The Portland Physician
# Scribe
April 2015
Volume 33, Number 4
MEDICAL SOCIETY OF METROPOLITAN PORTLAND
A publication of the Medical Society of Metropolitan Portland
www.MSMP.org

## MSMP 131st ANNUAL MEETING

*MSMP will host our 131st Annual Meeting May 5, with special guests and a focus on the new Physician Wellness Program.*

***—Details on Page 2***

# Welcome, warmth and support

*MSMP's confidential wellness program meets growing need to help physicians manage stress, burnout*

The counseling room for MSMP's new Physician Wellness Program is designed to exude warmth, comfort and security.
Photo courtesy of MSMP

**By Cliff Collins**
*For The Scribe*

The counseling room for the **Medical Society of Metropolitan Portland's new Physician Wellness Program** exudes warmth and welcome. The lighting, colors and furnishings impart a sense of peace and calm.

That serene setting, accessed through a direct-entry private door separated from the other offices of MSMP's Southwest Portland headquarters, was intended as an essential element of the effort, said **Amanda Borges**, MSMP's executive director.

"That is our program's most unique feature," she said. "We put our heart into that room. We wanted to make it a place where physicians will be comfortable and secure."

The Metropolitan Medical Foundation, which is co-sponsoring the program administered by MSMP, gave the medical society a grant to create and develop the room so that doctors could have full confidence that if they seek counseling, they can do so there with complete confidentiality, Borges said. MSMP has even added a HIPAA-compliant sound-canceling machine to the room to help ensure the privacy of those speaking within it.

*See **WELLNESS,** page 14*

### MSMP's Physician Wellness Program

Physicians needing to access the Medical Society of Metropolitan Portland's Physician Wellness Program may call the private wellness phone number, 503-764-5663, to schedule an appointment.

***Rob Delf Honorarium Award***

# Reuler to be honored for compassionate service

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

The value of community service was first imprinted on **Jim Reuler, MD**, while growing up in his native Illinois. His parents valued and role modeled giving back. During medical school, the importance of serving others came into even sharper focus when Reuler joined fellow University of Chicago medical students and faculty in providing care at a free clinic in the Robert Taylor Homes, an enormous public-housing project on Chicago's South Side.

*See **REULER,** page 17*

Jim Reuler, MD, recipient of the 2015 Rob Delf Honorarium Award from the Medical Society of Metropolitan Portland and the Metropolitan Medical Foundation of Oregon.
Photo courtesy of the Portland Veterans Affairs Medical Center

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### Ultimate Community

*Through Ultimate Frisbee, Anna Hare, MD, has found a hobby that offers exercise, fun, stress relief and friendships.*

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# 131st Annual Meeting

May 5th, 2015 • 5:30–8:30pm • @ The MAC

Register at MSMP.org

The Medical Society of Metropolitan Portland

and

The Metropolitan Medical Foundation of Oregon

invite you to join us in introducing

## The Physician Wellness Program

Special guests Kathleen Haley from the Oregon Medical Board, physician advocate Connie DeMerell, BSN, RN and award recipient Jim Reuler, MD

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

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

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

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# News and Events

## Medical Student Award nominations needed

The Medical Society of Metropolitan Portland is pleased to introduce our First Annual Medical Student Award, paying tribute to a medical student who embodies our mission to create the best environment in which to care for patients. We are looking for a student who displays professional knowledge, skill, judgment, mentorship and compassion, strong community involvement, and strives for wellness to meet the highest standards of service. If you would like to recognize a student member who has shown these attributes, please visit the **msmp.org** Student Section and fill out the nomination form. Nominations must be submitted by April 28, 2015. •

## Physician Wellness Program

MSMP would like to thank the following organizations for their support of our Physician Wellness Program: Ater Wynne Attorneys at Law, Metropolitan Medical Foundation of Oregon (MMFO) and Hart Wagner Trial Attorneys, each contributing $5,000 toward creating a safe harbor for physicians to access confidential counseling. To make a donation and to be announced as a Kick Start Funder at our Annual Meeting, please go to **www.mmfo.org**. •

## MSMP's 131st Annual Meeting

### May 5, 5:30–8:30 P.M.
### Multnomah Athletic Club

MSMP and MMFO invite you to join us in introducing the Physician Wellness Program. Earn 1.0 CME credits and hear from our keynote speaker, neuroscientist Sarina Saturn, PhD, as she briefs us on *Stress: The neuroscience behind resilience*. MSMP member 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**. •

## Women's Circle

### May 14, 6–8 P.M., MSMP Conference Room

The Women's Circle is a women physicians group facilitated by certified physician development coach Deborah Munhoz, MS. Not only does she address leadership issues important to women physicians, such as how to have your voice heard and competently influence quality of care, but she also builds a unique sense of community that has become extraordinarily valued. See details at **msmp.org**. •

## Final Advance HIPAA Compliance Training Class of 2015

### May 15, 9–11 A.M.
### MSMP Conference Room

Don't miss MSMP's Final Advance HIPAA Compliance Training of 2015. 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. Find out more details and register at **msmp.org**. •

## Battle of the Doctor Bands 2015

### June 25, 7 P.M., in Lola's Room at the Crystal Ballroom

Buy your tickets now! Join MSMP's Battle of the Doctor Bands, sponsored by The Doctors Company and KGON. Come for a great time, great music and support a great cause! The event benefits Project Access NOW. See details and buy tickets at **msmp.org**. •

## The Scrub Run 5K presented by MSMP & Uberthons

### Aug. 15
### St. Josef's Winery in Canby

MSMP's First Annual Scrub Run will start with a 5K run through the country roads of Clackamas County into the vineyards of St. Josef's Winery. Following the run, join us for dinner from Qdoba Mexican Grill and a concert overlooking the lake featuring the winner of the Battle of the Doctor Bands. Bring the whole family! See details and register at **msmp.org**. •

# Tri-County health officer examines rise of, response to, infectious diseases

**By Jon Bell**
*For The Scribe*

The recent outbreaks of Ebola, measles and other infectious diseases have brought increased attention to these threats and how physicians, hospitals and other providers respond to, treat and prevent them.

For perspective on the infectious disease phenomenon in the Portland region, *The Scribe* talked with **Paul Lewis, MD**, Tri-County health officer.

▸ **The Scribe:** ***What have been some of the biggest threats from infectious diseases in recent times?***

▸ **Lewis:** Over the last 15 years, we have faced a series of threats. In 2001, bioterrorism became real with the anthrax attacks shortly after 9/11. Next in 2003 came SARS, a dangerous respiratory illness, spread by global travel from its origin in Asia to multiple continents. Although the threat of bird flu never expanded to become a major global problem, we struggled to respond to the 2009 pandemic, hampered by our cumbersome methods of producing vaccine that makes a nimble preventive strategy impossible. Now, West Africa is suffering from Ebola and we need to safely and respectfully monitor travelers and returning medical volunteers during their period of vulnerability. While we learn from each threat, they are all unique and the systems put in place for one are not necessarily useful for what follows.

▸ **The Scribe:** ***How has the medical community been responding to and dealing with infectious diseases recently?***

▸ **Lewis:** For most of these emerging infectious threats, hospitals, emergency departments and clinics are on the front lines. Currently, they are screening for the Ebola "needle in the haystack" as they care for thousands of patients a day. The public health system is continuously learning about new threats and deciding whether existing tools are adequate or if new plans and procedures need to be developed and launched. The latter was true for Ebola. Once the Dallas nurses became ill, the whole world realized that even enhanced standard procedures were not enough and that a new approach was needed.

▸ **The Scribe:** ***Have you been working with local health systems to develop new or different protocols or strategies?***

▸ **Lewis:** Using Ebola as an example, several new things were required, including: screening, by asking clinic, EMS and hospital patients about travel to countries where they might have been exposed to Ebola; training on new personal protective equipment (PPE); obtaining new PPE at the same time as every health system in the U.S.; adapting EMS response, protocols and equipment to deal with this threat; coordinating public health, EMS, clinic and hospital response to suspected Ebola cases; and coordinating internal and public communication between the involved agencies.

▸ **The Scribe:** ***Are these kinds of measures working?***

▸ **Lewis:** We think we are improving; we had a minor false alarm on Oct. 15 with an ill incoming passenger at PDX. Later in the month, our partners ran a full-scale drill between a hospital and EMS; finally, on Halloween, we had a truly ill patient with Ebola risk factors who needed safe transport to a hospital, where she received definitive care and was found to not have Ebola. Since then, with guidance from Oregon Public Health and the Centers for Disease Control and Prevention, we have developed monitoring protocols so that all travelers returning from affected countries stay under surveillance to detect any signs of illness for three weeks.

"The silver lining I see is that these **threats make us review our plans, training and readiness** so we are **better able to respond** to yet-unnamed problems."

—Paul Lewis, MD, Tri-County health officer

▸ **The Scribe:** ***What are the biggest challenges in addressing infectious diseases, particularly with the more serious ones making headlines?***

▸ **Lewis:** With the serious contagious diseases—especially those that develop symptoms suddenly—we have three challenges. First, we have to care for the patient and make sure they recover; second, we need to keep the caregivers safe so they can do their jobs as healers. Finally, we need to keep the public safe and to identify and limit any further spread. All of these need to happen at the same time—often, it seems, on three-day holiday weekends!

▸ **The Scribe:** ***Does it seem like these kinds of diseases might become more of an issue going forward, and if so, what do hospitals and health systems need to do to get ready?***

▸ **Lewis:** Two things make this kind of threat more likely. First, global travel is so efficient that in about one day a person incubating a disease could be almost anywhere on the planet and hence become ill anywhere. Second, we are now able to detect more and new diseases; with this ability comes awareness and, with that, an obligation to prepare and respond, even if we do not have complete understanding of the new disease.

▸ **The Scribe:** ***In your role as the Tri-County health officer, do you have some messages for local hospitals, health systems and clinics when it comes to infectious diseases?***

▸ **Lewis:** Thanks, thanks and thanks. The clinical-public health system requires a huge amount of communication and coordination. We are grateful to have such fantastic health care partners, without whom we would not be able to fulfill our public safety role. The silver lining I see is that these threats make us review our plans, training and readiness so we are better able to respond to yet-unnamed problems. •

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# New physician-led network seeks to improve health outcomes, reduce costs

**By Jon Bell**
*For The Scribe*

In his 18 years as a primary care physician, **Tom Gragnola, MD**, has never really seen physicians come together and communicate effectively with each other to really improve patient care.

Until now.

Just a few weeks after the **Portland InterHospital Physicians Association** (IPA) unveiled a new accountable care organization, a network of primary care and specialty physicians focused on improving the delivery of care, Gragnola had already seen a noticeable difference.

"It's a little too early to say how big a change this will affect in the long term, but what's encouraging is that you can get physicians around the table to talk about how we can better address all these issues," said Gragnola, a primary care physician with Greenfield Health and medical director of the new ACO, **Care Connect Northwest**. "I haven't seen that before, but it's encouraging that we are already starting to see it happen."

Care Connect Northwest comprises 12 physician organizations around the metro region. The goal is to improve collaboration among practitioners and increase efficiency, with the ultimate aim of maximizing healthy outcomes—and minimizing costs. The Affordable Care Act defines an ACO as an organization that brings together physicians, specialists and hospitals to work for a patient population.

TOM GRAGNOLA, MD

DONNA McCLELLAN, RN

SUSAN CLACK, MD

"This new effort is at the heart of health reform as framed by the Affordable Care Act," said **Stephen Townsend**, manager of Care Connect Northwest. "We are helping physician groups move away from the traditional fee-for-service structure to a more value-based model of reimbursement."

If the idea of improving health outcomes, reducing costs and increasing collaboration sounds like a familiar one, that's because it is. **Donna McClellan, RN**, executive director of the Portland IPA, said that the principles of the ACO are fairly similar to Oregon's coordinated care organizations, networks of health providers who have agreed to work together in their communities to serve people who receive health care coverage under the Oregon Health Plan. Launched a couple years ago, there are now 16 CCOs around the state.

"I think a lot of it came from the whole idea of managing a total cost-of-care budget," McClellan said. During the conversation about CCOs, it became apparent that commercial payers were also talking about how to focus on managing costs, improving outcomes and the idea that smaller networks of physicians engaged with each other might be a good approach."

Gragnola said one of the main ways Care Connect Northwest will make headway is by providing a structure that encourages physicians and providers in the network to communicate more effectively around the care of patients. The network will also facilitate specific agreements between specialists and physicians as a way to improve collaboration and eliminate inefficiencies.

"We believe when you have physicians working together in that fashion, you reduce a lot of redundant and unnecessary tests and procedures," Gragnola said. "The communication allows the primary care doctor to coordinate care through the entire system."

### 'A mutual commitment to high standards'

An early effort to improve coordination and communication finds the 12 different physician organizations synching up on the same electronic communications system. Known as Provider Connect, the system helps streamline billing and care information. In addition, Care Connect Northwest's quality committee has adopted service standards aimed at streamlining the referral process by making all kinds of information—whether a patient's lab work has been done or a follow-up appointment has been scheduled, for example—more readily available.

McClellan said the committee is also developing guidelines for different conditions so that the primary care providers and the specialists in the network will know what the agreed-upon treatment is. Along the same lines, **Susan Clack, MD**, a primary care provider with Pacific Medical Group and co-chair of Care Connect Northwest, said the network is committed to very high medical standards.

"Our doctors support NCQA recognition in both the Patient Centered Primary Care Medical Home and the Patient-Centered Specialty Practice programs," she said, "which shows a mutual commitment to high standards of patient safety and quality care."

As a full-time internist, Gragnola said being part of the new network has already started influencing how he thinks about helping his patients better navigate the health care system. The network is also a way to help physicians adjust to the changing world of health care.

"I think most physicians would tell you that there are frustrations with all the changes going on, the new requirements to go through, meaningful use, and things like that," Gragnola said. "We have tried to do this in a way that engages physicians in a decision-making process capacity where everybody has a say in how this works."

The 12 physician organizations participating in Care Connect Northwest include: Women's Healthcare Associates; The Oregon Clinic; The Children's Clinic; Providence Health & Services; Pacific Medical Group; Northwest Renal Clinic Inc.; Greenfield Health; Fanno Creek Clinic; EyeHealth Northwest; Compass Oncology; Cascade Physicians; and Broadway Medical Clinic. Care Connect Northwest includes primary care and specialties such as allergy, audiology, obstetrics, gynecology, nephrology, pediatrics, cardiology, neurology and many others. Specialists also include cardiac, colon, rectal, endocrine, facial plastic, general, liver, pancreatic, oncologic, neuro and thoracic surgeons.

McClellan said the network is not currently adding any more practices, though that could be a possibility in the future. Other areas that could eventually be included might be mental health or facility-level care, though she said Care Connect Northwest first wants to establish its effectiveness and show that this is a model that can work.

"We don't have a clear-cut pathway forward for what's in the future," she said. "We want to be open to the changing dynamics of health care." •

# Match Day 2015

*OHSU students unseal envelopes that reveal next step in their career journey*

**Susan Lou**, an Oregon Health & Science University medical student, opened an envelope on a March morning on Marquam Hill and glimpsed her future: She's headed to the University of Minnesota for residency training in internal medicine, and she couldn't be happier about it.

"It's going to be amazing," said Lou, who, along with fellow fourth-year med students, their friends and families, gathered at OHSU for the **Match Day** event, unsealing the envelopes to reveal where they will spend the next handful of years as residents.

Lou, who has loved the sciences since attending Lakeridge High School, had the opportunity several years ago to shadow a trauma surgeon who saved the life of a person who had been in a car accident. Although she eventually realized surgery was not her calling, the opportunity to save and impact lives was underscored through that experience.

"There's nothing I'd rather be doing," she said of a career in medicine.

SUSAN LOU

ETHAN BECKLEY

During her time at OHSU, Lou has led the internal medicine interest group and participated in the OHSU Diversity Task Force. She's also completing a rotation in the endocrinology and metabolism department at the National Institutes of Health, the first OHSU student to participate in the program. Her most memorable OHSU experience was "when one of our classmates was struggling with a cancer recurrence. In the spirit of the Japanese legend, our class coordinated the folding of 1,000 origami paper cranes as a symbolic representation of our support during this difficult time. I was so moved and felt that it truly demonstrated the unity and camaraderie of our class."

*The Scribe* caught up with a couple of other students on Match Day to get their reactions and thoughts on the next phase of their education and training.

**Ethan Beckley**'s residency will be at OHSU. Beckley, who earned his PhD in behavioral neuroscience at OHSU and entered its MD program in 2011 to focus on psychiatry, will enter a research track program, which will allow him to combine research and patient care.

"They feed each other," he said, noting that cases can stimulate new research ideas and lead to greater levels of care.

**David Liskey** is poised to train in internal medicine at Virginia Mason Medical Center in Seattle, where he'll be joined by Eunice Ko, his girlfriend, who will train in family medicine at Swedish First Hill. Liskey said they're excited about their respective programs and the ability to live and continue their career trajectories in the same city.

Liskey's interest in medicine began in high school, when he was an ER volunteer in southern Oregon. As an undergrad, he participated in an internship in South Africa assisting doctors and nurses visiting from around the world, which had a significant impression on him. His interest in the field was cemented, though, when he worked as a certified nursing assistant at a Corvallis hospital.

Match Day, said **George Mejicano, MD, MS**, OHSU senior associate dean for education, helps emphasize that the profession "is in really good hands," and offers students a chance to mark a significant milestone in their long journeys through medical education and training.

Mejicano likened that journey to hiking, toiling up a steep hill and focusing on the next step. Match Day, he said, allows students to pause and take in the view. "They have matured and grown and worked hard," he said. "I couldn't be more proud of them."

*—By Barry Finnemore*

Learn about Dr. Urba's goal to finish cancer at
ProvidenceOregon.org/FINISHCANCER

# Appropriate-care effort promotes greater collaboration with doctors

**By Cliff Collins**
*For The Scribe*

Physical therapists were the first health care professionals besides physicians to join the **Choosing Wisely**® campaign and produce lists of "five things" practitioners and patients should question.

Members of the **Oregon Physical Therapy Association**, as part of the **American Physical Therapy Association**, contributed to submitting nominations for common procedures that don't enjoy enough evidence to warrant routine use.

Becoming involved in Choosing Wisely fits well with physical therapists' awareness of the current "backlash on a lot of passive treatments," partially as a result of health reform and its emphasis on delivering better care more efficiently, said **Chris Murphy, PT**, immediate past president of the Oregon Physical Therapy Association.

The campaign is sponsored by the American Board of Internal Medicine Foundation to help health care providers and patients avoid frequently used but unproven methods that potentially can be detrimental. According to a report from the Institute of Medicine, up to 30 percent of health care spending is duplicative or unnecessary. Health reform places great emphasis on the appropriate use of health care resources, noting that some routine tests and procedures may provide little, if any, benefit to patients, and also can cause harms such as needless stress and unnecessary surgeries.

For Choosing Wisely, more than 50 contributing national specialty societies produced lists of "Five Things Physicians and Patients Should Question," covering more than 140 tests and procedures.

The national campaign has teamed up with numerous other organizations such as AARP and reached 100 million people about Choosing Wisely, as well as produced over 100 peer-reviewed articles, **John Santa, MD, MPH**, former director of the Health Ratings Center for **Consumer Reports**, told The Scribe last year. Consumer Reports is a key participant in the Choosing Wisely campaign, which has been led statewide by the **Oregon Medical Association**.

The process for developing the national PT list began with an open call for American Physical Therapy Association members to submit their lists of procedures they considered questionable. After receiving more than 170 submissions, the association convened an expert group of physical therapists from a wide range of practice settings and areas of clinical expertise. That panel reviewed all nominations and conducted extensive literature reviews to winnow the list to nine procedures. The list was presented to the association's 88,000 members, who voted on the final five. Murphy said the campaign has helped PTs realize the importance of emphasizing treatments that help patients move better, rather than modalities merely providing short-term comfort or relief, such as heat and cold applications and ultrasound. Second, Choosing Wisely is encouraging physical therapists to "look beyond ourselves" to how they can work more closely with other professionals, such as physicians, to improve patient health. "Choosing Wisely helps push" PTs to be more collaborative with doctors and offer their input and opinions on patient treatment, he said.

**BY THE NUMBERS**

**As much as 30 percent**

The amount of duplicative or unnecessary health care spending, according to an Institute of Medicine report.

The campaign has helped PTs realize the **importance of emphasizing treatments** that **help patients move better**, rather than modalities merely providing short-term comfort or relief, such as heat and cold applications and ultrasound.

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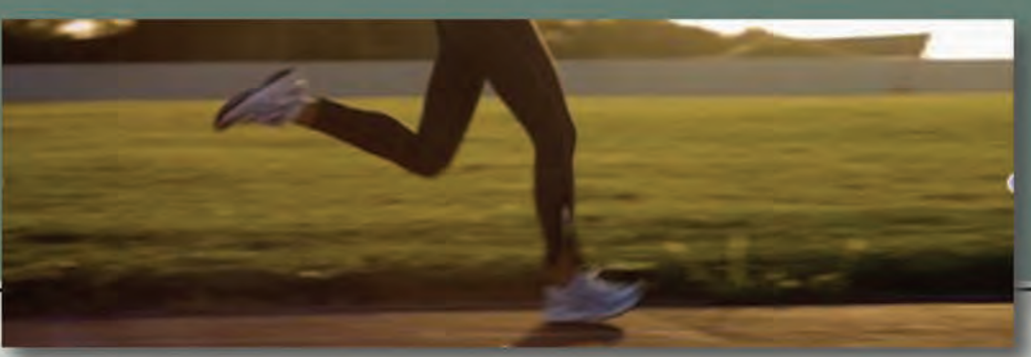

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The traditional roots of the profession still carry a lot of influence among many physical therapists who continue to see themselves in a "technical role providing treatments that were presented and directed by the physician." Historically, many PTs have been reluctant to "make a strong decision" themselves about the direction a patient's care should take, Murphy said.

But in the 1990s, after the profession began making the Doctorate of Physical Therapy (DPT)—the entry-level degree, "the responsibility for physical therapists to play a decision-making role" has become more prevalent, according to Murphy. Physicians increasingly look to PTs to offer their opinions and recommendations for treatment, and the "subordinate relationship" of PTs to physicians is becoming less common.

Another factor in this dynamic was that in 1993, Oregon law began allowing patients a limited version of direct access to physical therapy without a physician referral. The remaining restrictions on direct access were lifted in a bill that passed in 2013 and took effect Jan. 1, 2014, although patients' access usually is still contingent on their insurance coverage.

The "Five Things Physical Therapists and Patients Should Question" according to the American Physical Therapy Association are:

- Don't employ passive physical agents except when necessary to facilitate participation in an active treatment program.
- Don't prescribe under-dosed strength training programs for older adults. Instead, match the frequency, intensity and duration of exercise to the individual's abilities and goals.
- Don't recommend bed rest following diagnosis of acute deep vein thrombosis after the initiation of anti-coagulation therapy, unless significant medical concerns are present.
- Don't use continuous passive motion, or CPM, machines for the postoperative management of patients after uncomplicated total knee replacement.
- Don't use whirlpool for wound management.

As an example of how the common treatments involving hot or cold packs or ultrasound usually don't help and can lead to harm and to more tests and treatments, the association noted that these treatments "can feel good on a painful back, shoulder or knee. They may help relax you before or after exercise, but there is no proof that they have any lasting effect." For instance, studies have found that deep-heat ultrasound, added to an exercise program, does not improve arthritis of the knee. A better approach is to learn specific exercises and ways to move.

Further, the association explains that because many patients in pain are afraid to be physically active, PTs "may support these fears by using heat and cold treatments. But avoiding movement only makes the problem worse. This can

lead to unnecessary medical procedures, such as knee surgery or steroid injections for back pain."

"Choosing Wisely is an outstanding effort," said **Paul A. Rockar Jr., PT, DPT**, the American Physical Therapy Association's president, adding that PTs were happy to join it because the campaign's goal supports the profession's own mission: "To foster better, more efficient care through informative dialogue between patients and health care providers." •

### The Five Things Physical Therapists and Patients Should Question

(according to the American Physical Therapy Association)

- Don't employ passive physical agents except when necessary to facilitate participation in an active treatment program.
- Don't prescribe under-dosed strength training programs for older adults. Instead, match the frequency, intensity and duration of exercise to the individual's abilities and goals.
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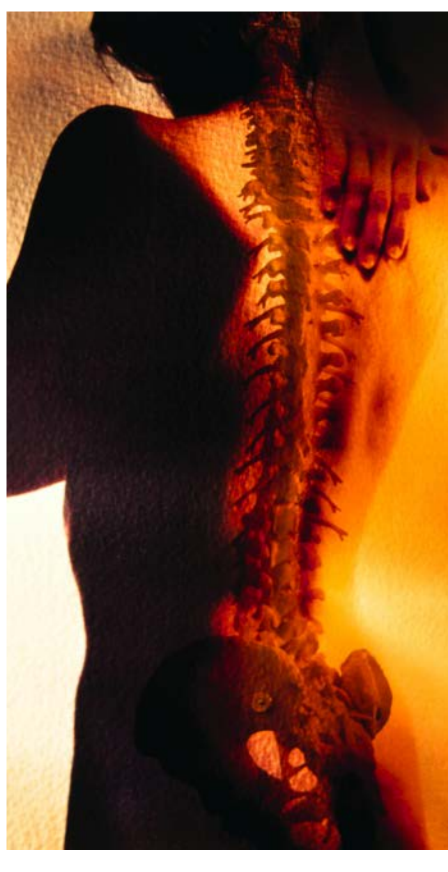
# Oregon Health Plan to expand coverage for back pain

**By Cliff Collins**
*For The Scribe*

Beginning next year, the **Oregon Health Plan** for the first time will cover low-back pain diagnosis and treatment. Doctors were a driving force behind the change.

Back pain is one of the most common complaints clinicians see, yet the OHP has not covered treatment for it for most patients. The rationale for leaving the condition off the OHP's prioritized list for coverage was that most cases resolve on their own within a few weeks, explained **Chris Murphy, PT**, immediate past president of the **Oregon Physical Therapy Association**. The problem is that a few patients do benefit from intervention, and treatment for those can help them get better quicker and avoid chronic disease, he said.



The key is how to identify which patients will benefit from treatment. The current emphasis in medicine on using evidence-based solutions magnified the fact that past research about who benefits has been inadequate, said **Mary Hlady, PT, DPT**, supervisor of **Providence Gateway Rehab Clinic** and **Providence Gresham Rehab Clinic**. "There was no clear evidence, because we didn't categorize patients for their particular problem," she said. More recent research has shown that when patients are categorized properly, those who can be helped from treatment become more evident.

That new evidence includes "a bio-psycho-social model designed to help people with back problems resume normal activities," according to **Denise Taray, RN**, policy analyst for the **Health Evidence Review Commission**. "This model will help people manage their pain with less reliance on medication and fewer costly surgeries."

Hlady serves on the **Back Pain Line Reorganization Task Force**, appointed by the commission to review clinical evidence in order to guide the Oregon Health Authority is making benefit-related decisions for its health plans. The task force, which has been meeting and studying the topic since last November, presented its recommendations about back pain coverage to the commission on March 12. The commission then approved coverage for treatments of all diagnoses related to back conditions, with the changes to take effect on Jan. 1, 2016.

"Basically, it allows options for treatment that were not covered in the past," said Taray, who also staffs the **Oregon Pain Management Commission**. One of the purposes of modifying guidelines and coverage is to "identify patients at risk of chronicity."

## Pain-medicine abuse prompts review

What prompted the commission to review the issue now is the "catastrophe of pain-medicine abuse," set against the need to prescribe opioid drugs when appropriate for pain relief, Hlady said. Physicians have been "the main impetus" behind the move to make changes about how low-back pain is addressed, she added. In 2013, about 8 percent of OHP recipients saw a provider for back conditions, and more than half of those individuals received narcotic medications, often for many months. Doctors asked for OHP coverage for more hands-on approaches to treatment, Murphy said.

The task force was composed of a neurosurgeon, chiropractor, acupuncturist, orthopedic surgeon, primary care physician, physiatrist, physical therapists, specialists in mental health and addiction, a health plan medical director, pain specialists and a national expert on the evidence for treatments for back pain. The task force reviewed a large body of evidence about the effectiveness of various treatments and the potential harms of certain therapies. The OHP previously has limited treatment to patients who have muscle weakness or other signs of nerve damage. Patients with back pain without nerve symptoms had coverage only for primary care visits and medications such as narcotics.

CHRIS MURPHY, PT

The task force's recommendations place priority on therapies such as acupuncture, chiropractic and physical therapy over surgery and narcotics for most back conditions, Taray said.

Before treatment begins, providers will assess patients to determine their level of risk for chronic back pain, and whether they meet criteria for a surgical consultation. Based on the results, one or more of the following covered treatments may be employed: acupuncture, chiropractic manipulation, cognitive behavioral therapy, medications (including short-term opiate drugs, but not long-term prescriptions), office visits, osteopathic manipulation, physical and occupational therapy, and surgery (but only for a limited number of conditions where evidence shows it is more effective than other treatment options). In addition, yoga, intensive rehabilitation, massage and supervised exercise therapy are included in comprehensive treatment plans. These services will be provided where available, as determined by each coordinated care organization.

"This is a pretty big change," Taray said. "OHP has spent a great deal of public money on treatments such as surgery and medications, without good evidence that they improve patient's lives. At the same time, narcotics also carry risks of dependency, misuse and overdose."

CCO medical directors expressed concern about the potential for increased costs with the new coverage. Taray said that at this early stage, whether costs will be higher or lower is uncertain. OHP administrators will work with CCOs to factor that into contracts. Hlady anticipates that the reduced use of surgery, drugs and emergency room visits will offset costs associated with increased back pain coverage.

"It's a great thing," she said of the new guidelines, and it will bring Medicaid coverage in line with most other types of insurance. •

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# New shoulder rehab treatment means retraining patients how to move

**Suzanne Trebnick, PT, OCS, COMT, co-owner of Portland's Laurelhurst Physical Therapy Clinic, shows patient Lisa Haverstein, who is a veterinarian specializing in exotic birds and reptiles, how to stabilize her scapula in her work.**

Photo courtesy of Emily O. Allred

First of two parts

**By Suzanne Trebnick, PT, OCS, COMT**
*For The Scribe*

KT Tape recently signed three-time NBA basketball All-Star James Harden as their newest athlete endorser. If you watch any NBA game, you will see that Kinesio Tape is widely used, and Harden often has his shooting arm taped. Physical therapists will tape or strap the shoulder and scapula to help patients move without pain. For example, tape is used to assist in joint stability, to assist in support of a recently repaired rotator cuff tendon, or to improve the position of scapula orientation to avoid shoulder impingement.

Most patients in the past were sent home with TheraBand as part of the home exercise protocol. Now, we discourage that until patients can first demonstrate dynamic motor control of the scapula. Gone are the days when our PTs would give out TheraBand on autopilot. We focus attention on the scapular muscles that produce upward and downward rotation to provide a stable platform before we encourage arm movement.

Motor control dysfunction contributes significantly to insidious onset and chronic or recurrence of shoulder pain. Functional movement patterns need to be pain free and, if not, why? Efficient control of scapular orientation and the ability to control gleno-humeral joint range of motion and translation is essential to move the arm without pain. Our key player, or "point guard," is the scapula.

Our goal as manual physical therapists is to "retrain to regain" normal movement patterns. Motor dysfunction within the shoulder girdle is assessed within a clinical reasoning framework. The common diagnosis of shoulder impingement is primarily a problem of dysfunction of dynamic control of the scapula and faulty timing of the humerus rotation. Excessive scapular elevation, protraction in flexion, and muscle imbalance of the scapular upward and downward rotators all can contribute to the painful arc of motion when reaching overhead. A cortisone shot will relieve the pain temporarily in many cases; however, the movement pattern remains the same and pain can reoccur. Long-term success requires teaching patients new movement patterns to permanently help with pain relief, not just a quick fix.

Muscles are grouped into three functional categories to provide (1) local stability, (2) global stability, and (3) global mobility of a joint. If the local stabilizers do not fire first, the joint is at risk for increased translation or hyper mobility. If the global mobilizers fire too rapidly and too frequently and are not regulated, alignment and poor posture will occur. Shortening of some muscle groups and inefficient coordination or recruitment of the rotator cuff muscles to maintain centering of the humeral head in the glenoid results in uncontrolled, painful movement. Rotator muscle strength may be intact, yet the firing and recruitment may be faulty.

Shoulder instability is related to a lack of dynamic control of excessive translation of the humerus. Excessive joint play and an abnormally lax or soft end feel is a positive test for instability. Imbalance of gleno-humeral rotator muscles is a global muscle dysfunction. Typically, we see these two patterns with unstable shoulder joints:

- Two joint medial rotators (latissimus dorsi and pectoralis major) dominate the one joint medial rotators (teres major, anterior deltoid and subscapularis).
- The lateral rotators (infraspinatus and teres minor) dominate the medial rotator cuff muscles.

To regain dynamic stability without fear of subluxation, patients can learn to recruit muscles that will control the joint translation of the humerus and downgrade the firing of the muscles that worsen the translation.

How do we best retrain our shoulder patients to move? Skilled PTs follow a clinical reasoning framework by first evaluating posture of the head, spine and scapular position and orientation. The No. 1 influence on posture is our emotional state, and pain contributes to more slouching. We may use figure 8 TheraBand over the shoulder girdle, or use Kinesio Tape or RockTape, to position the upper spine and shoulder in neutral.

We always evaluate the cervical spine to determine if there is a referral pattern. A mild impingement of the 5th or 6th cervical nerve root can result in weakened rotator cuff muscles. The patient can present with shoulder impingement. In this scenario, the mobilization or stabilization of the cervical facets are part of the rehab program. For years I worked with a now-retired orthopedic specialist who referred patients to "clear the cervical issues," as shoulder blade pain was often referred from the cervical spine. In one session of spinal and neural mobilization, strength can be improved and less impingement demonstrated.

Next, the position and mobility of the thorax are assessed, as rotation and side bending of these joints occur with shoulder movement. Prolonged laptop use and poor ergonomic computer workstations contribute to increased thoracic kyphosis and compensatory shoulder tendinitis, impingement and bursitis.

Shoulder functional movement patterns in all planes of motion are evaluated before a treatment program is set up. Exercises must be challenging to the brain and not performed in a "remote-control" mode to alter pain and change movement patterns. Heavy high-load training, which we did years ago, reinforces chronic pain dysfunction by reinforcing mobilizer dominant problems. •

*Suzanne Trebnick, PT, OCS, COMT, is co-owner of Laurelhurst Physical Therapy Clinic LLC. She can be reached at suzanne@laurelhurstpt.com.*

In May's *Scribe*, Suzanne Trebnick outlines specific cognitive retraining and physical exercises to rehabilitate the shoulder.

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# Fascinated by research, OHSU's Raymond Bergan, MD, motivated to find better ways to help people with cancer

**By John Rumler**
*For The Scribe*

The already formidable **Oregon Health & Sciences University** cancer research team recently added one of the nation's leading cancer researchers, **Raymond Bergan, MD**, who will head up the approximately 40 specialized physicians in the School of Medicine's Division of Hematology & Medical Oncology.

Formerly a professor and research team leader at Northwestern University in Chicago, Bergan is internationally recognized for leading breakthrough studies, over the course of two decades, on how cancer cells metastasize and for engineering successful and innovative preventive treatments for high-risk patients.

At OHSU, he will focus on developing and delivering highly tailored cancer treatments while serving as associate director of medical oncology for its **Knight Cancer Institute**.

Photo courtesy of OHSU

RAYMOND BERGAN, MD

Bergan grew up in the small town of Eden, an upstate New York farming community with a population of about 8,500 that is 18 miles south of Buffalo and 12 miles from Lake Erie. His father worked as a mechanic at a large Ford Motor Co. plant in Buffalo. Bergan is not only the first in his extended family to enter the medical field, he is also the first to have graduated from college.

"I feel like a little boy who's come home," Bergan said of his move to Oregon. "Growing up in New York state, we lived in the woods. After living in big cities like Chicago and Washington, D.C., for so many years, Oregon is absolutely gorgeous. I've never in my life seen hills like this."

Lifang Hou, MD, MS, PhD, is chief of the Division of Cancer Epidemiology and Prevention at Northwestern University. He met Bergan eight years ago when Hou joined NU as an assistant professor. "Dr. Bergan was my mentor when I was a junior faculty and we became collaborators in the last four years," Hou said. "His passion and commitment, along with his ideas and experience in cancer prevention, make him a very successful researcher."

Hou described Bergan as "low key, humble and a very caring individual," and said that he created growth and learning opportunities for younger generations and colleagues alike.

"Dr. Bergan takes care of others. His generosity and open mind make him a scientist that benefits everyone who works with him."

## Fascinated by research

After discovering he excelled at science, Bergan decided to study medicine and became fascinated by research. His motivation, he said, was to find better ways to help people afflicted with cancer. "It is such a terrible disease and so difficult to treat. We still need to learn much more and to find so many more answers."

Working as a physician and researcher can become all-consuming, and Bergan admits he struggles to find a balance in his life.

"I'm on a teeter-totter sometimes, running from one thing to another. Portland has so many beautiful parks and trails, I hope to take time to get my bicycle out and enjoy some of those with my family."

See **PHYSICIAN PROFILE,** *page 18*

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**WELLNESS** *from page 1*

The Physician Wellness Program will be formally introduced at the **MSMP Annual Meeting on May 5** at the Multnomah Athletic Club.

The program already has seen two clients, the first one in early February—a physician referred from another organization. He had said, "I need help, and I don't know where to go." The organization referred the doctor right away, and he was seen almost immediately. "He was grateful that we had this program in place," Borges said. "One really important part of this is how quickly we are able to respond."

MSMP undertook the program to meet an increasingly prevalent need: the rapid rise in physician stress and burnout. A national, multispecialty survey of 2,000 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 had three years before.

Respondents to the survey cited the need for more support in helping them deal with the stress and burnout in their lives. Services they thought would be beneficial included coaching, mentoring and collegial support, educational opportunities and wellness initiatives.

All those elements are or will become part of the Physician Wellness Program. Also planned is to add a liability litigation "toolbox" service, aimed at specialized counseling to help affected physicians during and after litigation, using proven methods to control stress and remain calm in such circumstances. A component of that service will provide specialized medical liability training to program psychologists.

The Physician Wellness Program's intent is to address and remove the obstacles that typically prevent doctors from getting the help they need, Borges said. It offers confidential, appropriate counseling specifically tailored to doctors, 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. Its aim is to help doctors address any problems or concerns they may be experiencing.

The program is modeled after the successful one established three years ago by the **Lane County Medical Society**, which has brought it statewide and national attention. Through that program, an article in *The Washington Post* reported, "Physicians have been able to access services without fear of breach of privacy, loss of privileges or notification of licensing and credentialing bureaus."

## Confidentiality is key

Those same assurances also apply to MSMP's Physician Wellness Program.

"The privacy and confidentiality aspects of this are the most critical piece, and that is why this will be a successful program," said **Beth Kaplan Westbrook, PsyD**, a clinical psychologist who is working as a counselor with the Physician Wellness Program.

Several factors contribute to doctors' general reluctance to seek help for themselves, experts say. Their training encourages self-assurance and self-reliance, and studies show that one in three physicians have no regular medical provider. The profession has always been one of great responsibility, and in many ways, doctors are thought of as public figures, Kaplan Westbrook pointed out.

"The fact that they're in a high-stress position with vulnerable people and increasingly large patient loads contributes to the stress level," she said. "There are a lot of demands on physicians, and when their autonomy is compromised, it can produce high stress" and exacerbate existing problems they may be having, such as a bad marriage or addiction.

For example, traditionally doctors have referred patients to colleagues they consider the best at their specialty, but now many physicians must "refer in-house, or have layers of having to get permission," she said. In addition, several certifying bodies now require that doctors demonstrate patient satisfaction. "You can't just have the knowledge base anymore; you can't get by on training anymore."

Kaplan Westbrook noted that the American Medical Association passed a directive to study barriers to doctors' use of physician wellness programs. The AMA stressed the importance of confidentiality safeguards and educating doctors and others regarding the relationships between state licensing authorities and physician health programs.

A local doctor who credits the MSMP Physician Wellness Program for helping him said he considers it "a great resource for physicians in the greater Portland community who, as the health care landscape changes, find themselves under increasing stress professionally and personally." A physician who has been practicing in the Portland area for over 20 years, he recently experienced "a patient interaction and the subsequent actions of that patient (that) put me under a great deal of professional and personal stress," he said, with the understanding that he remain anonymous. "I needed an outlet to voice my concerns and heard about the Physician Wellness Program offered through the Medical Society of Metropolitan Portland. I spoke with the folks at MSMP and was able to schedule a visit with the counselor involved with the Physician Wellness Program. The counselor was able to allow me to voice my concerns, and put my experience in a different light for me."

"Although my experience with this patient was a unique, first-time experience for me, the counselor assured me that my experience was not a unique experience for a physician. This certainly relieved some of the stress I was feeling and allowed me to put this experience in a different perspective," he said. "This process was done with complete anonymity. The Physician Wellness Program is a wonderful program for physicians in our community who often feel overwhelmed and misunderstood. One can only anticipate that with the changing health care landscape, other physicians may need to utilize such a resource of support from within the medical community that understands the pressures and stressors of practicing medicine today."

### MSMP Physician Wellness Program

**MSMP welcomes contributions to operate and sustain its Physician Wellness Program. Tax-deductible donations may be sent to the Physician Wellness Program in care of the Metropolitan Medical Foundation of Oregon, 4380 S.W. Macadam Ave., Suite 215, Portland, OR 97239; by phone at 503-222-9977; or at MSMP.org or MMFO.org.**

## Counseling is not reportable

Too many physicians "suffer in silence," said **Connie DeMerell, RN, BSN**, whose husband, **Daniel G. DeMerell, MD, MPH**, a respected Portland allergist, died of suicide a year ago at age 44. According to a 2014 article by Medscape, the nation loses at least 400 physicians annually to suicide, and compared with the general population, doctors have a significantly higher risk of dying from suicide. Moreover, aside from accidents, suicide is the most common cause of death among medical students.

A recent survey of U.S. surgeons found that although one in 16 surgeons had experienced suicidal thoughts over the previous year, only 26 percent had sought help. "There was a strong correlation between depressive symptoms, as well as indicators of burnout, with the incidence of suicidal ideation," the Medscape article related. "Over 60 percent of those with suicidal ideation indicated they were reluctant to seek help due to concern that it could affect their medical license."

Perhaps as a result, as the article pointed out, in most stories about physician suicide, even people who knew the physician well never had any idea that the doctor was suffering.

"Many training programs and health systems offer some type of help to physicians in peril, but the programs are underutilized, and our society and the profession perceive seeking help as a sign of weakness, when in fact it is a sign of strength," she said. "The profession needs to work toward fostering a greater camaraderie, where doctors support one another and do not have to suffer in silence."

DeMerell has heard from many other physicians around the country who were moved by her experience and could identify with it. "I feel compelled to advocate on behalf of Dan and all the people who've shared their struggles with me," she said. "We have to create an environment where physicians are not left to manage burnout, depression and anxiety on their own. A setting such as an independent physician wellness program gives doctors a safe place that is not connected with an entity that can influence their ability to practice medicine and provide for their family," she said.

Ideally, a doctor dealing with mental health issues should not have to seek support in secrecy, but our society perpetuates a stigma surrounding depression and suicide, DeMerell said. "My husband's tragic story is a real opportunity to spark meaningful conversation that can create a new approach to supporting physicians in crisis."

Many physicians are afraid they will be sanctioned or have their careers' damaged if word gets out that they sought help. But Kaplan Westbrook said that is not the case: When doctors come to the Physician Wellness Program, counseling and visits are not reportable to the Oregon Medical Board, no information is disclosed to others, no electronic medical records are kept, no diagnosis is given and no insurance is billed.

**Kathleen Haley**, executive director of the **Oregon Medical Board**, said the board supports programs such as MSMP's. "Our board has an active interest in encouraging physicians and other professionals it licenses to seek treatment before a personal problem escalates. Healthier physicians make for healthier patients. We want to do everything we can to encourage physicians to take care of themselves." Counseling or medical records showing that a doctor has sought help for conditions such as anxiety or depression are not reportable to the board. The only time the board would need to be notified is when a doctor is impaired and cannot practice medicine safely, she said.

"The Oregon Medical Board recognizes the Medical Society of Metropolitan Portland's Physician Wellness Program as a model for Oregon and the rest of the county by promoting physician wellbeing through confidential counseling," Haley said.

Haley and DeMerell are among invited guest speakers at MSMP's Annual Meeting May 5. •

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**REULER** *from page 1*

"It gave me a much broader perspective of the community, and the needs of the community," said Reuler, adding that he admired the commitment of faculty members who volunteered at the clinic at night after busy days. "I found that incredibly inspiring."

That ethic of giving back continued when Reuler, following an internal medicine residency at the University of Chicago and at Oregon Health & Science University, joined the Portland Veterans Affairs Medical Center in general internal medicine and was exploring ways to serve in his off hours. In 1978, he visited the Salvation Army Harbor Light Center in downtown Portland to ask about volunteer opportunities. "They welcomed me in," Reuler recalled.

During his first few years there, Reuler led weekly health sessions for individuals seeking help with substance abuse and homelessness. He transitioned to running a small clinic, and along the way developed a deeper understanding of the issues faced by the people he was serving.

By 1983, Reuler was conducting informational interviews with homeless advocates, staff of shelters and health professionals, exploring the idea of starting a health project that would complement services offered to homeless people in Portland and be a platform for health professionals and medical students to provide volunteer care.

"We wanted to develop something that could incorporate education, bring students off (Marquam Hill) and see the issues firsthand in the community," Reuler said.

The result: **The Wallace Medical Concern**, a nonprofit health care clinic that opened the evening of March 1, 1984, in a third-floor room in the single-room occupancy Estate Hotel in Old Town. Reuler and a Wallace board member, Margaret Bax, RN, staffed the clinic that night.

"One of the goals was to take health services where people lived," Reuler said.

Wallace's services have only expanded during the past three decades. The organization today has 325 volunteers and a staff that serves youth and families in Portland and Gresham via a primary care clinic, specialty care services and a mobile medical clinic. Along the way, it's provided an avenue for medical professionals to give back and helped train a generation of medical students. And for Reuler, his founding of, and lengthy involvement with, Wallace and its patients has been what he called "an incredible transformative experience" that deepened his understanding of the issues homeless and low-income individuals and families encounter. And it has opened doors for him to serve in other ways.

On May 5, at the **Medical Society of Metropolitan Portland's Annual Meeting**, Reuler will receive the **Rob Delf Honorarium Award** for exemplifying MSMP's ideals through outstanding efforts in community service related to health care. The award is presented annually by MSMP and the Metropolitan Medical Foundation of Oregon in honor of its namesake's long service.

Reuler said he is humbled to receive the award, noting it acknowledges not just volunteer medical service but, more broadly, community service. "The fact is, we have many members of the community struggling with many issues, and giving back is important for everybody who has the capacity to do it."

## 'The kind of doctor and person we all wish we were'

Reuler, who served on Wallace's board for many years and was its volunteer medical director from its opening until 2012, said the organization allowed him to make connections with a broad array of health care professionals and advocates for homeless people and those facing other serious challenges, such as hunger and barriers to education.

"Most importantly, I met just incredibly wonderful patients and families who came to Wallace for care. It's been an absolutely incredible transformative experience for me, and it's had a huge impact on my own family. We've learned so much from the people we've met through Wallace about what low-income and homeless families face on a daily basis, and it's given us a greater understanding of how privileged we are and how important it is to give back."

Reuler stressed the significant leadership role Wallace has played among the area's community health clinics, and in giving medical professionals and students ways to serve.

**Maureen Wright, MD**, met Reuler when she was an OHSU student in the 1980s and he was the attending physician at the VA. She described him as a "great teacher" who, with a strong character, caring nature and enthusiasm for learning, inspired service to others. As a med student, Wright began volunteering with Wallace, an experience that steered her toward an internal medicine career.

"Most of us, including myself, saw a side of Portland and a part of life we hadn't witnessed before. We had all kinds of patients at OHSU, but to see people coping with things much bigger than medicine, I know it was an eye-opener for a lot of us," said Wright, a former Wallace board president who continues to volunteer today, including as a board member. "It changed the way I viewed people who came to me for help. Every patient deserves respect, caring and undivided attention, but I learned the real value of deliberate compassion."

**MSMP Board of Trustees President Brenda Kehoe, MD**, echoed those sentiments, saying Reuler, who had a 36-year career with the Portland VA and is an OHSU emeritus professor, has set a "new standard for care, compassion and community involvement, and invited everyone else on board. He created a way to treat the most marginalized patients on their own turf and, at the same time, educate physicians, not just in medicine but in the humanity of medicine in a way that will affect generations of physicians to come. Jim Reuler is the kind of doctor and person we all wish we were."

These days, Reuler continues to volunteer with Wallace clinics. And he serves as a mentor to young people, something he has been involved with for 15 years. The first person he mentored—at the time a second-grader who, with his siblings and mother, had just transitioned out of a homeless shelter—became the first member of his family to graduate from high school and now attends college. Reuler's family continues to be close with the student and his relatives.

"It has been, and continues to be, such an inspiring experience," he said.

After learning he would receive the Rob Delf award, Reuler, who has long mentored medical students and those contemplating a health care career, decided he wanted to pay it forward. He's donating the honorarium to the nonprofit **Black United Fund of Oregon**, for which he volunteers. The funds will create one or more college scholarships for high school students eyeing medical careers. •

"He (Reuler) created a way to **treat the most marginalized patients on their own turf** and, at the same time, **educate physicians**, not just in medicine but in the humanity of medicine in a way that will **affect generations of physicians to come**."

— Brenda Kehoe, MD, MSMP Board of Trustees President

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Off Hours

# Ultimate community

*Providence physician Anna Hare enjoys multiple benefits from disc sport*

**By John Rumler**
*For The Scribe*

It can be tricky finding the right hobby, one that provides health benefits and release from job pressures while also combining fun and friendships. **Anna Hare, MD**, an intern at Providence Portland Medical Center, found an outlet that does all that and more.

"Ultimate (Frisbee) is exercise, stress relief and social time all packed nicely together," Hare said. Of the many benefits of Ultimate, as it's known, Hare most appreciates the community it creates.

"I've moved around the country a lot over the past 10 years and every city has an incredibly welcoming Ultimate community, offering an immediate network of fun, smart, motivated, wonderful people."

Hare's mother is a dermatologist and her father is a now-retired biochemist who taught at Oregon Health & Science University. Hare chose a career as a primary care physician because she loves science, enjoys interacting with people and creatively solving problems.

She's studied logging practices in the Amazon, soil conservation in Bolivia, and water rights in Wyoming on her own during her undergraduate years and for her master's degree. She also researched HIV in South Africa and stayed there for about six weeks, volunteering in a Durban hospital that had an outpatient HIV center.

Travel has always been part of Hare's life, as a student, physician and now through Ultimate. She played in a tournament in Hawaii several months ago, and has competed in tournaments in Colombia, Canada and Italy, and several of her friends just returned from representing the United States in a world competition in Dubai.

Hare participated in basketball and track in high school and soccer from age 9 through all four years of college at Stanford. "My friendships with teammates and the degree to which we pushed ourselves and each other is what stands out most," Hare said.

When Hare came home from her last college soccer game her senior year in 2002, some friends who were Frisbee players invited her to accompany them to a weekend Ultimate tournament. She became hooked and has been playing ever since.

ANNA HARE, MD

"She excels at Ultimate not just because of her athleticism, but **she is very analytical and is able to figure out** what the **strategy** is and what's happening on the field."

—Kate Wilson, on friend and fellow Ultimate Frisbee player Anna Hare, MD

Ultimate is considered one of the fastest-growing team sports in America. It's popular in Portland, with a professional team, the Stags, and leagues for children, women, men and mixed. According to the governing organization USA Ultimate in Colorado Springs, there are more than 10,000 college students active nationwide on upwards of 700 teams.

Currently living in Atlanta, where she plays for the Ozone, the Southeast Region Ultimate champions, Kate Wilson met Hare in 2007 in an Ultimate league in California. The two women, both competing at the highest level, quickly became good friends and were teammates on the Ozone from 2011 through 2013.

Now, Hare plays for the elite Portland Schwa, which was founded in 1996, and the two teams matched up twice last season, giving the friends a chance to catch up.

"Anna's extremely calm and has a dry sense of humor," Wilson said. "She excels at Ultimate not just because of her athleticism, but she is very analytical and is able to figure out what the strategy is and what's happening on the field. She sees the entire picture."

Good peripheral vision, hand-eye coordination, speed and agility are helpful, but Hare said there are many intangibles. "There are amazing players who aren't fast but have incredible vision, read the flow of the game and have impeccably precise throws. There are other superb players who are not great throwers but are quick and have excellent timing."

**Anna Hare, MD, became hooked on Ultimate in 2002 and says the sport combines exercise, stress relief and social time.** Photo courtesy of Anna Hare

Ultimate is a limited-contact sport that requires a handful of players on each side, often seven. The goal is for each team to defend its own end zone while attacking the opponents' end zone by advancing the Frisbee down field by passing to teammates. A point is scored by completing a pass to a receiver in the end zone. A game is often played until one team reaches 15 points first, which takes around 90 minutes.

Players share a philosophy called "Spirit of the Game," and there are no officials. Instead, the contestants rely on an honor system and call fouls when they think they have been fouled.

For beginners, the expense is negligible. Good running shoes and loose-fitting clothing are musts. At the highest level, the main expense is travel to tournaments. Beyond the pickup level, the expenses are mainly for shoes/cleats and a league fee, usually around $50 for a season to pay for field space. Games are on weekends or weekday evenings in the summer.

"Just sign up and you will be put on a team, or if you know someone who plays, ask to join their team. It is very relaxed and incredibly welcoming and accessible," Hare said.

"There's always new people coming out and everyone just wants people to enjoy what they're doing. It really is about having fun and there is a wide spectrum of skill levels in city leagues." •

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**PHYSICIAN PROFILE** *from page 13*

Bergan is married and has three children: Emily, 18; Carrie, 16; and son Maohan, 15. His wife of 24 years, Gail, is an RN, but now stays at home with the children.

At Northwestern, Bergan's research team expanded the understanding of how early-stage cancer cells transform to travel throughout the body. His laboratory was the first to use drugs to target this form of disease progression in humans. Understanding metastasis is essential to saving lives as it is a leading cause of death in cancer patients.

Bergan said he has two overarching goals at OHSU. First, he hopes to significantly expand the research facility by increasing the institute's offering of early-phase drug trials and applying the latest drug developments, which will simultaneously attract talented researchers from around the world.

Secondly, he wants to help create new and novel personalized cancer treatments for OHSU's patients with the most advanced and aggressive forms of cancer and change the course of their disease.

Although Bergan is new to the Pacific Northwest, he will see some familiar faces. He brought with him to OHSU four members of his Northwestern research team: Ryan Gordon, PhD; Abhi Pattanayak, MS; Xia Guan, a Ph D candidate; and medical student Zhang Hu, MS.

Landing a researcher of Bergan's stature, and his accompanying team, will likely be a significant boost to OHSU: The recruitment is part of an unprecedented expansion at the Knight Cancer Institute as it nears completion of a $1 billion fundraising campaign, launched with a $500 million pledge from Phil and Penny Knight.

"Dr. Bergan shares our urgency to better understand how best to treat cancer using an understanding of what drives the growth of each patient's cancer," said **Brian Druker, MD**, the institute's director. "He will make a significant contribution to the world-class team we are bringing together to ensure that treatment plans are personalized to each patient's unique situation as we strive to improve outcomes for all patients with cancer."

Bergan previously served as the director of experimental therapeutics for the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, co-director of the Center for Molecular Innovation and Drug Discovery as well as a professor in the Department of Medicine.

He developed and led one of only five National Cancer Institute-funded, early-phase cancer chemoprevention clinical trials groups. Under Bergan's direction, this highly talented group of investigators, from 19 leading research institutions, including two in China, has made major findings that are beginning to transform the field. Bergan's team also proved that the impact of preventive treatment can be measured using light-based technology.

"I was drawn to OHSU because the leadership shares my dedication to understanding cancer at a fundamental and molecular level," Bergan said. "My goal is to work with the team at the OHSU Knight Cancer Institute to create a framework that will enable us to better use information collected from each patient to design an optimal therapeutic strategy uniquely tailored to their disease." •

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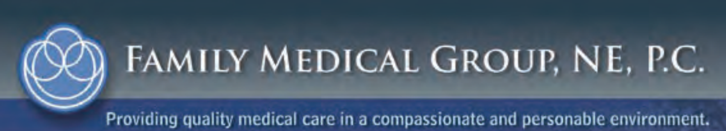


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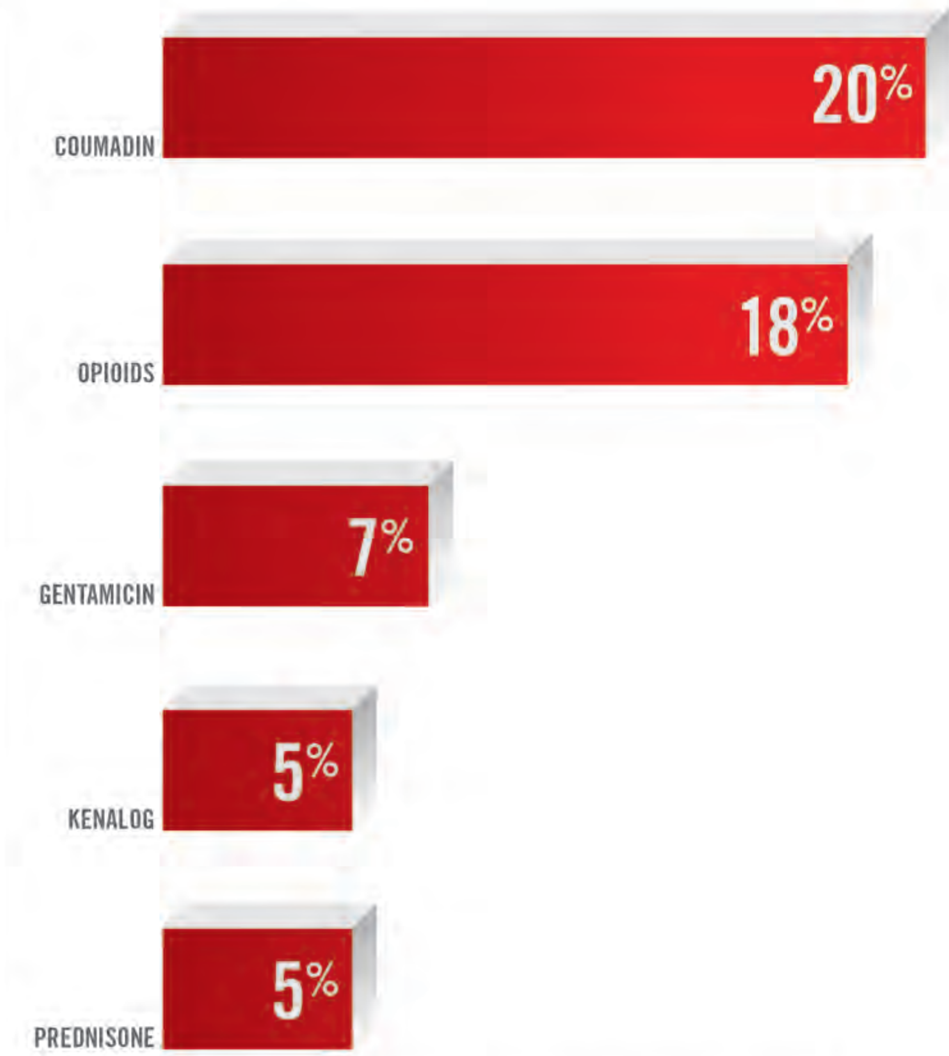


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