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Off Hours

Get to know more about the physicians competing in this year's MSMP Battle of the Doctor Bands and how playing music provides balance in their lives.

—Please see page 15

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

Health systems take big leap into urgent care

By Cliff Collins
For The Scribe

In the years when the concept was new, some physicians dismissed them as “docs in the box.” But today, urgent care centers have become a ubiquitous part of mainstream health care delivery.

The most salient illustration of that fact is the exponential expansion of urgent care centers affiliated with health systems. In recent years, but especially during the past 12 months, local health systems such as **Legacy Health**, **Providence Health & Services** and **Kaiser Permanente** have joined the national trend of jumping into this burgeoning market, using different variations of the original model.

Health system executives say the trend is consumer driven. The expanded number of people covered through the Affordable Care Act, along with consumer demand for same-day and after-hours access to health care, are among the chief factors that prompted Legacy to enter the urgent care market, said **Trent Green**, senior vice president for strategy.

Local health systems also are responding to the explosive growth of Zoom+

Performance Health Insurance System, previously known as ZoomCare, which has found its neighborhood “on-demand” clinics that are open long hours a desired consumer feature.

“ZoomCare has really disrupted the market,” said **Wendy Carlton**, senior director of access strategy for Providence Health & Services. “They figured out what the market wanted.”

Both Legacy and Providence are aggressively adding new centers.

Legacy already has opened 12 urgent care clinics, with the intent of seeing the number grow to up to 20 centers by the end of this year, Green said. Providence, meanwhile, currently runs eight immediate care centers, all adjacent to Providence primary care clinics, and is looking at adding more, according to Carlton.

However, Providence has injected a new twist into the mix of what marketing people call “retail” urgent care: Providence is debuting what it dubs Express Care clinics. During the next 15 months, Providence plans to open at

least 10 Express Care free-standing centers and 10 housed within Walgreens drugstores, she said. These clinics are smaller than immediate care facilities and intended for common, low-acuity health concerns and physicals. They also offer standard testing such as for strep and STDs. Express Care facilities are staffed by nurse practitioners and physician assistants. No imaging is available at the sites.

“These are (located) where people live,” Carlton said. “People want to be able to schedule online and have a predictable experience,” meaning they usually can be in and out in 20 minutes. By contrast, Providence’s immediate care centers can’t always deliver care immediately and are full to the brim, such as the one



Legacy Health’s urgent care program is driven by the expanded number of people covered through the Affordable Care Act and consumer demand for same-day, after-hours access to health care. Photo courtesy of Legacy Health

at Tanasbourne in Hillsboro. It sees 150 to 175 patients daily. As a result, a triage nurse there suggests to appropriate patients, such as those who don’t need a physician, that they go to one of the new Express Care clinics rather than waiting for, say, three hours at the immediate care center, Carlton said.

See **URGENT CARE**, page 16

Physician finds his true calling far from home

Robert Wells, MD, Rob Delf award recipient, lauded for compassion, gentle humor and humility

By Jon Bell
For The Scribe

Many years ago, as he was passing from high school to college, **Robert Wells, MD**, needed to take some kind of a class in science. He picked chemistry, fell in love with it and used that as a springboard into a career in medicine.

Several decades later, Wells is still in the field and still enjoying it. He’s not only a family practitioner with Providence Health & Services, but he’s also Providence Portland’s medical director for quality



Robert Wells, MD, first got interested in overseas work in 2003. He volunteers his time and services in Kenya and Guatemala, among other places.

Photo courtesy of Robert Wells

See **ROB DELF AWARD**, page 17

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MSMP Presidential Citation

Candice Barr, retired CEO of the Lane County Medical Society, is being presented this month with the 2016 Presidential Citation at MSMP’s Annual Meeting.



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Family Practice

Tuality Physicians, PC
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503-640-3724
University of Rochester, 2007

Elizabeth Stephens, MD
Diabetes and Metabolism

Providence Medical Group
5050 NE Hoyt Street, Suite 540, Portland 97213
503-215-6600
Vanderbilt University School of Medicine, 1994

Ting Ting Zhou, MD
Internal Medicine

Legacy Health
24800 SE Stark Street, Gresham 97030
503-674-1122
Oregon Health & Science University, 2008

Battle of the Doctor Bands

June 23, 7 p.m., in Lola's Room @ the Crystal Ballroom

The bands have been chosen! This year's Battle of the Doctor Bands will feature Gordo and the Lazy Dogs, Wolf Meetings and Pink Hubcaps. Buy your tickets now! The Battle of the Doctor Bands is sponsored by The Doctors Company, Finity Group, KGON and Providence. The event benefits Medical Teams International. See details and buy tickets at www.msmp.org.



5k/10k Scrub Run



Save the date for the evening of Aug. 13. This event is sponsored by The Portland Clinic and Finity Group. Exciting announcements for this event coming soon.

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THANK YOU!

MSMP Presidential Citation honoree Candice Barr blazes health care trails

By John Rumler
For The Scribe

In the early 1980s, Oregon's medical/health care landscape was so different from today it might be unrecognizable to some. Medical centers existed only in cities such as Portland, Salem, Eugene and Medford, and specialty care and sophisticated diagnostic equipment was not widely available. Insurance companies were almost exclusively indemnity reimbursement services and, except for Kaiser Permanente and the Oregon Health & Science University faculty group, most physicians were self-employed and practicing alone or in small groups.

Opportunities for doctors to get professional continuing education were limited. Primary care physicians had to come to Portland for refresher courses, while specialists often had to go to cities such as San Francisco, New York or Chicago.

The **2016 Medical Society of Metropolitan Portland Presidential Citation recipient, Candice Barr** has worked tirelessly, as an activist and innovator, from her position as CEO of the Lane County Medical Society for the past 34 years, to change that landscape in numerous ways. Her leadership has helped bring about health care parity and advances on many fronts, including education, making quality health care accessible to the underemployed and uninsured, and instituting a physician wellness program that has become a national model.

Originally hired by LCMS in 1978 as the staffing director, Barr formed the medical society's staffing service, which operated for 30 years and is largely responsible for



CANDICE BARR

the society's substantial financial reserves. In 1982, after a nationwide search, Barr was named executive director and her title was changed to CEO a few years later.

One of Barr's greatest initial challenges was working hard enough to be accepted as the first female LCMS CEO. "In the early 1980s, medicine was still very much a man's world; however, I was fortunate in that I rarely received anything other than positive support," she recalled.

Kathleen Haley, JD, first met Barr 22 years ago, when Haley became executive director of the **Oregon Medical Board**, a position she still holds.

"In speaking with physicians in Lane County, all roads led to Candice," Haley said. "She created a sanctuary for physicians to gather, and to share successes and disappointments. When a physician was going through a malpractice case or disciplinary action, she supported that individual throughout the process. Such an experience can be lonely and shaming, and to have a wise person like Candice by their side was just what the physicians needed."

In February of this year, Barr stepped down after 38 years with LCMS, and immediately upon her retirement she was unanimously voted to be only the fifth Honorary Member in the organization's 127-year history.

LCMS is well known for its innovative programming and Barr has been a sought-after speaker, statewide and nationally, for many years.

With Barr leading the way, the LCMS created a number of pioneering programs. Her concern for the poor and uninsured led to formation of a program called MediShare, which provided medical care for the under-served in the county. Barr supported physicians who were being sued, attending their trials to provide emotional support before, during and after, and she also established a "litigation retreat boot camp," which became a model for a nationwide program sponsored by The Doctors Company.

Her contributions, too numerous to mention in total, include starting the Access for the Medically Underserved, spread nationally by the Robert Wood Johnson Foundation; forming the first

Through this program, community leaders do a two-day "walk a mile in their shoes" micro-internship experience with local physicians. This prototype was adopted by many county medical societies across the nation and Congress also adopted a version.

From its humble beginnings, Barr took a small, struggling county medical society, which was housed in a couple of rooms over a laundromat, to a mortgage-free, 4,000-square-foot headquarters with almost \$2 million in reserves and a reputation as a national leader in county medical society health care issues. All this with a membership penetration rate of 85 percent (one of the highest in the nation) and, in her tenure, membership

"For more than **three decades**, Candice has demonstrated **true servant leadership** on behalf of physicians and patients in her own medical association and in her community, and she has served our profession as a **mentor and adviser**. Her impact can be felt far beyond Eugene and Oregon."

—Susan D'Antoni, past president and a board member of the American Association of Medical Society Executives

medical society-sponsored Medical Reserve Corps, spread nationally by the federal government; and, after collaborating with the late **Ralph Crawshaw, MD**, a former MSMP president, Barr took the Mini-Internship Program nationwide through the American Medical Association.

dues increased by only \$5 in 38 years.

Susan D'Antoni first met Barr 26 years ago through the American Association of Medical Society Executives. D'Antoni, past president and a board member of that organization, said she was immediately impressed with Barr's professionalism, medical association knowledge and success, and caring, collegial nature. "For more than three decades, Candice has demonstrated true servant leadership on behalf of physicians and patients in her own medical association and in her community, and she has served our profession as a mentor and adviser," D'Antoni said. "Her impact can be felt far beyond Eugene and Oregon."

Of her numerous accomplishments, Barr is most proud of the Physician Wellness Program that has become the gold standard among county medical societies. After two Lane County physicians committed suicide within months of each other, she began putting the program together and it was launched in 2012.

"Oregon has needed a program like this for years, and it is gratifying to see it finally coming together under the leadership of the LCMS," wrote then-Gov. John Kitzhaber, MD, in a letter to Ray Englander, MD, president of the LCMS, and Barr. Kitzhaber also proclaimed

See **CANDICE BARR**, page 13



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Portland IPA's flexible, physician-friendly grant program spurs wide range of area health care innovations

By John Rumler
For The Scribe

Evan Fertig, MD, a neurologist and epileptologist with **Providence Portland Medical Center**, grew frustrated at the number of misdiagnosed epilepsy patients he was seeing. Some were given the wrong medications, others were treated with outdated anti-seizure medications that had numerous side effects. Some did not have epilepsy at all.

Investigating further, Fertig found that according to an Epilepsy Foundation survey, Oregon rated a "C" for patient access to neurologists and a "D" for use of newer, safer anti-seizure medications.

He knew that a significant number of patients were not getting the help they needed and decided to do something about it. Through a grant from the **Portland InterHospital Physicians Association** (Portland IPA), Fertig helped found the area's first Adult First Seizure/New Onset Epilepsy Clinic which opened March 1.

"For adults experiencing their first seizure, it can be a very traumatic experience and it can even be life threatening if prolonged," he explained. "In the Portland area there was no clear pathway or mechanism for these people to get help, and it could take months before they got a diagnosis confirmed or saw a specialist."

Within one week of a new patient's visit, the New Onset Epilepsy Clinic, 5050 N.E. Hoyt St., gets the individual's diagnostic testing completed and makes sure that he or she is referred to a specialist for appropriate treatment.

Staff, available 24/7, so far are seeing about two patients per week, most referred through area emergency rooms. However, according to Fertig, they expect to see many more patients as word about the clinic gets out to primary care physicians in the Portland area.

The \$33,000 grant pays for the staff, which includes three neurologists, one nurse practitioner and three medical



The Oregon Clinic received a grant from Portland IPA to educate and support pregnant women on a range of topics. Midwives involved in the program include, from left, Koren "Coco" Corbett, CNM, Diana Shane, CNM, and Karen Parker, CNM.

Photo courtesy of The Oregon Clinic

assistants. The clinic hopes to soon expand to Providence St. Vincent Medical Center, and if it proves effective there Fertig said it would likely be expanded throughout the Providence Brain and Spine Institute, which serves patients in eight different locations.

"We see too many patients who should have never been put on anti-seizure medications in the first place or are on the wrong ones for their epilepsy type," said Fertig, who also started a first seizure clinic at the Yale School of Medicine, where he completed his primary care internship as well as his neurology residency. "This center will benefit patients by getting their diagnosis correct in the very beginning."

The grant Fertig received is just one of 29 that the Portland IPA has bestowed this year to a wide range of worthy causes.

Founded in 1983 to support independent doctors and help them succeed and grow their practices, Portland IPA has grown steadily over the past three decades and now numbers nearly 3,000 physicians from all specialties.

To spur creativity and innovation—which in turn creates higher patient satisfaction and better outcomes—Portland IPA began awarding grants to qualifying members 10 years ago, with total awards to date of \$8.8 million. Total dollar amounts have risen from \$421,000 in 2012 to \$729,000 this year.

Cascade Physicians PC, through a \$16,000 grant, is exploring Telepsych, which enhances the connection between adult primary care and behavioral health services, said **Wendy Wright, MSW, MBA**, and chief financial officer. "With the limited resources in the metro area it takes too long for a new patient to receive the appropriate care and services. Cascade Physicians wanted to do something about this for our patients."

Cascade Physicians is partnering with behavioral health care specialists and is in the process of setting up webcams at four locations. When operating, they will combine the convenience of videoconferencing and teleconferencing with the delivery of competent, compassionate psychiatric care.

Wright said the Telepsych system should be up and running by the middle of June and estimates that around 120 patients per month will take advantage of the new service.



JILL SHAW, DO
Photo by Bitna Chung

"This will bring about a huge benefit to our patients as it will reduce their wait time by weeks and often months," she said.

The Oregon Clinic Obstetric/Gynecology department received a \$50,000 grant for a project with an end-goal of creating a culture of education and support around the pregnancy and childbirth experience—this in addition to regular one-on-one pregnancy care visits, said **Jill Shaw, DO, FACOG**.

The project aims to improve the patient's quality of care by introducing groups of pregnant women to topics such as prenatal care, delivery preparation, breastfeeding, infant care, nutrition and physical intimacy after childbirth.

"In addition, there's an emphasis on reducing primary cesarean rates, and we're hoping the women attending these classes bond as a cohort and that a supportive culture evolves during the course of the year," Shaw said.

The weekly focus will include such topics as Growing the Best Baby Possible, The Emotional Roller Coaster Ride of Pregnancy and Postpartum, How Do You Plan for the Unplanned, and Let's Talk About Sex.

The four-week, two-hour classroom/support sessions began April 23 and Shaw estimated that somewhere between 20 to 30 women would attend. After the initial pilot is completed the program will be evaluated and, based on feedback, other similar four-week sessions will be offered throughout the year.

"This concept is not new, but I don't know if there's anything similar to this in Portland," Shaw said. "The group culture dynamics and the women sharing with each other and supporting each other are very important elements. If successful, we'd love to offer these sessions year round on a permanent basis at The Oregon Clinic."

A portion of Portland IPA's grants are categorized as pre-set, as they are directed towards specific categories such as primary care (this year's amount is \$154,000 spread among 11 grant recipients). Typically, between one-third to two-thirds of the grants are referred to as Primary Care and Specialty Care innovative grants (this year's amount is \$575,000 spread among 18 recipients), and go for a wide variety of purposes that do not fit into rigid categories.

"The grant program is designed to be flexible with the end goal of improving patient care by supporting physicians and their practices to implement clinical quality initiatives or practice improvements," said **Donna McClellan**, Portland IPA's executive director.

Funding for the grants comes from a variety of sources. The lion's share comes from Portland IPA's risk contract with Providence Health Plan's Medicare Advantage program, while additional funding is secured through administrative fees.

Funds are dispersed in two allocations, one at the beginning of the project and the second at the project's completion. The vast majority of grants are for one-year terms, but extensions are possible, McClellan said. •

For more information about Portland IPA and its grant program, please visit www.portlandipa.com.

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'A life-changing experience'

Geriatrician Shirin Sukumar, MD, finds Oregon Medical Board role rewarding

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

"Going into geriatrics is almost like a calling," says **Shirin R. Sukumar, MD**. And for her, that calling came early in her medical residency.

In her first year, the head of the department was a geriatrician. "I was very interested in that," she remembers. So much so that she went on to complete

a fellowship in the specialty at Oregon Health & Science University.

Since 2006, she has practiced geriatrics at **Legacy Health**, initially as a family geriatrician and, since 2014, as medical director of geriatrics for Legacy Medical Group. She oversees geriatric consultation clinics, inpatient services, the Acute Care for Elders program and the nursing home program.

In an increasingly aging society,

geriatricians already are in short supply, and the problem will become only more severe with time.

"There is a shortage crisis," she says. "There is huge demand related to supply." By 2030, an estimated 20 percent of the American population will be over 65, increasing that demand. Even now, she points out, we have only one geriatrician for every 10,000 people.

Sukumar says she has felt fulfilled in



SHIRIN SUKUMAR, MD

choosing that specialty. "Geriatrics plays a tremendous role in helping our surgical colleagues," she says. "It has a significant effect on how patients do. When we look at transition of care, the role geriatricians play is very vital."

On top of her myriad duties with Legacy, Sukumar took on another demanding role when, in January, the **Oregon Medical Board**, of which she has been a member since 2011, elected her as chair for 2016–17.

Kathleen Haley, JD, executive director of the OMB, says Sukumar "exemplifies all the traits you could want in a physician leader," and is a natural leader. "I find her truly a delight to work with."

Haley says Sukumar is very dedicated to the board's work while at the same time running a family and administering Legacy's geriatrics programs.

As part of her term as chair, Sukumar wants to raise the awareness of both young and established physicians about the many services and programs the Oregon Medical Board provides besides its statutory disciplinary function. As one example, a major interest of Sukumar's, Haley's and the OMB is to promote physician wellness.

The OMB plays an active role in the **Oregon Coalition for Healthcare Professional Enhancement**. The coalition was started by Oregon Health & Science University's **Donald E. Girard, MD**, a past president of the **Medical Society of Metropolitan Portland**. The OMB has hosted several coalition meetings, which include groups and organizations that support a proactive and broad approach to provider wellness throughout the state. Included in the coalition, which now is hosted by **The Foundation for Medical Excellence**, is the MSMP's **Physician Wellness Program**, Sukumar notes.

The philosophy underpinning the coalition is that having happy physicians and PAs who are able to strike a healthy work-life balance is beneficial both to their practices and to their patients. Well-adjusted clinicians are better able to deliver good care, in other words. The idea, Sukumar explains, is, "How can we help physicians when problems come up in their career?"

"I find work-life balance in my own life by enjoying time with my family, volunteering in my kids' school and making a conscious effort to carve out time to maintain physical health," she says.

Another service the OMB performs is to help doctors who want to re-enter the profession when they have not been practicing for a period of time.

"The board is very supportive of physicians who want to get back into medicine in a safe manner," she says. A "positive

See **SHIRIN SUKUMAR**, page 18



"The idea of ovarian cancer surgery really frightened me."

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UNRIVALED REWARDS

Multi-stakeholder group recommends shared quality measures to improve Oregonians' health

Oregonians' health will be improved if there is a public-private effort to overhaul the number and types of health care quality measures being collected, according to a white paper issued in early April by the **Collaborative for Health Information Technology in Oregon (CHITO)**.

"Aligning Health Measurement in Oregon" is a result of months of collaborative research to study and develop recommendations around a proliferation of hundreds of overlapping—and sometimes competing—state, federal and commercial health care quality reporting initiatives and mandates, according

to a news release.

"We heard time and again that health care providers and their staff are overwhelmed with the sheer volume of reporting they are required to do," said **Mylia Christensen**, executive director of the **Oregon Health Care Quality Corporation (Q Corp)**. "Oregon has been a leader in health care transformation, and it is time to take that leadership to the next logical level: creating a common set of quality, cost and outcomes measures among all stakeholders, so that we can meaningfully gauge whether transformation is working."

Highlights of "Aligning Health Measurement in Oregon" include these findings:

- There are more than 420 reporting measures from various state, federal and commercial health care programs and initiatives.
- Many quality incentive programs have mixed results as they are not tied to best practices, are siloed among dozens of sponsors and the results are not always available to the public.
- Previous efforts to align measures were well-intentioned but had little success, in part because those involved did not have the authority and resources to implement changes.

"Providers, policy makers and the public all share the same goals of better care, lower cost and better patient experience: what we know as the Triple Aim," said **Andy Davidson**, president and CEO of the **Oregon Association of Hospitals and Health Systems**. "But we must be smart and strategic about achieving those goals through a more focused and aligned use of data and measurement. We think an aligned measures approach will be more likely to result in better health outcomes."

"Aligning Health Measurement in Oregon" also argues that the best statewide results will be produced when measures are directed at improving care for all Oregonians, regardless of health care delivery setting, insurer, geography, health status, ability to pay, race, ethnicity and other factors. Collaboration must occur with diverse groups representing all those who are impacted by health care.

"This will help expand measurement beyond the clinical environment to consider population health, social determinants of health, and communities where people live, work and play," Christensen said. "Once we begin to align and streamline data measures and focus our efforts, we'll be able to drive meaningful change in our health care system."

CHITO is a strategic multi-stakeholder alliance created to align and improve the planning, execution, utility and efficiency of health information technology, with an emphasis on aligning data and analytics in Oregon. CHITO comprises representatives from several health care entities, including the Oregon Health Leadership Council, the Oregon Association of Hospitals and Health Systems, OCHIN, Q Corp and other partners. •

Conference aims to address health care for homeless people

The expansion of Medicaid coverage in Oregon and the advent of coordinated care have translated into more resources and improved health care for many homeless individuals and families. Despite those positive developments, challenges remain, according to two area physicians who serve homeless people.

Experts will gather in Portland in a couple of weeks to share successful strategies in medical practice and policy, and to discuss ideas for continued progress in serving homeless people. The **2016 National Health Care for the Homeless Conference & Policy Symposium**, scheduled for May 31 to June 3 at the Hilton Portland & Executive Tower, is themed "Working Together for Quality—Access—Justice—Community." It's organized by the National Health Care for the Homeless Council.

A variety of topics are on the agenda, including influencing state health care delivery system reforms; addressing brain injuries and developing a comprehensive wound care program in health care clinics for homeless people; using data to improve the health of homeless people; eliminating barriers to care for transgender and gender non-conforming individuals; and innovative service delivery models for people experiencing homelessness.

A handful of Portland-area providers are among the conference presenters, including leaders at the nonprofit **Central City Concern (CCC)**.

Rachel Solotaroff, MD, CCC's chief medical officer, said the annual conference translates into "elevated knowledge, motivation and drive to bring the best care possible, using the best available science, to people who are experiencing

homelessness.

"There are amazing models and practices that get highlighted at the conference," she noted.

Both Solotaroff and **Eowyn Rieke, MD, MPH**, associate medical director of primary care at CCC's Old Town Clinic, said that the event is so full of valuable information that they never want to miss a single presentation.



EOWYN RIEKE, MD

Rieke said she attended her first National Health Care for the Homeless Conference & Policy Symposium 15 years ago, when she was in residency. "It was magical then, and it's magical now," with like-minded professionals from diverse backgrounds coming together to "share ideas and stories," she added.

Solotaroff stressed that the conference is beneficial not only for providers who work at health clinics for the homeless, but also for medical professionals in other practices given the extent of housing, economic and other challenges many people face, particularly residents of the Portland area where housing costs have soared.

"Understanding how their external environment affects their health is something we all need to be more aware of and thinking about," Solotaroff said.

Though the conference is not about housing per se, it does address social services such as coordinating needed housing for people served by health clinics for the homeless because of the important

See **CONFERENCE**, page 18

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ER visits fall for coordinated care organizations, but head up elsewhere

By Jon Bell
For The Scribe

The Oregon Health Authority in January released a report sizing up how Oregon's coordinated care organizations (CCOs) have been doing on a range of metrics, including emergency department utilization.

Called "Oregon's Health System Transformation: CCO Metrics 2015 Mid-Year Update," the report listed a few bullet-point highlights in the executive summary. At the top of that list: emergency department visits by those served by CCOs—Oregon's Medicaid population—have fallen 23 percent since 2011. Considering that emergency room care can be expensive and that it's historically been the place where people without insurance go for care, cutting utilization would seem like the right direction to be heading. And it is.

But outside the world of the CCOs, emergency department utilization in Oregon has actually ticked up in recent years. **Oregon Health & Science University's** edged up by at least 1 percent in 2015, and at **Providence Health & Services'** eight Oregon emergency departments, utilization has been up anywhere from 6 to 15 percent.

"We have not seen a downward trend," said **Bonnie Wilson**, director of emergency services for Providence's Oregon region. "What we expected with the Affordable Care Act is that with more people having insurance, it would have gone down, but we have actually seen an upward trend."

CCOs make strides

So, just what's going on with emergency department visits in Oregon? When it comes to the CCOs, utilization definitely dropped between 2011 and 2015, though it did remain relatively steady between 2014 and mid-2015. And while usage dropped at some CCOs—nine of them—during that year and a half, it did increase at at least five others.

Maggie Bennington-Davis, MD, is chief medical officer for **Health Share of Oregon**, a CCO serving the tri-county metro Portland region. She was quick to point out that the drop in ER visits has not necessarily been because of the CCOs, but rather because of the providers who work with them.

"We're providing information and data for them, which is helpful," she said, "but it's really our providers who are doing the work."

One effort that has made a significant dent in ER utilization, Bennington-Davis said, has been the "robust development" of the Patient-Centered Primary Care Home program. Launched a few years ago, the program pairs patients with a

primary care clinic that coordinates care and services and connects them with resources, including care options other than the emergency room. She noted that about 95 percent of Health Share members are enrolled in the program.

"The Patient-Centered Primary Care Homes have done an amazing job in connecting people with outreach services, adding behavioralists and other staff, and that's really made a difference," she said. "That's all really done by the provider community, which has put a bigger emphasis on care coordination."

Health Share's analytics and quality improvement manager **Graham Bouldin** said the CCO has also taken to sharing monthly reports with its partners about which patients are high utilizers of ER services. That information can be valuable to providers, who can try and tailor the care and services they offer accordingly. Similarly, the Emergency Department Information Exchange, a web-based communication tool that's become accessible in emergency rooms around the region, allows emergency department clinicians to identify patients who come to the ER more than five times in a 12-month period or who have more complex care needs.

"Historically, if a person showed up at the emergency department at Kaiser and Kaiser turned him away and he went to Providence instead, there was no communication to let Providence know the person had been at Kaiser an hour earlier," Graham said. "It lets them have a narrow slice of information across these emergency departments."

Such technology has played a big role in curbing emergency department utilization by the Medicaid population at **Kaiser Permanente** in the metro region. **Rahul Rastogi, MD**, who is Northwest Permanente's chief operating officer, said



RAHUL RASTOGI, MD

the system has taken a "people, process and technology" approach to addressing ER use. That approach starts by knowing patients, what their needs are and who are most at-risk. Kaiser then assembles a care team, including a navigator, to make sure patient needs are being met. Part of the way it all gets tied together is through technology, such as the EDIE system and Kaiser's "seamlessly integrated electronic medical record," Rastogi said.

"Because of that," he said, "we have access at all times to understand how their needs may have changed, and we can tailor what needs to be done in the moment."

It's an approach that has worked well at Kaiser. According to Rastogi, the health system here has seen a reduction in ER utilization of between 20 and 30 percent in the past couple years. On top of that approach, Rastogi said Kaiser is also piloting a program whereby a navigator will be stationed in the ER to help patients learn what other options they might have for care aside from the emergency department in the future. He said Kaiser is also ramping up virtual care so patients can access urgent appointments and other needs online, and it's working with Metro West Ambulance on a program that sends paramedics to patients' homes after they leave the ER to do follow-up care as a way to help curb readmissions.

Visits climb outside CCOs

The reasons that ER visits tend to be on the rise outside the Medicaid and CCO realm vary and aren't largely nailed down. **John Ma, MD**, a professor and chair of emergency medicine at OHSU, said there's

a good chance that the ACA played a role because, while it increased the number of people who have insurance, there wasn't a correlating increase in the availability of primary care providers.

"We didn't address the shortage of primary care physicians," he said, "so now all of a sudden you have a lot of people with an insurance plan looking for health care, but there was not any increase in primary care."

Wilson, at Providence, speculated that some people who may not have had insurance before the ACA would not have gone to the ER. Now that they have insurance, they're less reluctant to get treatment, though they're still new to navigating the health care system and might see the ER as their first option. And **Doug Koekkoek, MD**, chief executive of **Providence Medical Group**, said the overall population growth in the metro region has likely played a role in driving up ER utilization at Providence and elsewhere as well.

Simply because numbers are up, however, doesn't mean that Providence and other systems aren't making their own strides in improving ER utilization rates. **Annette Kirby**, executive director of care management for Providence, said Providence is also synched up with the EDIE system and it's focusing more on matching patients with the proper services and care they need, including behavioral health, outside the ER. Part of that is introducing patients to urgent care clinics, many of which have extended their hours, or even the growing wave of retail clinics that are sprouting up across the region.

"As a result of all these measures, the acuity level of people presenting at the emergency department will probably go up," Kirby said, "but the people with lower acuity needs will go elsewhere." •

ER visits continue to rise nationally after ACA implementation

The rise in ER visits in the Portland metro area is echoed nationally, with three-quarters of emergency physicians reporting a significant increase in 2015 compared to the year before, when less than half reported increases.

Rather than trying to keep people out of emergency departments, policymakers need to recognize the value of this model of medicine that people want and clearly need, according to the **American College of Emergency Physicians (ACEP)**.

"The reliance on emergency care remains stronger than ever," said **Michael Gerardi, MD, FAAP, FACEP**, ACEP's president. "It's the only place that's open 24/7, and we never turn anyone away. Rather than trying to put a moat around us to keep people out, it's time to recognize the incredible value of this model of medicine that people need."

Most respondents to a recent ACEP poll reported little or no reductions in the volume of emergency visits due to the availability of urgent care centers, retail clinics and telephone triage lines. About 90 percent of more than 2,000 respondents also say the severity of illness or injury among emergency patients has either increased (44 percent) or remained the same (42 percent).

More than 25 percent reported significant increases in all emergency patients since the requirement to have health insurance took effect. In addition, more than half said the number

of Medicaid patients is increasing.

These data correlate with a recent report issued by Health Policy Alternatives, which found that efforts by policymakers and health insurance plans to drive Medicaid patients out of emergency departments and into primary care are not working.

More than half of providers listed by Medicaid managed care plans could not offer appointments to enrollees, despite a provision in the Affordable Care Act boosting pay to primary care physicians treating Medicaid patients. The median wait time was two weeks, but over one-quarter of providers had wait times of more than a month for an appointment.

"There is strong evidence that Medicaid access to primary care and specialty care is not timely, leaving Medicaid patients with few options other than the emergency department," said **Orlee Panitch, MD, FACEP**, chair of ACEP's Emergency Medicine Action Fund. "In addition, states with punitive policies toward Medicaid patients in the ER may be discouraging low-income patients with serious medical conditions from seeking necessary care, which is dangerous and wrong."

The report — commissioned by the Emergency Medicine Action Fund — is titled "Review of the Evidence on the Use of the Emergency Department by Medicaid Patients and the Evolving Role of Emergency Medicine Physicians." •



MAGGIE BENNINGTON-DAVIS, MD

Study: Parents often best source of children's body weight during ED treatment

Despite technological advances in emergency departments, including sophisticated measurement systems, parents often know best when it comes to their children's body weight, according to a recent study published in the *Annals of Emergency Medicine*.

Noting that there is often insufficient time to weigh critically ill children, the study states that parents are often the best source for the rapid, reliable weight estimation that is essential in pediatric emergency resuscitation because dosing of resuscitation drugs in children is based on weight. Information about a child's weight also needs to be easily communicated to the ED before the patient's arrival, allowing advance preparation of equipment and medications.

"When emergency department staff needs to know the weight of children for purposes of emergency resuscitation, parents generally offer the most accurate estimates," said lead study author **Kelly D. Young, MD, MS**, of the **Department of Emergency Medicine at Harbor-UCLA Medical Center in Los Angeles**. "Length-based methods of measurement came in second. We still have trouble getting accurate estimates for

children from populations with high obesity rates and high malnourishment rates, regardless of which method is used."

Young and her co-author, **Noah C. Korotzer**, a student at **Palos Verdes Peninsula High School** in Palos Verdes, Calif., reviewed 80 studies on pediatric weight estimation, including parent estimation, health care worker estimation, calculation based on the child's age, calculation based on the child's length, the Paediatric Advanced Weight-Prediction in the Emergency Room (PAWPER) tape and the Mercy method.

"No reported method is truly ideal," Young said. "Parental estimation, while pretty accurate, may not be available at the time of resuscitation or parents may be distraught. Parent estimation with length-based methods with adjustment for a child's body type are the most accurate methods for predicting children's total actual body weight. But then it gets complicated because some resuscitation drugs are best dosed based on ideal body weight." •

New combined training in emergency medicine, anesthesiology launched

The **American Board of Anesthesiology (ABA)** and the **American Board of Emergency Medicine (ABEM)** recently launched a new option for combined residency training in emergency medicine and anesthesiology. The combined program will require five years of residency training and will prepare residents for certification in both specialties.

Residency programs seeking to offer this combined training must be approved by both the ABEM and the ABA before residents are recruited. To be eligible for dual certification, residents must satisfactorily complete 60 months of combined education, which must be verified by both programs. The duration of training will increase to 72 months if the combined program involves a four-year emergency medicine residency. Physicians may take the initial certification examinations for either board once they successfully complete all five (or six) years of training.

"This ABEM and ABA collaboration provides opportunities for training programs to

enhance the depth and breadth of multidisciplinary residency training, which can enhance patient care in systems-based medical practice," said **James P. Rathmell, MD**, ABA secretary. "It also addresses a demand from residents interested in both emergency medicine and anesthesiology."

"The combined training programs in emergency medicine and anesthesiology will reduce redundancies and increase efficiency in the education and training of these residents," stated **Barry N. Heller, MD**, ABEM president. "Furthermore, graduates will be prepared to serve as leaders in either specialty with access to a broader array of career opportunities."

The combined training program requirements and application are available on the ABA and ABEM websites (www.theABA.org and www.ABEM.org). Both boards are currently accepting applications from programs interested in offering this training. •

EMS professionals recognized during national campaign in May

The **American College of Emergency Physicians (ACEP)**, in partnership with the **National Association of Emergency Medical Technicians (NAEMT)**, recently announced this year's EMSSTRONG theme: "Called to Care." The campaign continues to recognize and inspire emergency medical services (EMS) personnel, strengthen the profession on a national level, and expand and amplify National EMS Week May 15–21.

The campaign brings together key associations, media partners and corporate sponsors who are committed to celebrating EMS professionals, strengthening the profession, and bringing EMS Week into the future.

"ACEP has been a long-time supporter of national EMS Week," said ACEP President **Jay A. Kaplan, MD, FACEP**. "Through this ongoing annual campaign, and the partnership with NAEMT, we look forward to further expanding national EMS Week and

bringing more awareness to the extraordinary men and women of EMS."

The campaign's website, EMSSTRONG.org, provides inspiring EMS personnel stories and profiles, as well as EMS Week ideas, activities and templates. The website also encourages engagement from EMS personnel and invites them to share EMSSTRONG content with their own social media networks.

"NAEMT is dedicated to representing the professional interests of all EMS practitioners, including federal leadership, funding and public policy," said NAEMT President **Conrad "Chuck" Kearns, MBA, paramedic, A-EMD**. "Through this partnership with ACEP, the EMSSTRONG campaign is elevating the importance of supporting and recognizing all of those who have been called to care." •



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Coalition established as statewide hub for physician wellness programs

Donald Girard, MD, MACP, is the first to admit that he and other members of his generation represent a complete contrast compared to younger generations of physicians and their recognition of the importance of physician wellness.

That, however, does not stop Girard, who is retiring after 50 years of practicing medicine, from championing physician wellness. In fact, Girard, previously associate dean for graduate and continuing medical education and a professor at **Oregon Health & Science University's School of Medicine**, has found the perfect advocacy partner in **Kellie Littlefield, DO**, a senior resident and chief resident delegate at OHSU, and new MSMP board member.

"She represents the future of medicine, which is younger doctors who have both personal and professional goals and want to find that balance," said Girard, a former president of the **Medical Society of Metropolitan Portland (MSMP)**. "They also are willing to work as a team member and are more accessible to patients."

Girard and Littlefield recently presented the goals and work done so far by the **Oregon Coalition for Healthcare Professional Enhancement**, established about 18 months ago to create a statewide strategy for coordinating physician wellness initiatives and resources. Their presentation took place April 21 at Providence St. Vincent Medical Center.

Coalition leaders include Kathleen

Haley, JD, executive director of the Oregon Medical Board; Mary Moffitt, PhD, OHSU; Henry Grass, MD, Oregon Psychiatric Physicians Association; Bradley Bryan, MD, MSMP's president; Amanda Borges, MSMP's executive director; Candice Barr, emerita executive director of the Lane County Medical Society; Bryan Boehringer, OMA's CEO and executive vice president; Mary McCarthy, MD, psychiatrist; George Koval, MD, emeritus member of the Oregon Medical Board; and Tim Goldfarb, president of The Foundation for Medical Excellence.

"We all, as health care professionals, should be involved certainly in staying well in order to help our patients, but also to help younger physicians learn from us how to stay well," Girard said.

From Girard's perspective, one of the main factors impacting physician wellness is the Medicare program and its reimbursement regulations, which changed the general nature of medical practice from a service profession to an investment industry.

"The doctor has gone from a businessperson who ran his or her own business to an employee in a system that is not always willing to hear him or her," he said. "The end result is that as important as getting help and staying well has always been, it's even more so today because the medical profession is a fireball of chaos and restructuring."

Girard noted that many physicians are

uncertain about the future of their careers, wondering where they will find the most financially, intellectually and emotionally rewarding jobs. He pointed out that the suicide rate among physicians is higher than many other professions, a sobering statistic that helped drive the coalition's establishment.

It was a resident's suicide 14 years ago that led Girard and Moffitt to establish OHSU's Resident Wellness Program. During its first year, the program saw 6 percent of residents out of a cohort of 400. Now, the program sees 20 percent out of a cohort of 1,200 residents and faculty, Girard said.

"Our response is increasingly favorable and people who have gotten help can tell the younger students, 'This is a common problem. I had it, too, and here's where you can get help,'" he said. "We do believe resilience—the way people take on issues, think about them and put them in perspective—is helpful, and a lot of people can do that without help. But some are at more risk than others."

According to a 2012 article in the *Journal of the American Medical Association*, about 45 percent of physicians experience burnout, with providers at the front lines of care—including family care, emergency medicine and internal medicine—suffering the highest rates. Littlefield also has seen firsthand the debilitating effects of physician burnout.

"The impact on those physicians in their

personal lives is tremendous, and the impact on health systems is also tremendous," Littlefield said, noting more physicians are retiring earlier or cutting back on their hours to preserve their well being. She also referred to studies that show a direct correlation between patients' adherence rates and their perception of their doctor's wellness.

Littlefield said that, traditionally, the majority of wellness programs have focused on the extreme end of physician burnout and address suicidal thoughts, depression, substance abuse and other mental health conditions that accompany burnout.

"Over time people have been looking at the other end of the spectrum of keeping physicians well," she said. "If we can keep our physician workforce from becoming burned out in the first place, we can keep them healthy. And there is cost savings to keeping physicians healthy and patients happy."

Girard, a former chair of the Oregon Medical Board, has long worked to create a statewide program and said the coalition's goal is to share protocols to allow a comparison of the results of different physician wellness programs through Oregon.

"We want to study the results to see what works and what doesn't work, we want to share the successes and address the failures, and coalition would be a hub where we can share resources," he said. "This, we believe, can be coordinated nicely through this coalition." •

CANDICE BARR, from page 4

the first Physician Wellness Month in March 2012.

Since the program's inception, more than 8 percent of the society's physician members have utilized its services through upwards of 250 appointments. Barr, always casting an eye on the future, has raised almost \$620,000 to support and endow the program in perpetuity and personally assisted the MSMP in successfully replicating the program, the first of many medical societies to do so.

During the tumultuous changes in the delivery of medical care of the last several years, Haley said, physicians have been experiencing even greater stresses.

"Seeing the need for a Physician Wellness Program set Candice in motion. She researched best practices, raised the necessary funds and developed a nationally recognized program. Her work in Lane County has been adopted by medical societies throughout Oregon and the United States."

"Candice's pioneering leadership to facilitate physician wellness assistance has been an inspiration to others, including my own local Lexington Medical Society," said **Steven Stack, MD**, president of the American Medical Association. "At a time

when physician burnout is on an alarming rise, Candice recognized that healthy patients require healthy physicians and she took action. On behalf of my physician colleagues, we are grateful for her wonderful contributions to help heal the healers."

The program has been written up in the *Washington Post*, *The New England Journal of Medicine*, *KevinMD*, the *HappyMD*, TED Talks, and a number of other blogs and publications.

With a desire to continue contributing to physician wellness even in retirement, Barr has planned physician wellness and resilience retreats to be held in Sunriver and Queretaro, Mexico.

"Candice has always been the soul of the medical society," said **Gary LeClair, MD**, who has known Barr since he joined the LCMS in 1977. "She always knew when someone was in emotional difficulty of any kind. When a physician was sued, she talked with them. She established the physician committee with those of us who had been past presidents and for many years we met monthly to decide how best to support physicians undergoing divorce, family issues or practice disputes with medical partners. She also

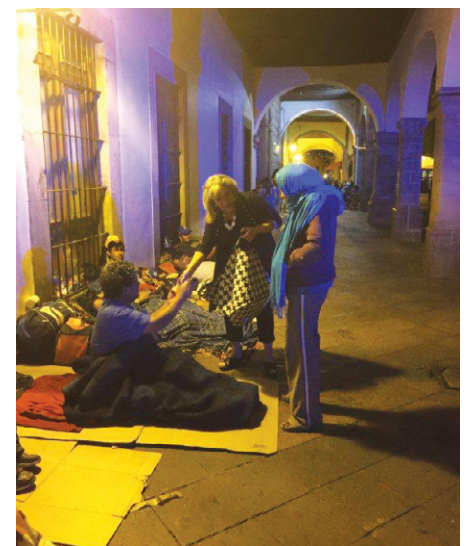
developed a program called the 'litigation toolbox,' which offered trainings with attorneys to prepare for trial."

Born and raised in Eugene, Barr graduated from the University of Oregon with undergraduate degrees in romance languages and psychology. She's been married for 35 years to Darryl Larson, a circuit court judge since 1990.

In retirement, Barr plans to add to her extensive traveling adventures: She's viewed migrating wildlife over the Serengeti in a hot air balloon; scuba dived in the Great Barrier Reef, Belize and Cozumel; helicoptered over an active volcanic flow in Hawaii; ridden horses through the Sangre De Cristo Mountains in Taos; and zip lined through a Costa Rican rain forest, to name just a few. She also is eager to start pocket schools on street corners for Mexican children, and to further develop a night-time meal program she's started in Queretaro.

Above all, though, Barr will carry on her mission of serving physicians and those who need health care. "I will continue my participation in state and local politics, including a statewide physician wellness coalition coordinated by The Foundation for Medical Excellence," she said.

"I'm incredibly grateful for a stimulating and rewarding career and life and the hundreds of wonderful people I've met along the way." •



Candice Barr distributes food, sundries and gifts to homeless people who sleep at the Plaza de Armas in Queretaro, Mexico.

Photo by Darryl Larson

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Battle of the Doctor Bands

Physicians share how playing music provides balance, relieves stress

By **Melody Finnemore**
For *The Scribe*

This year's Battle of the Doctor Bands will feature cover tunes by a family band, a new incarnation of the inaugural event's winner and the return of Wolf Meetings, which took top honors during last year's competition.

Gordo & The Lazy Dogs

With **Norm Willis, MD, DABR**, on vocals and rhythm guitar, Gordo & The Lazy Dogs will play original music that Willis has written over the years, including with fellow guitarists and mentors such as Jim Walker and the late Tim Ellis.

"I talked about being interested in songwriting, so I began to get together with Jim Walker and writing and recording songs," Willis said. "Tim was such a great guitar player. He got me enthusiastic about music, and he encouraged me in my songwriting and guitar playing."

Willis, medical director of Meridian Park Radiation Oncology Center in Tualatin, cited William Congreve's quote, "Music has charms to soothe the savage breast," and said he finds firsthand that it's good for the soul. "For me it takes away a lot of tension and anxiety that build up from the pressures of the work that I do."

Willis will be joined by Ken Mann on bass and backup vocals, Richard Parker on drums, Joe Ness on lead guitar and backup vocals, and JP Garau on keyboards and vocals. Willis, Mann and Parker won the first Battle of the Doctor Bands under the name Love You Long Time.

"I've got a good group of guys playing with me and they've really made it a pleasure. I've learned an awful lot from all of them about what it means to be in a band, and the reward of writing nice tight songs that are a pleasure to listen to," said Willis, whose nickname is Gordo.

He admits to being somewhat shy, but said playing music live forces him to let

go of those feelings and enjoy being on stage.

"It's really rewarding to see something you have created come to life with the combined efforts of other people. And then to see people in the audience respond to it when you're not just doing covers but you're doing original material," Willis said.

Pink Hubcaps

Music is a family affair for Pink Hubcaps, which includes lead singer **Liz Stephens, MD**; her husband Peter Mortola on rhythm guitar; her elder son Noah Mortola on drums/percussion; and her younger son Riley Mortola on background vocals. Lead guitarist Mark Molchan and **Stuart Currie, MD**, on bass and keyboards round out the lineup.

Last year, Stephens began participating in the Portland School of Rock's adult program, where she met Currie, a family physician and chief medical officer at Tuality Healthcare.

Stephens, a specialist in endocrinology, diabetes and metabolism at Providence Health & Services, began singing in an a cappella group during medical school and joined a band of physicians during her endocrinology fellowship. She said learned early on that music and the fellowship with her bandmates provided an antidote to the stress of work and everyday life.

"In every aspect of my life, music has helped. It brings me such joy and calls on different skills. It makes me feel artistic and in touch with something I love so deeply," she said.

She was influenced by folk and rock music, while her husband enjoys jazz and bossanova music and her sons enjoy rock. The band collaboratively decides what songs to cover. Stephens, her husband and Molchan have performed during some open mic nights in Sellwood, and she and her family played in a carnival.

The band's name also represents a family adventure. Stephens said a previous name just didn't seem to fit the band anymore, and she was trying to think of a catchy name when Noah asked if he could paint their car's hubcaps electric pink.

"We just love our pink hubcaps and we thought that would be a great name for our band," she said.

Wolf Meetings

Last year's winner, Wolf Meetings, had only recently gotten together when they performed, but their original music wowed the crowd and they took home the top honors.

The band's lineup includes **David Harmon, MD**, on keyboards and vocals; **Srini Mukundan, MD**, on guitar and vocals; **Nick Vigo, MD**, on drums; Sean Sanford on guitar; and Bobby Ray on bass.

Harmon, an assistant professor of medicine and hospitalist at Oregon Health & Science University, began taking classical piano lessons when he was about 9 or 10 years old and he continued until he was 18.

"I actually had to ask my parents for them after I heard a friend of mine play Gershwin. I was also a band dork and played alto sax and clarinet, although I'm pretty rusty at these," he said. "I wasn't in a band until medical school, where I mostly played guitar and sang."

Harmon, whose musical influences include Chick Corea, Herbie Hancock, Ben Folds, Ryan Adams and the LCD Soundsystem, said that injecting creativity into his work is difficult since much of what he does is based on guidelines, protocols and standards of care. "Music provides a departure from that relatively regimented, day-to-day mindset," he said.

Since winning the Battle of the Doctor Bands last year, Wolf Meetings has played a few events, including a recent performance at the Ash Saloon. Harmon noted, however, that it's often difficult to

practice and perform because of work schedules, particularly when some members work the night shift.

This year's event will benefit Medical Teams International. Mary Ellen Laird, volunteer relationship specialist, said the organization was "surprised and delighted" to be nominated by **Tom Hoggard, MD**, and **Mary Burry, MD**.

"We hope this honor will encourage others to learn about our organization, to know that if their goals include serving others, we are here to help," Laird said. "Many of MSMP's fabulous members have shared their skills and expertise with those we serve around the globe. We anticipate connecting with alumni and building new connections in a most unusual, awesome way!" •

Battle of the Doctor Bands

The third annual Battle of the Doctor Bands will take place at 7 p.m. June 23 at Lola's Room at the Crystal Ballroom. The event will benefit Medical Teams International.

See details and buy tickets at www.msmp.org.



Gordo and The Lazy Dogs includes, from left, Joe Ness; Norm Willis, MD; Richard Parker; and Ken Mann.



Wolf Meetings includes, from left, Sean Sanford; Dave Harmon, MD; Srini Mukundan, MD; and Nick Vigo, MD.



Pink Hubcaps includes, from left, Riley Mortola; Liz Stephens, MD; Peter Mortola; Noah Mortola; and Mark Molchan.

News Briefs

Kaiser Permanente study highlights benefit of counseling for depressed teens

Depressed teenagers who received cognitive behavioral therapy in their primary care clinic recovered faster, and were also more likely to recover, than teens who did not receive the primary care-based counseling, according to a Kaiser Permanente study published recently in the journal *Pediatrics*.

Primary care providers, such as pediatricians, are often the first to identify depression in teens, but they have few tools to treat teens. Providers can prescribe antidepressants and make referrals to mental health professionals, but teens often decline medications or stop taking them before they can have an effect. Teens may also be reluctant to follow up on referrals to mental health and it may take some time before they can get in for an appointment.

"This study shows that youth who refuse antidepressants can still be successfully treated in primary care using cognitive behavioral therapy," said **Greg Clarke, PhD**, lead author and depression researcher at Portland's **Kaiser Permanente Center for Health Research**. "We know from previous studies that when kids aren't depressed they do better in school, are less likely to have sleep and substance abuse problems, and ultimately graduate high school more often."

The study examined a five to nine-week program where counselors used traditional cognitive behavioral therapy techniques to help teens challenge unhelpful or depressive thinking, and replace those beliefs with more realistic, positive thoughts. The program also helped youth create a personalized plan to increase pleasant activities, especially social activities.

On average, teens in the program recovered seven weeks faster (22.6 weeks vs. 30 weeks) than teens who didn't participate in the program. After six months, 70 percent of teens in the program had recovered, compared to 43 percent of teens not in the program.

This is the first study to look at the effectiveness of cognitive behavioral therapy in primary care for teenagers not taking antidepressants. It took place from 2006 to 2012 in Kaiser Permanente primary care clinics in Washington and Oregon. The study enrolled 212 teens, ages 12 to 18, who were diagnosed with major depression and either refused an antidepressant prescription or initially filled the prescription but did not seek refills.

Additional authors include **Lynn DeBar, PhD**, **John Dickerson, PhD**, **Frances Lynch, PhD**, and **Michael Leo, PhD**, from the Kaiser Permanente Center for Health Research; **Christina Gullion, PhD**, formerly with the Kaiser Permanente Center for Health Research; and **John Pearson, MD**, formerly with Northwest Permanente Medical Group.

OHSU joins largest autism research study ever launched

Oregon Health & Science University researchers in April helped launch SPARK, an online research initiative designed to become the largest autism study ever undertaken in the United States.

Sponsored by the Simons Foundation Autism Research Initiative (SFARI), SPARK will collect information and DNA for genetic analysis from 50,000 individuals with autism – and their families – in a web-based registry to advance understanding of the causes of this condition and to accelerate discovery of supports and treatments.

OHSU is one of a select group of 21 research institutions across the nation chosen by SFARI to assist with recruitment. In Oregon, the SPARK effort is led by **Eric Fombonne, MD**, professor of psychiatry, and **Brian O'Roak, PhD**, assistant professor of molecular and medical genetics, and their teams in the **OHSU School of Medicine**.

SPARK aims to speed up autism research by inviting participation from the large, diverse autism community, with the goal of including individuals with a professional diagnosis of autism of both sexes and all ages, backgrounds, races, geographic locations and socioeconomic situations.

SPARK will connect participants to researchers, offering participants the unique opportunity to impact the future of autism research. The initiative creates large-scale access to study participants whose DNA may be selectively analyzed for a specific scientific question of interest.

As *The Scribe* reported in April, OHSU has several autism-related research projects under way. They include one looking into early warning signs of autism in infants; one studying identical twins and their families to learn more about genetic factors related to autism; and one examining the differences in the brains of children and adolescents with ADHD versus with autism to better understand what causes the disorders.

URGENT CARE, from page 1

Patients can schedule appointments online for Express Care centers, but most are walk-ins, she said. Rates are posted online, starting at \$99 for a routine visit, and so far only up to 3 percent of patients have been self-paying, a much lower number than Providence expected.

Legacy runs 24 primary care clinics geographically distributed throughout the metropolitan area, but the health system had no experience in running urgent care centers, Green said. With that need in mind, Legacy partnered with GoHealth, an investor-owned company that specializes nationally in running urgent care centers.

Legacy and GoHealth share in a 50–50 joint venture. The clinics are staffed by Legacy Medical Group and other Legacy clinical employees, while the administrative staff members come from GoHealth. Like Providence's clinics, the electronic medical records system in the clinics are part of the respective health systems' Epic EMR.

Each health system also emphasizes funneling patients to their own system's primary care physicians if the patient doesn't already have a doctor. Strategy for locating the facilities takes into account a health system's existing geographic range, and also aims to be located near their employees, Green and Carlton said.

"We put a premium on site selection," Green noted. "Every single one has met or exceeded its (anticipated) volume ramp-up period." Each center requires at least three clinicians to cover the clinics' extended hours. "It's a herculean task to recruit," he observed. "Although it's a big number, we have been impressed with our ability to attract talent."

Legacy's urgent care centers accept all patients, regardless of insurance coverage or lack of same, Green stressed. When teaming with GoHealth, "We made it very clear that we are a nonprofit health care system," and as such would accept charity care patients as well as those covered by Medicaid and Medicare, he said. According to Carlton, Providence's immediate care centers accept anyone, but the Express Care facilities accept some insured patients; Medicaid patients covered through Health Share of Oregon, the Portland-area CCO that includes Providence; and patients covered under any Medicare Advantage plans.

Kaiser Permanente has been operating urgent care clinics for its members for some time, located at several Kaiser medical offices; but it now is making new inroads into the market with the debut of what it dubs a convenient care center. Kaiser's inaugural such center, located in the Pearl District, represents a first for the health system in that it will cater to patients who are not Kaiser members, as well as to those who are, said Kaiser spokeswoman Debbie Karman.

"Convenient care is slightly different from urgent care, which treats slightly more acute situations like broken bones," she said. The clinic will not have X-ray on site. After this facility opens, Kaiser will determine whether to open additional convenient clinics, she indicated.

The HMO also is "working to make the

urgent care experience easier" by expanding hours in most clinics, introducing the ability to make appointments, and offering urgent care phone and video visits, Karman said.

Oregon Health & Science University is evaluating options for providing urgent care services to its employees and new or existing patients as part of its planning process for OHSU's new Center for Health & Healing South on South Waterfront, according to **Kevin O'Boyle**, OHSU Healthcare vice president for ambulatory care. Options being considered range from developing stand-alone urgent care sites to partnering with existing urgent care providers. OHSU anticipates the due diligence phase will last through this summer, and then plans to implement "a final model within 12 to 24 months of finalizing a plan," he said.

Back when the majority of physicians were in private practice, a major concern doctors expressed about urgent care was the competition the centers presented. Today, physician concerns tend more to be whether patients are receiving "continuity of care," Carlton said. The clinics' use of the same electronic records notifies and helps assure physicians about their patients' care when seen at the clinics, she said.

Carlton added that physicians' two other remaining concerns are whether "the patient will go to the right place" for the proper level of care, and whether urgent care will be of the same quality as regular care. Providence is addressing those two matters, as well, she said: It is using patient education and "empowering providers" to direct patients where they need to go. Second, Providence is employing "quality metrics" to ensure that, for example, center providers don't prescribe antibiotics inappropriately.

"We've got a model we feel is highly successful for us," Legacy's Green said. According to Carlton: "This is what the next generation wants. These millennials want to get taken care of and get on with their day."

Referring to Providence's Express Care clinics, Carlton added: "I think this is the right thing to do for our patients. This is what they're looking for: convenient access, a predictable experience and an affordable price point." •

Do you have story ideas for *The Scribe*? We'd like to hear from you.



Please send story ideas to Scribe editors Barry and Melody Finnemore at Scribe@msmp.org, or 360-597-4909. We look forward to hearing from you!

and patient safety.

But as much as he enjoys his work in Portland, it's what he does a long way from here that really makes Wells glad to be in medicine. Since 2003, he has made at least 17 trips to Guatemala as a volunteer physician to provide medical care for impoverished residents there.

"It really renews the reason you went into medicine in the first place," said Wells, who grew up in Portland, attended the University of Puget Sound and completed medical school at Oregon Health & Science University. "You see someone who might die from their disease and you just do as much as you can to help, and they're so appreciative. They're able to go home and be at peace. That's why I like doing it."

Wells, who is receiving the **Medical Society of Metropolitan Portland's annual Rob Delf Honorarium Award** this month during MSMP's Annual Meeting,

the process and maximize the number of people who can be seen.

Wells said the days overseas are busy ones, starting with an early wakeup to be on a bus by about 6:30 a.m. Volunteers see patients, many who have travelled 10 to 12 hours to get there, until about 4 p.m. A typical trip will see up to 2,500 patients over four days, many of whom are impoverished native people who have never seen a physician before.

Of all the patients he has worked with in Guatemala, Wells remembers one in particular from his many years of service there. A young girl, about 15, arrived at the clinic on the verge of death from pneumonia. Physicians got her stabilized and sent her off to the hospital for treatment. A year later, when Wells and a team returned to the village, the girl was awaiting them in the courtyard.

"She was just so happy to see us," he said.

"To have local leaders who enable us to reach outside our own comfort zones and find the ability to serve in different capacities and different communities is a gift. To have such a leader also be as compassionate, humble and adept at team building across cultures is priceless."

—Marianne Parshley, MD, on Robert Wells, MD, this year's recipient of MSMP's Rob Delf Honorarium Award

first got involved in overseas work in 2003. Back then, a colleague had gone on one of these trips with a medical organization called Faith in Practice, a Texas-based group that organizes volunteer mission trips to Guatemala to serve more than 25,000 patients a year.

Wells joined trips as a team member for the first three years, then shifted to leading his own team of volunteer providers—many from Portland but also from other Providence locations and even farther across the country—on annual trips.

"He brings a large group of individuals with widely varying backgrounds and skills together and melds them into a team, supporting and leading us in the work with compassion, gentle humor and humility," said **Marianne Parshley, MD**, a primary care physician at Providence who has been to Guatemala with Wells and who nominated him for the Rob Delf Honorarium. "To have local leaders who enable us to reach outside our own comfort zones and find the ability to serve in different capacities and different communities is a gift. To have such a leader also be as compassionate, humble and adept at team building across cultures is priceless."

Giving back here and abroad

Each trip lasts nine days and finds volunteers setting up makeshift medical clinics in schools in the countryside near Antigua to provide basic medical care. There are medical and dental teams, as well as surgical teams. Faith in Practice identifies patients in advance to help streamline



Robert Wells' wife, Kathi, often travels to Kenya to help Wells provide medical care and other community support services.

Photo courtesy of Robert Wells

Wells got involved with the group about five years ago after his wife first volunteered for it. He's been to Kenya five times now and is scheduled to go back again later this year.

If that weren't enough, for the past 15 years, Wells also spent one week each year serving at the Washington Family Ranch in Antelope, Ore. A Young Life camp based at the former Rajneeshee compound, the Washington Family Ranch offers high school and middle school kids a weeklong camp and waterpark experience. Naturally there are bound to be mishaps, so three physicians, three nurses and three paramedics are on watch at



any given time.

"We treat everything from skinned toes to severe concussions," Wells said.

A married father of three, Wells is passing some of his love of medicine and serving others onto his three sons. His oldest is getting a PhD in math at Portland State University, his middle son is currently in medical school in Israel and his youngest, a photographer and musician in Portland, has already been to Kenya twice.


Wells said he's always looking for other physicians who might be interested in joining any of these volunteer efforts. Those who might be can contact Wells at robert.wells@providence.org.

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change" she has observed over the past five years is the board's increasing focus on examining whether a disciplinary order is needed, versus "corrective remediation," she says. Helping a doctor "get back on track" and return to a productive career can be the best path to pursue in certain instances. "It depends on the case. We weigh the circumstances. The focus is on protecting the public."

Sukumar and Haley also participate with a panel of physicians and attorneys in giving annual presentations to fourth-year medical students about professionalism and ethical decision-making.

In 2011, "A physician asked me if I would be interested in serving on the board," Sukumar relates. She was interested, and was appointed to the OMB in December

of that year by then-Gov. John Kitzhaber. She initially served as the board's secretary and chair of the Administrative Affairs Committee. Sukumar then was reappointed for a second term by Gov. Kate Brown in 2014. Before becoming board chair, she served as the vice chair and chair of the Investigative Committee.

In her new role as chair, Sukumar also is a member of the Administrative Affairs, Investigative and Editorial committees and provides oversight to the other board committees, including the Legislative Advisory, Emergency Medical Services and Acupuncture Advisory committees.

"It is a commitment, but one of the most rewarding things I've done in my career," she says. "It's been a life-changing experience. •



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link between health and housing security, Solotaroff said.

In addition, challenges many homeless patients experience—substance use disorders and a history of trauma, among them—are challenges that some patients face regardless of their financial situation and tend to be areas medical professionals get very little training in during medical school, she added.

One of the scheduled presentations, by Solotaroff, Rieke and **Mindy Stadlander, MPH**, director of network and clinical support at **CareOregon**, is titled "Measuring what matters: How can homeless health care providers shape the measurement of our performance?"

A challenge that providers of health care for the homeless face is that their patients' concerns, circumstances and conditions often are unique, and measures for which health centers receive incentive pay are not always relevant to those without homes. The presentation will focus on how CCC has developed measures with the population it serves in mind, facilitated by CareOregon, a nonprofit health plan for low-income Oregonians.

Solotaroff said she's excited to share the progress that CCC and CareOregon have made and to facilitate a discussion on the topic among attendees who may have made progress themselves, noting that health care clinics for the homeless tend to be "challenged by not having measures that fully reflect their population." •

Rieke said that she also is looking forward to participating on a panel, which also will feature **Mary Tegger, PA-C, AAHIVS, MA**, with the Multnomah County Health Department, and **Bryan Swisshelm, MPH**, clinic systems and partnerships supervisor with Outside In. They will share information about two innovative service delivery models that engage homeless people in health care and other services.

That presentation will focus on CCC's acute care clinic at Portland's Bud Clark Commons and a mobile medical clinic operated by the Rose City nonprofit Outside In. The acute care clinic, where clients without health insurance can be seen the same day, is located under the same roof as facilities and services such as showers, medication assistance, and physical and mental health services. Outside In's mobile clinic, meanwhile, has for the past decade gone to where clients are located and partnered with other social service agencies, such as JOIN and the Clackamas Service Center.

Such low-barrier models, Rieke said, may be a homeless person's "first touch" with health care in a long time, and can serve to build the foundation for a relationship where "people feel safer asking for help and accepting resources." •

To learn more about the National Health Care for the Homeless Conference & Policy Symposium, including information about keynote speakers, please visit www.nhchc.org and click on "upcoming events."

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