The Portland Physician
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September 2015
Volume 33, Number 9
A publication of the Medical Society of Metropolitan Portland
www.MSMP.org

Physical Therapy & Rehabilitation

Much more is being done to assess and prevent patient falls. Learn about these efforts, and other news, in this month's focus section.

—Pages 12–16

New registry aims to demonstrate PT effectiveness

By Cliff Collins
For The Scribe

The physical therapy profession is jumping on the outcomes bandwagon full bore, with the establishment of a national registry intended to demonstrate value.

The Affordable Care Act marked the first part of the shift away from quantity of health care services to an emphasis on outcomes, said **Heather Smith**, director of quality for the **American Physical Therapy Association**. "Being able to measure quality is important in value-based reimbursement," she said. "We're beginning to standardize quality measures to give tools to physical therapists to measure their performance in practice, and also to make data more meaningful to their practice."

The **Physical Therapy Outcomes Registry** will enable physical therapists to document the value of their services to payers while also enhancing patient care by providing therapists with benchmarks from which to build evidence-based care plans, she said.

With health care's move toward medical homes and a team-based approach to care, a registry also will allow therapists to develop a standard way of communicating that doctors and other providers can readily apply to their patients, said **Chris Murphy, PT**, who chairs government relations for the **Oregon Physical Therapy Association**.

*See **PHYSICAL THERAPY,** page 12*

"We're beginning to standardize quality measures to **give tools to physical therapists to measure their performance in practice**, and also to make data more meaningful to their practice."

—Heather Smith, American Physical Therapy Association

Advances in research, treatment and rehab create exciting era, stroke specialists say

By Melody Finnemore
For The Scribe

Local stroke specialists say one of the biggest advances in diagnosis and treatment is the realization that time makes all the difference for the patients' recovery and rehabilitation.

When the **Stroke Center at Providence St. Vincent Medical Center** announced in early August that it had achieved the fastest average blood clot removal time in the country, it highlighted the rapid advances being made locally and nationally.

Vivek Deshmukh, MD, co-medical director of the **Providence Brain and Spine Institute** and its medical director of neurosurgery and neurointerventional services, has seen significant advances in the diagnosis and management of strokes during the past decade.

*See **STROKE,** page 4*

Vivek Deshmukh, MD, co- medical director of the Providence Brain and Spine Institute

Photo courtesy of Providence Health & Services

INSIDE THIS ISSUE

Helping families, a dollar at a time

Photo courtesy of Morgan Grether

The new nonprofit Dollar For Portland aims to inspire people to donate $1 a month to help families, such as the Penfields (pictured), who face medical debt.

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The Portland Physician
scribe
September 2015

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

"Connecting Physicians in Community"

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Portland, OR 97239
503-222-9977 • Fax: 503-222-3164
www.MSMP.org

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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*

To change your address or remove yourself from the mailing list, please notify: The Portland Physician Scribe, 4380 SW Macadam Ave, Ste 215, Portland, OR 97239, or email *Sarah@MSMP.org*.

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Stroke: Specialists say time makes all the difference for patients' recovery and rehabilitation

***STROKE** from page 1*

"Diagnosis is a lot faster now than it used to be. Another thing that has changed is the immediate treatment of patients," said Deshmukh, also a neurosurgeon and neurointerventionalist at **The Oregon Clinic**.

He noted the use of tissue plasminogen activator (tPA) and similar medications that are given via IV dissolve blood clots and improve blood flow to the brain. When the medications are not as effective, surgery is often the answer. Endovascular procedures such as mechanical thrombectomy, in which doctors remove blood clots by sending a stent retriever to the blocked blood vessel in the brain, have proven to be more effective than previous procedures, according to the **American Stroke Association**.

"The time to reopen the artery is substantially faster now and we know the faster you get blood flow to the brain, the better the patient is going to do," Deshmukh said.

Pam Almandinger, BSN, RN, CNRN, SCRN, became stroke program coordinator for Adventist Medical Center in 2006. She said it is an exciting time for the field because so little has been known about the brain and research has been so robust during the last few years. Advances at Adventist include updated treatment for stroke victims based on 2013 updated guidelines from the **American Medical Association**, she said.

"We're realizing we could give tPA in a more rapid manner without the extensive workup. We still draw the blood and do the workup we would have done anyway, but we don't wait to give the tPA," she said. "We know the sooner we give the drugs the better it is for the patient, and the longer we wait the less effective it will be for the patient."

Deshmukh and Almandinger have seen different trends when it comes to the incidence of strokes. For his part, Deshmukh said that, despite the aging population, he sees fewer patients dealing with strokes and cardiovascular disease. He credits better cholesterol management, less smoking and tobacco use, and better treatment of high blood pressure with medications.

PAM ALMANDINGER, BSN, RN, CNRN, SCRN

MOLLY HOEFLICH, MD

"I would say patients are better educated now about stroke symptoms, and recognizing symptoms is really the most important thing and getting to the nearest ER," he added. "We're seeing a lot more patients coming in a timely manner and that's really important because time makes all the difference."

Almandinger cited a nationwide increase in younger people having strokes, noting stroke is one of the top 10 reasons for mortality in children and it's not uncommon for Adventist to see stroke patients in their 40s. Many times, lifestyle choices such as drug use, lack of exercise, and diabetes and hypertension are to blame, she said.

"The average age is going down, which is both interesting and concerning," she said, adding even more needs to be done to raise public awareness about stroke risks and symptoms.

The AMA's updated guidelines call for more education for children in school. To that end, Adventist has provided educational materials for sophomores at Cleveland High School to help inform young people about stroke symptoms.

Molly Hoeflich, MD, medical director of the **Providence Acute Rehabilitation Center**, has seen slow but steady changes in her nearly 30 years in the profession. "When I started my career, we were taught that after three or four months of rehabilitation, what you saw was pretty much what you were going to get. We've since learned that people can make substantive changes a year later and beyond," she said.

"I think we've gotten much more aggressive with getting patients into speech therapy to assess their ability to swallow," she added, noting this helps to avoid aspiration and pneumonia and to identify the best diet for a patient.

Electrical stimulation of arms and legs during rehab has improved, both in the hospital and in physical therapy. "What I do see is that it seems to jumpstart the rehabilitation process," Hoeflich said. "We think we've seen an impact in that the patients aren't as severely affected and that's a great thing."

She noted that research shows placing stroke patients in a stimulating environment during their recovery has immense benefits. Patients now stay in the hospital for 10 or 11 days compared to the 21 days that were common when Hoeflich started her career. In addition, an integrated team approach has improved recovery outcomes and increased patient satisfaction because they get to go home faster. It also has improved cost savings.

"We do see patients go home in much better shape than before," said Hoeflich, who helped develop the only animal-assisted therapy program in an acute rehabilitation unit in Portland. The dogs are specially trained to work with physical therapists and their disabled patients. •

The Portland Clinic site renamed in honor of Schwab

The Portland Clinic, Oregon's oldest private multispecialty medical group, announced last month it renamed its Tigard location the J. Michael Schwab Medical Campus, in honor of J. Michael Schwab, its retired chief executive officer (in gray jacket). Current CEO Dick Clark (far right) spoke at the event, attended in part by clinic staff. •

Photos courtesy of The Portland Clinic

Unique Portland practice marks 25 years

Head & Neck Surgical Associates looks to future with education and training institute

By Jon Bell
For The Scribe

He may not have known it at the time, but **Eric Dierks, MD, DMD**, may have been influenced by his grandfather, a dentist in Ohio, to choose the career path he did.

Born in Ohio and raised in Tennessee, Dierks said his grandfather practiced from his home in a small farming town. He would chew tobacco in his shop behind the house while fashioning dentures and crowns for his patients. Later, Dierks' grandfather developed oral cancer and, subsequently, a complication where the jaw melts away due to the effects of radiation treatment. In a coincidental turn of events years later, Dierks himself came to specialize in the very afflictions that ended up taking his grandfather's life.

"Looking back on it, that might have been one of the things that got me into oral cancer," Dierks said. "That condition of the jaw is exactly what he had, and that's what I treat today."

Today, Dierks is a dentist and physician who specializes in otolaryngology and oral and maxillofacial surgery for **Head & Neck Surgical Associates**, a unique Portland practice that celebrated its 25th anniversary in early August. The practice initially came about in 1989 after Dierks, at the time a faculty member at the University of Texas Southwestern Medical School/Parkland Memorial Hospital, received a call from **Bryce Potter, MD, DMD**, a Portland surgeon with training almost identical to Dierks' in both dentistry and surgery. Potter had come across Dierks' name and was intrigued by their similarities in medical education and experience. It was rare at the time, and still is today, for someone to be both a physician and a dentist.

"It just takes so long and the incentive isn't really there," Dierks said. "But I just love surgery."

At Potter's prompting, Dierks relocated to Portland in 1990 and HNSA was born. The practice today specializes in a range of procedures and treatments in head and neck surgery, craniomaxillofacial surgery, dental surgery and more. Patients have been referred to HNSA from around the country and the world for head and neck cancer surgery, reconstructive surgery, microvascular free flap surgery and other procedures. Dierks said that, in addition to innovations over the years such as pioneering a technique that replaced a jaw joint with a patient's second toe, HNSA is unique among practices for being both a medical and dental organization.

"Being a dentist as well as a medical doctor and a surgeon adds something intangible that I believe really brings a unique approach," Dierks said.

On top of its surgical work—and many of its physicians' involvement with local hospitals such as Providence and Legacy—HSNA has also become renowned over the years for its successful fellowship programs. HSNA started the first fellowship in head and neck cancer surgery in the U.S. in 1992. It later added another in trauma and has since turned out 23 fellows in oncologic and microvascular reconstructive surgery. Many of the former fellows have gone on to academic positions across North America, Europe and Australia. Some returned for the HSNA's gala anniversary celebration in Portland at The Nines hotel on Aug. 1. All seem to have gained unparalleled training and experience during their time with HSNA.

"My fellowship was a memory of pints of blood and pints of beer," said **Tuan Bui, MD, DMD**, who was a fellow from 2009–11 and who is still with HSNA today. "It was a combination of exhilaration for a job well done and the reality of the perseverance and invincibility of cancer. It was an education that went far beyond the operating room, one that also taught me about the decency in caring for others."

R. Bryan Bell, MD, DDS, a fellow from 2002 to 2003 and a current physician with HSNA, said the practice and its founders have also raised the bar for oral and maxillofacial surgery.

"The fellowship they started has produced some of the most productive oral and maxillofacial surgeons in a generation, who have transformed our specialty forever," he said. "Our program in Oregon has been a model for others to emulate and has contributed to an unprecedented expansion of OMS scope and relevance that transcends the city's borders."

In addition to Dierks, Potter, Bell and Bui, the other surgeons at HSNA at present include **R. Sterling Hodgson, MD**; **James Cuyler, MD**; **Allen Cheng, MD, DDS**; and **Ashish Patel, MD, DDS**.

As it heads into its 26th year, HSNA has also started a transitioning process that will find it focusing as much on training and education as it does surgery. As part of that transition, HSNA has established the Head and Neck Institute.

"Head and Neck Surgical Associates is our group, but we're also the Head and Neck Institute in Portland," Dierks said. "We are an institute that provides training and education, and I think that will really be the moniker that carries us into the future." •

New OHSU wellness elective offers students a passport to a healthier present, future

By Melody Finnemore
For The Scribe

Kyle Lenz learned as an undergraduate how difficult it can be to maintain a balance between academic life and wellness, particularly when it comes to physical health. Now a second-year medical student at Oregon Health & Science University, he has seen how long hours of studying can lead to fatigue and the risk of burnout.

"I had an idea coming into medical school that it would be a similar situation with a lot of school work. I know I function better when I make a conscious effort to be more balanced," Lenz said. "My big thing is exercise. I tend to do better academically when I exercise instead of studying for another hour."

Lenz is among the students who are taking the new **OHSU School of Medicine Wellness Elective**, which was approved in early August and will begin this month with a series of lectures and activities designed to get first- and second-year students to be more thoughtful about their well being. The course is offered on Monday evenings so students don't have to miss other classes to attend, and the elective spans through January.

In addition to classroom lectures on a series of wellness topics, students have a "Wellness Passport" with five categories that include social, emotional, physical, financial and environmental wellness. Students must choose an activity in each category. Activities range from participating in community service and taking cooking and nutrition classes to journaling, meditating and enjoying art, music and culture. Financial planning and keeping a log of expenses for a month are options for the financial wellness category. Physical activity, time outdoors and engagement with classmates and friends is highly encouraged.

> "I know I function better when I make a conscious effort to be more balanced. **My big thing is exercise.** I tend to do better academically when I exercise instead of studying for another hour."
>
> —Kyle Lenz, OHSU medical student

The elective culminates with a final reflection, which is an essay that explores a specific topic outlined in the course syllabus. Some ideas for the essay include how the student will incorporate wellness in their practice and promote it with patients; how they plan to maintain their wellness as a student, resident and practicing physician; and how maintaining wellness helps the health-care system in the long run.

"Wellness is such a personal thing. For some it might be nutrition and for others it might be financial security. It's just about building good habits," Lenz said.

Jared Austin, MD, course director, said the combination of comprehensive wellness education and customized strategies to meet personal goals is essential to the elective's effectiveness.

"My great hope with this elective is that we move toward making physical and mental health core values for physicians," Austin said.

Amelie Wegner took a resiliency elective that OHSU previously offered when she was in her second year of medical school. She said she was doing well academically, but at great personal cost.

"I enrolled in the resiliency elective because I was really struggling. I was eating horribly, I had terrible sleep hygiene and I wasn't physically active. I had even stopped running, which I love," she said. "I started to wonder how I could promote wellness to my patients when I couldn't even find that balance for myself."

Feeling like there was always another test looming and a constant demand to study, Wegner began to feel resentment and dissatisfaction. "I was sort of on the path to burnout and I hadn't even started my career yet," she said.

Wegner is now doing her surgery clerkship and continues to use the tools she gained during the elective, which include mindfulness, a positive outlook, better diet and nutrition, and better sleep quality. During a recent weekend when she was on call, she made a point of going to the hospital's gym to get some exercise.

"One of the reasons the class was so important was because it was like coaching, and I felt accountable for incorporating those habits," she said. "I've seen the impact they can have both in my daily life and in my clinical work, and that will continue into my career.

"I feel like because of this training I have the reserve to cope with stressful situations," Wegner added. "It's also helped me be more present in my conversations with patients and be more humanistic."

Wegner said she believes more medical students are engaging in conversations about wellness and resiliency. "People are more transparent now about the struggles they face and how they corrected them," she noted.

Austin noted that the new wellness elective was designed by Lenz and other students, who found a mentor in **Megan Furnari, MD**, the course's coordinator. Furnari established a similar program as a student at the University of Massachusetts Medical School, and she is developing a residency wellness program that will dovetail with the elective.

"The purpose of the elective for me is to help empower students to take care of themselves," she said. "It's often a really incredible experience to see students talking to each other and working together on how they can stay whole and healthy."

Lenz said he appreciates the dedication and diligence Furnari and Austin have shown in getting the elective established so that he and fellow students will have a better experience during medical school and beyond.

"We've really had great faculty advisers and I don't think it could have been done without them," he said. •

On being a medical student—and a human being

By Sophia Davis
For The Scribe

For a moment, my attention was drawn away from the patient and towards the exchanges between attending and resident physicians—the transfer of surgical instruments, hushed instructions and steadying assurances. The hand in mine tightened and pulled my body closer to the operating table. "Please, keep talking to me." It was the dark vulnerability of fear in her eyes that broke me, dissolved my desire to join the two physicians at the foot of the table.

And so I held her hand—just slightly smaller than mine—and was drawn fully into the realm of the patient. I was absorbed with the task of monitoring every flicker of expression on her face. The moment we would stop talking, her body would tighten. When the procedure was finished, she let go of my hand and thanked me, adding that she could not have faced the experience without my company. What she could not have known was the flood of gratitude that I felt towards her. It is a rare privilege to be welcomed and needed by another person in a moment of vulnerability. The explicit trust and expression of human connection were exceptional gifts.

This experience was a meaningful reminder of the shifting role I currently occupy. As a first-year medical student, I constantly teeter somewhere between the realms of patient and physician. At times, I presume the role of physician-in-training. My stethoscope becomes my prop and my white coat my costume. I try my best to embody the mannerisms of my mentors and to ask the questions that I have rehearsed in my mind.

At other times, when the gaps in my knowledge distance me from my instructors, I am drawn further into the realm of the patient. Uneasiness and pain are clearer than the markings of disease. In these moments, the suffering of a fellow human being registers more coherently than the words of my physician mentors.

I often wonder when the weight of knowledge and experience will ground me in the realm of the physician. As I evolve into that role, what will be left in me of this acute sensitivity to the vulnerability and suffering of patients? Will the burnout and empathy fatigue that are so often considered the collateral damage of medical education dislodge this almost desperate impulse to comfort and connect?

Humility is often suggested as an antidote to the apathy and drain of medical work. I like the notion of humility; it has a certain appealing earthiness. But is humility—the grounding of our ego—the thing that preserves this sensitivity to the suffering of others? Certainly, humility reminds us that we are each fallible and in need of abundant wisdom to balance our hubris. But I do not believe that this is the enduring quality that draws us to other human beings and compels us to serve and heal. Indeed, humility is a quality that must be nurtured, learned, even forced. For many of us, it is neither innate nor compulsive. When our bodies are exhausted and our minds are drained, the thing that will enable us to repeatedly extend ourselves must be innately and inextricably tied to the fact that we are human. I think this thing is, quite simply, or perhaps not so simply, humanism.

Humanism in medicine is an amorphous, enigmatic thing and therefore hard to guard. But I think it fundamentally rests on the fact that we are each inescapably exposed to suffering and pain. It is one human experience that recognizes no boundaries or barriers. It is the birthplace of vulnerability but also of hope. I believe it is this bitter side of

*See **MEDICAL STUDENT PERSPECTIVES,** page 9*

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Hobbies provide Tim Janzen, MD, with different and relaxing experiences still tied to science

By Barry Finnemore
For The Scribe

On June 2, 2007, **Tim Janzen, MD**, and three fellow birdwatchers set out for a "Big Day," a highly organized endeavor in which a team of birders attempts to find as many species as possible in 24 hours. Traveling from Eugene to the coast to Summer Lake in south-central Oregon, the team identified 219 species, breaking the Oregon Big Day record and smashing the American Birding Association's North American Big Day record for June.

He notes as highlights his senior year of medical school, when he worked in a mission hospital in Kenya for three and a half months. During that stint, he went on safaris with his wife, Rachel, and relatives, observing some 450 bird species during his time in Africa. On weekends off during his residency, Janzen and his wife would travel to southeastern Arizona, and in and around Phoenix, to birdwatch. And when they settled in Portland in 1990, Janzen involved himself in the birdwatching community, befriending the late Dr. Elmer Specht, an orthopaedic surgeon.

Photos courtesy of Tim Janzen

Janzen in 2007 participated in a "Big Day" in which he and fellow birdwatchers identified 219 species in 24 hours. The team included (left to right) **Janzen, Dave Irons, Noah Strycker and John Sullivan.**

Janzen says he's proud of the achievement, which involves scouting and strategy to be successful. But his longtime interest in birds goes well beyond breaking records. As a 15-year member of the Oregon Bird Records Committee, and before that as an alternate member, Janzen has helped track rare birds in the state. The group's efforts play an important role in documenting changing migratory patterns and even the impact on fowl of changes in habitat and climate.

Janzen remembers always being interested in the natural world. An Oregon native raised on a farm just south of Dayton, in the Willamette Valley, he grew up hunting, fishing and camping. He dabbled in birdwatching in high school, but things changed during an ornithology class at George Fox University, which involved a field trip to the nearly 188,000-acre Malheur National Wildlife Refuge.

"I absolutely loved it," Janzen said of the class. "I saw new species, and it was an amazing exposure to a part of nature I never had been exposed to."

Birdwatching has been a decades-long hobby, though the time he's had to dedicate to it has ebbed and flowed during medical school at Oregon Health & Science University, a family practice residency in Scottsdale, Ariz., and, since 1990, his practice at Portland's South Tabor Family Physicians.

They'd travel throughout Clackamas County, including to the lakes around Mount Hood, as Janzen developed a particular interest in birds of the county.

"In some ways, Elmer was a father figure to me," Janzen said. "He had a keen interest in birding, and was an articulate and bright man. We spent many enjoyable hours birdwatching."

Making history come alive

Janzen is quick to emphasize that he thoroughly enjoys his medical practice, but notes that birdwatching and his other hobby, genealogy, offer a different and relaxing experience still tied to science. In fact, with genealogy, Janzen finds that his medical expertise brings an additional asset to the table.

Among Janzen's interests are Mennonite genealogy and genetic genealogy; the latter uses DNA testing in concert with traditional genealogy research tools, such as historical records and interviews, to track family histories. Janzen first became interested in family history research as a teen because of an interest in history in general, and the fact that his grandfather wrote two books on his family's history prompted him to find out more about his own roots. He's also always had an interest in puzzles, problem solving, data analysis and organizing information—all critical skills in genealogy research.

"It definitely helps history come alive when you can place relatives, or relatives' ancestors, in context," Janzen said. "I've definitely met a lot of interesting people over the years."

He's also uncovered interesting facts about his family. One ancestor, Robert Zane, immigrated with William Penn, founder of the colony that became Pennsylvania. Another ancestor is Native American chief Tarhe, who, Janzen wrote in a blog post, was the holder of the Treaty of Greenville, signed in 1795 after Gen. "Mad" Anthony Wayne defeated a large Indian force at the Battle of Fallen Timbers. Janzen's grandfather wrote about Tarhe and his descendants in a 1975 book.

Janzen also has spoken about genetic genealogy, first among local groups and in the last three or four years at national events such as RootsTech, dubbed the world's largest family history event, and another major gathering called the Southern California Genealogy Society Jamboree. He also serves as an informal advisor to genetic genealogy companies.

Janzen said that he hopes he's contributing to his relatives' knowledge of family and getting other people interested in exploring their own family histories at a time he describes as the golden age of genealogy, what with genetics and other technology at hand.

"I try to make a difference to my patients," Janzen said, "and I consider this hobby contributing to humanity and certainly to my family's story. Genetic genealogy gets other people educated and engaged about the possibilities for them. It's an interesting and fascinating field, and I want to be a part of it." •

Tim Janzen, MD, (foreground) **birdwatches while on a cruise ship off the Oregon Coast.**

MEDICAL STUDENT PERSPECTIVES *from page 7*

our humanity that endows each of us with the ability and innate predisposition to recognize the suffering and pain of others.

I suppose the question, then, is how to foster this humanism over the next four years and into my career as a physician. The expression of humanism, it seems, demands a certain rawness of emotion and witness to our own vulnerability and the vulnerability of those around us. Since the beginning of medical school, I have become increasingly guarded against anything that threatens my tenuous balance of eat, sleep, study, and (sometimes) play. Perhaps this is the purview of humility then. Perhaps it is humility that can remove me from my silo and remind me that no combination of routine, ritual or superstition can safeguard me from the fact that I am as vulnerable to pain and grief as the person next to me. Perhaps some day when I am a physician, it will also be humility that will enable me to accept that, at times, I may not have the answer, right tool or clear path forward for a patient. In those moments, I hope I will have the courage to simply be sincere, vulnerable, and, most importantly, human.

In the context of medical education, I believe a person's humility has as much to do with his or her disposition as it does with the medical culture in which the student is indoctrinated. When I sit in my clinical skills labs and listen to my classmates speak about the range of emotions that they witness in the clinical setting—pain, suffering, hope, confusion, comfort—I am reminded that we are learning in an environment that values such honesty, perceptiveness and vulnerability. When I hear our physician-instructors share stories from their own practices, I am encouraged by their commitment to the art as well as the science of medicine. Whether in the form of our courses on ethics, narrative medicine, clinical skills, and even science skills, we are prompted to think critically, but also humbly, about our obligations to the individuals and communities we will serve. I hope that over the next four years, each of us students will not only develop the skills and knowledge of the physician, but also embody our institution's dedication to creativity, integrity and humanism. •

Sophia Davis, an Oregon Health & Science University medical student, can be reached at davissop@ohsu.edu.

This essay originally appeared in Spring 2015 on OHSU's StudentSpeak blog.

Helping families, a dollar at a time

New Portland nonprofit aims to relieve medical debts

By John Rumler
For The Scribe

About three-and-a-half years ago, **Jared Walker**'s aunt died from uterine cancer, leaving outstanding medical bills. The same day, his cousin went into labor seven weeks premature at Legacy Emanuel Randall Children's Hospital, and the baby, who had Down syndrome, required two heart surgeries. As it happily turned out, the baby, named Macy, survived, but after weeks in the neonatal ICU the family's medical bills ran into the hundreds of thousands of dollars.

TO LEARN MORE:
Dollarfor.org
www.facebook.com/Dollar4Portland

Walker desperately wanted to help, but realized the mountain of debt was too much for almost any one person to take on. So he began thinking about creating a group to tap into the generosity of others.

"I didn't have $50,000 for families like these that needed help, but I thought it would be possible to get 50,000 people to give just $1. That's when the idea for **Dollar For Portland** was born," Walker said.

Through his home church, City Bible Church in outer east Portland, Walker learned of several people struggling with medical bills. He organized a fundraiser, a concert by a group of young musician friends.

Although the effort brought in $2,500 to help two families, Walker admits he was flying by the seat of his pants. "I learned a lot the hard way. It was stressful and not very well planned. I knew that raising money that way wasn't sustainable. To pull things like that off, you need a team, you need to think things through and be organized."

In 2012, with assistance from the Small Business Legal Clinic in Portland, Walker's new organization, Dollar For Portland, became incorporated as a 501 (c)3 nonprofit. It launched Aug. 1 with a public event at Pioneer Courthouse Square, with a stated goal of having 2,500 individuals sign up by the end of August, each pledging to donate a minimum of $1 per month.

"Our mission is to empower a social generation, starting right here in Portland, Oregon, to activate generosity one dollar at a time, to help relieve one family a month of its medical debt," said Walker, the organization's chief executive officer.

According to a 2013 article by CNBC, nearly three of every five bankruptcies in the United States are caused by medical/hospital debt, and more consumer debt is collected for health care than for any other reason. In fact, the amount of medical debt is equal to the amount of student loan debt and credit card debt combined.

While Portland-area nonprofits spent more than $7.7 million last year on emergency relief—such as food banks and low-income housing—not a single agency specializes in relieving medical debts, Dollar For Portland points out. Walker is partnering with a variety of agencies that will link his organization with a "family of the month."

Dollar For Portland is building a crowdfunding platform. According to *Forbes*, in 2013 the crowd-funding industry exceeded $5.1 billion worldwide. But to grow its donor base, Dollar For Portland needs to demonstrate how much of a difference $1 can make when combined with thousands of other like-minded individuals. The agency has produced a video (at www.dollarfor.org) that drives home this point. Dollar For Portland is seeking corporate sponsors to cover expenses such as video production, website management, merchant fees and other day-to-day costs.

"We need to convince potential sponsors that our model is feasible and worth supporting. The only way we can do this is by showing that we have a significant number of individual donors who are already signed up with DFP," Walker said, adding that garnering a minimum of 2,500 individual donors would provide Dollar For Portland with the proof of concept that corporate sponsors seek.

Dollar For Portland's August family, the **Penfields**, was referred by Birch Community Services in outer east Portland. Other DFP families will be selected by Good Roots Community Church in Milwaukie, Northwest Housing Alternatives and Adventist Medical Center.

"Jared has not taken any shortcuts, but has thoughtfully worked through the process to make sure DFP will operate well," said Suzanne Birch, executive director and co-founder of Birch Community Services.

"He's captured a vision that almost anyone can participate in and feel the satisfaction of making a difference."

Birch said Walker will be an inspiration to those who also want to do something to help others, but don't know how. "They can learn from Jared that even doing a little bit can make a monumental difference, as a whole, when you are connected to others."

Iris and Matt Penfield lost their first child due to a miscarriage. Iris, who grew up with Type 1 diabetes, had another baby, Blake, who required a C-section and both she and the baby required extensive postpartum medical care at PeaceHealth Southwest Medical Center. Iris got pregnant again in 2013 and this time the baby, named Cameron, was born 10 weeks premature and required hospitalization for 69 days with oxygen support and a feeding tube. Getting help paying off the medical bills for their first baby, about $8,000, would allow them to focus on their more current bills.

"We're excited to be the first family selected and we want to help get the word out about Dollar For Portland," Iris said. "We've joined the donor list ourselves. It's a brilliant idea because it gets people started helping others, even if it's a small way, when you are combined with thousands of other people it makes a difference."

Walker grew up in Corbett and attended City Christian High School in Portland. He took classes at Mt. Hood Community College and Portland Bible College before attending Warner Pacific College, where he is on track to earn his bachelor's in business administration this fall. He plans to earn a master's in nonprofit management at a local college. He previously worked as the general manager for G6 Airpark, an indoor trampoline park, in Portland and Vancouver, but he quit several months ago to devote his full attention to Dollar For Portland.

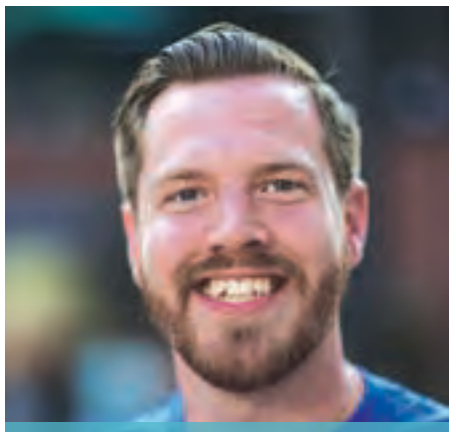
Jared Walker, founder/CEO, Dollar For Portland

Photo courtesy of Morgan Grether

"Jared has been bold and passionate in jumping over the hurdles that exist for start-up nonprofits. His vision is unique because it is so simple and it touches an easy-to-prove need in our society," said Milan Homola, co-founder and executive director of Compassion Connect Inc. and a mentor to Walker.

Brandon Thornton, brand strategy director for Weiden & Kennedy who's on Dollar For Portland's board of directors, said he is impressed with Walker's vision, drive, and ability to listen and learn.

"Jared's got a totally positive outlook and his concept of creating a social community is a unique and attractive aspect that can be easily replicated," he said. "Dollar For Portland is a wonderful concept because you can see the power of your donation when it's combined with other similar-minded people."

Ranjy Thomas, founder/CEO of Flying Rhino, a Dollar For Portland supporter and Walker mentor, said the nonprofit's concept is valuable because it gets "a young generation started on a pathway of giving." The amount of the donation isn't important, Thomas pointed out, because Walker is planting a seed that will grow over time.

"Helping people locally with medical debts is a worthy cause, but it could be helping anyone with a need. That 19- or 20-year-old that gives a dollar a month could be that same person at 30 or 40 who donates $50,000. Jared is helping young people form the habit of giving, which is something new to a lot of them," Thomas said. •

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Registry: It's time to start thinking in common language

PHYSICAL THERAPY *from page 1*

"The way health care reform is going, it's time to start thinking in common language that physicians can understand," he said. Right now, PTs describe patient progress by breaking it down into small parts, such as strength and range of motion, he said. These measures are important, "but they don't really speak to patient function improving," even though "that's why they're referred," he said.

The Centers for Medicare & Medicaid Services announced in July that it has selected the Portland area as a site for a proposed **Medicare demonstration project** to test bundled payments to health systems for lower-joint-replacement procedures. Called the Comprehensive Care for Joint Replacement payment model, it would offer bundled reimbursement based on quality measurement for hip and knee replacements to give hospitals, physicians and post-acute care providers more incentive to work together to improve the quality and coordination of care, from the initial hospitalization through recovery. The hospital where the surgery takes place would be held accountable for the quality and costs of care for the entire episode of care, from the time of the surgery through 90 days after discharge.

As a result, Murphy explained, "It's going to be critical for hospitals and health systems that they're able to identify what's the best value for the patient," he said. To do that successfully, physical therapists must "be able to communicate among that team."

The American Physical Therapy Association believes its new registry, now in the pilot phrase before it is fully launched, will facilitate that goal.

"Overall, we view the registry as an opportunity to allow physical therapists to demonstrate their role in the health care system, and to be able to develop measures that are meaningful, in order to collaborate with other providers for the best care of patients," said Smith. It will provide data to assist PTs with setting standards of practice, including clinical guidelines, quality measures and other resources to assist in reducing unwarranted variations of care.

Other objectives as outlined by the APTA are to:

- Assist physical therapists with compliance requirements of payers, employers, certification boards, health care facilities and other entities to ensure participation, accreditation and adherence.
- Obtain certification as a "qualified clinical data registry" for the Physician Quality Reporting System; comply with functional-limitation reporting; and prepare for future quality programs under Medicare.
- Collect data on practice trends and information to understand the current status of physical therapy practice.
- Inform payment, improve practice, fulfill quality reporting requirements and promote research.

Smith added that the registry will stand apart from other registries in that it will include data across the PT continuum of care. "The goal is to look at quality across all the settings we may see that patient in, and look at the overall impact of our services," she said. The registry will align with current and future quality and compliance programs required by payers, such as the Physician Quality Reporting System. But unlike the latter and others, it will cover care from all settings, she said.

The registry uses a hub-and-spokes model to collect data, in which PT clinics of all sizes send data that is deposited into a centralized repository. Data will come from electronic medical records, health systems' billing and documentation, APTA chapters across the country, private practices, other facility-based practices, and individual physical therapists. According to the association, this model will allow the largest amount of information to be collected in the most efficient manner, and provide the ability to aggregate data across diverse patient populations and clinical settings in which physical therapists practice.

Murphy predicted that although the registry is still in the roll-out stage, it will catch on quickly because it will prove to be a way the profession can make sure "we can communicate with those interdisciplinary teams and provide value to the patient." •

STUDY: Most patients with chronic pain use alternative therapies, but many don't tell their doctors

More than half of chronic pain patients in a managed care setting reported using chiropractic care or acupuncture or both, but many of these patients didn't discuss this care with their primary care providers. These study results, published recently in *The American Journal of Managed Care*, suggest that better care coordination is needed among patients and physicians.

Researchers surveyed more than 6,000 patients in Oregon and Washington who were Kaiser Permanente members from 2009 to 2011 and had three or more outpatient visits for chronic pain within 18 months. They found that 58 percent of these patients had used chiropractic care or acupuncture or both.

The majority of patients shared information about these alternative therapies with their primary care provider; however, a good portion (35 percent of patients who had acupuncture only, and 42 percent of patients who had chiropractic care only) didn't talk to their providers about this care. Almost all of these patients said they would be happy to share this information if their provider asked.

"Our study confirms that most of our patients with chronic pain are seeking complementary treatments to supplement the care we provide in the primary care setting," said **Charles Elder, MD, MPH**, lead author of the study and affiliate investigator at the **Kaiser Permanente Center for Health Research**. "The problem is that too often, doctors don't ask about this treatment, and patients don't volunteer the information."

Chronic pain affects approximately 100 million Americans each year and costs nearly $600 billion, according to an Institute of Medicine report.

Elder, who is also the physician lead for Kaiser Permanente's complementary and alternative medicine program, added, "We want our patients to get better, so we need to ask them about the alternative and complementary approaches they are using. If we know what's working and what's not working, we can do a better job advising patients, and we may be able to recommend an approach they haven't tried."

To find out how patients accessed this care, researchers examined the medical records of patients who received acupuncture or chiropractic care in 2011. The majority of patients (66 percent) who received acupuncture accessed the services through their health plan, using a clinician referral or self-referral benefit. About half (45 percent) of patients who received chiropractic care accessed that care through their health plan. The remainder of patients went outside the health plan to access these services, or used a combination of health plan and outside resources to access the services.

The majority of the patients in the study (71 percent) were women, and the mean age was 61. Common complaints included back pain, joint pain, arthritis, extremity, neck and muscle pain, and headache. •

Forces coalesce to prevent patient falls

By Cliff Collins
For The Scribe

The pervasive effect health reform has had in emphasizing prevention, evidence-based outcomes and efficient care is exemplified in the current focus on quelling patient falls.

The problem is widespread: Falls are the leading cause of both fatal and non-fatal injuries for Americans over age 65, one-third of whom fall each year. Only half of those tell their health care provider, and most will fall again within six months.

What's more, fall injury hospitalizations cost more than all other injury hospitalizations combined. Unintentional falls were the third most costly hospitalized condition after cancer and heart disease.

Specific to Oregon, the over-65 fall rate is 1.5 times higher than the national average, according to the Oregon Health Authority.

Nearly 60 percent of senior Oregonians hospitalized for falls are discharged into long-term care. And each year, nearly 400 deaths and 8,600 hospitalizations in Oregon are due to falls.

These statistics, along with an aging population and several developments related to health reform, are combining into concrete action by physical therapists. PTs also say they are seeing unprecedented awareness and willingness by physicians and other health care providers to address fall-risk assessment and prevention.

Nationally, assessing patients for risk of falling has become a priority. Entities ranging from **The Joint Commission**, to **Medicare**, to the **Centers for Disease Control and Prevention** have weighed in on the importance of screening. The Joint Commission requires outpatient screening for falls, and fall rates are part of the **Centers for Medicare & Medicaid Services**' quality reporting requirements.

The CDC has issued recommendations called **STEADI: Stopping Elderly Accidents, Death and Injuries**, a program that is being used by health systems such as **Oregon Health & Science University** and **Providence Health & Services**. The CDC recommendations are partly intended to aid primary care physicians in identifying patients who can be helped via referrals to physical therapists. The STEADI program includes exercise with a focus on balance and mobility, among other measures.

In addition, hospitals and other community organizations are sponsoring or referring to fall-prevention programs such as **Stepping On** and **tai chi**, according to **Kristin Messing, MSPT**, senior manager for rehabilitation services for Providence Milwaukie and Providence Willamette Falls hospitals. Oregon was one of three states to receive a five-year CDC grant, effective from 2011–16, to link clinical practice to evidence-based fall-prevention programs.

"That really was a big milestone in connecting with physicians and Providence Health Plan," said Messing, who leads Providence Health & Service's regional efforts in fall prevention.

Moreover, incentives through the Physician Quality Reporting System are tied to fall-prevention measures. And patients new to Medicare, as well as those receiving annual wellness visits thereafter, must be screened for fall history and risk.

A result of all these developments is that the rehab department is starting to receive more referrals. In the past, referrals to PTs related to falls were mainly patients who already had fallen, often breaking their hip, she said. Now therapists are seeing increasing numbers of patients who have engaged earlier with their primary care doctor and are referred for assessment and prevention. Providence PTs follow guidelines from the **American Physical Therapy Association's Clinical Guidance Statement**, published earlier this year, which includes guidelines approved by the U.S. Preventive Services Task Force and the American Geriatric Society.

"What we're trying to do in physical therapy is really trying to look at best practices, to make sure our interventions are actually supported by the literature," Messing said. Therapists take "what the physician has told us" about the patient, and then apply national guidelines in assessing and treating them. The Affordable Care Act places great emphasis on measuring outcomes. "We are held accountable by our payers," she said. The goal is to provide "individual service based on best practice. The physical therapists are pretty committed."

KRISTIN MESSING, MSPT

CINDA HUGOS, PT

Messing said "there is a lot of excitement around the country" about the seven-week class called Stepping On, aimed at independent-living seniors, particularly those deemed at fall risk. According to the CDC, studies have shown that seniors who are 70 or older and participated in these classes experienced a 31 percent reduction in falls. Tai chi also has shown benefits in preventing falls, and Messing said physicians express interest in having their patients participate in this Chinese-derived activity.

OHSU's family medicine and internal medicine departments are sponsoring a pilot project using the CDC's STEADI program, according to **Cinda Hugos, PT**, coordinator of the OHSU program. The program accepts patient referrals from physicians in any department at OHSU or in the community, she said. Therapists perform a complete evaluation of risk for falls and of contributing factors for risk, which often can be treated by PTs.

Causes of falls are multifactorial, Hugos said. They can include biological (such as muscle weakness, balance problems, poor eyesight), behavioral (such as inactivity and use of psychoactive medications), and environmental (such as tripping hazards, a dearth of railings or grab bars, or poor lighting).

"Fear of falling is a big contributor to falling," she noted, which can lead to a vicious cycle where the patient becomes less active, and thus weaker and more prone to falling.

Many of the techniques physical therapists employ have been shown to be effective in fall prevention, such as strengthening and balance exercises, Hugos said. •

RESOURCES

More information about STEADI and about fall prevention can be found at:
www.cdc.gov/steadi/index.html
www.cdc.gov/steadi/materials.html

CMS' Partnership for Patients page contains a number of resources related to fall risk assessment and prevention:
http://partnershipforpatients.cms.gov/p4p_resources/tsp-injuriesandfallsfromimmobility/toolinjuriesandfallsfromimmobility.html


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Providers, students give back to those who served

By Barry Finnemore
For The Scribe

Not long ago, a military veteran was so grateful to be free of back pain that he broke down in tears during a visit with Andrew Isaksen, DC. The former Army medic had been plagued with back pain since jumping out of a helicopter amid enemy fire in Iraq while holding the gurney of a fellow soldier, landing hard while weighed down with equipment.

"Every day of his life he was in pain, and he had relief for the first time in years," Isaksen said.

For Isaksen, the moment is emblematic of why, six years ago, he decided to treat active-duty soldiers and members of the reserves at no charge, as well as to set aside two weeks a year, coinciding with Veterans Day and Memorial Day, to treat veterans at no charge. For the Salem chiropractor, who has family and acquaintances in the military, if there was a single motivating force to provide the pro bono services, it was his feeling of gratitude.

"I have tremendous respect for anyone willing to put their life on the line for others," Isaksen said. "If they're willing to go into the military, to offer their life for mine and my family's, the least I can do is help them when they come back and provide relief for the pain they have and continue to experience."

Early on, only a small number of military members and veterans responded to his pro bono offer. Isaksen said he attributes that to the fact many shy away from what they perceive as special recognition or services because they believe that it simply was, or is, their duty to serve their country. But over those half-dozen years, Isaksen has treated roughly 60 active-duty soldiers, members of the reserves and veterans from various eras—from World War II to the wars in Iraq and Afghanistan.

Isaksen, who provides these services of his own accord, apart from a specific nonprofit or other organization, is among many providers of complementary care as well as students who are using their knowledge and skills to help those who have defended our country improve and maintain their health.

In May, the University of Western States and the Portland nonprofit Returning Veterans Project (RVP) formed a partnership that provides post-9/11 war-zone veterans with free chiropractic care and therapeutic massages at one of the university's outpatient clinics located on the school's Northeast Portland campus. The university, and its new Northwest Center for Lifestyle and Functional Medicine, provide as many as 28 hours of free therapeutic services per week to veterans.

Belle Landau, RVP's executive director, and Stan Ewald, DC, MPH, MEd, the university's associate vice president for clinical internships and assessment, said the partnership offers multiple benefits. Through RVP-led workshops, university students first learn about military culture and the challenges many veterans face, including reintegration into civilian life. Under the supervision of licensed providers, the students gain experience in treating veterans. And veterans, in turn, have immediate access to services that can relieve chronic pain and other serious ailments, and allow them to continue their education or careers.

The need is great. According to figures Landau shared, Oregon has about 58,000 post-9/11 military veterans, 38,000 of whom served in a war zone. She noted that Oregon National Guard members have been deployed more times per capita than any other state. "We've met folks deployed eight or nine times," Landau said.

Landau stressed the significant physical and mental scars of war, noting in part research showing that post-traumatic stress and traumatic brain injury often co-exist, and that it's important to help future practitioners understand and screen for both.

Some University of Western States students who have taken the RVP workshop are veterans themselves, including one who shared with Landau that his goal was to work near Washington's Joint Base Lewis-McChord so he could treat military members and veterans.

Ewald said the partnership is an extension of the university's mission to "reach out into the community and provide help," and to reinforce among students the important notion of giving back after they graduate and establish their practice. "It's something we feel strongly about," Ewald said. "If we all do our part, we can make a significant impact."

The partnership also is a natural fit for a university that emphasizes support and resources for veterans who are part of its student body, said Raquel Osborn, the school's student services coordinator who was among the driving forces for the RVP collaboration.

In addition to its partnership with the University of Western States, RVP also recently joined forces with the Pacific Psychology & Comprehensive Health Clinic to provide free and confidential counseling to post-9/11 war-zone veterans and their family members at the clinic's Hillsboro and Portland locations. The clinic is operated by Pacific University's School of Professional Psychology.

The university partnerships are an important extension of RVP's service to veterans, Landau said. In addition to the partnerships, the organization has a roster of 173 providers in acupuncture, mental health counseling, massage therapy, chiropractic care, naturopathic medicine, physical therapy and art therapy who serve post-9/11 veterans for free. Last year, the nonprofit's 163 providers delivered nearly 4,400 hours of free treatment services to 360 veterans and 106 family members. The total value of those services was $414,000, she said.

Among those practitioners is Bryan Baisinger, DC, founder/owner of Portland's Clearwater Clinic. Baisinger

Bryan Baisinger, DC, Portland's Clearwater Clinic

has been working with RVP for about seven years, has provided care to military members and veterans for more than two decades and helped RVP connect with the University of Western States. Baisinger, who said his background in martial arts helps him connect with and understand veterans' needs, is gratified when he can help veteran patients move more freely and without pain. But the support he provides veterans reaches even deeper than that, talking with them about their challenges and, if appropriate, directing them to therapists who can help them with depression and other mental health issues.

"When a doctor can learn about a patient and the patient feels comfortable sharing parts of themselves they may not share anywhere else, and you can be precise in getting the patient the help they need to move forward, that's really gratifying," Baisinger said.

Vern Saboe Jr., DC, has been serving active-duty troops pro bono for several years through two organizations, Healing Hands for Heroes and Chiropractic For Our Troops. Prior to being involved with those groups, the Albany practitioner treated military members after connecting with them through word of mouth. Saboe said it's gratifying to help alleviate pain via treatment but also to empower them to take control of their health and wellness through such things as better nutrition, strength and aerobic exercise, relaxation techniques such as breathing techniques, as well as simply taking time off to "sharpen the saw." •

Bill that would boost chiropractic care for veterans advances

Legislation that advocates say would increase access to chiropractic care for military veterans advanced on Capitol Hill during the summer.

An omnibus veterans health care bill, passed out of the Senate Committee on Veterans Affairs, includes language that would require the U.S. Department of Veterans Affairs to employ a chiropractic physician at every major VA medical center in the country.

Vern Saboe Jr., DC, director of governmental affairs for the Oregon Chiropractic Association, a member of the state's Health Evidence Review Commission and Oregon delegate to the American Chiropractic Association, applauded the fact that the legislation is gaining traction. It was headed for the Senate floor, but Saboe noted that no action would be taken until this month. If the bill passes the Senate, it would be sent to the House for consideration.

The legislation's passage would be a major step forward in chiropractic care for veterans, Saboe said. He noted that in 2001 Congress passed an act requiring a staff doctor of chiropractic in each VA multistate region. As of earlier this year, the agency provided access to a doctor of chiropractic at slightly more than 50 major VA treatment facilities in the United States, an issue brief from the American Chiropractic Association noted. But Saboe called that level of staffing inadequate. And in that same issue brief, the American Chiropractic Association said most eligible veterans do not have access to such care.

Even as the legislation had advanced, a spokeswoman with the Veterans Affairs Medical Center in Portland confirmed discussions are occurring about hiring a chiropractic physician there, but she was not aware of a specific timetable to bring someone aboard.

"It will be a big step in Portland and Oregon," Saboe said of that prospect. "Things are moving toward better access to our services."

As things stand, the Portland VA hospital through its rehabilitation department refers patients to chiropractic services outside the VA system. Saboe said having a chiropractic physician on staff at the VA promises to not only improve access to such care for Oregon veterans, but also to increase VA primary care physicians' understanding of the depth and breadth of a chiropractor's clinical training, care chiropractors provide, what specific types of cases to refer to a chiropractor as well as the efficacy of that care, including spinal manipulation—a principal intervention for patients who are veterans, Saboe added. •

George Fox's doctor of physical therapy program receives full national accreditation

George Fox University's doctor of physical therapy program has earned full accreditation from the **Commission on Accreditation in Physical Therapy Education** (CAPTE). The Newberg school is one of only two schools in Oregon to offer a fully accredited doctor of physical therapy program.

George Fox was granted five-year accreditation, the longest initial period awarded by CAPTE, and was not given any progress or compliance requirements other than what is normally expected, such as graduation rates and licensure passing rate. The approval came this past spring.

"To be awarded full accreditation without any progress or compliance reports or anything to 'fix' is a testament to the quality of our faculty, staff and students," said **Tyler Cuddeford**, director of the program since its 2012 launch. "We hit a home run. It's extraordinarily rare that a developing program achieves such high marks."

The program was granted Candidate for Accreditation status by CAPTE in 2012, a pre-accreditation status of affiliation with the commission that allows the program to matriculate students in technical/professional courses and indicates the program is progressing toward accreditation. After the initial five-year accreditation, George Fox will be eligible for CAPTE's 10-year accreditation period.

In its on-site visit report, the accreditation team listed as program strengths the innovative incorporation of technology in teaching; a pro bono clinic and partnership with Friendsview Retirement Community; and the broad range of service and mission opportunities that incorporate service and opportunities for scholarship and learning, among other things. •

Pacific University speech-language pathology students help children with cleft lip and palate

For the second consecutive year, speech-language pathology students at **Pacific University** prepared for their careers, in part, by helping young children with cleft lip and palate.

Over six weeks in June and July, eight master's degree students worked directly with children as young as 18 months on a wide range of speech therapy exercises. Twice each week, the children received individual, one-hour sessions customized to the child's age and interests, providing early intervention for those not yet in school, as well as services for those who are.

Cleft lip and palate is among the most prevalent birth conditions in the U.S. Last year, Pacific started the clinic as a way to ensure that children in Washington County had speech therapy services available over the summer, while also encouraging community building among parents in Washington County and other counties west of the Portland metro area.

The workshops are a tremendous resource, said Julia Brown, who had both her 18-month-old and 4-year-old daughters enrolled.

"For us, this is really the only time that we've been able to have intensive speech therapy help," she said. "And the schedule is wonderful, because (the children) don't forget what they learn from one session to the next."

The workshop is a collaboration between the **University School of Communication Sciences & Disorders**, the **Oregon Health & Science University Institute on Development and Disability** and **Smile Oregon**. •

College secures NIH funds for multiple sclerosis, interdisciplinary research studies

The **National College of Natural Medicine's Helfgott Research Institute** has been awarded slightly more than $3 million for two, five-year complementary integrative health research grants through the National Institutes of Health's National Center for Complementary and Integrative Health.

The grants will fund studies involving mindfulness-based stress reduction for people with multiple sclerosis; and clinical research training for naturopathic doctors, Chinese medicine practitioners, as well as training in naturopathic and Chinese medicine modalities for conventional medicine researchers.

"The School of Research & Graduate Studies at NCNM and our Helfgott Research Institute are growing at an unprecedented pace—because there is a need. With the increasing use of complementary and alternative medicine, high-quality rigorous research is essential so that CIH therapies can be accurately evaluated to help keep the public informed. We are honored to be able to partner with our esteemed colleagues at OHSU and UW on these important projects to grow this critical field of research," National College of Natural Medicine President **David J. Schleich** said in a news release.

The K23 Mindfulness-Based Stress Reduction for Multiple Sclerosis (Feasibility, Durability and Clinical Outcomes) program is being undertaken with OHSU. The Building Research across Inter-Disciplinary Gaps (BRIDG)/ T90/R90 Clinical Research Training program in Complementary and Integrative Health is underway in collaboration with the UW in Seattle. The national college's two research programs have been awarded a total of $672,550 and $2,420,348, respectively.

All told, the national college and its Helfgott Research Institute have received eight NIH awards totaling $6,046,183 since 2002. •

Improving office efficiency for better health outcomes

The Scribe connected with Hanny Freiwat, president of Portland-based Wellero (www.wellero.com), to get his perspectives on the important issue of medical office efficiency. Freiwat stressed that improved efficiency can lead to better patient care and outcomes.

Scribe: What are you hearing from the medical community in terms of the most significant challenges to office efficiency now and going forward?

Freiwat: One of the most significant challenges facing the medical community is adjusting to today's consumer-centric health care system and finding an efficient process for collecting patient-due balances. This is a huge shift in the operations model for the medical community. Previously, providers simply confirmed a patient had the insurance they claimed to have, billed the insurer for services and then received payment.

Practices that still follow this process are failing. Yes, providers still have to confirm benefits and eligibility, but simple confirmation doesn't tell a provider anything about the patient's financial responsibility. It's likely the patient is going to owe the provider directly before any insurance coverage kicks in. The processes have to account for that and only then can the medical community increase its rate of collecting patient-due balances while also decreasing their operating costs.

To do this, physicians need to augment their process with efficiency tools, such as an eligibility software platform, and create a policy for collecting payment. If all that is available is an EMR or practice management system and a group of people to make phone calls and web lookups to check insurers' online portals, it's still a decent place to start.

I would suggest the process could go something like this: First, determine a method for confirming benefits and validating eligibility prior to a patient's appointment, including how much the patient is likely to owe directly. The next step is to estimate the cost for the patient and have a conversation during the reminder call or at check-in outlining their responsibility. The estimate does not have to be exact. The third step is to ask for a commitment from the patient to arrange payment such as with a credit card on file, a payment plan or an up-front deposit. With a policy in place, when patients refuse to pay up front or ask a provider to bill the insurance company first, the patient can be directed to the policy.

This is a big shift in how it's always been done, and the medical community is hesitating to make the change. Providers and their staff want to take care of people, not worry about administrative processes and money. But the good news is patients expect this kind of structure as consumers. Physicians who shift their approach from counting on checks from insurance providers to educating patients about the costs they're responsible for can enhance the care they provide and have a much more prosperous future.

Scribe: How can clinics best identify areas where they can improve efficiency and, ultimately, patient care?

Freiwat: I challenge every physician practice and clinic to ask, in 2015, how many options for self-service do we offer our patients? Can new patients complete paperwork online? Do we have people in a back room opening payment envelopes and answering phones to take credit card payments, or do we allow patients to pay conveniently online or through a mobile app? Do we offer an option to schedule appointments online? How many actions can our patients take without calling our office? And how many people do we have verifying eligibility for patients?

No physician practice or clinic is alone in the effort to find more efficient business methods. And many are well on the way to resolving these issues. But be assured that patients are expecting this kind of process because they are experienced consumers. When they walk into the Apple store, they're prepared to pay. Or when they order something from Amazon, they're prepared to pay ahead of getting the product. The medical community has not fully made that shift, but once it's made, it's what will free each provider to care for patients and allow the majority of staff to focus on caring for them as well.

Scribe: Can you share some concrete examples of efficiency challenges clinics have faced, and the strategies they've implemented to address these issues?

Freiwat: Yes! The providers we work with are making simple changes that reduce administrative time and allow them to spend more time on patient care. For example, Doctors Express Urgent Care of Portland was looking to reduce the time it took to verify eligibility of their patients. This was an urgent issue because of their walk-in patients. Their staff didn't have the luxury of calling insurance to verify eligibility before an appointment.

Doctors Express signed up for Wellero, a platform that streamlines the eligibility and payment processes for providers and patients. They are able to check eligibility for 700-plus insurance companies in minutes through a single portal, as well as find the greater details such as deductible status for each patient. And all the information is displayed consistently and efficiently. Their staff knows what to look for and then what to communicate to the patient. Plus, it requires little to no training because it's straightforward and user-friendly, which reduces the on-boarding process for new employees.

Other providers send their appointment schedules in advance to leverage Wellero's batch capability to quickly and automatically find the essential benefit details, which can seem like the proverbial "needle in the haystack" to a team of people doing the process manually. This results in a better workflow, additional staff and resources to solve more complicated problems, and someone available to perform more valuable services related to patient care and financial conversations around patient responsibility.

For practices that can verify eligibility before an appointment, I recommend going further and pre-arrange payment even before the patient's appointment. At the Regional Healthcare Financial Management Association Conference this year, I listened to a panel discussion that included representatives from a large educational health system talking about a pilot program in one of its clinics. The pilot tested the effectiveness of calling the patient prior to an appointment. The staff is using the time to discuss finances and to set up the plan for payment at that time. Providers can offer to keep a card on file for services that require payment after an appointment, to close any balances.

The benefits of efficient processes are tangible. As less time is spent chasing past-due balances from patients, staff time can be reassigned to activities that improve patient care. For example, a staff member who has been spending time verifying eligibility can now be in with the doctor entering notes into the EMR, allowing the physician time to see more patients. And patients that aren't disgruntled with the billing process and surprise bills are more compliant with their physicians' orders overall, leading to better outcomes and increased referrals. •

Hanny Freiwat, president of Wellero

Wellero is a web-based, point-of-sale solution that gives providers instant access to patients' eligibility and payment responsibility information. Wellero also allows patients to check their benefits, see their deductible status and make payments to a provider through the free Wellero smartphone app.

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Do you have story ideas for *The Scribe*?

We'd like to hear from you.

Descriptions of some of our regular features are below. We welcome your ideas on the people and issues in health care that we ought to feature in these pages.

Off Hours — A focus on how medical professionals spend their time away from the office.

Medical Student Section — Essays from medical students and residents about their experiences, challenges and opportunities, as well as articles about issues and events that impact and involve students.

Physician Profile — A feature that explores the professional interests, pursuits and accomplishments of area physicians.

Please send story ideas to *Scribe* editors Barry and Melody Finnemore at **scribe@llm.com**, or **360-597-4909**.

We look forward to hearing from you!