



# scribe

## Physician Wellness Program

Meet Beth Westbrook, PsyD, who enjoys working with people to foster change and development.

—Please see page 6

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

# Programs help physicians identify behavioral health issues, boost adult immunization rates

By Cliff Collins  
For The Scribe

Depression and alcohol abuse, common in the over-65 population, exert a negative impact on effectively managing other health conditions, yet most mental health problems go undiagnosed.

Both conditions put patients at greater risk for hospitalization and complicate the treatment of other chronic diseases. Moreover, the highest male suicide rate is in those older than 75, and major depression is responsible for a higher hospital readmission rate than any other condition except heart failure.

In order to close that gap, a major effort is underway nationally and in Oregon to address these issues at the primary care level, where most treatment for depression occurs. The Centers

for Medicare & Medicaid Services selected six Quality Improvement Organizations across the country to work with primary care providers to implement depression and alcohol-use screenings.

Acumentra Health, in partnership with our regional Quality Improvement Organization, Utah-based HealthInsight, is carrying out this effort in Oregon and recruiting physicians and clinics to participate. Experts from Acumentra offer free "technical assistance helping them understand ways to integrate this into their existing work flow and incorporate it into electronic health records," said **Jody Carson, RN, MSW**, an associate



JODY CARSON,  
RN, MSW



SUSAN YATES  
MILLER



NICOLE O'KANE,  
PHARM D

director of quality improvement services for Acumentra. Screening for depression and alcohol abuse already is an incentive measure for Medicaid providers who are in coordinated care organizations, and

thus program sponsors believe screening for Medicare patients can fit seamlessly into a doctor's practice, she said.

Nationally, CMS' goal is that by 2019, the project will result in 10,000 primary care practices

screening a majority of their Medicare patients for depression and alcohol abuse. The initiative could benefit more than 140,000 Medicare beneficiaries in Oregon.

Acumentra team members provide technical assistance and education at no cost for primary care providers to use nationally recognized screening tools: the Patient Health Questionnaire (PHQ-2/PHQ-9) for depression and the Alcohol Use Disorders Identification Test (AUDIT) for alcohol use.

Program promoters recognize that physicians are time-crunched, and emphasize that the standardized questionnaires

See **ACUMENTRA**, page 18

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Inside:

## Women's Health & Wellness

This story is part of our special focus section this month on women's health and wellness, including advances in breast cancer treatment and care.

—pages 10–12

# OHSU's Circle of Giving embraces early-stage work of women's health researchers

By Jon Bell  
For The Scribe

It used to be, some 50 or 60 years ago, that medical researchers looking for funding from the National Institutes of Health could in some cases write up

their idea on a single page of paper, send it in and have a good chance at success.

Anyone in today's research game knows that's not how it's played anymore. In these highly competitive days, according to **Michelle Berlin, MD**,

vice chair of the department of obstetrics and gynecology at **Oregon Health & Science University**, NIH wants way more than a good idea.

See **CIRCLE OF GIVING**, page 12

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Joel Bohling, MD, finds relaxation and satisfaction in designing and making furniture by hand.

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### Continuing education

## SB 483: Oregon Early Discussion and Resolution of Adverse Healthcare Incidents

Oct. 15, 6–8 p.m. at the MSMP Conference Room

This seminar is designed to help physicians and health care professionals identify and reduce risk, provide training in effective communication after an adverse event, and provide resources to help ease the emotional impact of adverse events. Register at [www.MSMP.org](http://www.MSMP.org).

### Sponsorship opportunities

## 132nd Annual Meeting! Battle of the Doctor Bands! The Scrub Run!

These are just a few of the amazing events put on by MSMP, and you could be involved! Here is your chance to become a sponsor for one or more of these events, support your fellow physicians and local charities, and boost your company name. If you are interested in becoming an MSMP event sponsor, please contact Amanda Borges at [amanda@msmp.org](mailto:amanda@msmp.org).

Make sure to watch for your November issue of *The Scribe*, when we will announce the 2016 dates for the Annual Meeting, Battle of the Doctor Bands and Scrub Run. Save the dates and don't be left out!

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# Bennington-Davis brings compassion, systems thinking to new role

By John Rumler  
For The Scribe

Challenges are second nature to **Maggie Bennington-Davis, MD, MMM**, the new chief medical officer at **Health Share of Oregon**, the state's largest coordinated care organization serving about 250,000 members in Multnomah, Washington and Clackamas counties.

Her father was raised by a single mother and her mom was orphaned in childhood. "My parents fought very hard to give my brothers and myself a middle-class life. My dad's answer to every problem was to work harder. My mom's answer was to get more education. I've tried to do both."

In addition to completing medical school, including a psychiatry residency, at Oregon Health & Science University, she earned a master's in medical management at Tulane University School of Public Health.

Among Bennington-Davis' many objectives at Health Share of Oregon, three priorities stand out:

One is to **continue reducing statewide health care disparities**, particularly among the underemployed and minorities. Bennington-Davis and Health Share are studying data provided by the Oregon Health Authority's Office of Equity with a race/ethnicity/language lens to find what groups are underserved or have poorer outcomes.

"This is a crucial first step," Bennington-Davis says. "Of course, the next step is to do something about it and as Health Share gets underway with its new strategy for the coming couple of years, you'll see programs and initiatives coming out that are geared towards what we've learned."

Another objective will be **focusing on early life health and preventative care**, which entails a host of measures, including improving prenatal care, reducing unwanted pregnancies, and providing immunizations, health screenings,

substance abuse treatment and other aggressive interventions.

A third focus for Health Share is to **find ways to better support the growth, development and resources of the primary care system**, which has been stretched by an influx of newly insured patients due to the Affordable Care Act.

"The development of the Person-Centered Primary Care Home is a very good effect of health transformation generally," Bennington-Davis says. "The

"Maggie knows who Health Share's members are and she understands the many challenges they face given their lack of resources," Labby says.

The CEO of Health Share of Oregon, **Janet Meyer, MD**, says that Bennington-Davis has made significant contributions, both locally and internationally, in trauma informed care and more broadly in mental health and addictions treatment.

"She is a systems thinker with a keen ability to understand and utilize data.

and addiction treatment services. In those roles, she implemented innovative programs such as Project Respond, a 24-hour mobile mental health crisis team, and Crisis Respite, a short-term, step-down unit that also serves as an alternative to hospitalization. Previous to that, she served as psychiatry medical director and hospital chief of staff for Salem Hospital.

Bennington-Davis lives near Wilsonville with her husband of 30 years, Tim, who is an engineering leader with a high-tech start-up. The couple has three children, who are no longer at home, two horses and three dogs. They grow vegetables, grapes, roses and have several fruit trees, and enjoy boating local waterways. Her other interests include cooking, fitness and reading.



"I like thinking about the human body and mind as a system, about **how humans interact with each other and their environments as a system** that impacts health, and about how health, education and social services affect populations."

—Maggie Bennington-Davis, MD, MMM

additional coordination of mental health, primary health and dental health will also certainly improve outcomes and reduce costs."

Another bright spot in response to the problem of disparities, Bennington-Davis points out, is the emergence of community health workers, community health educators and peer wellness specialists.

"These are people who have the same skin color, speak the same language, and they share the same culture as those they engage into health behaviors."

**David Labby, MD**, Health Share of Oregon's founding chief medical officer who now serves as health strategy adviser to the organization, has known Bennington-Davis for a decade and has worked closely with her for about three years. Labby describes her as an established leader within the mental health field and in the greater community, and says she has demonstrated that she can bring diverse groups together to solve complex problems.

Maggie shares our passion and commitment for our population, and she's able to think strategically and keep her boots on the ground at the same time."

Bennington-Davis will facilitate the use of data and metrics, both internal as well as state and federally directed, to ensure Health Share's transformational initiatives are measurable, reliable and designed to achieve the Triple Aim, the simultaneous pursuit of population health, enhanced individual care, and controlled costs.

As Health Share coordinates to improve care and health outcomes for Medicaid members among physical, mental and dental health plans in the tri-county area, Bennington-Davis says she will be analyzing data to define service or plan gaps, discovering what types of health care and health delivery systems work best for the members, and developing new payment structures.

Before Bennington-Davis joined Health Share, she served as the CMO and COO for Cascadia Behavioral Healthcare, the state's largest provider of mental health

Among Bennington-Davis' unique traits, according to Labby, is her deep compassion, empathy and sophisticated understanding of how life experiences impact health. For example, since Health Share was founded in 2012, one of the major lessons learned is that a small percentage of members are very high Medicaid utilizers, using the area emergency departments for care and getting admitted and readmitted over and over again.

"Before we created a CCO program specially for these high utilizing individuals, Maggie predicted that these members have struggled all their lives, starting with early abuse and neglect and that they were doing the very best they could. She was proved to be absolutely right."

Since its founding, Health Share has jelled as an organization, Labby says, and the next big step is for it to take on the challenge of more fully integrating behavioral health services on a regional level.

"Maggie has exactly the right blend of knowledge, experience and skills to take on that kind of challenge." •

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# Westbrook enjoys helping people apply their strengths to address personal challenges

By Melody Finnemore  
For The Scribe

**Beth Westbrook, PsyD**, has conducted therapy with many people during the course of her nearly 30-year career. She recognized early on that health care professionals face a unique set of challenges when it comes to mental wellness. Between professional and personal demands, it can often be difficult for a health professional to find a healthy balance, let alone ask for help when they need it.

"I think the health care profession is extremely demanding on both the body and the mind, making it hard to take the steps to make the call. It can be hard to sometimes realize that you need some help. Sometimes we have our own blinders on through our difficulties, and it takes family members saying, 'Go,'" she said.

Earlier this year, the **Medical Society of Metropolitan Portland** introduced the **Physician Wellness Program** to meet an increasingly prevalent need: the rapid rise in physician stress and burnout. The Physician Wellness Program, co-sponsored by the **Metropolitan Medical Foundation of Oregon**, removes the

obstacles that typically prevent doctors from getting the help they need. The program offers confidential counseling tailored to doctors, with appointments available quickly at their convenience. The program is open to all physicians and PAs at no cost.

Westbrook, a member of MSMP's Physician Wellness team, underscored the value of the privacy and confidentiality accorded by the program.

"When any organization takes the bold step that MSMP has taken to allow for this program, it opens doors. If an organization is behind it, it can be trusted," she said. "The fact that the program has been designed to protect privacy is the most important piece. Not everyone feels comfortable using their insurance or choosing a mental health professional, so I feel grateful to be trusted in this community."

Westbrook, who grew up on the East Coast, said she was inspired to become a mental health professional by her mother, who was one of the first women to teach psychology at Hofstra University in Long Island, N.Y. Westbrook earned her bachelor's degree in psychology from the University of Texas at Austin and a

master's degree in dance therapy from Lesley College in Cambridge, Mass.

"I valued the experience of some non-verbal approaches and found them very helpful in certain settings like hospitals, clinics and in working with children in various treatment settings," Westbrook said of her interest in dance therapy.

After completing the Child & Adolescent Psychotherapy Certificate Program at the Washington School of Psychiatry in Washington, D.C., in 1987, Westbrook moved to Portland because her husband, Gary Westbrook, a neuroscientist, accepted a job with Oregon Health & Science University. Beth Westbrook earned her doctorate in clinical psychology from Pacific University in 1991.

Westbrook said she enjoys helping people apply their strengths to address personal challenges.

"I like working with people. I like the creative process of therapy because you're not just working with history and facts, but you are working to foster change and development," she said.

In addition to serving MSMP members and other physicians, Westbrook is in private practice and is a governor appointee

to the state's Health Evidence Review Commission and the Health Professionals Service Program.

Westbrook's professional experience also includes serving as an interventionist in the OHSU Lung Health Study, teaching as adjunct graduate faculty at Marylhurst College and working with Clackamas County's Mental Health Center. She also worked at South Community Mental Health Center in Washington, D.C., and Mount Vernon Hospital in Alexandria, Va., as well as the dance therapy program at St. Elizabeth's Hospital in Washington, D.C.

She is an author and presenter on psychiatric topics that include the treatment of health professionals. Westbrook also is a member of the American Psychological Association's division of psychotherapy and the Oregon Psychological Association.

When she's not working, Westbrook enjoys taking classes in ballet and jazz, yoga and pilates. She has two adult children in college and graduate school. •

To learn more about Dr. Westbrook, please visit [msmp.org/Meet-Our-Psychologists](http://msmp.org/Meet-Our-Psychologists).

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# Medication synchronization, prior authorization bills expected to improve patient care, efficiencies

A pair of newly enacted bills is expected to benefit patients and physicians across the state, and efforts are underway to educate providers about the new legislation that is intended to improve medication synchronization and 90-day refills of prescription medications.

The medication synchronization bill, which followed up on a 2014 predecessor, allows patients to obtain all of their

medication refills at the same time each month. This includes partial refills in accordance with the patient's current prescription drug plan and benefits.

The medical synchronization policy is intended to make obtaining prescription medications more convenient for patients, many of whom are dealing with illnesses that make it difficult to get to the pharmacy. It is expected to improve patients'

ability to take their medications consistently, boosting compliance with doctors' treatment plans. It also will increase opportunities for pharmacists to educate patients about their medications, as well as needed immunizations and health screenings, in a more comprehensive manner, according to the bill's sponsors.

In addition, medication synchronization is designed to increase efficiency

for pharmacists and physicians by creating a "one-stop" authorization and dispensing process, and create a checks-and-balances system with providers in tracking, charting and monitoring patients' medication usage and refill status.

The medication synchronization law requires health plans to reimburse the cost of prescription medications dispensed under the new policy.

The second piece of legislation that took effect July 1, the Universal Prior Authorization policy, requires Oregon health plans to accept a new uniform Prior Authorization (PA) Request Form, as well as abide by certain timelines and notification procedures, when processing PA requests for prescription medication benefits.

The new rules are intended to streamline and simplify the PA process for prescription drugs. The new requirements do not expand the list of drugs subject to PA or otherwise modify the PA approval criteria for particular drugs. In addition, the new PA requirements only apply to prescription drug benefits, not medical services or other procedures, according to an informational statement compiled by Johnson & Johnson Health Care Systems, Inc.

As defined by the law, health-care payers impacted by the new rules include health insurers, prepared managed care organizations, third-party administrators, entities that establish self-insurance plans, health-care clearinghouses, and other entities that perform claims processing and other administrative functions. Medicaid managed care plans also must comply with the uniform PA requirements, though the requirements do not apply to Medicare Part D plans.

The PA requirements apply whenever a plan requires PA for a prescription drug, regardless of whether the drug is covered under the plan's medical benefit or pharmacy benefit. While health plans must accept the uniform PA Request Form, they may also request PAs accompany specific patient charts or supporting information. The new law mandates that health plans accept the form, and it also outlines the ways in which providers may submit the PA Request Form. Finally, it requires health plans subject to the new requirements to notify the prescribing provider within two business days of receiving a completed PA Request Form.

Providers who have questions about the new uniform PA requirements can contact individual health plans, and both providers and patients can request more information from the Oregon Department of Consumer and Business Services Insurance Division at 503-947-7980 or [dcbs.inmail@oregon.gov](mailto:dcbs.inmail@oregon.gov). The information about the new PA law can be found at the department's website, <http://www.oregon.gov/DCBS/insurance/legal/laws/Pages/recentrules.aspx>.

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# Goldfarb settles into foundation role by reaching out

By **Cliff Collins**  
For The Scribe

**Timothy M. Goldfarb**, a familiar name in the Portland medical community, has returned to town after a 14-year absence to head an organization dedicated to physician well-being.

The **Foundation for Medical Excellence**, a venerable local nonprofit that supports doctors through education and research, named Goldfarb president earlier this year, and he began working there in July. The foundation, often abbreviated as TFME, emphasizes health policy and education on contemporary medical issues facing practicing physicians.

Although his tenure as chief executive of UF Health Shands health care system in Florida was long and successful, Goldfarb views his return as almost “preordained, because I have kept ties here,” and he and his wife, Laura, spent their “formative years here.”

Laura Goldfarb is a public health nurse who worked at Virginia Garcia Memorial Health Center and served on the Oregon Health & Science University obstetrics and gynecology faculty. The couple retained a home in Portland, and their three daughters all work at his former place of business, OHSU, where he spent from 1984 until his departure for the Florida position in 2001. Goldfarb was director of OHSU Hospital and the OHSU Health Care System from 1987 until 2001, and before that was associate hospital director beginning in 1984.

“There was the emotional connection and family here,” he said. “We were always planning on coming back here.”

Previously known as Shands HealthCare, UF Health combines the University of Florida Health Science Center and UF Health Shands, which, with a total of more than 22,000 employees, is one of the largest academic-based health systems in the Southeast. At the time Goldfarb joined Shands, it included nine not-for-profit hospitals, 11,000 employees, and more than 1,500 affiliated University of Florida and community physicians.

“I’m used to running big organizations,” he said. The appointment to head TFME represents “a change. It’s absolutely fun and allows me to be more self-reliant.”

Foundation board member **Walter J. McDonald, MD**, who was on the search committee seeking a president for TFME, said he felt excited when he found out that Goldfarb was interested in the job.

“Tim was a very big fish in a very big pond,” said McDonald, former CEO of the American College of Physicians and, previous to that, associate dean of graduate medical education at OHSU. It was almost as if LeBron James wanted to join the Portland Trail Blazers, McDonald said. Goldfarb “is remarkable from the standpoint that he knows most of the players and knows nonprofits, fundraising, organizations and finance.”

In addition, he has been a “major player on the national scene,” McDonald said, including chairing the Council of Teaching Hospitals and Health Systems, which is part of the American Association of Medical Colleges, and serving on the executive committee of the University HealthSystem Consortium. Goldfarb also has been an active member of the Regional Policy Board of the American Hospital Association. These national connections will help TFME “in terms of programs, but also in terms of outreach,” McDonald said.

## Small organization, big reputation

Goldfarb is devoting his first few months at the foundation to meeting with leaders and members of the health care community throughout the state. He emphasizes that point, because he wants TFME to help close what he sees as “a disconnect” for doctors outside the metropolitan area who know and have benefited from TFME programs but who aren’t necessarily conversant with the foundation itself, or its name.

“We are spiritually tied to physicians, whether they practice in Joseph” or in the Portland area, he said. “Programs from the foundation have clearly impacted the rest of the state,” such as a conference in Grants Pass on pain management; but an individual physician in Grants Pass would recognize the value of that program but might not know about the foundation. The Portland-area “medical community is much more attuned to the foundation as a neutral venue, a safe place to talk about serious subjects. The need for that cultural function is equally true” around the state.

“I want to tell them about the foundation and ask them about their needs and how can we work with the local medical societies. I don’t see any conflict or overlap; the foundation’s approach is education, historically, not delivering services,” and thus TFME and other organizations can support each other, Goldfarb said. “The challenge for the foundation is, can the foundation help physician wellness on a more regional basis?”

He said the foundation’s paradox is that it is a small organization that enjoys “a big reputation,” thanks to dedicated volunteer board members, most of whom are physicians, and to the effective work done by his predecessors as TFME president: longtime founding leader **John J. Ulwelling** and, until his unexpected death last year, **Edward J. Keenan, PhD**. “I feel that the board and staff all naturally feel a responsibility to the legacy and brand that John Ulwelling and Ed built,” Goldfarb said. “You do feel an obligation to that.”

The programs, scholarships and lectureships have been built by a small number of people, but have exerted a large impact, he said. TFME is funded primarily through donations from doctors and

corporations, in addition to conference fees by attendees.

The foundation’s board is composed of prominent community members: McDonald; attorney **Robert Keating**; **Charles Kilo, MD**, chief medical officer at OHSU, who chairs the TFME board; **William Johnson, MD**, president of Moda Health; and **Lewis Low, MD**, senior vice president and chief medical officer of Legacy Health. Goldfarb and board members have held their first board meeting retreat.

“We listed all the programs we’ve done historically,” he said. “We renewed our commitment to be a neutral public policy site, and our commitment in the broadest sense to physician wellness.” Goldfarb said he and **Barry E. Egner, MD**, who serves as part-time medical director, “are condensing programs we think we should focus on.” Then, after talking with as many people as possible, the foundation will “reaffirm our direction based on customer input,” he said.

Among the conditions that have not changed during his absence are the challenges faced by practicing physicians, he observed. “The stress of that hasn’t diminished since I left. The need for physicians to be supportive of each other has become more challenging for physicians



TIMOTHY M. GOLDFARB

as they’ve become part of larger organizations” and feel less in control of their own fate. “When people go to medical school, there are things that get between them and their patients. For the most part, (doctors’) most satisfying experience is when they’re taking care of their patients.”

But factors such as productivity demands, technology, multiple external performance expectations, and increased charting demands have interfered with the time doctors can devote to patient care, he said. “How do you reconcile those to where physicians feel satisfied in their practice?” Education and support are ultimately what the foundation is about, he said.

The public policy side of TFME will “continue to play a sustained role in the community, where folks can talk about public policy issues,” and the various professions involved in health care can come together in “a wonderful venue for their discussions,” Goldfarb said. •

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# Area organizations leading advances in women's health research, treatments

By Melody Finnemore  
For The Scribe

From contraception to labor and delivery, area health organizations are leading advances in women's health research and treatments. Here is a snapshot of some of the most recent developments.

## Contraception and conception

**Jeffrey Jensen, MD**, and his team at **Oregon Health & Science University** are evaluating and developing new nonsurgical, permanent contraceptive methods for women.

Jensen, Leon Speroff Professor of Obstetrics & Gynecology at OHSU and senior scientist at the Oregon National Primate Research Center Division of Reproductive and Developmental Sciences, said some approaches under investigation adapt existing materials approved by the Food and Drug Administration, including polidocanol foam, which is used to treat varicose veins. The team is evaluating if placing polidocanol into the uterine cavity, in a procedure similar to placing an IUD, would block a woman's fallopian tubes, making it impossible for an egg and a sperm to meet.

OHSU has received funding from the Bill & Melinda Gates Foundation to develop the Oregon Permanent Contraception Research Center. The center will test and develop contraceptive methods that are effective for a variety of populations, Jensen said.

"After completing our animal testing, our goal is to move to clinical trials in highly controlled settings like the U.S. before a rollout to low-resource settings," he said. "Our goal is to ensure that every baby is highly wanted and planned."

As recently reported, OHSU also announced a discovery that could improve in vitro fertilization (IVF) success rates for women around the world. In a partnership with Stanford University, the University of Valencia and IGENOMIX, scientists have discovered that chromosomal abnormalities in human embryos created for IVF can be predicted within the first 30 hours of development. This discovery could improve IVF success rates, which have hovered around 30 to 35 percent for numerous years worldwide.

In other news, a **Kaiser Permanente** study found that common surgical procedures to diagnose and treat pre-cancerous cervical lesions do not decrease

fertility, and that women who had one of these procedures were actually more likely than those who didn't have a procedure to become pregnant.

The study followed nearly 100,000 women for up to 12 years. The key findings: 14 percent of women who had cervical treatment procedures got pregnant, compared to 9 percent of women who did not have a procedure and 11 percent of women who had a less invasive procedure to diagnose pre-cancerous lesions. After adjusting for age, contraceptive use and infertility, women who had a treatment procedure were still almost 1.5 times more likely to conceive compared to untreated women.

"This is great news for the millions of women who have one of these procedures, but still want to have a family," said **Allison Naleway, PhD**, lead author and senior investigator at the **Kaiser Permanente Center for Health Research**. "There was a fear that these procedures could weaken the cervix and reduce fertility, but our study suggests that this is not the case."

## Pregnancy

**Legacy Health** is seeing overwhelmingly encouraging feedback a year into offering chromosomal microarray analysis (CMA)—the latest advance in genome analysis—to expecting families who receive abnormal ultrasound results. CMA examines a fetus' entire genome at high resolution, for chromosomal abnormalities associated with imbalances for hundreds of genetic disorders, including Down syndrome, autism, and other congenital abnormalities and unexplained intellectual disabilities.

CMA is one of the most comprehensive, clinically validated genetic tests available and provides superior results to karyotyping, which used to be the standard cytogenetic analysis test performed, according to Legacy. The American College of Obstetricians and Gynecologists recently issued guidelines asserting that CMA is now the recommended first-line genetic test in pregnancies showing fetal abnormalities on ultrasound as well as identifying the cause of death in stillbirths and miscarriages.

"As the field progresses toward more knowledge of the genome, our

understanding of genomic imbalances that may cause disease also increases. I think we're seeing more of that trend," said **Yasmine Akkari, Ph.D.**, scientific director of cytogenetics at Legacy Laboratory Services.

"Patients are pretty savvy. Given that they potentially could be faced with some uncertainties, they are receptive to undergoing new testing and I've been really impressed," she added.

## Labor and delivery

**Providence Health & Services**, Legacy, Kaiser and OHSU are among the health systems involved in the **Oregon Perinatal Collaborative (OPC)**, which was established to reduce the rate of elective deliveries before 39 weeks of gestation. The OPC also is committed to safely reducing the number of C-section deliveries in Oregon, particularly among women who have not had a C-section birth before.

The OPC's Subcommittee on Data for Measurement and Improvement has identified priorities for metrics that will measure and support best practices for maternal care, and these metrics have guided the development of the Oregon Maternal Data Center (OMDC). A pilot phase for the data center launched earlier this year, giving hospitals a dynamic, web-based tool to help calculate, report and improve performance in a way that is low-burden and low-cost. Participating hospitals submit patient discharge data, which they already collect, along with a limited set of clinical data to the OMDC's secure website. The site automatically generates a wide range of perinatal performance metrics and patient-level information.

Among the benefits of participating in the OMDC, according to information on its website, hospitals receive provider-specific rates for 11 different measures, detailed benchmarking data, population-based metrics, facilitated performance reporting and an enhanced ability to identify data quality issues that impact performance results.

The March of Dimes and the Oregon Health Care Q Corp are lead sponsors for the OMDC, and Q Corp is managing the development, hospital enrollment and operations of the pilot phase. •

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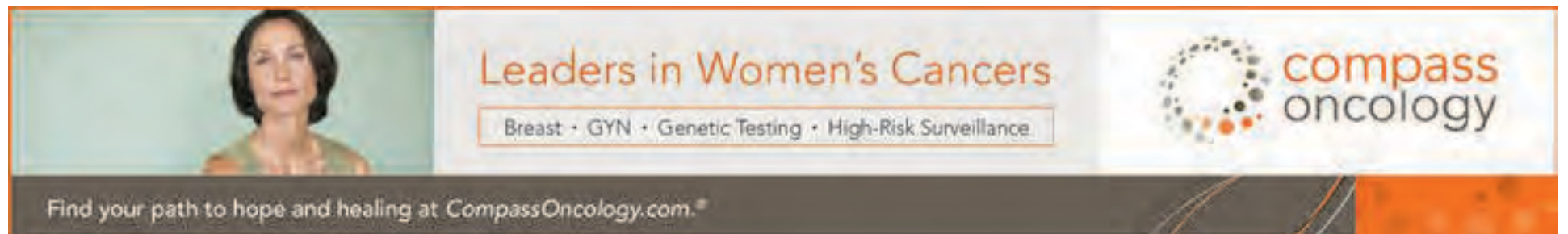


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## Promise and personalization in the fight against breast cancer

By Jon Bell  
For The Scribe

### Targeted. Personalized. Hopeful.

Those are just three of the words that repeatedly came into the conversation when *The Scribe* talked recently with area specialists focused on breast cancer treatment and care. The goal was to find out what's new in the field, what advances have been made and where we're headed. Here's what three specialists—and one survivor—shared.

### Providence Health & Services

If there's a new word in breast cancer treatment and care, it's this: personalized.

"In the past, treatments were kind of one-size-fits-all," said **Alison Conlin, MD**, a medical oncologist in Providence Cancer Center's breast cancer program, "but trying to apply everything to everyone doesn't always lead to success. Now it's becoming extremely personalized. Each person has their own road map and their own personal care plan. And the more complicated it gets, the more personalized it gets."

Conlin, who has been with Providence for more than seven years, said that immunotherapy has shown some new promise in breast cancer treatment of late. The therapy, which utilizes pharmaceuticals to stimulate the immune system to help it battle cancer cells on its own, has shown much more impact with other cancers, such as melanoma and kidney cancer. But recent advances are showing a lot of promise for immunotherapy's potential with certain breast cancers as well.

"We are hopeful," Conlin said.

She also noted that Providence's integrated medicine department continues to play a huge role in the treatment and care of breast cancer patients. From acupuncture and massage to simply providing valuable information about lifestyle choices and intervention options, integrated medicine can be key.

When asked what impact OHSU's massive cancer push—fueled by the recently completed \$1 billion Knight Cancer Challenge—will have on breast cancer care and treatment locally, Conlin said she is thrilled about the potential.

"We are all very excited and all very supportive of all the money that goes into cancer research everywhere," she said. "Being able to have researchers in the lab working on new ideas and new breakthroughs, it's just critically important."

### Legacy Health

For **Jennifer Garreau, MD**, a surgical oncologist at Legacy Good Samaritan Medical Center, there's not much that stays the same in the world of breast cancer care.

"It's always changing so much that it can be hard for anyone to keep up," she said. "Things that were once dogma quickly become outdated with all the change that goes on."

Garreau said that when she was in fellowship, for example, the standard approach to treating some breast cancers was to do surgery first, then chemotherapy.

"Now it's different in that we often give chemo first, then do the surgery,"

she said. The revised approach doesn't necessarily improve survival rates, but it does yield much more valuable information about how a tumor responds to treatment before surgery. There's also the chance that a cancer cell could escape the surgical knife, so administering chemotherapy first might possibly help prevent that.

Garreau also said that research these days is focusing much more on the genetic makeup of tumors so that treatment can be customized and care personalized. At this stage, it's too early to precisely identify which drugs might work best on a specific tumor or cancer, but Garreau said that it may someday progress to that level. Until then, the more information about a specific tumor, the better.

"That's really the wave of the future," Garreau said.

### Compass Oncology

Tumors, beware.

The technology to analyze a tumor at the DNA level and then provide a treatment plan specific to that tumor may not be available yet, but it's in the works and it's not a matter of if, but when.

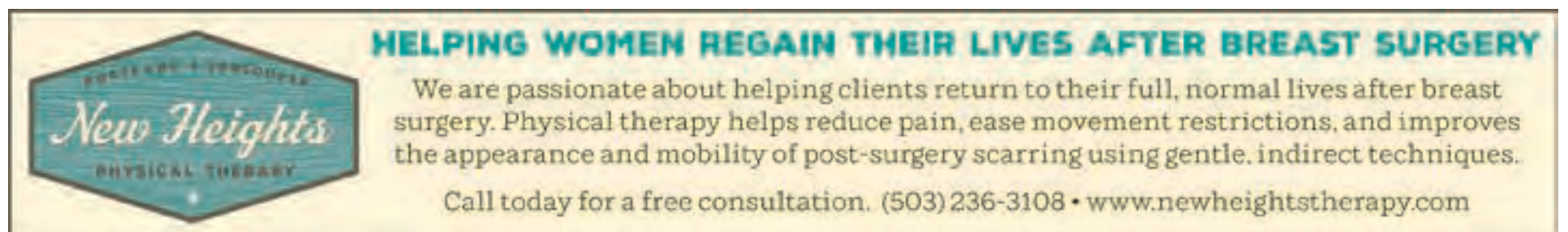
"We clearly are not there today, but we are on the brink," said **Jay Andersen, MD**, a medical oncologist with Compass Oncology and co-director of the Compass Breast Specialist Team. "Eventually, the dream and the hope is that we'll be able to really drill down to the DNA of a tumor, select a therapy that will offer the best outcome and minimize the side effects for all patients."

Being able to better target tumors is the way much of the treatment of breast cancer is headed these days. Andersen, who's been in practice for about 14 years, said there has been lots of buzz and excitement in recent years over advances in targeted treatment, including several new drugs that have shown promising results with certain tumor types.

In addition, through its involvement with the U.S. Oncology Network, a national network of practices, Compass is currently part of 11 active trials for promising new drugs.

"We wake up with the same challenges every day," Andersen said, "to deliver the best care we can that is cutting edge, that delivers the best outcomes and has the least impact on quality of life. I think that's what we're all always aiming for." •

See Jan's Story on page 12



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## Circle of Giving from page 1

"They used to fund people on a good idea, now they want some strong preliminary data and research, at least," she said.

Coming up with that preliminary data and early-stage work can be an expensive endeavor in its own right. Without it, a lot of researchers wouldn't have a shot.

That's why the **OHSU Circle of Giving** exists. Established in 2006, the Circle of Giving is a group of women donors who every year contribute donations of between \$2,500 and \$5,000 to help kick-start research projects connected to women's health. (Women under 40 give \$2,500; those above 40 give \$5,000.) Some notable current members include well-known **Oregon author Jean Auel** and **philanthropist Arlene Schnitzer**.

The funding gets combined into a \$125,000 grant, which is then awarded to a researcher linked with OHSU and working on research related to women's health. The grant helps the researcher with early-stage work that might then lead to higher levels of funding elsewhere. Berlin likened it unto a researcher who comes up with the idea for a better lightbulb but who needs to first research and prove a particular component of that bulb.

"This is more of the filament level," she said.

The Circle of Giving, which Berlin marshals, is modeled after similar fundraising methods elsewhere in the country, but Berlin said the OHSU iteration is unique in the region. It also serves as the primary research driver for OHSU's **Center for Women's Health**, where Berlin is co-director. The center focuses on best practices for women's health, but it also aims to disperse information and knowledge around women's health not only to patients but to caregivers, researchers and others at OHSU and beyond.

"The Circle of Giving is part of the center in that way," Berlin said, "to help get important information about women's health out there."

With its focus on research related to women's health, the Circle of Giving is also part of a larger movement across the country to ensure that medical research includes and involves women. NIH itself launched the Office of Research on Women's Health in 1990 to expand

research that includes women, a push that's been renewed in recent years.

Usually the Circle of Giving awards one grant a year, though some years donors contribute enough money for a second award. Excess funding that comes in is invested to help fund additional awards in the future.

Berlin said interested researchers must go through a fairly simple application process for starters. A straightforward application asks for basic information and some details about the proposed research. Two reviewers, one from the scientific realm and one with more of a presence in the clinical world, make the initial culling down to between five and seven prospects. The group is then pared down to three researchers, each of whom gives a presentation before the Circle of Giving donors one morning. The same afternoon, the donors announce their selection. The entire process unfolds over about six months, with applications due at the beginning of January and the award announced in May.

To date, the Circle of Giving has awarded \$1.2 million in research grants for projects that Berlin said are "high risk, high payoff" endeavors. Past recipients have included work in the areas of breast cancer, stroke, menopause, ovarian cancer and others. The 2010 recipients, **Shoukhrat Mitalipov, PhD**, and **Paula Amato, MD**, looked into how mutations in DNA, inherited from a mother's egg, can cause serious disease. That initial work led to a new method for preventing certain inherited diseases.

Berlin said that work, in particular, has potential to be Nobel Prize worthy.

"We get some really world-class research," she said.

As it is with most philanthropic efforts, there are always way more research proposals submitted to the Circle of Giving than the group can fund. Berlin said the circle is always looking for more members, and she hopes that one day it might expand beyond OHSU.

"We are not there yet," Berlin said, "but maybe someday. There are a lot of people who are trying to get their research off the ground and get going, and when it comes to more projects and better-funded research, more is better. We badly need it." •



OHSU Center for Women's Health co-directors S. Renee Edwards, MD, MBA, (far left) and Michelle Berlin, MD, MPH, flank Circle of Giving co-chairs Teri Oelrich and Patti Warner during an event. The Circle of Giving is a group of women donors who, for the last decade, have supported research connected to women's health.

Photo courtesy of OHSU

## Breast cancer survivor optimistic amid Providence clinical trial

It's been nearly 20 years since Jan, an East Coaster who works in pharmaceutical research and development, got her first breast cancer diagnosis.

It was 1996 when Jan, who asked that her last name not be used, got the news that she had a fairly mild form of breast cancer. She underwent radiation and a lumpectomy and, for the most part, was free and clear.

But about five-and-a-half years ago, cancer came back into Jan's life. She was diagnosed with inflammatory breast cancer, one of the rarest and most aggressive forms. "When you Google it, one of the first things you see is that there is a five-year survival rate of only 40 percent," Jan said.

Since her diagnosis, Jan has been in treatment continuously, save for a few periods of remission. She has undergone three rounds of chemotherapy—"And I'm not doing that again," she said—as well as hormone therapy, radiation and surgery. She's considered "stable" today. However, Jan's options for future treatments had dwindled.

But then she found a clinical trial under way at Providence Health & Services in Portland. The trial combines three drugs, two that are already on the market and one that is investigational. Though it's not easy to meet the criteria for many clinical trials, Jan did. She also lucked out, in a way, because she has a sister who lives in Portland.

"That's really the reason I can do this," Jan said. "I fly out every three weeks, so I've been out there seven or eight times now."

She usually comes in for just three or four days at a time, but so far the travel has been worth it. Jan said that before she started the trial, she was in a lot of pain from the skin ulcerations that accompany the cancer; she was also on disability from work. After the trial, however, the ulcerations cleared up, the need for pain medications disappeared and Jan went back to work.

"I have had a very good response," she said.

What happens in the future for Jan has yet to reveal itself. She said she can stop the trial whenever she wants, though she's still optimistic about its impacts and plans to stick with it.

"I don't know how long I'm going to be able to do this," she said, "but for now it's manageable."

Her experience with Providence has been a positive one. Through it all, she's also been reminded of just how important the work of research and development—work that she herself does—is.

"I just can't say enough about the importance of clinical trials," she said. "That's how we get new and potentially life-saving medicines to patients like me." •

—Jon Bell



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# Area pediatricians address obesity among youth, updated prevention recommendations

By Barry Finnemore  
For The Scribe

One of pediatrician **Natasha Polensek's** young patients struggled with rising weight. But in the last couple of years, he got into playing basketball, thanks to a commitment his mom made to make sure he got to practice. The boy became friends with other players, which led to participating in even more physical activities.

The result: The youngster, now 7, went from being obese down to a healthy weight.

Polensek, MD, said the mom's decision to help her son eat healthier and be more active wasn't made overnight. During each of the boy's well-child visits over a few years, the Portland pediatrician would talk with the mom about ways to help him curb his weight, which began to climb when he was about 4. At a certain point, things clicked and the mom was ready to take action.

Today, "he has more energy, he looks brighter, he can be more focused at school and he's not so tired when he comes home," Polensek said. "He can run and do more, and he's so proud of what he can do, so it's building self-confidence. It's really great to see that."

Polensek's approach with the family—including strategizing with the boy's mom about ways she could get him to basketball practice regularly—was among the key recommendations issued recently by the American Academy of Pediatrics about curbing childhood obesity.

The AAP report noted in part that motivational interviewing has shown "promising results in...self-reported behavior changes for obesity prevention." Polensek, MD, director of **Doernbecher Children's Hospital's Healthy Lifestyles Program**, said it's a technique the program uses with some success to help patients and families embrace healthy habits and make lifestyle changes that can help their kids get and stay on a path to better health.

"I can't take total responsibility when people become motivated," Polensek said, but she did stress the power providers have to help affect positive change in their patients. "People do listen to you when they're ready."

The AAP's recommendations were a part of its clinical report in the July 2015 issue of *Pediatrics*. The report, titled "The Role of the Pediatrician in Primary Prevention of Obesity," offers guidance to pediatricians and families on how to incorporate healthy habits into daily life, including a balanced diet, more physical activity and reduced sedentary behaviors.

Along with diet modifications and curbing screen time among kids, the academy encouraged pediatricians to work with families to identify ways to exercise together for the recommended 60 minutes a day.

In releasing the updated recommendations, the AAP said that while obesity prevention is not solely the responsibility of pediatricians, they are important advocates in a web of broader community resources to which they can connect patients. It also noted that education and advice, by themselves, are unlikely to prevent obesity, and that pediatricians should become familiar with interventions such as behavior-modification techniques and promoting improved parenting skills. "Even when families have knowledge of healthy behaviors, they may need help from pediatricians to motivate them to implement behavior changes," said Stephen Daniels, MD, chair of AAP's Committee on Nutrition.

Childhood obesity is a significant and increasing health issue. The Centers for Disease Control and Prevention notes that obesity has more than doubled in children and quadrupled in adolescents during the past three decades. AAP said obesity is the most prevalent chronic health condition among youth.

**Mary Ellen Ulmer, MD**, a pediatrician with **The Portland Clinic**, said the updated recommendations align with the AAP's role of routinely encouraging pediatricians to serve as health advocates not only with patient families, but also in the broader community. Ulmer herself has done this, in part by helping make lunch menus at her children's school healthier. In her practice, she stresses the importance of parents being healthy role models from the time their children are young through each developmental stage, and sticking to the 5-2-1-0 rule (five or more servings of fruit and vegetables per day, two hours of screen time or less per day, at least one hour of physical activity per day and zero sugar-sweetened beverages per day) so healthy habits become routine—even amid a flood of advertising for sugary food and drinks and the enormous pull of electronic games.

"It's my mantra," Ulmer said of the 5-2-1-0 rule. "Just like reading bedtime stories to kids when they're young, if something is a routine, they ask for it."

Ulmer said she sometimes cites AAP recommendations in conversations with families to help underscore the importance of making healthful changes to diet and exercise. "It does carry weight," she said. "I'll say, this is a national recommendation, not just me saying it."

Polensek said childhood obesity prevention prior to and during pregnancy and the first few years of a child's life is critical, noting the importance of screening at those times. That period, in fact, is a major emphasis of **OHSU's Knight Cardiovascular Institute**, she noted. The AAP report itself noted that observational studies suggest that "fetal life and the first two years of life may be critical periods for the programming of obesity and related behaviors."

The AAP's report also touched on medical practice skills and workflow, noting that medical practices could delegate

such things as obesity prevention counseling to their non-physician staff or community-based, culturally competent non-physician providers, and that referrals to specialists such as dietitians mostly is indicated for obesity treatment. For her part, Ulmer said she'd like to see obesity prevention services covered to a greater degree by insurance companies, stressing the effectiveness of education programs that teach families how to eat and shop healthy and that

reinforce those concepts over a several week period.

Polensek said community resources are an important part of the strategy to address childhood obesity, citing the fact that many metro-area providers refer families to Portland Rx Play, a program with parks and recreation departments and districts that help families be more active.

"What parents model is important," Polensek said. •



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# Joel Bohling, MD, finds relaxation, satisfaction in handcrafting furniture

By John Rumler  
For The Scribe

**Joel Bohling, MD**, grew up on a farm in Nebraska with eight siblings. His mom and dad put in long hours raising crops and livestock, and the kids all did their share, too.

As a youngster Bohling learned many things from his father, including how to put up fences and build sheds and barns. In high school, he expanded on these basic skills in one of his favorite classes: wood shop/drafting, where he and other students built furniture they designed by themselves.

Those carpentry skills remained dormant for many years. However, in the second year of residency in 1977, Bohling married and the young couple needed furniture, so he built a table and chairs and some other pieces. He enjoyed the experience itself as well as the feeling of accomplishment and satisfaction that followed.

Since then, Bohling, a primary care physician with **Virginia Garcia Memorial Health Center in Beaverton**, has designed and constructed almost every type of furniture imaginable, including china cabinets, armoires, dressers, desks, tables, nightstands and benches. He also builds smaller items such as mini-step ladders and utensils such as wooden combs.

One of his favorite commissioned projects was a curved apron/curved top entry table made of quilted western maple and accented with purple heartwood inlay.

The remarkable thing about Bohling's finished products is that they are created from his own designs, by hand tools, and he uses no wood screws or metal fasteners to bind the pieces together. The only

power tool he uses regularly is a large table saw for cutting the wood, the raw material of his creations, into manageable pieces. Most of the furniture he creates or reproduces is of the Federal style—features of which include sharply geometric forms, straight legs, contrasting veneers and geometric inlay patterns—and many reflect some Shaker influence.



Joel Bohling, MD, designs and builds fine furniture by hand in his garage workshop.

“The process of designing is a bit of a puzzle,” Bohling says. “I have to consider size and style. I start with a rough sketch and then often do a full-size mock up with a drawing to look at on a wall to decide on details and proportions.”

Bohling often finishes his furniture with shellac and some wipe-on oil-varnish mixture. He sometimes adds carvings and occasionally uses some milk paint.

“My philosophy of furniture design and building is to create a piece I am happy with, also knowing it will last, in its looks and its construction, for 100-plus years. This is how the craftspeople of the past have done it and some are still doing it this way today.”

He can go weeks with no activity, but other times he does something almost every day for months at a time.

Julie Kaynor, who lives in the same Lake Oswego neighborhood as Bohling, over a period of several years had him build about a half dozen, small, ornate, decorative boxes that she keeps on her dresser or uses for special gifts. Each is crafted with several different types of hardwoods, such as black walnut and bird’s-eye maple, for contrast.

The pieces of wood are fitted together seamlessly and accented with highly finished engraved borders. He’s also painstakingly rebuilt a large dresser and an antique rocking chair for Kaynor.

“Joel is a meticulous person. He’s quiet and very humble, but he’s a fantastic artist, craftsman and an incredible problem solver,” she says. Kaynor describes Bohling as a minimalist who rides a bicycle, recycles as much as possible, and

reuses wood that most likely would end up in a landfill or go to waste.

Bohling’s workshop is in a large, two-car garage equipped with numerous hand tools but only the one large power tool. This ordinary appearing space is his haven; it’s where he indulges in his hobby, always accompanied by music—anything from classical to rock to rhythm and blues. “The music is important. It really helps me relax and stay in the moment, which is what this is all about,” he says.

Although he uses hand tools, he points out that he does not deliberately shun power tools, but simply finds them unnecessary. It requires more effort using a brace and bit for drilling holes and doing all the sanding by hand, but Bohling doesn’t mind.

“Take cutting dovetails,” he says. “They make jigs and use routers to do that, but they have a cookie-cutter look when done. Hand-cut dovetails have an infinite variability to them, although it takes about twice as long.”

However, Bohling makes it clear that he does shun the use of wood screws, which have no place in fine woodworking. “The task of holding things together is accomplished by wood joinery, which Japanese woodworkers have taken to another whole level.”

All his projects are made with hardwoods such as cherry, walnut, or eastern maple. He likes to use wood from trees that have died or been blown down in storms. He once salvaged a fair amount of wood from a plum tree and a shag bark hickory tree from his parents’ farm. “That was an interesting project,” he recalls. “That wood was free, but there was considerable sweat equity.”

One of his commissioned pieces was a 60-inch, round dining room table he built for Barry and Laura Davis. The table, built with beech with a pedestal design and featuring intricate, inlaid circle patterns, was completed in 2000. “It’s just as gorgeous now as the day he finished it. It looks brand new,” Laura says.

Around that time, one of the Davis’ children had a mishap and they took him to an urgent care center in Tigard. To their surprise, Bohling was the attending physician.

“He had that same low-key, introspective demeanor. It was very calming,” Laura recalls.

The Davises say they’d like to commission further projects from Bohling, but point out that, between his duties as a physician and the projects already on his table, it wasn’t easy for him to find the time.

As for his next major project, Bohling, who also volunteers for Habitat for Humanity, says he is looking for a house to remodel and convert into a “Passivhaus,” a German term for a trend in energy-efficient, sustainable housing. •

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# Daniel Labby, MD

**Daniel H. Labby, MD**, educator of multiple generations of Oregon physicians at **Oregon Health & Science University** and a founder of its **Center for Ethics in Health Care**, died Aug. 30, two days before his 101st birthday. He passed away surrounded by his wife of 75 years, Margaret Selling Labby, and family.



Born at home in Portland in 1914 to Russian immigrants, his work life started early as a newsboy selling daily papers on downtown street corners. He graduated from Reed College and received his MD from the University of Oregon Medical School in 1939. His life, his son David Labby, MD, said, is an example of the "great American story."

After internship at Johns Hopkins University and a fellowship at Cornell Medical Center in syphilology (a major branch of medicine in the pre-antibiotic era), his medical training was interrupted by service in the U.S. Army Medical Corp during World War II. A hepatitis B-contaminated vaccine for yellow fever put him and many in his battalion in the hospital with hepatitis, leading him subsequently to join the Rockefeller Institute for Medical Research to study liver metabolism. He returned to Portland in 1947 and was in private practice until 1951, when he joined the small, full-time faculty of the University of Oregon Medical School. He recalled initially delivering the majority of the 70 lectures in internal medicine to junior-year students and is still remembered as a skilled teacher, role model and mentor by his former students. Over time, he helped recruit other physicians to create a full medical faculty.

While professor of medicine from 1958 to 1971, he developed an extraordinary range of expertise, not just in metabolism, diabetes and liver disease, but also in human sexuality, doctor-patient relationships and medical ethics. In response to concerns that increasingly technical medicine was moving away from "taking care of the person," he organized an ethics seminar in the mid-1960s at Reed College, "The Sanctity of Life," with an international faculty. Caring for "the person" led him to further training at the Tavistock Institute in London and, in 1972, he transitioned to professor of medicine and psychiatry, focusing his practice on psychiatry until his retirement in 1985. In 1989, he helped launch the OHSU

social issues," David Labby said. "He was really dedicated to people, most of all."

David Labby also said his father was described a Renaissance man, with myriad interests and activities outside of medicine, from serving on the Reed College board to being the traveling physician for the Junior Symphony, in which he had played as a young violinist. He was an avid rare plant collector who created a magnificent garden, a lover of classical music, art and Chinese porcelains, a font of knowledge and stories, and a world traveler. He was devoted to his wife and life partner, Margaret, whom he met when she was 16, married after a six-year courtship, and whose love and wisdom

David Labby, MD, said his father's **true passion was helping others.**

He delved into myriad aspects of health care as part of a deep **commitment to people and the community** during a lengthy career that saw enormous developments in medicine. "He transitioned from a bench scientist to internist to being much more interested in social issues. **He was really dedicated to people, most of all.**"

Center for Ethics in Health Care and began a Senior Clinicians' Seminar, which he led until age 92 and which continues today.

David Labby said his father's true passion was helping others. He delved into myriad aspects of health care as part of a deep commitment to people and the community during a lengthy career that saw enormous developments in medicine. "He transitioned from a bench scientist to internist to being much more interested in

guided him throughout his life. He is also survived by their three children, Joan Labby, David Labby and Louise Labby Carroll; brothers, Robert Labby and Arnold Labby; five grandchildren; and three great-grandchildren. They would especially like to thank Karen Deering Stodd for her loving care of Dan in his last years. •

*The family requests that any donations in honor of Daniel Labby be sent to the OHSU Center for Ethics in Health Care.*

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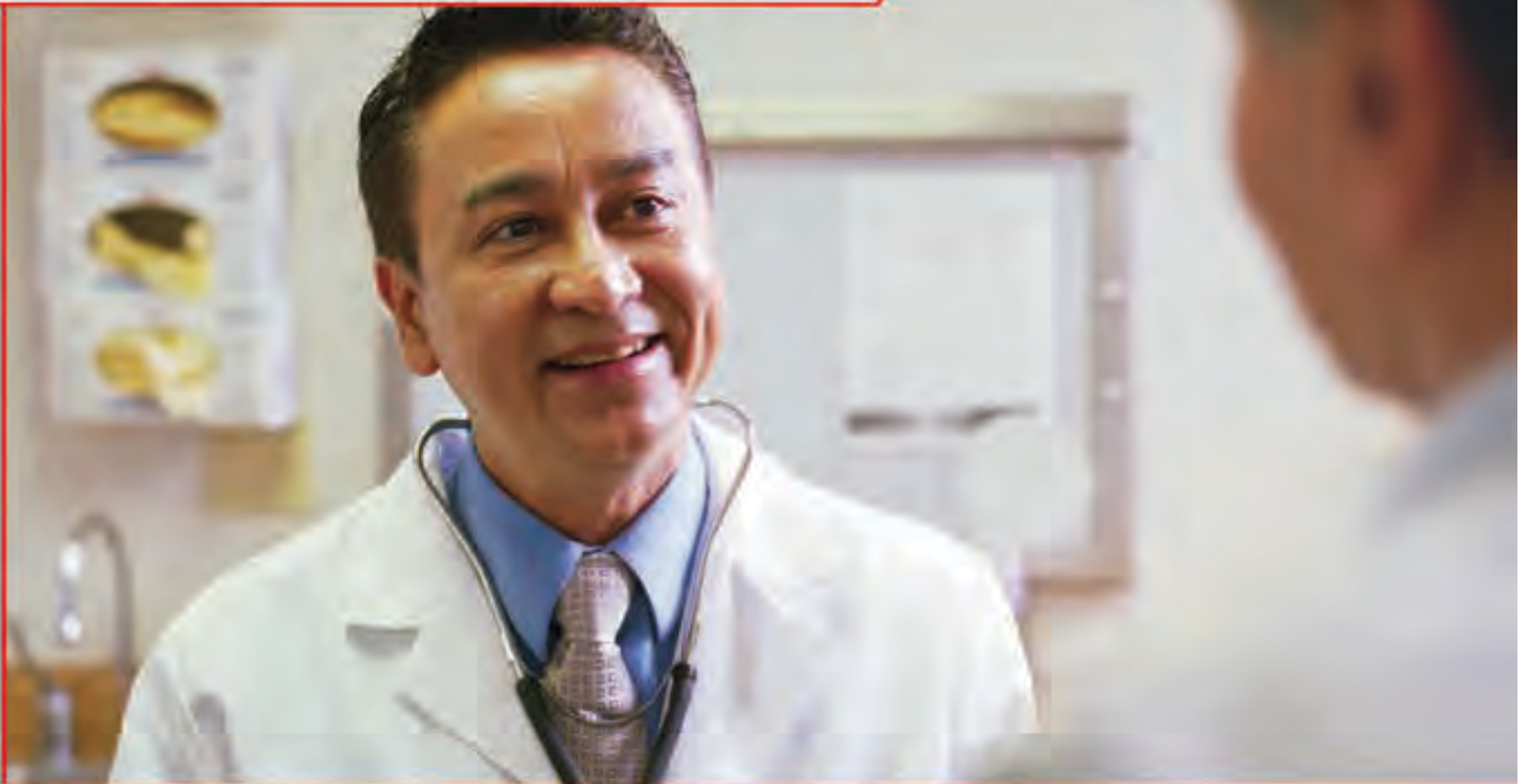
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# Fun run for a great cause



A warm, sunny evening greeted the estimated 350 people who turned out in mid-August for the **Medical Society of Metropolitan Portland's first Scrub Run 5K** at St. Joseph's Winery in Canby, which benefited **Doernbecher Children's Hospital**. Kids and adults walked and ran the 5K, earning medals in the event presented by Uberthons and MSMP. Dinner was provided by Qdoba Mexican Grill, and Wolf Meetings, the winning group in MSMP's recent Battle of the Doctor Bands, performed in the winery's three-tiered amphitheater overlooking a lake. A raffle with donated gift baskets raised money for Doernbecher, and event attendees also donated scores of toys and other gifts for Doernbecher patients.

MSMP would like to thank all those who participated, including these sponsors and donors: Dr Pepper Snapple Group; Envirolux Energy Systems; Kuni Lexus of Portland; Condit Custom Audio; KGON; Child's Play Toys; Costco; Bree Sibbel and family; Elite Fraud Investigations; State Farm, Ward Jewell; Fred Meyer; Starbucks; Thinker Toys; Hotel Rose; and Medical Society Staffing. MSMP would also like to thank event volunteers from Sumner College, Carrington College and Concorde Career College. •

Photos courtesy of Wiley Parker



# Acumentra: Striving to identify specific needs of each clinic

CONTINUED from page 1

can be administered by medical assistants at the beginning of a patient's visit, Carson said. Then, if the results show that a patient exhibits a problem, the doctor can delve into that during the exam, and then refer out if needed.

CMS' timeline is "very ambitious," noted **Susan Yates Miller**, an associate director of quality improvement services for Acumentra, with a target of recruiting 200 clinicians and five inpatient psychiatric facilities by the end of this year. Acumentra estimates that 550 clinics exist in the state, many of which participate in CCOs, and Acumentra is placing a priority on reaching CCOs to offer assistance, she said. Acumentra is striving to identify specific needs of each clinic in order to help coordinate the various requirements for quality measures and improvement that clinics face from different entities. The idea is to help clinics avoid having to duplicate these efforts, she explained.

In a separate program as a subcontractor with HealthInsight, Acumentra will work to boost adult immunizations in the state, according to **Nicole O'Kane, PharmD**, clinical director for Acumentra. In an effort to raise immunization rates among Medicare beneficiaries, CMS issued five-year contracts with Quality Improvement Organizations to: implement evidence-based practices and system changes to improve routine assessment of patients' vaccination status;

improve immunization rates, especially in minority and underserved populations; and increase documentation of Medicare beneficiaries' immunization status electronically.

The technical assistance support involves helping clinicians get immunization information into electronic health records, in order that all providers who see the patient will know his or her status, O'Kane said.

The recruitment target is to sign up 300 practitioners by Dec. 31, 18 "critical-access hospitals" and 18 home health agencies, according to Yates Miller. CMS has granted permission for Acumentra to work with pharmacists as well as providers, which was a big breakthrough, she said: "We're excited about working with retail pharmacy. A great number of Medicare beneficiaries receive their immunization at the pharmacy. This is a public health campaign; we're talking about immunizing the population."

Adult immunization rates historically have been low. In the Medicare population, rates range from a high of about 66 percent for influenza to a low of 8 percent for tetanus and diphtheria boosters. Rates vary greatly among racial and ethnic groups, with white patients more likely than others to receive recommended immunizations.


Pneumonia and influenza take a heavy toll on adults age 65 and older. Although all current immunization rates fall short of federal goals, the greatest increase

nationally is needed in pneumonia vaccination, according to CMS. Currently, the four states in HealthInsight's region perform well below the U.S. average in flu vaccination rates, with Oregon at 42.2 percent. However, Oregon's Medicare population differs from other states in that it records the nation's highest pneumonia vaccination rate, at 75.6 percent, which registers above the federal target.

Health authorities are not sure why this is the case, but O'Kane said the reason may just be that Oregon practitioners do a better job of making sure pneumonia vaccinations are administered to the appropriate patients, and that a record is made of the vaccination. •



*Acumentra Health is actively recruiting project participants to receive technical assistance and training. Physicians and clinics wanting to sign up or learn more about participating in the behavioral health or adult immunization programs may contact Susan Yates Miller at [syatesmiller@acumentra.org](mailto:syatesmiller@acumentra.org), or 503-382-3922.*



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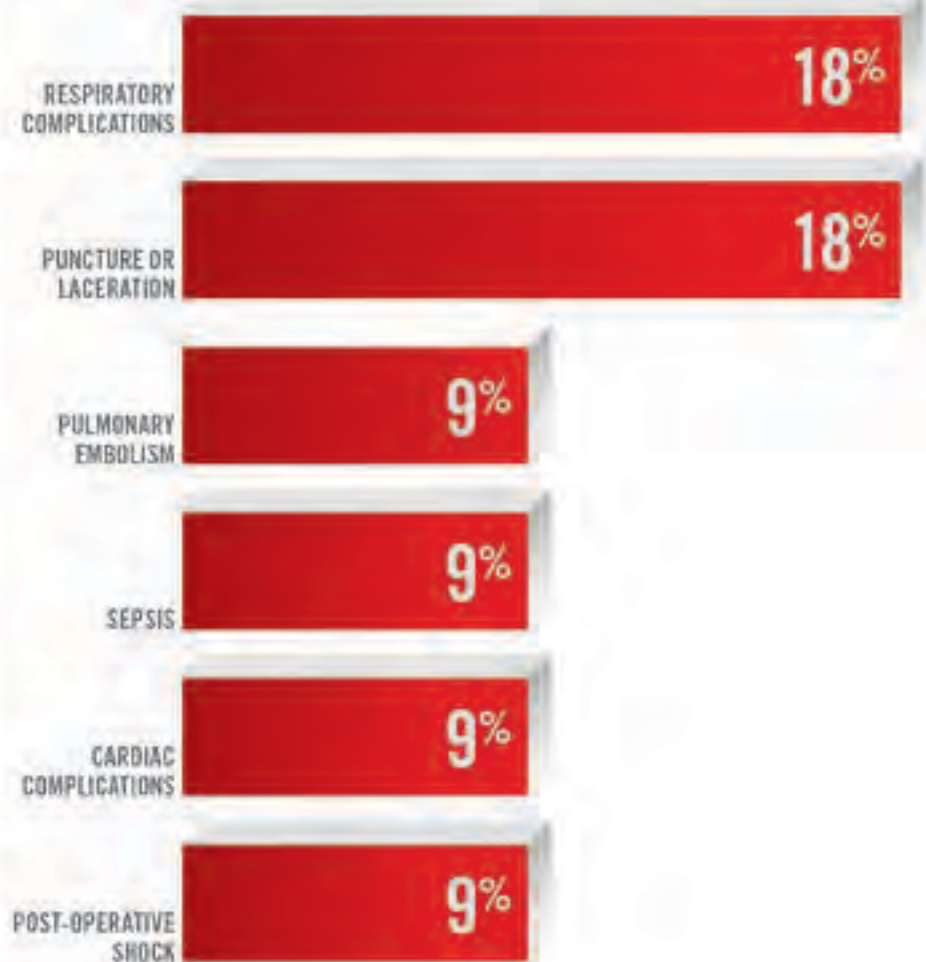


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