I've missed my shot. Again. Up and down the halls of the hospital, it seems, nurses and doctors are busily, quietly and efficiently doing the right thing over and over again. They don't seem to get tired. They don't pause in the interview, flummoxed. They don't forget to ask about pets and any sick exposures. Patients they've known for years casually banter as they deftly place

an anoscope with the sprezzatura of Jascha Heifetz. How can they be so damn good?

Halfway through intern year, I feel like a slug crossing the freeway. A very tired slug. Faculty war stories from med school had prepared me well for suture tails always too long or too short, quavery-voiced 3 a.m. calls to cardiology, even going up a scrub size from too many cafeteria cookies. I knew to expect long days, short nights and meta-analysis after encephalopathic meta-analysis. But nothing could prepare me for daily slogs through the EMR inbox, codes, and POLSTs, and grief, and "only Dilaudid helps." And clinic notes, always and forever clinic notes.

And then there's "real life": friends, on the rare occasions I see them, are no longer fascinated by acronym-peppered accounts of procedures, and just don't seem to share the thrill of an elegantly titrated basal bolus insulin regimen. And my family, my ever-patient family, kind and gentle but teased out thin, asking how many more weeks of night float, and how many more years of residency, never imaging the long days of med school could get even tougher. And really, it's just beginning. Halfway through intern year.

The other day I threw a one-handed knot. Unexpectedly, without thinking, a good, square, one-handed knot. I cut the tail just the right length. I tell



the patient, truthfully this time, "almost done," and look down on a really pretty good laceration repair. They say once you are a pickle, you can never go back to being a cucumber. This is residency: three very short years to be thoroughly steeped in total transformation. Three years to play frantic catch-up, always behind those who've made it at least one more year than I have. Three years to work as hard as I've ever worked before, and trust my family and friends to believe in me as much as they've ever believed before.

To prepare for the unexpected. "Trust the process," they tell me. Halfway through intern year, as I hurry on to the next room, at least one patient has one good knot to prove it just might be working. •

*David Simmons, MD, is a resident in family medicine at Providence Milwaukie Hospital. He can be reached at David.Simmons@providence.org.*

## MSMP News and Events

### MSMP unveils new website

MSMP's remodeled website now makes it easier and faster to get the most out of your membership. Some exciting changes include the ability to register and pay for upcoming events; pay dues online; update and make changes to your personal profile (including the new ability to upload photos); browse and post to MSMP's members-only forum, and use the private member directory to search for and network with colleagues. Check out all the changes at [msmp.org](http://msmp.org)! •

### MSMP's 131st Annual Meeting

May 5

MSMP and the Metropolitan Medical Foundation of Oregon invite you to join us as we introduce the Physician Wellness Program at MSMP's Annual Meeting. Special guests are Kathleen Haley from the Oregon Medical Board, physicians' advocate Connie DeMerrell and award recipient Jim Reuler, MD. MSMP members tickets are complimentary, and include one guest; the event is open to the public and tickets are \$50. See details and register at [msmp.org](http://msmp.org). •

### Advance HIPAA Compliance Training Class

May 15, 9–11 AM

Don't miss MSMP's 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 of 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. Register at [msmp.org](http://msmp.org). •

### Battle of the Doctor Bands 2015

June 25. Register to compete by April 15!

MSMP is looking for bands to participate in our second annual Battle of the Doctor Bands! The only criteria for signing up is that one band member must be an MSMP member. Complete the application at [msmp.org](http://msmp.org) before April 15. Space is limited! •

### CIRCLE from page 7

Munhoz created the Lane County circle after hearing common themes from the women physicians she coached. Among them:

"It feels like a war zone out here. I am just trying to survive."

"I don't know the woman I am referring to and would like to."

"I consider some of my colleagues a friend but rarely get to see them."

"My clinical skills are strong, but do I need to go get an MBA to have more influence?"

"More collegiality would be nice."

"I respect her as a mentor, but don't get to see her very often."

"Some skill building around how to have more choice—personally and professionally—would be really helpful."

The Lane County circle—which created a knitting group, among other activities—offers not only a place to relax and enjoy a sense of community; it has grown into a social network of women

who support each other in myriad ways, Munhoz said.

"It's good to have a group of people that you can discuss professional/work-related issues and share other life experiences. Also, I can finally put faces on names of colleagues that I recognize but didn't have the chance to meet," **Alice Chou, MD**, of Eugene's Allergy & Asthma Center, said in written comments provided by Munhoz.

Eugene psychiatrist **Becky Gordon, MD**, wrote: "Thanks for organizing this—I am rather isolated in my busy practice and the idea of chatting with other woman doctors in a casual setting sounds nice."

In addition to leading MSMP's Women's Physician Circle, Munhoz will offer coaching sessions as part of the medical society's Physician Wellness program. For more information about these opportunities, please contact **MSMP Executive Director Amanda Borges** at [Amanda@msmp.org](mailto:Amanda@msmp.org) or 503-222-9977. •





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# Robert Manley, MD, remembered as gentle, intelligent and effective leader



ROBERT MANLEY, MD

Robert Manley, MD, an orthopedic surgeon who held numerous local health care leadership roles and was described as intelligent, gentle, and deft at building consensus, died recently. He was 71.

Manley, most recently employed by Regence Blue Cross Blue Shield of Oregon as an associate medical director, served as a flight surgeon with the U.S. Army early in his career, later was in

Later they served together on the MSMP Board of Trustees and were contract physicians for Regence. Sturges said Manley was “always willing to talk about any issue” and had the highest ethical standards.

“He was very much beloved because of his intelligence and concern for other people,” Sturges said.

He noted that Manley gave him one of the highest compliments possible. “He said I influenced his desire to go into medicine.”

Manley, who was about 6-foot-4, was “tall in stature, gentle in spirit,” noted Ted Mackett, MD, a Portland surgeon who met Manley when they were kids attending the Adventist school in India where their parents were educators. Manley and Mackett went on to graduate in 1964 from Pacific Union College in California, where Manley earned degrees in both business and pre-med, and roomed together for a time during medical school at Loma Linda University School of Medicine.

Mackett noted that he and Manley shared many interests, including model railroading and music. Manley also enjoyed stamp collecting, the history of India, and classic cars. He meticulously restored a 1937 Rolls-Royce that

“He was a **people person**. He could **resolve conflict and reach consensus better than anyone** I worked with. He could be the bearer of bad news but do it in an effective way that led to correction without offending. That says a lot. And **he thoroughly enjoyed his work.**”

—Ted Mackett, MD

private practice in Portland and was a former president of the Medical Society of Metropolitan Portland (then known as the Multnomah County Medical Society). He also served on several committees with Adventist Medical Center.

Two area physicians who first met Manley overseas and maintained long and close friendships with him extolled his wise counsel, concern for others and effective leadership.

Stanley Sturges, MD, is a retired psychiatrist who met Manley in 1957 when he and his wife were involved in medical mission work and Manley was a teenager attending a school in India run by the Seventh-day Adventist Church. Sturges struck up a conversation with Manley, participated as a music teacher in a band in which Manley played, and over the years they kept in close contact.

earned recognition at a classic and antique car show. Mackett said Manley was “like family,” and he admired him for his many attributes, among them a warm personality.

“He was a people person. He could resolve conflict and reach consensus better than anyone I worked with,” Mackett said. “He could be the bearer of bad news but do it in an effective way that led to correction without offending. That says a lot. And he thoroughly enjoyed his work.”

Born in India to parents who were educators, Manley went into the U.S. Army in the late 1960s, serving as a flight surgeon in Vietnam for a year. He then was stationed at Fort Ord, where he continued working as a flight surgeon and was involved in the Reserve Officers’ Training Corps. He served his residency in



Robert Manley, MD, (left) installs Theodore Vigeland, MD, as local medical society president as Manley becomes past president during the organization’s 1994 Annual Meeting. His service to the medical society was one of the many ways Manley, who passed away recently, served as a leader, friends and colleagues say.

Photo courtesy of MSMP

Vancouver, B.C., and became a Fellow in both the Royal College of Physicians and Surgeons of Canada and the American College of Surgeons. He was in private practice locally with Roy Rusch, MD, and Robert Wells, MD, for many years. He also practiced with Clyde Farris, MD, and John Neufeld, MD. At Regence, he worked on case reviews, with a specialty in orthopedic cases. In addition, he was chairman of Regence’s Provider Credentialing Committee. He also was an elder and teacher in his church.

Manley is survived by his wife, Kathy; children, Traci of Portland, and Todd and

daughter-in-law Lisa, of San Jose, Calif.; and two granddaughters, Logan and Taylor, and grandson Tate.

Those who wish to make a memorial gift are asked to consider the scholarship fund of Project Patch, whose mission is to restore troubled youth and build stronger families. Project Patch is located at 2404 E. Mill Plain Blvd., Suite A, Vancouver, WA. 98661-4334.

A memorial service will be held at 4 p.m. March 28 at Sunnyside Seventh-day Adventist Church, 10501 S.E. Market St., Portland. •



DEVERS from page 1

research funding to pre-recession levels as the National Eye Institute's funding is still down \$18 million from its fiscal year 2012 pre-sequester funding.

"Young researchers are choosing other careers because funding is so difficult to obtain. We need to show the importance of eye research considering the multiple competing needs of the military and economy," he said.

Mansberger, who enjoys triathlons, traveling and soccer, joined Devers in 1999, is vice chairman and director of Glaucoma Services, and serves on the editorial board of *Journal of Glaucoma* and *American Journal of Ophthalmology*.

Lab studies effects of aging and glaucoma

The Clinician-Scientist Lecturer award, selected by the American Glaucoma Society's board of directors, recognizes an individual who exemplifies qualities of excellence in patient care as well as research, said David S. Greenfield, MD, president of the AGS. Founded in 1985 to improve patient care and exchange and disseminate research information, the AGS has grown to nearly 1,000 members nationwide.



STEVE MANSBERGER, MD, MPH



CLAUDE F. BURGOYNE, MD

"We are very proud to honor Dr. Burgoyne this year," Greenfield said. "He's published more than 100-peer-reviewed publications and delivered more than 150 scientific presentations including 11 lectureships."

A glaucoma clinician and surgeon, Burgoyne spends the vast majority of his time researching how the optic nerve is damaged by glaucoma, but he carves out one-half day a week to treat some of Devers' most challenging eye cases. Burgoyne, who joined Devers in 2005, with an eight-member research team, is Senior Scientist and Van Buskirk Chair for Ophthalmic Research as well as Research Director of the Optic Nerve Head Research Laboratory.

For the past 17 years, his laboratory has been funded by the NIH to study the effects of aging and glaucoma, focusing on the neural and connective tissues of the optic nerve head within 3D histomorphologic reconstructions.

His research now extends to studying the cell biology of connective tissue remodeling and axonal insult early in the onset of glaucoma. Building on its 3-D capabilities, his laboratory is also funded to use spectral domain optical coherence tomography to visualize and quantify the deep tissues of the optic nerve head and peripapillary sclera.

At one time, Burgoyne seriously considered becoming an architect and obtained a bachelor's degree in architecture from the University of Minnesota, where he later earned his MD. "I didn't know if I was creative enough to be an architect. Later, when I studied the optic nerve in medical school, I was amazed at how beautiful and perfect its architectural structure it is," he said.

The long-term goal of Burgoyne's work is to build both a clinical science to predict how an individual optic nerve head will respond to a given level of intraocular pressure as well as the clinical tools to detect and treat that response.

Before joining Devers in 2005, Burgoyne, who started practicing medicine in 1987, was director of Glaucoma Services at the LSU Eye Center in New Orleans for a dozen years and was there

when Hurricane Katrina hit. A former U.S. Marine, Burgoyne served three years in military intelligence at Guantanamo Bay and also in the Aleutian Islands, and the GI Bill helped pay for the first five years of his schooling.

Among other honors, Burgoyne received the 2010 Alcon Research Institute Award and was the 2008 recipient of the Lewis Rudin Glaucoma Prize.

"The American Glaucoma Society honors exactly one physician per year as its clinician scholar, someone doing scientific research that relates to what we do in the clinic," said James Rosenbaum, MD, chief of ophthalmology at Legacy Devers Eye Institute. "Since glaucoma is a common cause of acquired blindness, this is a big pond from which Dr. Burgoyne was chosen. Last year a European journal picked the 100 most important ophthalmologists in the world and very few Americans made the list, but again, Dr. Burgoyne was selected. He is at the center of approximately three million dollars annually in NIH grants at the Legacy Research Institute."

Jorkasky, who has known both Mansberger and Burgoyne for many years, was happy for their being honored. "Obviously, the fact of both Dr. Mansberger and Dr. Burgoyne being recognized nationally speaks to the value of the vision research conducted at Devers and it also highlights why federal funding for continued research is so vital." •

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**BOARD CERTIFIED INTERNAL MEDICINE OR FAMILY PRACTICE PHYSICIAN** needed for .50 FTE position in OHSU's **Joseph B. Trainer Health and Wellness Center (Student Health)** in Portland, OR. Duties include office-based primary care for acute and chronic disease management for health science student and post-doc population. Must have ability to work in small team setting and works collaboratively with behavioral health staff. Required: MD, min. 2 years of experience in primary care clinic. Women's health care, minor dermatology, minor office orthopedics experience also preferred. Send CV to Sarah Lemley at lemley@ohsu.edu and apply online at www.ohsu.edu. IRC# 46206.



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## OTHER MEDICAL OPPORTUNITIES



**OREGON HEALTH & SCIENCE UNIVERSITY**

**BOARD CERTIFIED INTERNAL MEDICINE OR FAMILY PRACTICE PHYSICIAN** needed for 1.0 FTE Medical Director in OHSU's **Joseph B. Trainer Health and Wellness Center (Student Health)** in Portland, OR. The Medical Director is responsible for medical oversight of all licensed medical health providers. They work collaboratively as part of the core JBT leadership team which consists of the Medical Director, Behavioral Health Director and Practice Manager. In addition, they provide direct office-based primary patient care for acute and chronic disease management for health science student and post-doc population, and consultations to assist staff with diagnosis and treatment of patients. The Medical Director is also a liaison to the OHSU medical and academic community, and serves as the medical lead for all clinical health related student policies. Required: MD, min. 10 years of experience in primary care clinic, 5 years of demonstrated clinical management. Send CV to Sarah Lemley at lemley@ohsu.edu and apply online at www.ohsu.edu. IRC# 46251.

## PHYSICIAN OPPORTUNITIES

### Family Practice & Internal Medicine Physicians

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

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

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



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

To learn more about Pacific Medical Group, please visit our website at [www.pacificmedicalgroup.com](http://www.pacificmedicalgroup.com).

To apply, submit CV and cover letter to Trudy Chimko, HR Manager, by email: [careers@pacificmedicalgroup.com](mailto:careers@pacificmedicalgroup.com), or fax: 503-914-0335.

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