



scribble

Run for fun, health and a great cause

Don't miss the Scrub Run 5K Aug. 15 at St. Joseph's Winery in Canby, an event benefiting Doernbecher Children's Hospital.

Please see details on Page 2.

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

OHSU restructuring approach to medical school

By Jon Bell
For The Scribe

If curriculum changes under way at **Oregon Health & Science University School of Medicine** play out in an ideal fashion, every future doctor who comes out of OHSU will be able to work effectively in a team environment, interact with patients in a friendly way, use the Internet efficiently, and know how to use social media like Twitter and Facebook as tools to help provide better care.

All that, and still gain all the classroom and clinical knowledge they need to practice medicine, too.

"Medical schools are not producing the doctors we need in the future," said **George Mejicano, MD**, a professor of medicine and a senior associate dean for education at OHSU's School of Medicine. "At the national level, there's been a call for medical education reform

for about 20 years. About three years ago, we decided to change in response to that drumbeat."

OHSU is one of just 11 medical schools across the country that landed \$1 million, five-year grants in 2013 as part of the **American Medical Association's "Accelerating Change in Medical Education"** program. Designed to help restructure curriculum and assessment methods into new models that can be adopted at schools across the nation, the funding came at just the right time for OHSU.

"We were going to make changes regardless, but when we heard about the AMA's initiative, it was like manna from heaven," Mejicano said. "The grant really facilitates it so that we can do it faster."

See **OHSU CURRICULUM**, page 18



As part of its curriculum changes, OHSU has implemented much more active learning experiences.

Photo courtesy of Fritz Liedtke

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Efforts under way to shine a little more light on health care pricing

By Jon Bell
For The Scribe

With restaurants, grocery stores, clothing shops and almost any other kind of retail setup, consumers know what they're going to pay up front.

With health care? Not so much. Head into a hospital for a hip replacement, and not only will the price not be posted, but it will vary

widely from patient to patient, hospital to hospital and insurer to insurer.

But there's a growing movement across the country to bring some transparency to health care pricing.

"This is the way the wind is blowing nationwide," said **Philip Schmidt**, director of public affairs for the **Oregon Association of Hospitals and Health Systems**. "Especially as

See **HEALTH CARE PRICING**, page 18



INSIDE THIS ISSUE

Feeling the Pulse



Scores of music fans turned out for MSMP's *Battle of the Doctor Bands*, supporting the nonprofit *Project Access NOW* and soaking in the diverse musical styles of *Wolf Meetings*, *Ojos Feos* and *Crimson*.

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5K

Walk Jog Run

August 15, 2015
Run Starts @ 5:00pm
at St. Josef's Winery
in Canby, Oregon
Dinner at 6:00pm
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by Wolf Meetings
the winner of
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Battle of the Doctor Bands

BATTLE OF THE DOCTOR BANDS

And the winner is...

Likened to the sounds of Nirvana, the winner of MSMP's 2015 Battle of the Doctor Bands is Wolf Meetings! Thank you to event sponsors KGON and The Doctors Company, the amazing bands that performed, the incredible staff at McMenamins Lola's Room, and everyone who attended!

Check out photos and our article on page 15 in this month's Scribe, and come see them play an encore at the Scrub Run Aug. 15!

The Scrub Run 5K presented by MSMP & Uberthons

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

Our 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 Wolf Meetings! Bring the whole family!

See details and register at MSMP.org



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TOPIC: Seven Key Power Principles for Women Physicians to Create Work-Life Integration

Aug. 13, 6–8 p.m. at the MSMP Conference Room

Learn the seven necessary principles for women physicians to gain the energy (i.e., power)



needed to create the situation where work and life are not in constant conflict. Work-life integration may not be as hard as you think when you adopt even a few of these power principles!

Meetings are held the second Thursday of each month from 6 p.m. to 8 p.m.

See details at MSMP.org

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George Waldmann, MD

Organizational professionalism charter takes shape

"A leader is one who knows the way, goes the way, and shows the way." —John C. Maxwell

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

The quote above about leadership, applied to health care institutions, aptly describes the driving force behind a draft charter that will outline guiding principles of organizational professionalism in medicine.

The **Foundation for Medical Excellence**, the Portland nonprofit, is heading up development of the charter, a document its medical director calls significant to physician and community wellness because the behaviors of health care organizations create a culture that profoundly influences providers' ability to deliver exceptional patient care and support colleagues' well-being.

"Leadership defines an organization's culture," **Barry Egner, MD**, the foundation's medical director, said in a recent interview.

The charter began taking shape last year with grants from the **American Board of Internal Medicine Foundation**, **The Commonwealth Fund**, the **American Hospital Association**, the **Federation of American Hospitals** and the **Long Island Jewish-Northshore Health System**. A diverse group, including physicians, nurses, ethicists, and patient and hospital system representatives, helped draft the document to ensure it was comprehensive, Egner said.

As it stands, the document has been peer reviewed. The goal is to have it published in a major medical journal sometime this fall, he noted.

Although the charter has not yet been released publicly, the foundation has been raising awareness about it and engaging in discussions about its concepts. Egner said plans call for disseminating the charter widely after it is finalized, in part through the project's sponsors, and encouraging health care organizations nationwide to endorse it.

Egner described the charter as aspirational, detailing model behaviors of organizations. Professionalism in medicine up to now has largely focused on individual character traits, behaviors

and responsibilities. In 2002, "Medical Professionalism in the New Millennium: A Physician Charter," was developed by a trio of major entities in the field, establishing principles such as the primacy of patient welfare and autonomy, and physician responsibilities such as a commitment to professional competence and patient confidentiality.

However, development of the organizational professionalism charter is an acknowledgement that although the physician charter is a crucial guide, the policies and processes medical organizations embrace that define a culture and shape workplace environments can have more of a profound impact than individuals can on health care delivery quality, clinician and community well-being, as well as an organization's bottom line.

As the charter's grant request document states, "Organizations...bear responsibility for creating a culture in which medical professionals can actualize their potential on behalf of patients' health and colleagues' well-being. A charter that defines the professionalism competencies and behaviors for hospitals can complement the Physician Charter in supporting a healthcare delivery system that expresses the best aspects of medical professionalism."

Among other things, the charter seeks to:

- Improve the health of communities by providing a set of operating principles for hospitals and nascent accountable care organizations.
- Emphasize the relevance of hospital corporate behavior in shaping attitudes and behaviors in their employees, health care providers and patients.
- Help hospitals and health care systems address the growing recognition that they need to partner with physicians and other employees by providing an environment that promotes professional behavior.

Pilot projects based on charter's principles envisioned

Supporting clinician wellness is crucial

given the growing problem of burnout among physicians. Medscape's 2015 Physician Lifestyle Report, which surveyed some 20,000 physicians about burnout severity and other issues, found a 16 percent increase in the incidence of self-reported burnout in two years. Slightly less than half of those surveyed indicated they were experiencing some degree of burnout. That increased to more than half of physicians in primary care, emergency medicine and critical care.

Those findings were noted in a recent Medscape article featuring Tait D. Shanafelt, MD, a nationally recognized researcher on the topic and director of the Mayo Clinic's Physician Well-Being Program. In the article, which covered prevention, recognition and interventions for physicians exhibiting signs of burnout, Shanafelt noted that the Mayo Clinic has approached the problem comprehensively, "framed around the belief that addressing this issue is the shared responsibility

See **PROFESSIONALISM**, page 9



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A rare changing of the guard

J. Michael Schwab, lauded for steady and visionary leadership, steps down after four decades with The Portland Clinic, succeeded by Dick Clark

By Cliff Collins
For The Scribe

The recent appointment of a new administrator for **The Portland Clinic** marks only the fourth change in administration since the clinic's founding in 1921.

Dick Clark, an executive with Providence Health & Services for the past dozen years, assumed leadership of The Portland Clinic on May 26, succeeding **J. Michael Schwab**, who retired June 30.

Schwab has been a fixture in local health care for four decades, first joining the clinic as assistant administrator in 1973. He led the clinic since 1986, initially as administrator and, since 2002, as chief executive officer.

Roger Alberty, MD, a retired surgeon who joined the clinic in 1974 and served as chairman of its board for many years, remembers that "Mike came in at an awkward time," when it had been known as a multispecialty clinic from the beginning but did not have a primary care presence. "The clinic had been riding on its laurels. It enjoyed a high reputation (but) the clinic didn't change. It required a different course." The practice employed 20 doctors, all located in one building.

Outside consultants advised The Portland Clinic that it needed to get out into the neighborhoods and establish branches to reach younger people who had come to Portland and were not familiar with the clinic or its reputation, Alberty related. The clinic needed to make a turnaround, and "Mike did it," he said. "What I remember most is his calm exterior. He managed some unhappy doctors, and turned around that organization with a steady hand. Mike got us through. Mike kept his cool; he was taking a lot of heat" from partners who resisted necessary change.

But after the first branch office was successful, the physicians realized the new course was the right one, and they gained full confidence in his leadership, Alberty said. "Mike is one of my heroes."

Organization grows during tenure

Schwab came to The Portland Clinic straight out of the military. A Portland native, he had served with the U.S. Air Force for four years, first in hospital administration in Cheyenne, Wyo., and then in medical air evacuation management in Frankfurt, Germany.

"I didn't actually choose health care," Schwab said. "The Air Force chose it for me." However, he was familiar with The Portland Clinic, having first been a patient there when he was 6 years old. The clinic was a household name in his family for generations, with even out-of-state

relatives coming to it for both routine and cancer care, he said.

"I feel very proud of the organization," he said. "I've never hesitated to refer family and friends to our doctors."

Under his leadership, the clinic has grown to more than 100 providers and 550 staff at seven locations and two outpatient surgery locations. Over the nearly 42 years since he joined The Portland Clinic, Schwab and its physicians have navigated through the numerous major changes that have taken place locally and nationally in health care delivery—from fee-for-service, to HMOS, PPOs and capitation under managed care, to the current emphasis on coordinated care and patient-centered medical homes.

When the medical home concept started taking off, Schwab said, "I told our doctors, 'We've been doing this since 1921.' It was natural for us to move in that direction." Within the past three years, the clinic has taken major steps to maintain its independent status, as well as to expand its reach in order to keep that status. Schwab led the formation and development of the **Portland Coordinated Care Association** to help lower costs and allow other independent medical groups in Portland who wanted to remain independent to pool their resources. PCCA now includes 150 primary care physicians and 200 specialists spread over the metropolitan area.

"Mike has been the visionary for the clinic, the person who has gotten us to grow."

—Jeffrey C. Cleven, MD, longtime chief medical officer and internist with The Portland Clinic

Schwab also managed the delicate balance of maneuvering the clinic into new affiliations while still not confining its relations to any one health system or insurer. For instance, in recent years, The Portland Clinic has formed close working relationships with **Kaiser Permanente**, **Intel Corp.** and **PacificSource Health Plans**.

"We've picked up a number of new patients," he said. The clinic board's objective has been to preserve "the independent practice of medicine. My job is seeing that that happened." To do that, the clinic must be "friendly with folks and not be locked in with any one system."



J. Michael Schwab



Dick Clark

"Mike has been the visionary for the clinic, the person who has gotten us to grow," said **Jeffrey C. Cleven, MD**, chief medical officer since 1994 and an internist with the clinic since 1977. "Mike knows how to interact with people, both our doctors and people outside the group. He's been an anchor for us in terms of helping us to grow and continue to move forward. He helped us understand what it takes to be a successful clinic and what you need to do to remain independent. He has really made The Portland Clinic what it is."

'I will miss the action and the people'

Schwab turns 70 in November, and he had promised his wife, Virginia—whom he married in 1967—that he would retire before age 70. In addition, the clinic board has a rule that physician partners must retire at 70, so the time seemed right for him, too.

"I do have my health, but there are no guarantees," Schwab said. He has a son and a daughter, and "seven grandkids close by, and a lot of projects to work on."

He admits, though, to having mixed feelings about leaving, which he didn't anticipate. "I'm proud of this place," he said. "I thought I'd be really excited (about retiring), but it's leaving a pretty big hole in my life. It's been fun and challenging. I will miss the action and the people." At a retirement party held for him in May, the clinic announced that it will be naming its Tigard medical campus after Schwab.

He has seen big changes in health care during his tenure. Two that stand out the most are the altered status of physicians, and consumer expectations for instant service. Both changes have pluses and minuses, he said.

"I don't think doctors, unfortunately, are held in as high of esteem as they used to be," Schwab said. The flip side of that is, "I don't see arrogance in physicians." Instead, many are feeling "picked on and beat up" by all the regulatory, governmental and societal demands being placed on physicians today. "What we do is a lot of pumping them up. We take that burden off their desks so they can take care of patients."

Second, "We, as a society, we've changed to where we want instant answers," he reflected. The clinic added urgent care and convenient care walk-in hours, and after being examined, patients leave with a computer printout showing

everything found and needed. "I think it's progress. We're making better use of technology that's available to us."

And, although many doctors are ambivalent about computers in medicine, he said, "They're starting to use that data to come up with better solutions and treatments and make studies happen better. Progress in how smart we are in medicine is gaining. It's a good time to be a doctor. They have more tools to get at the heart of the problem than they've ever had."

'A good fit'

Schwab has high praise for his successor as CEO, Dick Clark, whom he has known for some time as a fellow member of the **Rotary Club**. Clark most recently served as executive director of **Providence St. Vincent Medical Foundation**. A Portland native like Schwab, Clark previously led the Portland Rose Festival Foundation, and brings to the clinic three decades of executive management experience. The clinic's board selected him in a unanimous vote, Schwab said.

"He's a capable guy who knows people and the city," said Cleven, adding that Clark's long association with the Providence system and people there represents "an important affiliation" for the clinic to have from a business standpoint.

Clark said he is honored by the confidence the clinic showed in him, and because of its longstanding stellar reputation, The Portland Clinic "was at the top of my list" when he sought new personal and professional opportunities.

"Certainly, The Portland Clinic is in the thick of health care transformation challenges," Clark said. His goals include helping the clinic remain independent and financially successful, while continuing to serve the needs of the community, he said. His immediate objective will be to "execute what is on the table," and to work with the clinic's board to develop new strategies.

He noted that continued development of the Portland Coordinated Care Association is "a high priority for The Portland Clinic," as evidenced by the fact that Clark participated in "no less than five meetings" connected with matters related to PCCA during his first eight days on the job.

"The Portland Clinic is really a family-oriented, locally owned, solid, relevant business," Clark said. "It just fits my life balance right now. It feels like a good fit." •

Preventing fatigue and burnout

Finding my path through mindfulness practice

By **Giulia Leggett**
For *The Scribe*

Oregon Health & Science University medical students were invited to a lunch session a few months ago titled “Reducing Test Taking Anxiety,” led by faculty from the Joseph B. Trainer Health & Wellness Center. This could not have come at a better time, since the USMLE Step 1 test was looming ominously in our near future. What was their strongest recommendation to reduce our anxiety leading up to this big test? Daily mindfulness practice.

Mindfulness has recently been getting a lot of attention; the U.S. surgeon general included meditation in his top four rules for health. I can speak from experience that this has drastically reduced my own anxiety.

My first year was marked by incessant worry: upset stomach, racing thoughts, a myriad of comparisons, and self-doubt about my worthiness as a medical student. Luckily, OHSU offered a Mindfulness-Based Stress Reduction course to faculty and students which began my path towards embracing my anxieties. This training, based on Jon Kabat-Zinn’s work, opened up new techniques and thought processes. It led me to finding more compassion, empathy and gratitude for someone in desperate need—myself. Anxieties still come up, and I suspect they will never fully go away, but now I have the tools to engage those thoughts in a beneficial way.

As I hear about burnout, not only in physicians and residents, but also in medical students, I am not surprised. This profession accepts some of the most dedicated, driven and perfectionistic people. I don’t think that is a bad thing. It just makes me worry, because I know from experience that it has taken (and continues to take) a lot of practice to forgive myself, take care of myself and, most importantly, fully accept myself. Mindfulness is one strategy that allows me to do this. It is a continual internal conversation with two sides—one side slightly more negative and critical, and the other, forgiving, accepting and loving. Listening to guided meditations has helped strengthen the loving side, like strengthening a weak muscle.

As providers we are asked to heal and take care of others daily, and not only in the professional realm. Family and friend responsibilities of caregiving take on new meanings. I don’t feel I will ever live up to my full potential as a healer if I am not providing a nurturing environment for myself. Daily mindfulness and meditation practice not only strengthens and rejuvenates me, but also allows me to be present for others, most importantly patients. I think that this will be critical as I enter my third-year rotations.

Reframing mindfulness and wellness in terms of reaching beyond ourselves is important. Since beginning mindfulness,

I find that anxieties, especially self-imposed academic performance standards, have lessened. I have more space. That space can now make room for others—to hear the stories I am told, to witness the experiences and to appreciate the histories—to fully engage and support people I will encounter in my third year. Reminding myself of stories and personal

connections will help me to strengthen my resilience and prevent burnout. It begins each day through mindfulness and self-care. •

Giulia Leggett is a medical student at Oregon Health & Science University. She can be reached at leggett@ohsu.edu.



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Influential ZoomCare expands concept, changes name

By **Cliff Collins**
For The Scribe

Much of Portland-area health care during **ZoomCare's** first few years of existence viewed it as mainly a novelty that might serve a niche population.

No more. That attitude appears to be changing rapidly, as local health systems and insurers start emulating ZoomCare's model and acknowledging that they consider it a direct competitor.

The 9-year-old company recently announced a new name and greatly expanded concept. ZoomCare now is called **Zoom+ Performance Health Insurance System**. With the change, it becomes both a health plan and a delivery system—and not just of primary and urgent care, but also of specialty, ambulatory surgical, mental health and dental care. The formula of “on-demand” neighborhood clinics and online scheduling, both of which were important and innovative elements of ZoomCare, now will broaden to include neighborhood “campuses.”

The intent is to make health care more accessible, more complete and more affordable, said **David Sanders, MD**, chief executive and co-founder of ZoomCare and now of Zoom+.

The company has enjoyed remarkable success in gaining regulatory and legislative support for its programs. First, the Oregon Insurance Division awarded Zoom Health Plan Inc. a health insurance license. In Salem, with the aid of one of the most veteran of influential local lobbyists, Len Bergstein, ZoomCare backed successful bills such as one allowing its clinics to dispense prescription drugs, and a bill in the current Legislature requiring reimbursement of telemedicine visits in non-rural settings. (Senate Bill 144, signed into law on June 10, requires health insurers to cover telemedicine visits regardless of the patient's location, as long as the patient and provider have a contractual relationship with the insurer.)

The company also has had increasing influence on the rest of the Portland

health care market. Examples include **Cambia Health Solutions'** creation of a spinoff company that mimicked ZoomCare's online scheduling methods, and **Legacy Health's** emphasis on expanding into urgent care centers. Earlier this year, Legacy formed a joint venture with **GoHealth Urgent Care** to open clinics around the metropolitan area, and also is expanding Legacy Good Samaritan Medical Center's emergency department to include a separate urgent care clinic.

Third, Zoom+ has attracted prominent staff members with years of health care experience, led by **Denise Honzel**, a former top executive with Kaiser Permanente, and **Kathy Prosser**, formerly a health benefits executive with Mercer. Honzel now serves as Zoom+ president, while Prosser is vice president of sales.

Sanders sees the move to Zoom+ not as a change, but as the culmination of his dream to “reinvent health care,” he said. He found when he first began practicing medicine that it was “broken” and “dysfunctional,” and “I decided to use business-building technology to make a difference.” Along with ex-college roommate **Albert R. DiPiero, MD**, the pair first founded MyHealthBank, followed by a company called Salu, two enterprises they later sold before forming ZoomCare.



ALBERT R. DIPIERO, MD

A key component of ZoomCare's clinics' ability to keep down the cost of delivering care was that they are staffed by physician assistants and nurse practitioners, with medical doctors used in an advisory or consulting role. Situated in small storefronts in existing buildings, the clinics are open every day of the year and incorporate elements of an urgent care center, but also provide lab, X-ray and pharmacy services. Patients pay a flat rate per visit, with

respond” given limited resources, and they need evidence on the cost and effectiveness of employee wellness interventions.

“Until we develop that evidence, we are going to be left with a lot of workshops for individual physicians that tell them to ‘fix themselves’ by sleeping and exercising more, taking more vacations and ‘reducing their stress,’” he said, yet that approach will fall short of what is needed. “A continuing focus on conducting research that provides evidence of how we can address this issue at the organization and system level is where we need to go,” he added.

To that end, Egener said after the organizational professionalism charter is finalized and made public the Foundation for Medical Excellence will be encouraging organizations to pursue their own tailored pilot projects based on the charter's principles. •



David Sanders, MD, chief executive and co-founder of ZoomCare, now Zoom+ Performance Health Insurance System, said his company's intent is to make health care more accessible, more complete and more affordable.

Photo courtesy of Zoom+ Performance Health Insurance System

commercial insurance accepted but not Medicare or Medicaid. Clinics are linked by a ZoomCare-engineered technology platform, which connects its members and providers.

Zoom+ is selling insurance for both the large- and small-group markets, as well as individual coverage, including participating on the federal health insurance exchange.

The catchy slogans and hyperbolic public announcements that ZoomCare issued are still part of the mix with Zoom+, but its campuses will offer services that are hardly common fare for a health plan: According to the company, members gain free access to “performance-enhancing services” such as a “personal brain trainer”; “Olympian-level circuit training”; food- and movement-as-medicine classes; parenting coaching and a parent partner hotline; routine dental care delivered in 57 minutes; and “free green juice and brain food.” Zoom+ health coaches and trainers “assess brain, cellular and physical health,

and prescribe food- and movement-as-medicine to help members achieve their performance goals.”

Sanders said consumers generally use health insurance only when they are sick or hurt, but “Zoom+ is designed to be used every day, for people who want to achieve their human potential. It is designed from the ground up...to help people be happier and more creative and productive.” He called it “a life dream” to be able to take care of patients “directly and completely.”

“Health care has been generic care” that creates “friction and distrust,” whereas ZoomCare and now Zoom+ place the patient in the center of care, he said. Members have access to hospital care with Legacy, Providence Health & Services and Oregon Health & Science University.

Sanders said many physicians and dentists are enthusiastic about joining Zoom+, “to create new ways of caring for people,” but working for the company is “not for everyone.” •

PROFESSIONALISM from page 4

of both the individual physician and the organization.”

He added that local leadership is key, because at the organizational level it is important “not to oversimplify the problem by trying to come up with a ‘one size fits all’ panacea for all departments.” The same, he said, is true for individuals, noting that a Mayo research team has found that in randomized trials, regular structured meetings with colleagues where physicians discuss challenges and virtues of “physicianhood” can help providers “restore a sense of meaning and passion for their work as well as reduce burnout.” But in the end, a “menu of effective approaches for individual physicians to cultivate well-being” is important.

Shanafelt said many health care organizations struggle with “how best to

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Keynote Presentations by:

- Elisha Goldstein, Ph.D.**, “Uncovering Happiness: Preventing Burnout and Promoting Resiliency with Mindfulness and Self-Compassion”
- Bob Doppelt** “Trauma, Stress, and Transformation Resilience”
- Lisa Goren** “Changing on Purpose: Remaining Relevant Amidst Transformation”

ePOLST aims to better ensure end-of-life wishes followed

Oregon Health & Science University, in partnership with Silicon Valley startup **Vynca**, **Oregon POLST** and the **Oregon POLST Registry**, recently launched ePOLST, an electronic version of the Physician Orders for Life-Sustaining Treatment (POLST) that will help health care systems more accurately record and access the wishes of patients nearing the end of life.

The POLST form was created in 1990 in an effort to ensure the wishes of those with advanced illness or frailty are followed. POLST programs have been adopted or are in development in 43 states. The forms are strongly associated with desired care received. A survey of patients showed that less than 10 percent want to die in the hospital. Unfortunately, without a POLST form, four times that many still do.

In the first phase of the launch, ePOLST, which was tested, refined and piloted at OHSU, allows OHSU clinicians to electronically and more quickly and accurately submit a POLST form, drastically reducing the need for paper forms, which are error-prone. OHSU clinicians can also easily view a patient's POLST form, which is located at the top of their EPIC electronic health record, if they have one. This is critical in crisis situations where care teams are making decisions about treatment options.

In the next phase, OHSU clinicians will be able to electronically search the Oregon POLST Registry through ePOLST, which will make it easier to find POLST forms from other health care systems. In Oregon, more than 250,000 POLST forms have been submitted to the registry since its 2009 inception. More than 5,000 health care professionals have called the registry seeking forms in a time of urgent need; 2,000 of those patients had POLST forms provided to guide their care. New educational materials have been developed to help patients more fully understand how POLST orders can turn their wishes to have or to limit treatment into action as medical orders.

"The fewer errors we have with POLST forms, and the easier we can find forms, the better care we can give to our patients, while also respecting their wishes," said **Susan W. Tolle, MD**, director of the OHSU Center for Ethics in Health Care, chair of the Oregon POLST Task Force and a leader behind the original POLST form. "We're continually working to improve systems and reduce the number of patients whose treatment wishes are not honored. ePOLST will also allow OHSU to provide better information to other health care systems, and more informed research, which benefits everyone." •

OHSU meets \$1B challenge to fight cancer

Oregon Health & Science University has met **Nike Inc.** co-founder Phil Knight and his wife Penny's \$1 billion challenge by raising \$500 million in less than two years to earn the Knights' matching gift and set a fundraising record. The \$1 billion will support the first large-scale program dedicated to early detection of lethal cancers, one of the biggest unmet needs in cancer care.

With the new funding, the OHSU Knight Cancer Institute will begin fast-track recruitment of about 25 of the world's top researchers. These recruits will, in turn, hire an additional 225 to 275 scientists and physicians, forming a team focused on the detection of cancer, including the early biological changes in the body that signal a lethal cancer is beginning to develop. Catching the disease in these very early stages will unleash the full potential of precision cancer medicine. It will make it possible to detect cancer when it first starts and treat it when it's most curable, with the fewest side effects and at the lowest cost, OHSU said.

With this expansion, OHSU will also move forward with construction of two buildings: a state-of-the-art

Providence 'pregnancy package' improves outcomes

Providence Health & Services' new pregnancy care package is changing patient care by bundling services for low-risk pregnant women and their babies. Providence began piloting the package in 2013 at one of its main maternity practices. Patient experience and affordable, quality care were the driving factors. Patient satisfaction exceeded 98 percent and the cost of services dropped 15.2 percent.

Other results included a 20.6 percent decrease in the total C-section rate (down from 32 percent); a reduction in epidural use in vaginal deliveries from 85 percent to 47.5 percent; and elective deliveries between 39–41 weeks dropped to 1 percent. *(Data is compared to traditional obstetrical care.)*

"We did a national search to replicate a successful package," said **Kathy Criswell**, executive for Women and Children's Services at Providence in Oregon. "When we discovered that one did not exist, we brought a team together to develop our own model."

The pregnancy care package involves coordination of prenatal, labor and delivery and postpartum care, involving an OB, pediatrician, social worker, nurse, doula, midwife and care navigator. Patient care is driven by a nurse midwife, with continuous labor support from the doula in the hospital. The prenatal experience includes one-on-one care and gestational-appropriate facilitated groups. The pregnancy care package is currently offered at Providence Maternal Care Clinic and is available as an option through Providence Medical Group—Columbia Women's Clinic.

"It's an individualized, empowering model of care that reduces unnecessary medical intervention while producing excellent outcomes at lower costs," said **Lisa Chickadonz**, Providence Maternal Care Clinic certified nurse midwife and the project's clinical lead. "It was designed to support the needs of healthy women experiencing low-risk pregnancies and desiring low-intervention labor and birth, but has been effective for other women as well."

The pregnancy care package was one of four health innovations selected from a field of 77 to be included in a panel discussion during the Catholic Health Assembly held in June in Washington, D.C. •



cancer research facility designed to support a new model of combining scientific disciplines to speed progress, and new cancer care clinics for expanded clinical trials that will translate the scientific discoveries made by the team into next-generation detection tests, tools and treatments.

In the past few weeks, more than \$20 million in donations came in to support the campaign, including significant gifts from Cambia Health Foundation; Pat and Stephanie Kilkenny of San Diego; Mark Wolfson and Jasper Ridge Partners; Intel Corp.; Wayne D. Kuni and Joan E. Kuni Foundation; the Blumenfeld family of New York City; the Wendt family of Klamath Falls; and Consumer Cellular. •

Grants improve hospital equipment, programs

The **Meridian Park Medical Foundation's** board recently approved 25 grants, totaling \$201,137, to support programs, services and equipment at Legacy Meridian Park Medical Center. Donations from patients, their families, Legacy Health employees and the broader community made these grants possible.

Among the innovative equipment is an upright breast biopsy system for Legacy Meridian Park's Breast Health Center. This system uses less radiation, is faster and allows radiologists to biopsy patients who are unable to lay down, such as bariatric patients and patients with a previous neck injury.

Other vital programs receiving funding include Legacy Meridian Park's Diabetes Patient Scholarships, which will help approximately 20 underserved patients learn to control their condition. Access to diabetes education can improve a patient's ability to self-manage his/her disease and reduce unnecessary hospitalizations and emergency room visits. •

Oregon Patient Safety Commission report encourages shared lessons

The **Oregon Patient Safety Commission** recently released its report summarizing the data gathered through its Patient Safety Reporting Program in 2014. Last year, the program received a total of 624 reports

about unintended harm to patients as a result of medical care (also called "adverse events").

Reports are submitted by participating hospitals, nursing facilities, ambulatory surgery centers and community pharmacies. An analysis of adverse event data from all four health care segments found that, similar to years past, the categories for the most frequently reported adverse events were: Fall, Medication or other substance, Surgical or other invasive procedure, and Care delay events.

As expected from the program's emphasis on serious adverse events, almost half of the reports submitted to the commission in 2014 (45%) resulted in serious harm or death. The types of adverse events and the severity of harm reported by each health care segment varies based on the services offered, the patient population served, and the processes and systems in place to support quality improvement and patient safety.

Among other results reported, patients aged 60 to 79 experienced the highest number of events. Some deaths, particularly among patients who were identified as vulnerable or having a fragile health status, may have been considered unavoidable. However, facilities' reporting of these types of events demonstrates a belief that all events should be investigated and examined to identify opportunities for prevention, regardless of the complexity of a patient's health status. These investigations usually yielded system-level action plans, a clear indication that Oregon health care facilities are committed to preventing significant harm even in situations where the outcome was unavoidable, the report states.

"We believe that continued, sustained reporting can be attributed to the maturity of the program and an ongoing dedication to transparency and improvement on the part of participating health care facilities," said **Bethany Walmsley**, the commission's executive director. "Reporting program participants are seeing the value of working together to share important lessons. By sharing, all health care organizations in Oregon have an equal opportunity to learn and implement the improvements that lead to a strong culture of safety and protect their patients."

The commission continues to provide reporting program participants with hands-on support to ensure that Oregon has a robust, statewide pool of information that can be used to identify themes and facilitate shared learning. The commission provides ongoing technology enhancements and in-person trainings to help health care facilities improve their adverse event investigations and develop system-level action plans that can help prevent future harm to patients. •



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Improved patient health, lower costs focus of state's first medical-legal partnership

By Melody Finnemore
For The Scribe

As Oregon strives to help the growing number of people who are living in poverty, homeless, and in need of assistance with food and other basics, **Health Share of Oregon** is preparing to launch a pilot project that will test the effectiveness of the medical-legal partnership model in improving people's health.

"We know there are a lot of things that go on in people's lives that affect their health that can't necessarily be solved by physicians or a health care team," said **Rachel Arnold, JD**, Health Share of Oregon's contracting and provider relations manager. "People without secure housing, heat and electricity face health issues, and mold in the home can affect a person's health status."

Through the medical-legal partnerships, legal professionals train health care teams to identify social and legal needs and refer patients to a legal team, which then provides appropriate legal services. The legal services provided to patients are limited to civil legal service and will not include criminal law issues or issues pertaining to medical malpractice or HIPAA violations, according to Health Share of Oregon.

"These are (services) like income support and social security so they don't have to make choices about whether they are going to eat or buy medication," Arnold said.

One in six Americans lives in poverty, and research has shown that each of those people—nearly 50 million—has at least one civil legal problem that negatively affects their health.

She is working with **Ken Gatter, MD, JD**, at **Oregon Health & Science University** and **Laura Russell**, a student at **Lewis & Clark Law School**, to develop the model for Oregon. Gatter's special interest is the interaction of health care and the law, and he earned a law degree from Boston University in 1989. He serves as vice chair of anatomic pathology at OHSU and as an adjunct professor at Willamette University's College of Law, where he was one of Arnold's professors.

Arnold said the pilot project, which will begin this fall at OHSU's Richmond clinic, is twofold. It will test the medical-legal

partnership model with a discrete set of patients at the clinic and the outcomes will be published. In addition to improving patient health, the project aims to reduce the use of health care services, with the goal of lowering the cost of care over a one-year period.

The second piece will allow project partners to collaborate with an array of stakeholders to craft a model that could be used throughout the state. This effort will include developing a vision, strategy and business plan and assessing the needs in various geographic regions, she said.

While this is Oregon's first medical-legal partnership, the model has been adopted by 275 health care institutions in 36 states, according to the National Center for Medical-Legal Partnership, housed at George Washington University's Milken Institute School of Public Health.

The center notes on its website that one in six Americans lives in poverty, and research has shown that each of those people—nearly 50 million—has at least



one civil legal problem that negatively affects their health. The center has identified five main areas where complicated bureaucracies, wrongfully denied benefits and unenforced laws commonly impact health and require legal care. The five areas are income support and insurance; housing and utilities; employment and education; legal status; and personal and family stability.

The center also notes the movement in health care toward more interprofessional education (IPE), where two or more professions learn with and about each

other in order to improve the quality of patient-centered health care. Significant efforts have been made to teach physicians, nurses, social workers and public health practitioners together, and the medical-legal partnership model brings attorneys to the team.

OHSU, in partnership with Portland State University, in April hosted an interprofessional health conference, during which students were encouraged to participate in the new medical-legal partnership project at the Richmond clinic. •

KP helps community health centers implement medication protocol to reduce heart attack, stroke risk

Prescriptions for a medication regimen to reduce heart attacks and strokes in patients with diabetes increased by nearly 40 percent after community health centers implemented Kaiser Permanente's "ALL" quality improvement protocol, according to a study published recently in *Implementation Science*, an open access journal promoting the uptake of research findings into clinical practice.

The ALL protocol, established by Kaiser Permanente in 2003, reminds providers to prescribe blood pressure-lowering medications (ACE-inhibitors) and/or lipid-lowering medications (statins) for people with diabetes, who are often at increased risk for heart attacks and strokes.

In 2009, an observational study at Kaiser Permanente showed that patients who took the medications had a 60 percent lower chance of being hospitalized for heart attack or stroke.

The protocol was so successful in Kaiser Permanente that it has since been adopted by 55 community health centers serving approximately 80,000 patients in four states. This study included 11 clinics in Oregon.

"This is the first clinical trial to test how a care improvement program developed by a private, integrated health system can be successfully implemented in a public health system that serves millions of low-income and uninsured patients," said **Rachel Gold, PhD, MPH**, lead author and researcher with the **Kaiser Permanente Center for Health Research** in Portland. "With more at-risk patients in these clinics on cardio-protective medications, the hope is that they will have a reduced risk for heart attacks and strokes."

The study clinics share a centralized electronic medical record through the nonprofit OCHIN, one of the nation's largest health information networks and recognized for its innovative use of health IT to improve the integration and delivery of health care services across a wide variety of practices. For this study, OCHIN added alerts to the clinics' EMR to notify providers when patients met clinical guidelines to receive the medications, and shortcuts to expedite ordering the medications. The EMR tools were modeled after Kaiser Permanente's ALL protocol, but were adapted for the community health centers.

Before the EMR tools were added, about 45 percent of the community health center patients who met the clinical guidelines received the medications. After the tools were added, that number rose to 63 percent.

"Part of Kaiser Permanente's mission is to improve the health of the communities where we live," said Winston Wong, MD, medical director of Kaiser Permanente Community Benefit in Oakland, Calif. "This study shows how we are doing that, and it sets the stage for Kaiser Permanente and other private health systems to share best practices with public health systems that care for the nation's most vulnerable patients."

"This is the first clinical trial to test how a care improvement program developed by a private, integrated health system can be successfully implemented in a public health system that serves millions of low-income and uninsured patients."

—Rachel Gold, PhD, MPH

Additional study authors include Arwen Bunce, Celine Hollombe, MPH, James Davis, Nancy Perrin, PhD, and Greg Nichols, PhD, of the Kaiser Permanente Center for Health Research in Portland; Christine Nelson, PhD, RN, Stuart Cowburn, MPH, and Jon Puro, MPA, of OCHIN; John Muench, MD, Oregon Health & Science University; Christian Hill, MD, of the Virginia Garcia Memorial Health Center in Beaverton; and Meena Mital, MD, formerly of the Multnomah County Health Department.

Collaborators on the implementation include Wiley Chan, MD, and James Dudl, MD, of Kaiser Permanente; Ann Turner, MD, and MaryBeth Mercer of the Virginia Garcia Memorial Health Center; Victoria Jaworski, RN, of the Multnomah County Health Department; Colleen Howard, RN, Emma Abiles, and Jennifer DeVoe, PhD, MD, of OHSU; and Amit Shah, MD, of CareOregon. •

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FEELING THE PULSE

Wolf Meetings top act in Battle of the Doctor Bands, a benefit for Project Access NOW

Scores of music fans descended on Lola's Room at the Crystal Ballroom in late June for the Medical Society of Metropolitan Portland's **Battle of the Doctor Bands**, supporting the nonprofit **Project Access NOW** and soaking in the diverse musical styles of participating bands **Crimson**, **Ojos Feos** and **Wolf Meetings**.

At night's end, Wolf Meetings was voted the top act in the second annual event. The band, on its Facebook page, noted an "amazing turnout," and thanked those who cheered them on.



Ojos Feos
Scott Brown, MD, who performs as Robbie Cree

The audience enjoyed food and drink and took to the dance floor in the intimate venue as judges Dave Scott of radio station KGON, Courtenay Hameister of Live Wire Radio and Tim Holycross of Trask River Redemption absorbed the sounds and offered their feedback to the musicians after each performance. The judges used phrases such as "top-tier musicianship," "high-end vocals and funky baseline," and "big sound" to describe the evening's music. "This is my first year (as a judge) and I want to do it again next year. It's a great event," Scott said.

Having won the band battle, Wolf Meetings will present an encore performance at MSMP's **Scrub Run**, a 5K set for Aug. 15 at St. Josef's Winery in Canby. That event will benefit **Doernbecher Children's Hospital**. For more information or to register for the Scrub Run, please visit www.msmp.org/Scrub-Run.

Members of the competing bands said they liked playing a venerable setting and the crowd's enthusiastic support.



Battle winner Wolf Meetings with event judges

Ojos Feos' multi-instrumentalist **Scott Brown, MD**, who performs under the stage name Robbie Cree, said the group chose its band battle set to be danceable and generate high energy. He said it was nice to play for the busy medical community, which may not otherwise have much of a chance to hear the band, whose lyrics emphasize social justice issues.

Crimson drummer **Alan Savoy, MD**, said Lola's Room was "alive."

"There's nothing like making music," he said, noting the unique opportunity to play a historic venue such as the Crystal. Savoy was pleased with the way he and his band played, and said it was nice to see the audience enjoy the music.

Audience member **Roger Stuart, MD**, with Providence Portland Medical Center, praised the evening's music and event's purpose, a sentiment echoed by other attendees. "When the money goes to a good cause, that's even better," he said.

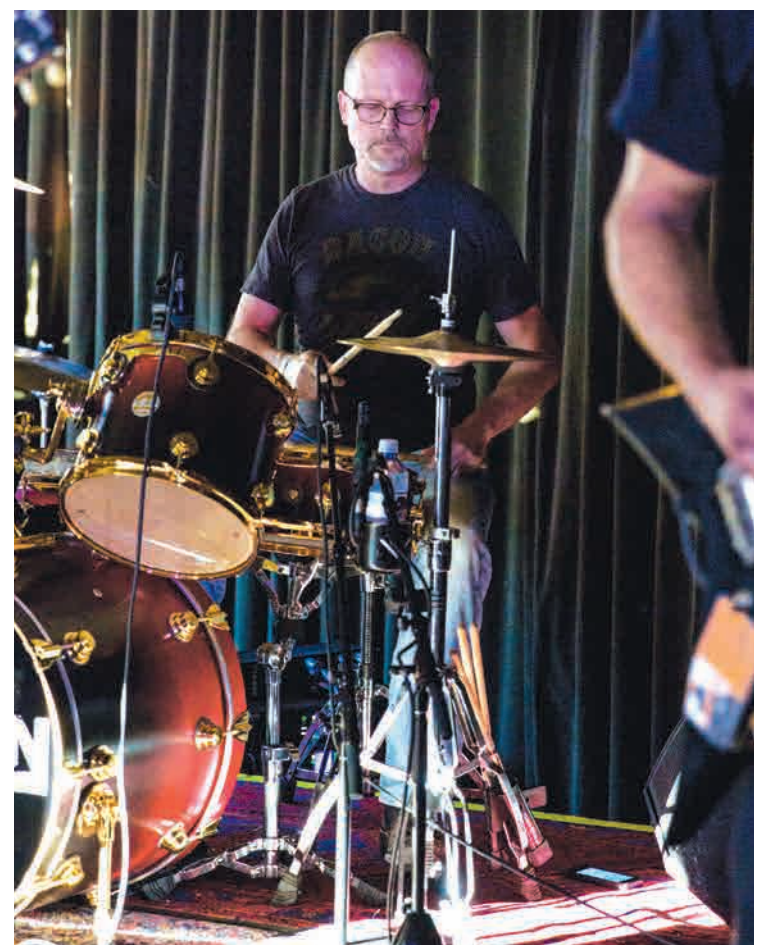
Linda Nilsen Solares, executive director with Project Access NOW, said she and her organization are extremely grateful to have benefited from the band battle, noting it dovetailed with Project Access

NOW's philosophy that such fun and celebratory events create the positive energy important in carrying out the vital and challenging work of providing health care to low-income, uninsured people in the Portland area.

"You can't collaborate if you're not connected," she said. "Plus, music is its own type of healing, and there's a lot to be said for that. We were really impressed with how good the bands were." •



Crimson



Crimson drummer Alan Savoy, MD

Photos by Wiley Parker

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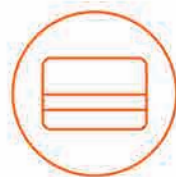
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Physician's many interests stimulate mind and body

By John Rumler
For The Scribe

A board certified general surgeon since 1990 and dedicated to breast surgery since 1997, **Cynthia Aks, DO**, says her practice is influenced by her interest in integrative medicine with principles in holism. Aks, who works with **Legacy Medical Group—Surgical Oncology**, is a seasoned surgeon with experience and skills in ultrasound and stereotactic breast biopsy, cryoablation and ductoscopy.

Yet Aks' burning curiosity has led her to study such Eastern practices as meditation, yoga and Reiki, and to incorporate mindfulness into her practice. After learning about the numerous ways that yoga may benefit cancer patients, she enrolled in classes to experience the discipline firsthand.



Cynthia Aks, DO, enjoys a range of activities, including scuba diving and hiking. She also is a certified yoga instructor, and says she got into teaching it to help her form a yoga therapy program for cancer patients.

Photos courtesy of Cynthia Aks

In 2011, Aks moved to Carbondale, Ill., to lead a nationally accredited breast program for Southern Illinois Healthcare, and she also became a certified yoga instructor to help her form a yoga therapy program for her cancer patients. In 2014, she took a year sabbatical to study other healing modalities and ended up taking Reiki classes in Austin, Texas, and becoming a Reiki master.

"I began doing Reiki years ago with some of my patients mostly in the O.R. as they were going to sleep," Aks said. "It focuses on life force energy and helps with anxiety, stress, and resulted in an easier transition out of surgery."

In addition, she's earned an Ayurveda Medicine Level 1 certification and is a diplomat for the American Board of Integrative Holistic Medicine. The certification was earned through nearly 600 hours of a high-level introductory program—both practical and theoretical—that provides students with a foundation in Ayurveda principles. That study provides a deeper and more holistic understanding of physiology, but does not certify Aks to use the training in her work with patients.

Presently, Aks is in the planning stages of forming yoga therapy programs for her cancer patients at Legacy, and she's volunteered to be on the advisory board of

the **Daya Foundation**, a yoga education center in Southwest Portland.

Research is showing yoga therapy benefits women with breast cancer undergoing radiation. A study by the University of Texas MD Anderson Cancer Center, published in 2014, found yoga helped ease fatigue, improved patients' ability to go about daily activities and resulted in better general health outcomes, including improved regulated cortisol. The study, "Randomized, Controlled, Trial of Yoga in Women With Breast Cancer Undergoing Radiation," is available at jco.ascopubs.org.

"Incorporating yoga therapy into medical settings with professionals such as Dr. Aks helps us to better create a bridge between oncology, yoga therapy and mindfulness," said Sarahjoy Marsh, Daya Foundation founder and program director. "Patients bring the skills they learn in the yoga therapy classes into their journey with cancer, including medical appointments, self-care, navigating family communication and prioritizing their body's healing processes."

Many busy professionals turn to hobbies to help balance busy careers. For Aks, several of the activities she enjoys, such as cooking, dancing, music, swimming, kayaking, rafting, hiking and enjoying nature, started at an early age.

"My mom said she put me in the water at the age of six months and couldn't get me out. I was on the swim teams as a kid,



Cynthia Aks, DO

in high school, and I swam for exercise all through med school."

She's danced since childhood as well and later studied Latin styles such as salsa, bachata, cumbia, cha cha and merengue.

Joe High, a life planning coach in Austin who hosts a salsa dance club where Aks was a regular participant for a year and a half, called Aks laid back and easy to be with. "She's very spiritual, yet fun and in excellent physical condition."

Aks learned to play piano as a youngster and began cooking at age 8. "I love music and dancing. I believe a joyful spirit is critical to good health, and music and dancing creates joy for me and for most people."

An adventurous spirit

While she enjoys such activities as scuba diving and underwater photography when vacationing and traveling, Reiki,

yoga and meditation are such a regular and important part of her life that to label them hobbies would be trivializing them.

Aks says her many activities have been a huge benefit as she continues on her healing journey. Her parents were killed in an auto accident in 1986, and she survived what she called a toxic marriage. She raised triplets—born in 1993—by herself and was the first woman to complete her general surgery residency at St. John Maccomb-Oakland Hospital in Michigan. This past March, she relocated from the Midwest to Oregon, her first time in the Northwest.

Aks considers herself a risk taker and explorer with an adventurous spirit. She learned to scuba dive in Cozumel, Mexico, in 1996 and has visited Indonesia, Fiji, Palau, Roatan, Antigua, Grand Cayman, Cancun, Cabo San Lucas and Florida. She also spent time in Nigeria in 1999 and again in 2002 as part of a surgical missionary trip.

"I love to learn and try new things, and I travel for those same reasons," she said.

Aks was born and raised in Kansas City; she went to nursing and medical school there. Her father was a well-known OB/GYN in town; Aks' older brother is an anesthesiologist and a younger brother has a master's degree in public health.

While Aks knew at age 12 that she wanted to become a surgeon, she chose a different path than her father and brother, who earned MDs. "The nursing school I attended, Avila College, focused on the care of the whole patient and their family. I chose to go to an osteopathic school, Kansas City University of Medicine and Biosciences, because their philosophy of care is more holistic."

Lexie Prieto works in admissions at a Portland college and met Aks about three months ago as she lives in the same neighborhood. She describes Aks as humble and mild mannered.

"That mildness can be deceiving because Cynthia is ready for any degree of adventure and any level of activity, whether it be hiking, rock scrambling, white-water rafting or salsa dancing."

Aks, she says, energizes, inspires, encourages and surprises a lot of people. "Cynthia is engaging me in activities I always wanted to pursue, but didn't have the gumption. I am thrilled to call her my new good friend, and I find myself reflecting almost daily on what a blessing she's been in my life already." •

"I love to learn and try new things, and I travel for those same reasons."



The need to change

On a universal level, Mejicano said there are several areas of medical school training that need to be changed. For starters, traditional medical school curriculum has done a good job of preparing students with the knowledge they need to be experts in their field. It has not, however, helped train them to excel in the soft skills that are also part of the larger medical practice, skills such as communication, professionalism and working in a team environment.

"If you have a technically excellent surgeon who is rude, you're missing a big piece," he said. That goes beyond just bedside manner and into how providers interact with colleagues, the public health system and other key players.

In addition, the longstanding approach to medical education has been focused more on the treatment of diseases rather than the promotion of health. Likewise, where once physicians were trained to be essentially the sole provider for a patient, the current approach has shifted to a more team-based model in a more complex health system.



"We are going to fly this plane as we build it because the need is that big."

—OHSU's George Mejicano, MD, on the School of Medicine's curriculum changes

"In the old days, if you got sick and went to a hospital, your doctor would take care of you in the hospital," Mejicano said. "Now, there are hospitalists and other providers who are part of the team providing care, and maybe they don't talk to the community doctors as much as they should."

Along the same lines, he said the approach to health care these days is much more encompassing and needs to consider a wider range of factors, be it physical, mental, social or even spiritual. That kind of comprehensive approach isn't one that's necessarily been taught before now.

On top of all that, technology has come to play a much larger role in health care than ever before. Mejicano said, for example, that physicians need to be able to harness the Internet in effective ways to be able to provide the best care.

"It's important to be able to ask the right questions of a search engine and to be able to filter through for the best information," he said. "That's a sea change if you think about it."

What's changing

Now in the second year of the AMA grant, OHSU has already begun making changes to its curriculum. The end of this school year, in fact, closed the first year of the new curriculum, which the school calls "Your M.D."

Among the changes that have been implemented is an approach that Mejicano said is based around a "better, sooner, faster" model. Instead of relying on a more time-based approach—you go to medical school for X number

of years and when you're done, you're done—the school is shifting to a more competency-based system.

"We want to make it so that when you have the skills and can prove that you have them, you're done, not that you need to be in school a certain amount of time," he said. Through such a model, medical students who are already proficient in certain skills—say an Army medic who has field experience in Afghanistan or a nurse who's been in a clinic for multiple years—could move through programs faster. Mejicano said doing so could find up to 10 percent of students graduating a few quarters early.

OHSU has also implemented much more active learning experiences, rather than sticking with traditional didactic methods like classroom lectures. It's also implemented a coaching system, where medical school faculty act as coaches to help students navigate their studies and stay on the path that fits them best.

Testing it out

The final piece of the curriculum shift is centered around assessment to make sure that medical students are ready for their next steps. Mejicano said those tools have yet to be created but will be the main focus of the remaining years of the AMA grant.

Complementing those efforts, OHSU is also part of a pilot program of the **Association of American Medical Colleges** aimed at producing "residency ready" graduates who are fully up to speed on the first day of their residency.

Called the Core Entrustable Professional Activities for Entering Residency, the program is a list of 13 activities that graduating medical students should be able to do without direct supervision on their first day of residency. Such activities include gathering a patient history, working as a team and recommending tests.

All of these efforts tie into a larger curriculum shift that's been a long time coming in medical schools across the country. Mejicano said what OHSU learns from its changes will be shared with other schools and vice-versa. And what doesn't work along the way will be changed on the spot.

"We are going to fly this plane as we build it," he said, "because the need is that big." •

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HEALTH CARE PRICING from page 1

more and more employers are moving to consumer-driven plans, there is a greater need to know the cost in advance."

The association has been at the front edge of efforts in Oregon to shine more light on the pricing of health care. Earlier this spring, the OAHHS launched a three-tiered initiative aimed at bringing a greater level of transparency to health care pricing in Oregon.

One of the three elements is working closely with insurers to help patients who have health insurance plans understand what their costs are going to be. That kind of information derives largely from insurers' contracts with different hospitals and the kind of coverage patients have.

"We know that people want health care providers and insurers to work together to ensure a patient-friendly experience," said **Greg Van Pelt**, president of the **Oregon Health Leadership Council**, which is working with the OAHHS on this first element of the initiative.

Pricing information is also the kind of information that consumers, more and more these days, want to know. According to a study by the nonprofit organization **Public Agenda** called, "How Much will it Cost? How Americans Use Prices in Health Care," 56 percent

of Americans have tried to find out how much they would have to pay out-of-pocket before getting care from a doctor or at a hospital.

Not surprisingly, people who have higher deductibles—the "consumer-driven" plans Schmidt referenced—are even more likely to seek pricing information. Seventy-four percent of those with deductibles higher than \$3,000 have tried to find price information before getting care. In addition, Public Agenda's survey found that nearly 70 percent of Americans say insurance companies should have to publicly post how much they pay doctors for medical services. It also found that 71 percent say higher prices are not typically a sign of better-quality medical care.

Schmidt said the OAHHS is working with insurers to find out the best way to share the most helpful pricing information with consumers.

The second part of the initiative finds OAHHS working with hospitals to ensure that "good faith estimates" for procedures are available to patients who either don't have health insurance or who are out of their normal coverage network. According to Schmidt, the OAHHS is still "working on the specifics" behind this leg of the initiative.

Perhaps the most concrete of the three elements is the third: Senate Bill 900. Being reviewed in the Joint Ways

and Means Committee as of *The Scribe's* deadline, the bill would set up a state-sponsored website that would post the median prices of the most common hospital inpatient and outpatient procedures. Run by the **Oregon Health Authority**, the site would give a rough idea of what a particular procedure could cost based on what insurers pay. For more specific information about what their own plans would cover, however, patients would still need to consult directly with their insurers.

"It would at least give you a general sense of what you might expect," Schmidt said.

By the numbers

56

The percentage of Americans who have tried to find out how much they would have to pay out of pocket (not including a copay), or how much their insurer would have to pay a doctor or hospital, before getting care.

Source: "How Much will it Cost? How Americans Use Prices in Health Care," from the nonprofit Public Agenda.

The data for such a site would come from the state's All Payer All Claim database, which essentially tracks every payer and every claim in the state. That would make the state an obvious entity to run that kind of a site since it already

has access to the data. But Schmidt noted that having the state pass legislation on price transparency may also just be one of the best ways to install something that will actually work.

"You have to have something that makes it so it's not voluntary and so it can't be monkeyed around with," he said.

The OAHHS-backed legislation wasn't the only one to come before the Oregon Legislature this session. Sponsored by **Sen. Elizabeth Steiner Hayward**, D-Beaverton, an MD, and **Brian Boquist**, R-Dallas, SB 891 would have made it a requirement for hospitals to post prices for the 100 most common inpatient and outpatient services. The legislation would also have required health care facilities to list how much they billed to insurance companies and patients without insurance.

The bill failed to make its way through the legislative process, but Paige Spence, Sen. Steiner Hayward's chief of staff, said in an email that the effort to increase price transparency will continue.

"Unfortunately we were unable to pass the bill this session but are very positive about the outlook going forward," she said. "Sen. Steiner Hayward strives to foster policy shifts without the need for legislation, but we will be looking at how we can reach the goals that SB 891 encompassed with or without a bill for either the 2016 or 2017 session." •

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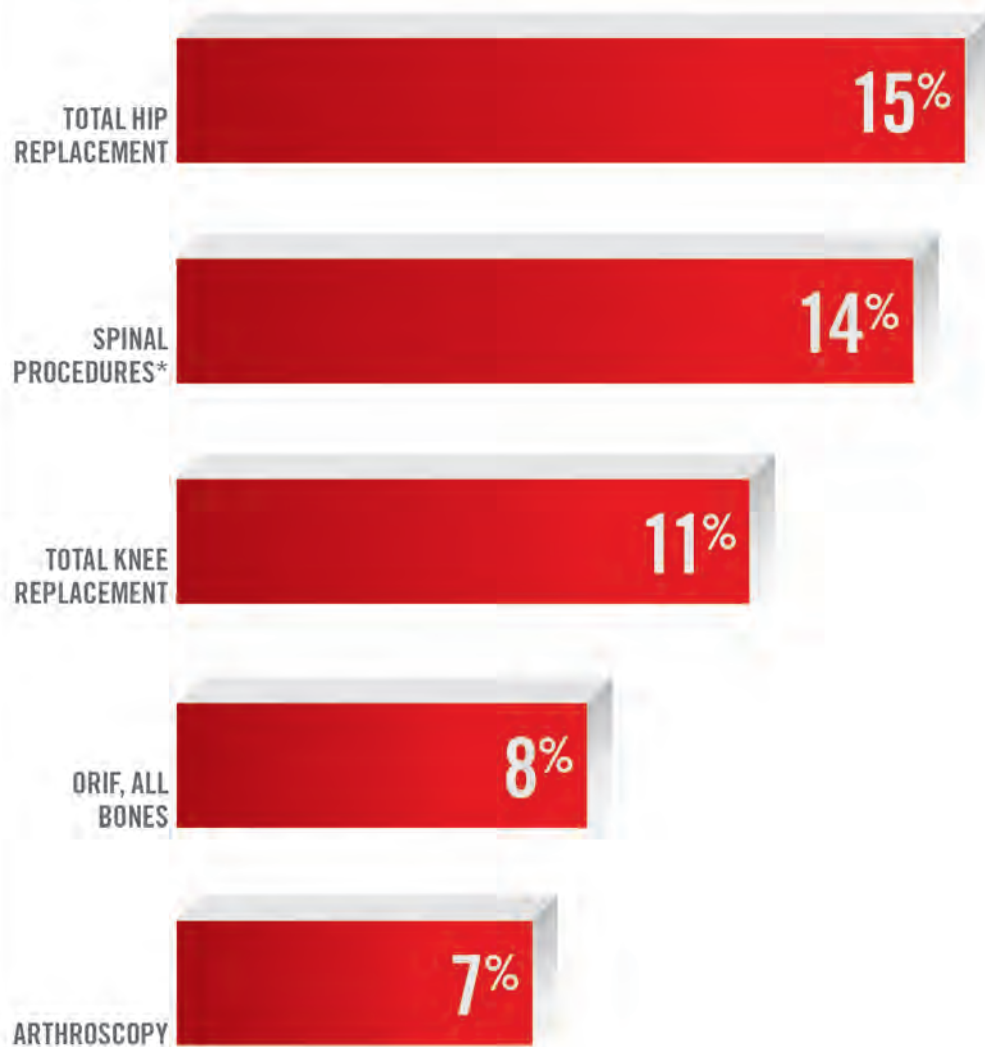
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