



scribe

Planning Your Future as a Physician

Learn more about an MSMP student event Dec. 4 that will focus on strategies for financial success.
—Please see page 3.

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

Physician employment, burnout, retirement plans highlight new reports

By Cliff Collins
For The Scribe

Two recently released statewide reports offer insight into the status of Oregon's physician workforce, as well as the state's overall health care workforce.

First, in the **2014 Physician Workforce Survey**, a salient difference from past surveys was the number of doctors who said physician well-being related to the practice of medicine is a big concern, said **Joy Conklin**, vice president of practice advocacy for the **Oregon Medical Association**.

In past surveys, for the question asking doctors to rank health policy and medical practice issues, Medicare reimbursement was the concern doctors cited most, followed closely by the cost of doing business and Medicaid reimbursement. But "in the 2014 survey, job-related stress and burnout and the retention of physicians rose to the top," she noted, with 78 percent saying stress and

burnout were a significant issue, versus 61 percent in the 2012 survey. "Obviously, (physician wellness) was on the mind of physicians." These concerns mirror those expressed nationally, she added.

Conklin said that for the survey, produced by the **Oregon Health Authority, OMA, Oregon Medical Board and Oregon Healthcare Workforce Institute**, the OMA asked the OHA to add the question, "Do you have any particular concerns about physician well-being?" Of 2,310 total survey respondents, 1,034 physicians replied to the well-being question, which is a higher response rate than is typical, she explained.



JOY CONKLIN

The third most frequently cited issue was about the impacts of health care reform. Concerns about quality and performance measurement rose from 45 percent in 2012 to 60 percent in 2014. Respondents listing recruitment of physicians as a worry went from 44 percent to 69 percent.

The proportion of physicians who indicated they were somewhat or very satisfied with their careers in the last 12 months declined since 2012: 74 percent in 2012 versus 68 percent in 2014. General pediatricians reported the highest levels of satisfaction in the last 12 months, while medical and surgical specialists reported the lowest satisfaction.

"We take wellness for our physicians and physician assistants seriously and are working with others in the state to make sure this issue continues to be at the forefront," she said. The OMA has "been doing many things informally," such as providing support for litigation stress, recommending mentors and offering online resources, and wants to make sure wellness "becomes a focus statewide. We continue to work with the partners who already have programs in place," she said, citing the examples of those run, respectively, by the **Medical Society of Metropolitan Portland** and **Lane County Medical Society**.

A second trend the workplace survey brought out also was significant: For the first time, a majority of Oregon physicians—51 percent—indicated that they

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Giving Back

Oregon Health & Science University's Erin Burns, MD, (left) traveled to Haiti last summer as an International Children's Heart Foundation volunteer. As part of a team that included Monica Urriola, MD, (center) a pediatric cardiac anesthesiologist from Venezuela, and Rebecca Udermann, RN, (right) a PICU nurse from Texas, Burns helped care for kids who had undergone open heart surgery. She also trained hospital staff and physicians there.

Burns' volunteerism is part of *The Scribe's* annual focus on organizations and volunteer providers who help deliver health care to those in need and who are underserved.
—see pages 8–13



Photo courtesy of Erin Burns

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An ally for animals



Melissa Li, MD, advocates for animals in various ways, including through a Newberg sanctuary for rescued farm animals
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- **Breast surgical oncology** — Nathalie Johnson, M.D., Cynthia Aks, D.O., Alivia Cetas, M.D., Jennifer Garreau, M.D., and Margie Glissmeyer, P.A.
- **Radiation oncology** — Andrew Kee, M.D., Misa Lee, M.D., Won Lee, M.D., Kathryn Panwala, M.D., and Mark Schray, M.D.
- **Medical oncology** — Jacqueline Vuky, M.D., Robert Raish, M.D., Katharine Barford, M.D., Kevin Yee, M.D., and Jingjing Hu, M.D.

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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. •

Where your voice matters

Dear Members of MSMP: Gun violence affects all ages and races in the U.S.; firearms were blamed for 33,000 U.S. deaths and more than double that many injuries in 2013. The CDC and WHO consider violence a public health threat. Currently, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American Congress of Obstetricians and Gynecologists, American College of Physicians, American College of Surgeons and the American Psychiatric Association all are calling for action on this public health crisis. The goal is to reduce incidents of gun violence. As stated by Georges Benjamin, MD, executive director for the American Public Health Association, "We are not debating the constitutionality of gun ownership—that exists. Firearms exist and people get hurt and die from firearms. There are ways for us in a non-political manner to make people safer with their firearms in a society."

As a responsible organization dedicated to representing the physicians in our community, MSMP invites your opinion on the matter, including suggestions for solutions. All opinions count. Please indicate whether your statements can be attributed or not. Submit comments to amanda@msmp.org. •

Student event

Planning Your Future as a Physician: Five Strategies to Build a Foundation for Financial Success Dec. 4, Begins at 6 p.m.

Students, join us for a night of professional networking, a Q&A, and free pizza, salad and one drink on the house! Your spouse or guest is also welcome to attend! Learn the tools for financial success from Finity Group, LLC, which specializes in financial planning and success for medical professionals. Registration is free for MSMP student members, so sign up today at www.msmp.org. •

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Mardica Hicks at hr@ccc4kids.org

Legacy-physician network marks first year with pilot project, new hires

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

One year after their organization's inaugural board meeting, the leadership of **Legacy Health Partners** expressed optimism about progress made so far.

That progress includes a six-month pilot project using Legacy Health's 17,500 employees and their dependents as a test population to track physician performance on 19 measures, including those for quality and efficiency.

Approximately 1,470 doctors in private practice and 530 employed Legacy Medical Group providers have signed up to deliver care by improving population health, which makes them eligible to receive financial incentives in lieu of accepting standard fee-for-service care. The pilot project began July 1 and runs through Dec. 31.

What most excites **Lewis L. Low, MD**, Legacy's chief medical officer and senior vice president, is that Legacy Health Partners has "created a strong foundation" for a nontraditional way of delivering care that already has shown care improvement in the pilot phase.

"I hear doctors talking about Legacy Health Partners," Low said. "It's generating enthusiasm and helping create a culture."

The collaboration, called a clinically integrated network, was established last year to address two of Legacy's goals, according to Low: "to develop a closer, more meaningful relationship" with both its employed doctors and with private-practice physicians on Legacy hospital medical staffs, and "to move to a more value-based environment" and away from fee for service.

Launching Legacy Health Partners using an "in-house" population—Legacy's own employees—gives participating doctors "a little better control over

infrastructure," and the opportunity to test the model before moving outward, said **Robert W. Bentley, MD**, an ophthalmologist and president of Eye Health Northwest, who chairs the Legacy Health Partners board.

Bentley said a committee developed the 19 performance measures for application to the pilot project, after which the list will be expanded to include more services. The current list includes measures

such as lengths of stay, emergency department visits per 1,000, hospital readmissions within 30 days, breast and cervical cancer screening, and diabetes care.

Bentley, who is a member of the **Medical Society of Metropolitan Portland**, considers a clinically integrated network the "next wave" of where medicine is going. "I saw it as an opportunity to get in on the ground floor" for his ophthalmology group, he said.

Legacy Health Partners' board of directors is composed entirely of physicians, who set policy, direction and strategy. The board includes independent primary care and specialty physicians, as well as doctors from Legacy and Legacy Medical Group. The fact that the network is led by physicians "should make people feel at least that they are in control and leading from a medical and provider-directed way," Bentley said.

The network's long-range intent is to serve as a basis to negotiate contracts for performance-incentive programs. The objective of a clinically integrated network is to enable providers to lower costs through less duplication and to improve care through better efficiency and coordination of chronic-disease management.

Low said Legacy Health Partners has been approached by four or five payers who are interested in the organization's concept. "We would love to be able to develop value-based or risk-based" programs, and a committee is looking at

various options for the future, he said. The organization probably will select one or two payers to start, Low said. A committee will "look at various options to partner with next year."

Being ready for value-based or prospective or retrospective payment bundling is "where we will move," said Bentley. "We definitely would like long term to take on risk."

Merrin A. Permut, executive director of Legacy Health Partners, said doctors continue to express interest in being members, because they realize that it is a "physician-led effort," believe it will help their practices, and "understand that Legacy Health Partners is a potential partner for them to succeed and stay independent in this environment." Legacy is holding regular town-hall orientation sessions for interested doctors, and the sessions have been well-attended, she said.

Low added that anxiety and uncertainty will remain in medicine because "rules are always changing," but joining Legacy Health Partners provides doctors "a mechanism to stay independent or employed and be successful."

One of the new organization's biggest challenges is that its members use about 40 different electronic medical records

systems, and to coordinate care properly, they need to be able to communicate with Legacy's Epic EMR system, Low said. A committee composed of physicians, administrators and information technology experts is meeting regularly to "work through the issues," he said.

Among other steps Legacy Health Partners has taken during the past 12 months were to develop a logo and communications plan, and to hire a part-time medical director, **Riyad A. Fares, MD**, an internist at Cascade Physicians. Permut said hiring is also underway for a field operations manager and staff to provide technical support and education to physician members. In addition, three committees—Quality and Membership, Finance and Contracting, and Data and Systems—began meeting in January. Each committee consists of about 15 to 17 doctors and clinic administrators.

Bentley said he was honored to be selected to chair the board, and said he feels genuine enthusiasm about Legacy Health Partners.

"I think this is a great opportunity to align all the people who provide care," he said. And he believes the concept is "long-term sustainable, and has the potential to transform medical care." •



ROBERT W. BENTLEY, MD



LEWIS L. LOW, MD

MEDICAL GROUP: Demonstration project will drive best practices

A Portland medical group that already has embarked on an effort to assume risk through retrospective bundling is **Orthopedic + Fracture Specialists**.

In July, the group joined with Signature Medical Group in St. Louis to participate in a three-year demonstration project launched by Medicare called the **Bundled Payments for Care Improvement initiative**, or BPCI. Under the initiative, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. The intent is to achieve higher quality and more coordinated care at a lower cost to Medicare.

In the second phase of BPCI, now underway, providers assume risk. If their costs and results run higher than what the **Centers for Medicare & Medicaid Services** proposes for that episode or procedure, doctors stand to lose money, and vice versa if they do it for less.

Orthopedic + Fracture Specialists—a practice consisting of 14 physicians and six physician assistants—agreed to test primary total hip, knee and shoulder replacement surgery, and fractures involving the femur, said **Jake Thielen**, chief executive of the clinic. By participating in a project that includes many large orthopedic groups, the clinic and its doctors can learn how their techniques and results compare with others, and why they differ, said **Paul J. Duwelius, MD**, an orthopedist with Orthopedic + Fracture Specialists.

"This will drive best practices," said Duwelius, a member of the **Medical Society of Metropolitan Portland**. "Most orthopedists, and other physicians, are pretty competitive. They want to do a good job."

Thielen said being involved in the initiative allows doctors and patients to discuss all aspects of care, including what is best for the individual patient and the potential cost, whereas under previous arrangements, physicians were inhibited by Stark laws from having discussions with patients such as costs versus benefits.

Duwelius pointed to the example of elective surgery patients recovering in a rehabilitation center, when the patient may be better off recuperating at home once pain is controlled and the physical therapists release the patient. In many cases, this can save plenty of costs as well as improve outcomes, he noted. Several studies show that admission to rehab centers following elective surgeries raises hospital readmission rates due to increased incidence of infections and blood clots, he said.

Under the BPCI initiative, the orthopedic group receives quarterly reports from CMS about results such as lengths of stay and outcomes, which provide information to both doctors and patients about what works best, Duwelius said.

The group believes it can control costs better and deliver better care through this initiative, he added. •

—Cliff Collins

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Medical students provide objective feedback about safety issues, train peers to help second victims

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Editors' note:

The following was among the six winning essays in the 2015 Young Physicians Patient Safety Award, which involves third- and fourth-year students in American medical schools.

"R, are you OK?"

During my eight-week internal medicine rotation, I became close to a nurse named R, who upheld exemplary standards in patient care. His 20-year career in nursing across several settings made R an extraordinary resource for the hospital. Consequently, I was saddened to find him crying in the hall one day. When I approached him, his anguish was palpable: "I come here to help people, not hurt them...my career is over... I am going to lose my license...or be sued...my colleagues hate me!"

During our discussion, I learned that he had administered the wrong medication to a patient with dementia because he did not notice the patient was allergic

to it. Before R entered the room, the patient had ripped off his allergy control bracelet and thrown it on the floor, next to the allergy magnet that should have also been clipped to the corner of his bed. Consequently, R did not know that the drug in question would elicit an anaphylactic reaction. By the time I arrived, the patient was intubated in the ICU, while R sobbed quietly in the hallway.

Before I began my rotations at this center, I had been actively involved in patient quality safety work throughout my medical education; I founded an IHI chapter at my medical school, where I helped to implement an IHI course curriculum for more than 170 graduating medical students; attended the 2013 Telluride Safety Conference in Washington, D.C.; and served as a peer reviewer for ACPE's Leape Ahead Award for the last two years. Consequently, I was eager to assist the patient safety committee at the hospital that investigated R's situation.

From my perspective, there were two key issues: implementing risk reduction strategies for patients with allergies and providing emotional support for R, who was the second victim. Before the incident, the hospital placed a bracelet on each patient that identified his/her allergies; the information was also displayed on a magnet that was placed on the patient's bed. Unfortunately, patients could inadvertently remove these items, which placed them at considerable risk. To preserve patient safety, I conducted extensive research on this topic and recommended several strategic changes at the hospital.

First, the staff members need a standard place to obtain current allergy information for all patients. Second, they must place clearly visible allergy prompts on the top of every page of every admissions document and prescriber order form. Third, this information must be transferred to the patients' charts, to remind physicians and nurses about their allergies when they prescribe medication. Fourth, they should measure the use of trigger drugs, such as diphenhydramine, methylprednisolone, and epinephrine, which treat allergic reactions. By doing so, they would have another metric to measure the incidence of adverse allergic reactions.¹ Finally, they need alternative places for the allergy magnet that the patient could not accidentally remove, such as on the wall above the bed, or the patient's whiteboard.

From my perspective, our second objective was equally important: caring for R, who was the second victim. After the incident, he was devastated by his mistake, which could easily have caused the patient's death. Sadly, R was also ostracized by his peers at a time when he needed their support the most. To overcome his guilt, remorse, and anger, he needed compassionate intervention from a psychologist, counselor, social worker, or clergy member. His peers at the hospital also had an ethical responsibility to support him, to ensure that he could continue to fulfill his duties.

According to Dr. Albert Wu at Johns Hopkins School of Public Health, caregivers who are involved in an unanticipated clinical outcome or medical mistake often suffer considerable trauma because of the event. Many times, they question

their knowledge and skills because they believe that they failed the patient.² If left untreated, these feelings can cause anxiety and depression. Sadly, according to recent studies, most second victims suffer in silence—only 32% receive institutional support.³

As part of the quality and patient safety committee, I used this experience to catalyze positive changes in our system. I investigated the high risk areas of the hospital and asked our providers how they currently responded to second victims—and how we could better serve their needs. I recommended that supervisors be trained to identify second victims and comfort them during difficult times. I also suggested that we assemble a team of providers with experience in crisis counseling to provide 24/7 support to their peers after a medical mistake. By sharing their experiences, these team members could provide a level of compassion and insight that others could not.

When I returned to campus, I discussed this experience with my fellow students, who shared my desire to address this important issue. By design, medical students rotate through many outpatient and inpatient settings during their training. As a result, they can provide objective feedback about the quality and safety issues they observe in each facility. Ideally, medical students can also train their peers to assist second victims and to respond to their situations empathetically. These simple changes will allow them to improve the quality of health care at the institutions they serve and to become more compassionate physicians.

After his mistake, R suffered terrible guilt and remorse that could easily have destroyed his confidence or ended his career. Thankfully, my proposed changes allowed him to receive the counseling he needed to overcome these feelings. Most importantly, he eventually received the support of his peers and supervisors, who understood that his mistake was an aberration in an otherwise distinguished career, which could easily have happened to anyone. This spirit of camaraderie is an essential part of the medical profession, which allows us to continually improve the quality of care that we deliver and to retain our most distinguished providers. •

The Doctors Company Foundation Young Physicians Patient Safety Award

The Doctors Company Foundation Young Physicians Patient Safety Award recognizes young physicians for their personal insight into the importance of applying the principles of patient safety to reduce the incidence of medical error. Individuals are invited to submit essays about patient safety events they personally experienced during clinical rotations. The essays will be judged by a panel selected by the Lucian Leape Institute of the National Patient Safety Foundation. Six winners will be selected and each will receive a \$5,000 award, which will be presented at the Annual Association of American Medical Colleges' Integrating Quality meeting in Chicago.



For more about eligibility for the 2016 award, submission requirements and deadline information, please visit: www.tdcfoundation.com/YP Awards/young-physicians-patient-safety-awards



Jolynn McCulloch, JD, RRT

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PAULA PURDY, CMA, AAMA

MSMP's Paula Purdy elected to lead national medical assistants' group

Paula Purdy, CMA, AAMA, director of operations for **Medical Society Services Inc.**, has been elected president of the **American Association of Medical Assistants**.

A longtime member of the AAMA, Purdy earned her credential as a Certified Medical Assistant through self-study and keeps current through continuing education. She has served on several of the association's committees and strategy teams over the years. Purdy was vice president of its Board of Trustees last

year, and began her one-year term as president in September.

"Because of their versatility in clinical and administrative procedures, medical assistants play an invaluable role on the health care delivery team," she said. "The CMA (AAMA) credential stands out as the highest mark of medical assisting certification excellence. It is my privilege to be leading this association through a time when medical offices are in need of the best staffing solutions possible."

Purdy, who joined the **Medical Society of Metropolitan Portland (MSMP)** more than 30 years ago as a receptionist, is a resource to employers and staff alike when it comes to the scope of practice for medical assistants. This includes salaries, credentials differential, employment rules and guidelines, management needs, clinic assessments and career pathways, among other topics. For the past two and a half years, Purdy has been helping employers get their medical assistants credentialed to meet the meaningful use requirements. Medical Society Services Inc. is a division of MSMP.

Purdy also has served on several advisory boards for medical assisting schools, and has been president of the Oregon Society of Medical Assistants three times. •



Welcome new MSMP members!

Kathryn Baker, DO *

Specialty: Rheumatology
University of Osteopathic Medicine and Health Sciences, 1998

Lauren Kim, MD *

Specialty: Rheumatology
Stoney Brooks University School of Medicine, 1997

Neha Rich-Garg, MD *

Specialty: Rheumatology
All India Institute of Medical Sciences, 2007

* NW Rheumatology Associates, PC
9155 SW Barnes Rd, Ste 314, Portland, OR 97225
503-297-3384

Maryam Hadiashar

Specialty: Obstetrics-Gynecology
Women's Healthcare Associates, PC
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Medical School of International Health, 2005

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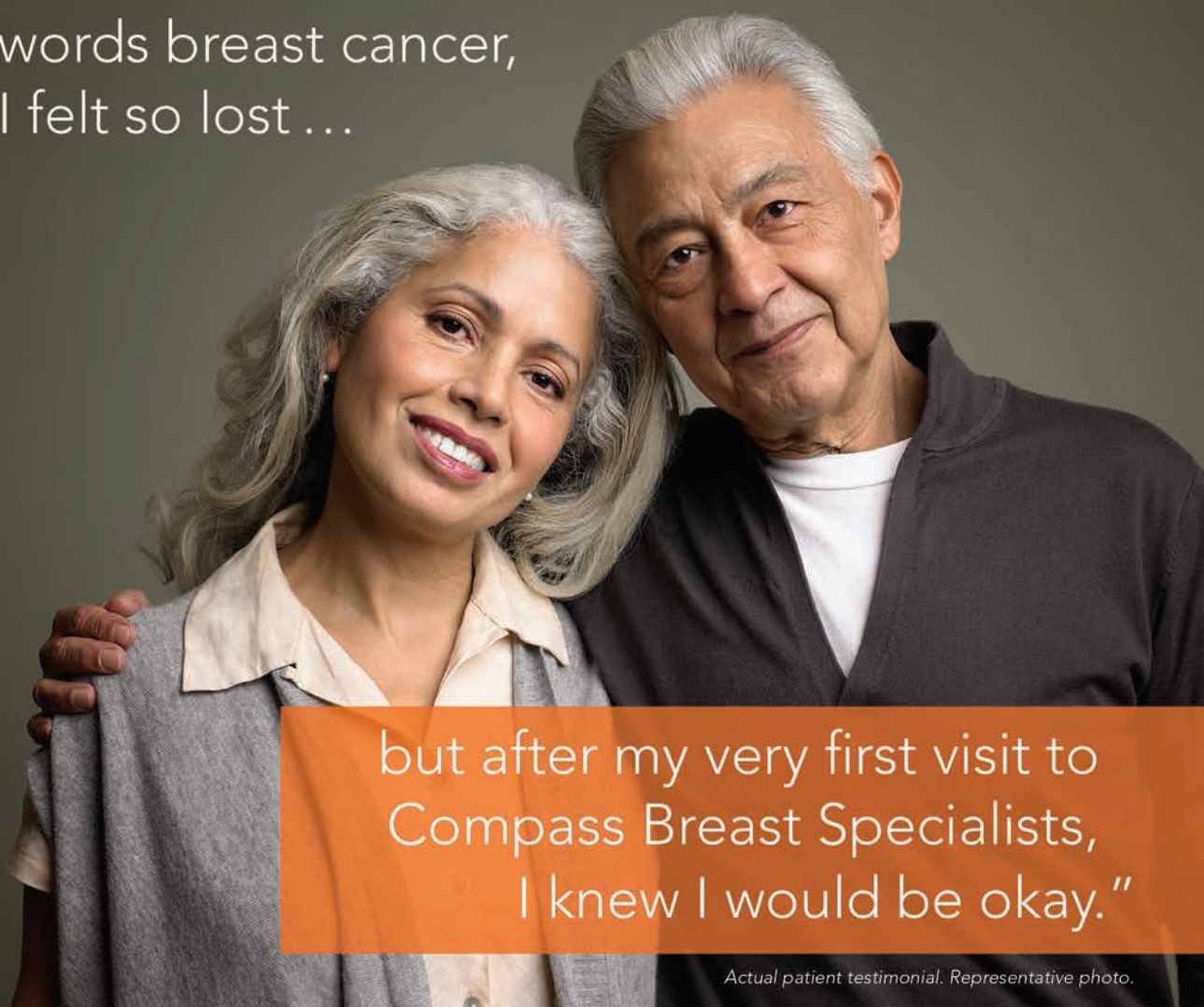
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Providing care when disaster strikes

Area medical volunteers step up when people need it most

By Jon Bell
For The Scribe

Disasters leave in their wake a long trail of destruction, ruin and lost hope. But they trigger something else, as well, something a little more optimistic: swarms of volunteers who turn out to help those in need.

To help bring that to light, *The Scribe* talked to several local volunteers from the medical world who have stepped up to help ease the pain when people need it most.

The Red Cross

Hurricane Katrina. Superstorm Sandy. The Boston Marathon bombing. The Oso mudslide. The Umpqua Community College shooting.

The list of national disasters—and scores of more local ones—that Red Cross volunteer **Carol Gross** has responded to in the past 10 years is a long, impressive and heartbreaking one.

“Tornadoes, earthquakes, hurricanes, wildfires, human-caused disasters, pretty much if you name the disaster, I have been there,” said Gross, a 68-year-old retired mental health counselor who has been volunteering for the Red Cross since Hurricane Katrina visited its destruction upon the Gulf Coast in 2005.

For years a professional mental health counselor at a clinic in Vancouver, Gross remembered seeing an email from the American Counseling Association calling for some 11,000 mental health volunteers to respond to Katrina.

“I thought, that’s got to be wrong—they can’t need that many people,” she said. “But they did. I think some people forget that Katrina hit an area the size of Great Britain, so there was a lot of need.”

Gross deployed to the disaster with the Red Cross to help people cope with what had happened and find a way forward. It was rewarding work that she enjoyed, so much so that six months after she returned to Oregon from the Gulf Coast, Gross retired and decided to spend even more time volunteering for disaster relief. Since then, Gross has been deployed to more than 25 national disasters and scores of local ones, such as apartment and house fires. No matter the size or scale of the disaster, Gross said people always need help getting back on their feet.

“People think we do amazing things,” she said, “but what we do more than anything is just help people normalize their reactions... and let them know that what they’re feeling is normal. That information, coming from someone who is a professional, has an amazing power to reduce stress. You can see their shoulders and face relax, sometimes the tears come. For them to know that somebody has heard their pain and understood it... it’s pretty remarkable to see that.”

Though all disasters are difficult, Gross said the human-caused ones seem to have a different impact on communities. In her 10 years of volunteering, Gross has responded to several mass shootings, including at Southern Oregon’s Umpqua Community College.

“With a naturally caused disaster, there is an understanding of why it happened and something to blame,” she said. “With a human-caused one, there are just so many unanswerable questions. The suddenness and randomness are so much more devastating to communities emotionally.”

That, she added, makes the work that she and other disaster relief workers do that much more important.

“You wonder really how much you can do, whether spending 10 or 20 minutes with someone is really going to make a difference,” Gross said. “But it does. Even that short intervention can make a huge difference in how well people can make a new start.”

Oregon Disaster Medical Team

Back in September, **Terri Schmidt, MD**, found herself on the East Coast as part of a federal disaster response team poised to react should anything unexpected happen during Pope Francis’ visit to the United States. Fortunately, nothing happened.

“I told my friends, if I see the pope when I’m there, then the whole world is having a bad day,” she said. “You don’t want me to have to be anywhere near him.”

Schmidt, a professor of emergency medicine at Oregon Health & Science University, is one of about 125 members of the Oregon Disaster Medical Team (ODMT), a nonprofit organization of volunteer health care professionals who respond to statewide disasters when resources are otherwise overwhelmed. Members of the team can also be called up by the federal government for national disasters, much like the National Guard. That’s how members of the group, including Schmidt and **Jon Jui, MD**, a professor in the OHSU department of emergency medicine, ended up responding to larger disasters such as hurricanes Katrina, Gustav and Rita and a 2009 tsunami in American Samoa.

“I think a lot of medical types are just sort of altruistic and one of the things we really want to do is help people,” Jui said. “But there’s also the curiosity, like I’ve never tried that before and it sounds like a great new experience in medicine.”



Terri Schmidt, MD, holds a youngster as part of her volunteer efforts in response to disasters.

The ODMT responded to the Vernonia floods in 2007 and has regular trainings to be prepared for the next disaster that could arise. A big one that organization has been training for lately: the massive earthquake that could hit the Pacific Northwest in the not-too-distant future.

“In the disaster response community, we have been talking about this for years, but it didn’t hit the public until the New Yorker wrote about it,” Schmidt said. “I don’t think we’re prepared for it, but in another sense, can you really ever be fully prepared for something like that?”

Project HOPE / International Children’s Heart Foundation

It might not be a devastating tornado or a terrorist bombing, but a lack of adequate medical care for kids can be a disaster in itself.

Erin Burns, MD, a pediatric intensivist at OHSU Doernbecher Children’s Hospital, has volunteered on two different occasions so far to help kids in other countries get the care they need.

Her first foray was with Project HOPE, a health-related disaster response and disease prevention nonprofit. The organization often partners with the U.S. Navy to

provide care to people around the Pacific Rim. Burns travelled on the huge hospital ship, the U.S.S. Mercy, and helped care for kids in the Philippines and Vietnam. She and a team of providers would leave the ship to work in clinics, but also treat patients on board the vessel, which is essentially a full-scale hospital larger even than Doernbecher.

“It was an amazing ship to be on,” she said, “and it was an amazing experience to be working with people from all over the world.”

The experience, however, left Burns questioning whether she wanted to do further international work. The scene was tense in Vietnam, she said, a direct result of the ongoing strained relationships between the U.S. and Vietnam, and despite helping kids who had cleft palates or other afflictions, Burns wasn’t sure how much of a lasting impact the work was making.

Then an opportunity to travel this past summer to Haiti with the International Children’s Heart Foundation arose and Burns jumped on board. The ICHF focuses on children in developing countries who are born with congenital heart defects. As



Erin Burns’ volunteerism has included work with the nonprofit Project HOPE, which often partners with the U.S. Navy to provide health care around the Pacific Rim. Burns traveled on a huge hospital ship, helping care for children both on the vessel and in clinics. This photo was taken in Vietnam.

part of the team, Burns cared for kids who had undergone open heart surgery. The team also provided training so the hospital staff and physicians could learn to diagnose and treat defects in the future.

“You really feel like you are a part of something sustainable,” Burns said, adding that she’s considering joining another ICHF trip, this one to Cuba in 2016. “Even though these trips are hard work and you’re there to do a job, I felt more invigorated after the Haiti trip than any vacation I’ve ever taken before.” •

A natural fit

Physician finds like-minded folks with search and rescue organization

By Jon Bell
For The Scribe

Hanging on the wall in **Portland Mountain Rescue's** storage garage is a storied piece of Mount Hood history.

Twisted, somewhat battered and beaten, it's part of a rotor blade from a helicopter. But not just any old helicopter. It's from the Air Force Reserve HH-60G Pave Hawk helicopter that tumbled down Mount Hood in a horrific crash during a rescue operation in 2002.

Speros Homer, MD, was not aboard the helicopter that day, nor was he even on the mountain. But one of Homer's friends, Ross Wilson, was. Wilson was a combat rescue officer and one of the lucky ones who rolled down the mountain inside the helicopter and somehow emerged unscathed when it finally came to rest near a formation known as Crater Rock.

"I think he just had a bruise on his thigh, which is pretty incredible," said Homer, whose 12-year-old daughter has been friends with Wilson's daughter for years.

Homer's connection with that tragic day goes beyond his friendship with Wilson. An emergency medicine physician at Providence Milwaukie Hospital, Homer has also been the medical adviser for Portland Mountain Rescue, the go-to search and rescue organization



Photo courtesy of Renee King

Speros Homer, MD, is a longtime volunteer with Portland Mountain Rescue, serving as medical adviser with the nonprofit.

when things go awry on Mount Hood, since 2000.

Founded in 1977, PMR is a nonprofit, volunteer organization that focuses on search and rescue operations and education. Though its primary area of operation is on Mount Hood, PMR also gets called out for missions in other areas ranging from Central Oregon to Washington's North Cascades. The group has about 65 highly trained volunteers who can be deployed in the field, plus additional volunteer members who

provide a range of support. They are often among the first personnel on the scene when hikers or climbers get lost or injured on or around Mount Hood. PMR has also been involved in several of the higher-profile incidents on the mountain, including the 2002 helicopter crash, the widely publicized search for three climbers on Hood's north side in December 2006 and an accident last year that found a climber falling into one of the mountain's volcanic vents.

For his part, Homer has been involved in several operations on the mountain, including one that found lost hikers near Lolo Pass and another that located some snowboarders in the White River area. He has been less active in field missions in the years since he and his wife started a family, but he's still very involved in training for PMR and solidifying the organization's rescue and treatment protocols.

A Georgia native who took to mountain climbing when he moved to the Pacific Northwest in the late '90s, Homer has climbed most of the major Cascade peaks, Longs Peak in Colorado and Mount Kilimanjaro in Africa. He's also trekked in the Annapurna region of the Himalayas and climbed in the Dolomites in Italy.

Volunteering for PMR, he said, is a natural fit.

Portland Mountain Rescue

Founded: 1977

What it does: A nonprofit, volunteer organization dedicated to saving lives through rescue and education. Its search and rescue area stretches nearly 4,000 square miles, with 1 million in population.

To learn more: www.pmr.org

"It's pretty much just being outdoors and helping people," Homer said. "That's what PMR basically is. It's a group of really nice people who all like to be outside and who all like to help people."

Though any designs Homer may have had on someday climbing any of the 8,000-meter peaks have diminished over time—"The risk-to-benefit ratio is just too much," he said—he still enjoys a stiff climb up a peak like Mount Adams, followed by a brisk ski down. He plans to stay with PMR and will likely get back into more field missions once his kids are a little older.

"I have two boys who like hiking, but right now they're all soccer, all the time," Homer said. "For right now I'm kind of a full-time, unpaid soccer fan." •

OHSU program provides eye care, training in underserved areas worldwide

Casey Eye Institute's International Ophthalmology Program

Founded: 2007

What it does: Brings high-quality training to eye care providers in developing nations, trains foreign ophthalmologists at the Casey Eye Institute in the latest techniques to diagnose and treat eye conditions, and allows OHSU's ophthalmology residents to travel internationally to treat patients in underserved communities.

To learn more: www.ohsu.edu/xd/health/services/casey-eye/about-us/casey-community-outreach/international-outreach/. 503-494-3000.

By John Rumler
For The Scribe

Nearly half of adults in American Samoa have diabetes and are at risk of losing their eyesight from its complications. In addition, the U.S. territory—halfway between Hawaii and New Zealand—has one of the world's highest rates of pterygium, a fleshy growth across the eye's surface. The intense tropical sun induces cataract and pterygium, according to the World Health Organization.

Exacerbating these optical scourges is the fact that only two ophthalmologists and one eye surgeon serve American Samoa's approximately 55,000 residents.

Much-needed vision care and resources are being directed to the territory through the **Casey Eye Institute's International Ophthalmology Program at Oregon Health & Science University**. The program, which provides services pro bono, was founded in 2007 by **David Wilson, MD**, the institute's director, and **Devin Gattey, MD**.

Witnessing firsthand the dire need for vision care during his three years at the Lyndon B. Johnson Tropical Medical Center, the territory's only health care facility, **Mitchell Brinks, MD, MPH**, co-director of the International Ophthalmology Program, has been traveling to the territory for nearly 20 years providing ophthalmology services. He completed a master's degree



Photo courtesy of OHSU/Casey Eye Institute

Mitchell Brinks, MD, MPH, (far left) and third-year resident Akshay Thomas, MD, (center) provided eye care and helped train providers on the Marshall Islands as part of the Casey Eye Institute's International Ophthalmology Program.

in international health at Oregon State University in 2005 to better support his work with the ministries of health overseas.

Approximately 10 OHSU faculty members participate in Casey Eye Institute's International Ophthalmology Program and there are generally two residents per year.

"I'm grateful for this valuable opportunity at Casey," said **Nadia Rios, MD**, a current ophthalmology resident who is from Mexico.

See **CASEY EYE INSTITUTE**, page 11

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'Health care is a right, not a privilege'

By John Rumler
For The Scribe

Arising from an acute need for medical services for children and young people from birth to age 21, the **Children's Community Clinic** was founded in 2005 in Portland by original board members Kal Robertson, D'Norgia Price, Cottrell White and others. CCC was created after the dissolution of the North Portland Nurse Practitioner's Community Health Clinic, which was established in 1980 and located on North Vancouver Avenue.

"We started over as a completely new entity," says Chief Executive Officer **Mardica Hicks**. "We really believe that health care is a right and not a privilege, and we want to be able to provide the best health care to any children who don't

already have a great place to go. To do that, we need help from the community."

CCC operates on an annual budget of about \$400,000, has a staff of five, two of whom are part-time providers, and 11 volunteer providers. One of its biggest needs is additional volunteer providers who can provide patient care one-half day or more each week, Hicks said. CCC is also currently seeking a lead provider to assist with meeting the clinic's mission and providing direct patient care.

The nonprofit offers a wide range of services, including pediatric primary care; asthma, allergy and diabetes care; immunizations; and dental care by referral. In 2014–15, it provided more than 1,500 visits for children. Nearly 100 percent of those visits involved families with

incomes at 200 percent of the federal poverty level or below, and about 10 percent of families were at or below 100 percent of the federal poverty level.

After a long and distinguished career in pediatric medicine, including serving as director of the American Board of Allergy and Immunology, **Robert Schwartz, MD**, retired and moved from Rochester, N.Y., to Portland. Soon after arriving, he began volunteering at the CCC and, in 2009, he and colleague **Raj Srinivasan, MD**, opened the organization's allergy/asthma clinic.

"It's only open two days a month; that's not enough. The clinic is still growing, but slowly," Schwartz said. "We need to get the word out because there's not enough specialists serving this population."

Children's Community Clinic

Founded: 2005

What it does: Provides high-quality and compassionate health care to children, from birth to 21 years old, from families who are underserved, regardless of ethnicity, geographic location or financial status.

To learn more: www.ccc4kids.org

Schwartz, who is also an affiliate professor in pediatrics at Oregon Health & Science University and Doernbecher Children's Hospital, says he loves working at the clinic, and enjoys communicating with the kids.

"This clinic is a great fit for me. There's no rush. I don't have to see someone every 15 minutes. Sometimes I spend up to an hour or even an hour and a half with a patient, especially if it's their first visit."

Holly Saporito, RN, has volunteered at CCC for four years, assisting with a variety of tasks from patient intakes to performing allergy and pulmonary function testing. "We have so many non-English-speaking patients from a wide variety of cultures. The clinic is clearly filling a need as the patients get to see top-notch physicians."

The clinic is open 9 a.m. to 5 p.m. Monday through Friday, but is soon expanding to include weekend hours. Interpreters are available for Spanish, Russian/Ukrainian, Mandarin/Cantonese, Vietnamese, and most all other languages via telephone interpretation. •

CASEY EYE INSTITUTE, from page 9

"It is inspiring to develop new ideas, combining actions that have worked in each country, to create new ones from the best of each one, and finally to share them with other students and translate them into action plans that will improve patient health care on a much wider level."

With an annual budget ranging from \$75,000 to \$125,000, depending on donations and initiatives, the international ophthalmology team has performed missions in 15 countries, treating thousands of patients and performing hundreds of surgeries.

The team plans larger trips based on the potential for building major partnerships and advancing training, and sites with the greatest long-term potential are selected. The next scheduled missions are to American Samoa next month and Myanmar this January.

Brinks, who was raised and educated in the Pacific Northwest, also focuses on bringing advanced technology and high-quality eye care closer to home to underserved rural communities throughout Oregon, Washington, and Alaska.

The institute's key accomplishments, he said, have been its international fellowships, which provide training for foreign ophthalmologists at OHSU. Casey fellows are leading residency programs in Nepal and Paraguay, doing toxoplasmosis research in Brazil and running an eye bank in Chile. In addition, it has trained the leading ophthalmic genetic researcher in Thailand.

"Our team also produced a fully trained ophthalmologist who leads the eye care in American Samoa, and we are building the eye care system there," Brinks said. "Casey residents have gone to Fiji, Nepal, Samoa, Guatemala and elsewhere to learn about international eye care." •



Robert Heffernan, MD, a volunteer provider since 2011 at the Children's Community Clinic, cares for 2-year-old Ernest Incles.

Photo courtesy of Michaela Izuchukwu



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Foundation grants support trio of area projects benefiting youth

The following story profiles projects spearheaded by medical students and providers who received the most recent round of grants through the **Metropolitan Medical Foundation of Oregon (MMFO)**, a nonprofit of the **Medical Society of Metropolitan Portland** that supports activities that improve health education and health care delivery to the community.

Butterfly Clinic creates gathering place for Turner syndrome patients, families

The clinic, which provides restaurant-style pagers to notify patients and their families when the next provider is ready to see them, will add more specialties as part of its ongoing development, Los said.



EVAN LOS, MD

“Having all of these patients in the same place and at the same time really creates some opportunities,” he said. “The opportunity to have these families in the Turner community come together was really behind the idea for the Butterfly networking room.”

A \$495 grant from the MMFO allowed OHSU to create a comfortable meeting place where, for the first time, many of the TS patients and their families are able to meet and socialize.

The money pays for the clinic’s space, snacks, arts and crafts supplies, and printed information about Turner syndrome and resources that are available to patients and their families. The clinic meets three times a year, and 15 to 20 girls and teenagers typically attend. The first clinic was held in December 2014, and the next is scheduled for Jan. 6.

“It’s been a huge success and the families love it. We’ve gotten wonderful feedback,” Los said. “Sometimes what the families are most excited about is being able to meet other families who are going through the same thing.” •

Turner syndrome is a relatively rare chromosomal disorder that impacts anywhere from one in 2,000 to 3,000 girls. The medical issues related to Turner syndrome include hypertension, hearing loss, lazy eye, lack of estrogen, obesity and diabetes, requiring girls who have TS to see several specialists for treatment.

Evan Los, MD, a fellow in pediatric endocrinology at Oregon Health & Science University, treats patients with TS and said it is often challenging for them to manage the array of appointments they require. For those whose families must drive a long distance to reach OHSU, it is particularly discouraging when they are only able to see one specialist per trip.

To that end, OHSU established the **Butterfly Clinic**, a multidisciplinary clinic designed specifically for the 50 to 100 TS patients it treats. The clinic, at **Doernbecher Children’s Hospital**, coordinates cardiology, endocrinology, audiology, adolescent gynecology and psychology appointments for each patient in a single day.

“It’s been a **huge success and the families love it**. We’ve gotten wonderful feedback. Sometimes what the families are most excited about is being able to **meet other families who are going through the same thing.**”

—Evan Los, MD



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Yoga project supports homeless youth affected by trauma

A sense of calm. A feeling of quietness and safety they haven't experienced in as long as they can remember.

Those are among the comments homeless young people have voiced after taking part in a free yoga therapy program in Portland designed for those who have experienced trauma.

The brainchild of **Devin Lee, MD**, and **yoga therapist Tanya Griego**, the program is based at the Sexual & Gender Minority Youth Resource Center, located at the non-profit New Avenues for Youth.



DEVIN LEE, MD

Lee and Griego didn't know each other prior to starting the program together, but began collaborating as both had the goal to offer yoga therapy to help young people who have experienced homelessness and trauma. Lee, a Eugene native who graduated from Oregon Health & Science University in June and is a family medicine resident in Wisconsin, said the program aligns with his ultimate goal to deliver primary care to underserved people in urban areas, particularly the LGBTQ community.

For her part, Griego was providing yoga therapy at the Portland center, and sought to focus more on trauma-informed yoga to help homeless youth develop resiliency in the face of adversity. She emphasized that the program is designed for youth and the trauma they've experienced as a result of identifying with the LGBTQ community, some of that trauma being homelessness itself. Griego said many youth have shared with her that they've been kicked out of, or have had to flee, their homes because of their sexual or gender orientation.

Their program, kick-started with MMFO's support, began serving youth earlier this year and so far has involved about 20 participants. The funds helped purchase yoga props and a computer program used as part of the program's bio-feedback component.

Lee and Griego point to research showing yoga therapy's ability to help those who have experienced trauma, including PTSD. Their program features a major educational piece designed to help young people regulate their nervous system. That begins by communicating that the "fight-or-flight" response they have experienced is their body's natural reaction to profound traumatic experiences, then teaching resiliency strategies they can apply to reach a relaxed and calm state.

Lee stressed in his grant application that the potential for healing via the program is great. He noted that of the estimated 1.6 million homeless teens

in the United States, as many as 40 percent identify as LGBTQ. Among those, a majority have experienced traumatic events; in fact, as many as 50 percent of homeless teens have signs and symptoms of post-traumatic stress disorder. PTSD is correlated with survival sex, poverty, increased drug and alcohol use, and suicide.

Lee decided to pursue the yoga project because of the research of Bessel van der Kolk, MD, of The Trauma Center at the Justice Resource Institute in Massachusetts, which showed the effectiveness of a weekly trauma-sensitive yoga program, even addressing PTSD symptoms typically found to be treatment resistant. Lee also pointed out that yoga is portable, and homeless youth can apply the skills regardless of location.

Lee and Griego say they feel a close connection with the LGBTQ community, and believe there's a reason they were brought together as partners in the program. Lee describes his role as behind the scenes, supporting Griego, seeking to attract corporate support and yoga space to expand offerings, and eventually recruit and train more volunteer instructors.

"This has a very strong capacity to save lives," Lee said.

Added Griego, who said yoga has played an important role in her life journey: "I feel like I'm doing what I need to be doing." •

Program aims to help teens stay motivated to manage diabetes

During a recent pediatric rotation, **medical student Alla Yarmosh** saw a teenage patient who didn't show much interest in monitoring his longstanding diabetes. Yarmosh did her best to encourage the boy, but left the appointment feeling disheartened by his lack of motivation. The interaction served as a springboard, though, prompting Yarmosh to brainstorm with the attending physician. How, she asked, can we motivate young people to develop healthy habits that help them better manage their condition?

She voiced the question around the time she learned the MMFO was seeking grant applications for health care-related projects. The timing was fortuitous. Yarmosh's question snowballed into a proposal that garnered \$2,000 from the foundation this year for a program that will reward teens with insulin-dependent diabetes for taking specific steps to help control their disease.

The voluntary program, which is being developed through the **OHSU Harold Schnitzer Diabetes Health Center**, is rooted in the notion that people are more prone to stick with a healthy habit if they learn it when they're young, Yarmosh said.

She's quick to note that developing the program is a team effort—she credited



Photo courtesy of Emily Helm

Tanya Griego leads a recent yoga therapy class in Portland designed for homeless young people who have experienced trauma. The class is part of what Griego refers to as the **Queer Yoga Project**, which she and Devin Lee, MD, are spearheading. Lee said they welcome any community support for the project.

Garrett Felber, Kimberly Kraus, LCSW, Jenae Ulrich, PsyD, and Evan Los, MD, with invaluable help—and added that the grant is an important tool not only to start a program but also measure its effectiveness in order to attract future funding that leads to sustainability.

"There's an amazing group of people helping with this," Yarmosh said.

A small booklet is being created with a checklist teens can use to track their progress in the program. They'll receive points for attending appointments, wearing medical alert identification, bringing their glucose meters to appointments and checking their blood sugars regularly. When they amass enough points, they'll receive a gift card designed to reinforce healthy habits.

The program focuses on a condition affecting an increasing number of children and adolescents. The American Diabetes Association notes on its website that an estimated 208,000 Americans younger than 20 have diagnosed diabetes, or about 0.25% of that population. When



ALLA YARMOSH

children with diabetes are very young, often their parents take the lead in managing their care. As kids get older, they assume more responsibility for their care but sometimes don't take the necessary steps to follow through, Yarmosh said.

The program will provide gift cards to coffee shops and restaurants and for downloadable music, among other things.

"We know a lot of kids come from families that don't have a lot of funds," Yarmosh said. "Hopefully this will be a way for (young people) to get excited about coming to appointments and taking care of themselves."

The project is envisioned to launch in the next couple of months. As it stands, preparations are focused on such things as ensuring patient privacy and developing a patient survey to help prove program effectiveness. Yarmosh, who is working on a master's degree in clinical research at OHSU and plans to start her final year of medical school in June or July 2016, said the goal is to have 50 young people participate initially and eventually to seek additional funding, possibly through the Doernbecher Children's Hospital Foundation and individual donors with a heart for teens with diabetes, to continue the program and involve more patients. •

"We know lot of kids come from families that **don't have a lot of funds**. Hopefully this will be a way for (young people) to get excited about coming to appointments and **taking care of themselves**."

—Alla Yarmosh

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An ardent ally for animals

Melissa Li, MD, advocates through Newberg sanctuary and more

By John Rumler
For The Scribe

As a 20-year-old student preparing for her senior year at Massachusetts Institute of Technology in the 1990s, **Melissa Li** discovered “Animal Liberation: A New Ethics for Our Treatment of Animals” by Peter Singer. Once she started reading it, she couldn’t put it down.

Today, Li is a pathologist at Providence St. Vincent Medical Center, specializing in gastrointestinal pathology, and is director of autopsy services. Li, who obtained her bachelor’s degree in biology at MIT and her medical degree at Oregon Health & Science University, has been at St. Vincent since 2004. Trained in pathology at the University of Washington, she is board certified in anatomic, clinical and forensic pathology.

As deeply involved as she is in the fields of science and medicine, Li also has a boundless compassion and respect for animals that began with Singer’s book. After becoming more aware of many of the cruelties animals are subjected to, Li converted to vegetarianism (she became vegan in 2009) and began to advocate for animal rights.

Friends and colleagues say her energy and enthusiasm are contagious. Last June, for example, Li stood at the entrance of the Best Butcher competition in Portland and handed out 200 Compassionate Choices pamphlets. “No one even asked her to leave,” says Alex Bury of Vegan Outreach. “Melissa is a natural. She’s always so positive, upbeat and absolutely fearless.”

To say that animals are an important part of Li’s life would be an understatement. She lives in Northwest Portland with her two dogs, Lola, a 14-year-old German Shepherd mix, and Pablo, a 4-year-old Chihuahua mix. “Lola is sweet and old, but she is still able to go on hour-long trail walks in the woods. Pablo is high energy and incredibly friendly. He was a stray found in Los Angeles and brought up here by the Humane Society,” Li explains.

Li is involved with several other animal advocacy organizations, including Portland Animal Welfare, Vegan Outreach, the American Society for the Prevention of Cruelty to Animals, People for the Ethical Treatment of Animals, Mercy for Animals and the Humane Society of the United States. She is also peripherally involved with the Kenya Law Project at Lewis & Clark College’s Animal Law Clinic, which is helping the Kenyan government address the rampant slaughter of African elephants.

Of all the different areas of volunteerism she’s been involved in, Li said she focused on helping farm animals because they often suffer the worst cases of abuse and neglect.

One of her most meaningful and satisfying roles is serving as a board member/volunteer at Wildwood Farm Sanctuary (WFS), a nonprofit located on 98 acres in Newberg. WFS is a haven for rescued farm animals and also serves as a protected area for wildlife and nature.

“Melissa is a wonderful advocate and a valuable part of our team here,” says Shauna Sherick, WFS founder and president. “She’s wholeheartedly involved and contributed in so many ways to the amazing growth of our organization in our first year and a half.”

A large part of the sanctuary consists of grassy meadows, woodlands, meandering streams and wetlands that contain many native plants and wildlife. It is home to eight goats, 15 turkeys, 40 chickens (most from battery-cage farms), 12 ducks and geese, and six dairy cows. WFS does not have horses because it focuses on animals raised for food. However, it hopes to be able to accommodate pigs in the near future.

Feeling that they have been subject to too much stress already, WFS does not adopt the farm animals out, but instead provides them with a permanent home to live out their years.

Li is instrumental in helping WFS form connections with many similar-minded organizations, Sherick says. Li also served as the official sanctuary photographer, capturing images for social media, the website, and for outreach and publicity materials.

Yet of all her activities, Li’s favorite is spending time with the sanctuary’s inhabitants, taking pictures of them, mucking out the stalls and especially feeding them. “The rescued dairy cows are my favorites and there are four in particular—Blitzen, Valentino, Ferdinand and Moose—who are very friendly, and I love hanging out with them.”

Male cows at dairy farms are usually sold off to slaughterhouses as soon as they are able to stand on their own and end up as veal, Li explains.

Patti Loverink, WFS development director, has known Li for about two years and describes her as a person who is able to listen and warmly connect with people. “We enjoy her joyful spirit and infectious laugh. Plus she’s someone who gets their hands dirty, cleaning barn stalls, hauling hay, doing whatever’s needed, grateful to help in any way.”

As a gastrointestinal pathologist, Li spends much of her workday at the autopsy table seeing firsthand the results of unhealthy diets, those heavy on meats and processed foods and lacking fiber. She went beyond merely advocating for a healthy diet by bringing Meatless Mondays to Providence St. Vincent nearly three years ago. Jason Lee, manager of St. Vincent’s retail restaurant, which serves about 2,000 meals



Melissa Li’s advocacy on behalf of animals includes her volunteer work with Wildwood Farm Sanctuary, which provides refuge and rehabilitation for abused and abandoned farm animals. The rescued dairy cows are her favorites, she says.

each weekday, says Li was passionate, excited and organized.

“Melissa helped make the transition a seamless one. She had all kinds of contacts and she got everyone on board,” Lee says. “It worked out great. It’s healthier for people and it’s better for the animals and for the environment.”

It may be a small step, but Li sees it as a part of a larger movement.

“Little by little it’s getting better for animals. There are more vegan books and restaurants coming out, and more laws to protect animals are being passed. Through social media people are finally seeing the immense suffering factory

farms cause and how they degrade the environment. I believe people don’t like cruelty to animals and will make choices based on that.”

While Li is unsure about what the future holds for her, she plans to keep trying to make a difference for animals through different methods of educating people and activism. She also will continue her service at WFS and she invites Scribe readers to visit on tour days and/or for work parties. “It’s such a beautiful place and it’s a joy to be with the animals knowing that they will never again be abused or slaughtered.” •

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Reports: Oregon's health workforce grows; majority of physicians employed

CONTINUED from page 1

are employed rather than in independent private practice.

"The last survey, in 2012, was very close, with nearly half (48.3 percent) of respondents identifying themselves as employed," Conklin pointed out. Respondents reporting that they are employees rose nearly 13 percent from 2006. "Oregon certainly seems to be following the national trend of more physicians in employed situations," she said.

In the state's northwestern region, 64.6 percent of doctors now report being employed, whereas the southern and southwest areas of the state recorded the lowest percent employed.

A third difference from earlier surveys was that the number of doctors who plan to retire in the next five years approaches one-third of the total number of practicing physicians. This represents a much higher percentage than in previous reports.

"For the last few survey cycles, the number has been closer to 20 percent, which is still very high," Conklin said. "As every year goes by, a big number of physicians are also aging, contributing to the percentage increase in those considering retirement."

When asked about anticipated practice changes, respondents ranked increasing patient volume, reducing

patient hours and increasing complex referrals as the top three likely changes they would make. Nearly 13 percent said they would stop providing all direct care, and a similar number plan to close or sell their practice. All these figures represent increases since the 2012 survey.

The proportion of physicians accepting new Medicaid patients continues to rise, the survey showed.

Practice guidelines doctors followed most often were those from their own specialty societies (about 77 percent), followed by recommendations from the U.S. Preventive Services Task Force (49 percent).

Health care workforce grows

The second report recently released was called "**2014 Oregon Health Professions: Occupational and County Profiles.**" Based on data obtained from state licensing boards, the study found that, overall, the number of people working in health professions has increased since Oregon began collecting health care workforce data in 2009. The professions with the largest percentage increase in licensed workers from 2009 to 2014 were physician assistants (27 percent, from 918 to 1,167); certified registered nurse anesthetists (25 percent, from 307 to 383); and nurse practitioners (23 percent, from 1,955 to 2,404).

The total number of Oregon physicians in 2014 was 11,099, with 353 Oregonians per doctor, and 3,358 Oregonians per PA. "More than one out of 10 dentists, physicians and clinical nurse specialists is 65 years of age or older, indicating that many of these professionals are working past the traditional retirement age," according to the report.

The majority of health care providers profiled in the report speak only English. However, 35 percent of dentists and 34 percent of physicians also speak another language and are "the most language-diverse occupations," the report stated.

Employment in Oregon's health care industry stayed relatively strong overall during the Great Recession. The majority of health professionals work full time, and from 2012 to 2014, most occupations reported an increase in the number of those working full time. "This increase could be a sign of a strengthened state economy and the impact of health reform efforts," according to the report. "Although most licensed health professionals work full time...the amount of time spent in direct patient care varies from profession to profession."

The majority of health care professionals say they intend to maintain the same number of practice hours during the

next two years as they have now. Nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists had the largest proportion of providers reporting plans to reduce their practice hours in the next two years (9 percent each). The professions with the largest percentage of licensees who intend to stop practicing in Oregon during the next two years, either by moving out of state, retiring or leaving their respective fields, are physical therapists (6 percent), pharmacists (5 percent), occupational therapists (5 percent) and occupational therapy assistants (5 percent).

The report was produced by the **Oregon Center for Nursing** and the **Oregon Healthcare Workforce Institute** for the **Office of Oregon Health Policy and Research**, in partnership with the **Office of Health Analytics**.

Both reports in this article can be found online:




www.oregon.gov/oha/analytics/Documents/2014PhysicianWorkforceSurvey.pdf

www.oregonhwi.org/resources/documents/2014OregonHealthProfessionsProfilesFinal.pdf

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REPORT: As OHP coverage expands, care quality improves

As the state expanded the number of people covered under the Oregon Health Plan, the quality of care continued to improve compared with previous years, according to a new report.

The **Oregon Health Care Quality Corporation's 2015 annual statewide report, called "Information for a Healthy Oregon,"** indicates that medical clinics' average scores improved on 11 measures, including adolescent well-care visits, well-child visits, diabetes and kidney disease screening, and diabetes blood-sugar screening. Rates on eight key measures were above the national mean.

The report includes data on the average scores of recognized "patient-centered primary care home" clinics compared with others on 11 measures, finding that medical homes scored statistically significantly higher on seven of those measures.

Covering July 2013 through June 2014, the paper assesses quality of care covered by both government and commercial payers. It examines pediatric care, chronic disease care and the use of services such as emergency department visits. It includes a look at Quality Corp.'s work on reporting the "Total Cost of Care" measure to primary care clinics and an overview of the new Oregon Maternal Data Center.

Mylia Christensen, executive director of Quality Corp., said the improvements in quality could be carrying over to commercially insured and Medicare patients in addition to the expanded Oregon Health Plan patient population.

"We know clinicians and coordinated care organizations are spending significant resources on improving the quality of care, with a focus on specific incentive metrics," she said. "This early data may be an indicator that quality improvements have occurred beyond the initial target of the Medicaid population."

Quality Corp. uses claims data from Medicare, Medicaid and commercial insurers, including data from 13 of Oregon's largest health plans. The combined data represent care given to more than two-thirds of Oregonians, and provide more comprehensive information than any contributing organization is able to on its own, according to Quality Corp.

The report can be found at www.Q-Corp.org.

—Cliff Collins



MYLIA CHRISTENSEN

Study will assess emergency treatment for prolonged seizures

Oregon Health & Science University is among 40 centers across the country participating in an emergency medicine study that aims to save and improve the lives of adults and children 2 years and older whose life-threatening seizures are resistant to standard treatment.

Emergency treatment of patients experiencing long-lasting, drug-resistant seizures, also called established status epilepticus, varies significantly from hospital to hospital nationwide. Little is known about which treatments are most and least effective. To fill that widespread gap in knowledge, the study, Established Status Epilepticus Treatment Trial (ESETT), will evaluate three commonly used medicines given in emergency departments for prolonged seizures: phenytoin (fPHT), valproic (VPA) and levetiracetam (LVT).

"The current patchwork approach to treating patients experiencing life-threatening persistent seizures does not provide a cohesive standard of care. The results of this study will make clear which treatments can most swiftly and most safely end seizures. This data will enable

us to deliver the best possible outcomes for all patients," said **Craig Warden, MD, MPH**, lead researcher for ESETT at OHSU, and professor of pediatric emergency medicine at the School of Medicine and Doernbecher Children's Hospital.

Every year in the United States, approximately 120,000 to 180,000 episodes of persistent seizures do not stop on their own. Of those, a third are established status epilepticus seizures. Prolonged seizures have a profound effect on a patient's brain. They can interfere with their ability to think and remember, and cause irreversible brain damage or death.

Because a person having a seizure is unconscious and unable to consent to participate in the study, individuals will be enrolled through a mechanism called Exception from Informed Consent (EFIC) that follows special rules to guide emergency research. EFIC applies when a person's life is at risk, the best treatment is not known, the study might help the person and it is not possible to get their permission.

Individuals who do not wish to be enrolled into the ESETT study can wear an "ESETT Declined" or "No Study" bracelet at all times during the study enrollment period (approximately five years beginning October 2015). Anyone wearing this bracelet upon arrival at a participating hospital will not be enrolled in the study. Opt-out bracelets can be obtained at netresearch@ohsu.edu or by calling 503-494-1230.

Two emergency research networks are recruiting patients for ESETT: the Neurology Emergency Treatment Trials (NETT) network and the Pediatric Emergency Care and Applied Research Network (PECARN). The study is funded through the National Institute of Neurological Disorders and Stroke, a branch of the National Institutes of Health. •

Pharmacy-led program may benefit surgery patients with diabetes, high blood sugars

A pharmacy-led glycemic control program is linked to improved outcomes for surgical patients with diabetes and those who develop stress-induced hyperglycemia or high blood sugars as a result of surgery, according to a recent **Kaiser Permanente** study published in the American Journal of Pharmacy Benefits.

The study compared patients who had surgery after the glycemic control program started to patients who had surgery before the program started. Patients in the glycemic control program were

more than twice as likely to have well-controlled blood sugar after surgery. They also had fewer post-surgical complications and associated costs, fewer hospital readmissions and fewer visits to the emergency department.

"Patients with diabetes and uncontrolled blood sugar are more likely to have complications after surgery, such as wound infections that can land them back in the hospital, said **David Mosen, PhD, MPH**, lead author and researcher at the **Kaiser Permanente Center for Health Research**.

"We know that controlling blood sugar in these patients produces better clinical outcomes, but surgeons and anesthesia providers may not have the time or expertise to appropriately monitor and adjust insulin regimens after surgery," said **Karen Mularski, MD**, co-author and Kaiser Permanente hospitalist. "Establishing a pharmacy-led care team dedicated to addressing the specific needs of diabetes patients undergoing surgery was crucial to improving blood sugar and overall outcomes."

Authors also included **Elizabeth Shuster, MS**, from the Kaiser Permanente Center for Health Research; **Richard A. Mularski, MD, MCR**, from the Kaiser health research center and Northwest Permanente; and **Ariel K. Hill, MS**, from Kaiser Permanente Northwest. •

More **NEWS BRIEFS**, page 18

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PeaceHealth Southwest, The Vancouver Clinic offer implant for atrial fibrillation

Cardiologists with PeaceHealth Southwest Medical Center and The Vancouver Clinic (TVC) are among the first in the Northwest and northern California to offer the Watchman™ Left Atrial Appendage Closure device for treatment of non-valvular atrial fibrillation, the organizations announced last month.

The Watchman implant, recently approved by the FDA, offers patients with atrial fibrillation an alternative to the blood-thinning medication warfarin, and helps significantly reduce the risk of stroke caused by the heart condition, the organizations said. The small, umbrella-like device closes off the left atrial appendage, and helps prevent harmful blood clots from entering the bloodstream where they can travel to the brain and cause strokes. The implant, which is about the size of a quarter, is inserted via catheter and does not require open-heart surgery. The procedure is typically performed under general anesthesia and lasts about an hour.

Surgeons offering the procedure include **Ben John, MD**, with TVC, and **Jonathan Lowy, MD**, and **James Reiss, MD**, with PeaceHealth Southwest.

According to a 2013 study published in the Journal of American College of Cardiology, more than 90 percent of patients stopped taking warfarin within 45 days of receiving the Watchman implant, and 99 percent stopped within a year.

Atrial fibrillation is the most common cardiac arrhythmia, currently affecting more than five million Americans. •

Providence, PeaceHealth to collaborate

Providence Health & Services and PeaceHealth signed a letter of intent to jointly develop innovative ways to provide health and wellness services in their communities.

The first of multiple initiatives in development is a health and wellness center, featuring rehab, fitness, primary care and other services in Vancouver. The center would increase local access to primary and specialty pediatric medical care, and would offer a unique set of complementary services designed to improve well-being and restore patients to wholeness, the organizations announced in a recent news release.

"This is an important moment for communities we serve," said **Providence Oregon Chief Executive Dave Underiner**. "This is about creating new approaches that will help people get healthy and stay healthy. This is about improving wellness and restoring wholeness to people we care about." •

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