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Women's Health & Wellness focus

Panel-based genetic testing and the evolution of OHSU's Center for Women's Health are among the topics explored in this month's special section.

—Pages 10 and 11

Health systems go 'big' to assess patient data for research

By Cliff Collins
For The Scribe

As accessing and analyzing large amounts of information become more prevalent in medicine, local examples illustrate how the use of so-called "big data" aims to improve health care.

Current trends such as comparative effectiveness and precision medicine are based on researchers having access to genetic data.

"The big-picture vision is to try to enable a future where molecular information" can be interpreted in order to provide "a multitude of options to benefit the patient," said **Adam Margolin, PhD**, director of computational biology in the **School of Medicine at Oregon Health & Science University**. Margolin said his field of computational biology research is largely focused on large-scale genomic analysis, and the **Collaborative Cancer Cloud** is a major component of that effort.


ADAM MARGOLIN, PhD

The CCC, formed in 2013 by OHSU's **Knight Cancer Institute** and **Intel Corp.**, expanded this year to include the Dana-Farber Cancer Institute and the Ontario Institute for Cancer Research. The initiative aims to collect and interpret genomic data from hundreds of millions of patients from around the world, he said. "If we can connect this data, we can gain unprecedented insights into the pathology of cancer. That's what we're moving toward."

Margolin said the fact that data sharing in health care has become a national priority is gratifying. Recent examples include the National Institutes of Health's Precision Medicine Initiative and Vice President Joe Biden's Cancer Moonshot Initiative, which emphasizes immune-based cancer therapies.

"The end goal is to empower researchers and doctors to help patients receive a diagnosis based on their genome and arm clinicians with the data needed for a targeted treatment plan," said **Eric Dishman**, vice president and general manager of Intel's health and life sciences group.

In the long term, the partners hope to expand CCC participation to include "dozens of other institutions, accelerating the ability of clinicians and researchers around the world to understand the root causes of cancer and develop targeted, molecular treatments," according to the Knight Cancer Institute. "In the future, these underlying technologies may be applied to cardiovascular diseases and neurological disorders, among others, to accelerate scientific discovery, yield new insights and inform treatment plans. A long-term goal of the collaboration is to reduce 'big data' barriers and help make precision medicine widely available to patients."

In Margolin's view, the major barriers or challenges to overcome include technical; legal policy and patient privacy rules; and cultural. He said that of the three areas, cultural represents the biggest challenge: institutions' reluctance to share data "for fear of losing credit or competitive advantage. We've definitely begun a movement toward sharing, but it will require a sustained effort."

'A wonderful improvement'

Kaiser Permanente Center for Health Research has been doing clinical research for 50 years, using its membership databank drawn from being an integrated health system, said **Sheila Weinmann, PhD**, an investigator for the Kaiser center. "But one thing we have not had is genetic information. All of our (Kaiser) research centers have seen the need for that, especially in cancer molecular research."


SHEILA WEINMANN, PhD

With that objective, Kaiser nationally has embarked on establishing a research bank and is recruiting members in the Northwest. The health system hopes to

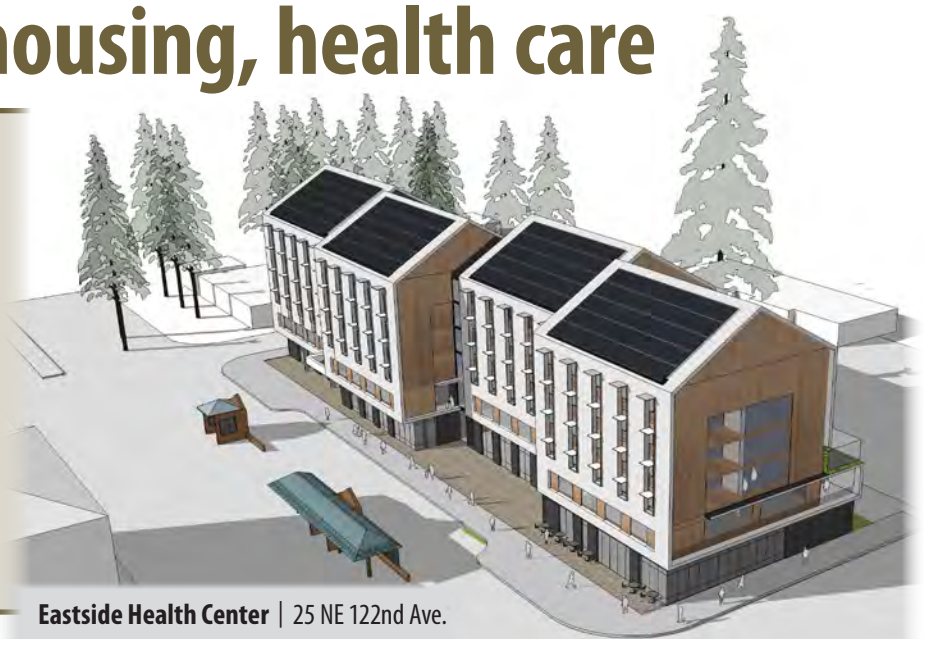
*See **PATIENT DATA,** page 18*

Innovation in housing, health care

Six Oregon health care organizations will invest $21.5 million in a partnership with Portland's Central City Concern to respond to the Rose City's challenges around affordable housing, homelessness and health care.

To learn more about the Eastside Health Center (right) and two additional projects, please turn to page 18.

Image from centralcityconcern.org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INSIDE THIS ISSUE

Off Hours


Providence resident Angela Gibbs relishes twists and turns of drift car racing.
—Page 16

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"Connecting Physicians in Community"

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Q Corp plans partnership with Salt Lake City nonprofit

Alliance aims to achieve broader engagement, greater efficiency in measuring quality improvement

By Cliff Collins
For The Scribe

Oregon's two major health care quality improvement organizations are exploring options to combine some or all of their functions.

Leaders of both groups say what they refer to as "the development of a strategic business partnership" could streamline their operations and contribute toward reducing pressure on physicians' offices.

"Providers are feeling the brunt of measurement fatigue" from the long list of care criteria they are asked to keep track of by various payers and overseers, said **Mylia Christensen**, executive director of **Oregon Health Care Quality Corp.**

Along with the Oregon Association of Hospitals and Health Systems and other local health care-focused groups, her nonprofit organization was a participant in a report released earlier this year, "Aligning Health Measurement in Oregon," calling for a public-private effort to overhaul the number and types of health care quality measures currently being collected. The study addressed the "proliferation of hundreds of overlapping - and sometimes competing - state, federal, and commercial health care quality reporting initiatives and mandates."

"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," Christensen said. "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."

She said Q Corp's current plans to team with the 40-year-old **HealthInsight Management Corp.** of Salt Lake City, Utah, may help facilitate greater collaboration as a means of achieving that goal.

Both Q Corp and the Utah nonprofit's local affiliate, HealthInsight Oregon – which was known as **Acumentra Health** until July 1 – work on Medicare and Medicaid quality improvement matters and are "interested in transparency and reporting, and how health care is paid and delivered," Christensen said. In addition, changes in the way the Centers for Medicare & Medicaid Services is approaching Medicare reimbursement are a main catalyst for consolidating quality improvement organizations and initiatives, she explained.

> "This new relationship will enable us to achieve broader reach and engagement, and to **produce Triple Aim results as collaboratively and efficiently as possible.**"
>
> *– Mylia Christensen, Oregon Health Care Quality Corp.*

Over the last three or four years, CMS has pushed to consolidate state-by-state quality reporting toward regional collection and reporting. One result of that change is that HealthInsight, which oversees Medicare contracting nonprofit organizations in Utah, Nevada and New Mexico, took over the former Acumentra in 2014 as the designated Medicare Quality Innovation Network-Quality Improvement Organization for Oregon.

Acumentra, previously known as the Oregon Medical Professional Review Organization, or OMPRO, performed medical case review on behalf of Medicare beneficiaries and served as the Medicare Quality Improvement Organization for the state from 1984 to 2014. Now known as HealthInsight Oregon, it serves as the current External Quality Review Organization for the state Medicaid program.

CMS told the Quality Improvement Organizations and groups wanting to perform that function, "You can no longer do that work for a single state," Christensen said. "Multiple state bids are required." Each contract bidder's proposal must cover at least three states.

With that in mind, HealthInsight approached Q Corp about working together, she said. The boards of HealthInsight's corporate office, HealthInsight Oregon and Q Corp directed their leadership "to explore strategic opportunities and partnerships to strengthen and leverage their activities across the four-state region of Nevada, New Mexico, Oregon and Utah," the groups' joint announcement stated.

Over the next few months, the three organizations will develop a detailed operating and administrative services plan that will propose long-term management relationships and service delivery expectations. They also will develop a joint strategy and plan for business development, governance and communications. These options include shared programming, an affiliation, a joint operating agreement or a merger, Christensen said. By February, the respective boards are slated to review and approve proposed plans for operations, administrative services, partnership structure and governance.

"The goal will be to develop shared goals and aims leading to improved coordination and integration of policies, programs and service delivery, and, ultimately, better outcomes for the community," she said.

HealthInsight Management Corp. sees the affiliation as an opportunity to enhance health care transformation and affordability, according to **Marc H. Bennett**, president and chief executive. "We believe this partnership will improve our ability to secure funding to develop new programs and services for the benefit of patients and providers throughout our region."

Christensen said government contracts and private grants increasingly are calling for "standardization of reporting nationally as opposed to local," and looking for large-scale regional proposals, not "state-by-state and project-by-project" bids. She is hopeful that "the merging of regions" will offer "the best of all worlds, and will be more efficient and attractive to funders nationally."

During its 15 years of existence, Q Corp has drawn a lot of funding from national philanthropic organizations such as the Robert Wood Johnson Foundation. It funded, among other initiatives, Q Corp's Total Cost of Care project. She said that through that project, Oregon became one of the first states to provide its medical groups with total cost and quality data. "We are working with Health Insight Utah on expanding that measure to the next level," Christensen said. "We're hoping to expand (collection and reporting of the data) from commercial to Medicare and Medicaid."

During the transition period between now and February, Christensen is splitting her time between two offices that are about 15 blocks apart in downtown Portland, serving as executive director for both Q Corp and HealthInsight Oregon. **Neidra Evans**, HealthInsight Oregon's interim executive director, is serving as associate executive director through the transition.

Christensen and Bennett got to know each other over a five-year period while serving on the board of the Network for Regional Healthcare Improvement (she as chair, he as co-chair, in 2013–14). The Portland, Maine-based organization is composed of nearly 40 groups nationally that do similar work to Q Corp she said. That personal association led to discussions about forming closer ties, along with the fact that Q Corp had for the past several years worked collaboratively with HealthInsight Management Corp. and HealthInsight Oregon on several health care quality improvement activities, including Oregon's Medicare Quality Improvement Organization program contract.

"We identified a series of opportunities" and asked, "How could we be more collaborative and less competitive?" Christensen related. "Our boards started talking to each other." She said the timing was right, and the three organizations were asking one another, "Is there a way to collaborate, to be better together? It would be nice to be as efficient as possible. How can we work smarter, better, faster together?

"Our organizations have significant strengths across our respective communities," she said. "This new relationship will enable us to achieve broader reach and engagement, and to produce Triple Aim results as collaboratively and efficiently as possible." ●

Student clinician finds experiential training allows him to 'hit the ground running' with Latino patients

By John Rumler
For The Scribe

In his fourth year of Pacific University's Sabiduría program, **Kelson K. Crowther, MA**, doctoral candidate, is now in his final clinical fieldwork placement doing assessments on youth for the Forest Grove School District.

The assessments are particularly important because they help determine eligibility for special education in a school district where many of the students are Latino and bilingual, and counselors need to determine if language difficulties are impacting their academic performance or if some other specific learning or psychological factor is the cause.

SABIDURÍA
(noun, Spanish)

DEFINITION:
Wisdom, knowledge, learning and understanding, not only of oneself but of others.

Crowther, who is also on the Industrial Organizational Psychology track, learned about Sabiduría while working at a community health clinic in Logan, Utah, translating for a psychologist who graduated from Pacific University.

The Sabiduría program, formerly called the Latino Bilingual Track, is one of only seven in the nation focused on Latino psychology and includes students from three programs: master's of applied science, PhD in clinical psychology, and the PsyD. It is also among a handful of agencies in Oregon that is equipped to do psychological evaluations in Spanish. "Sabiduría" in Spanish means wisdom, knowledge, learning and understanding, not only of oneself but of others.

"The most valuable lesson I learned in Sabiduría is the importance of cultural humility," Crowther says. "A lot of people talk about the need to be 'culturally competent' but I don't think we'll ever be 100 percent culturally competent regarding anyone else's unique culture. I think it is far more important to be culturally humble, to stay curious, respectful and open minded, realizing that you are never the expert on someone else's experience."

There is a huge need for Spanish-speaking clinicians in the field, he says, both in therapy and assessment. "With my training in the Sabiduría program, I feel I have been able to hit the ground running. In my last two placements, probably 80 percent of my caseload was Spanish-speaking clients, many of them immigrants with numerous trauma, depression and anxiety symptoms."

The cultural immersion course was also a valuable experience, he said. "We stayed with host families in Nissa and Yakima and they took us in as if we were their own family members. Many of us have maintained close relationships and will continue to do so.

"The cultural immersion courses have helped me realize the importance of looking past the cultural differences, the things that seem so strange, and finding the connection that goes beyond shared experiences," he adds. "I am very grateful to be a part of such a unique program that gives you not only the educational component, but also the experiential aspect of working with the Latino population in a therapeutic setting."

Crowther, who at the age of 19 served a two-year LDS mission in Guadalajara, Mexico, hopes to eventually work for an organization or perhaps start his own practice where he can do both therapy and consulting, as well as working with Latino populations in both settings.

For now, though, he is busy working on his dissertation, "Addressing the barriers and supports to racial and ethnic minority student engagement in outdoor programs," and applying for internships. "It's very competitive so I am applying to multiple sites around the country. I'm happy to go wherever I can get in," he says. ●

"The most valuable lesson I learned in Sabiduría is the importance of **cultural humility**. A lot of people talk about the need to be 'culturally competent' but I don't think we'll ever be 100 percent culturally competent regarding anyone else's unique culture. I think it is far more important to be culturally humble, to **stay curious, respectful and open minded, realizing that you are never the expert on someone else's experience**." *– Kelson K. Crowther, MA*

Sabiduría breaks down barriers to mental health services

Marta, a Salvadorian woman living in Washington County, was going through difficult challenges with her family. Her husband had cancer and her children were having problems at school. Her mother recently passed away in El Salvador and Marta, who does not speak English, was unable to attend the funeral.

Having to care for her husband while also working full-time to support her children, Marta became depressed, lost weight, had no appetite and slept poorly. In addition, she began experiencing stress headaches and had difficulty concentrating. She was referred for psychotherapy services; however, she was skeptical that it would help and was sure that she could not afford it, anyway.

Many Latino immigrants in Washington County and elsewhere, like Marta, face multiple barriers – cultural, language, transportation, childcare and economic – that discourage them from getting the mental health services they need, said **Ruth Zuniga, PhD**, director of Sabiduría.

The most common problems include depression, anxiety and PTSD, often stemming from long histories of trauma, acculturative stress, experiences of discrimination and racial oppression, she said. "Many of our clients came to this country escaping deplorable conditions. They had to leave what was known and familiar to them in order to survive. The stress many Latinos are facing, coupled with the lack of access to services, contributes to a high incidence of chronic diseases such as cardiovascular disease and diabetes," Zuniga said.

Fortunately, Marta attended a community presentation provided by Pacific University Latino psychology students. She learned about the many services provided by the Pacific Psychology and Comprehensive Health Clinic (PCH) and that the services were not only affordable and in Spanish, but they were also culturally sensitive.

"Marta decided to give psychotherapy a try," said Zuniga, who is also an assistant professor at Pacific University's School of Professional Psychology. "After visiting the clinic and engaging in a series of therapy sessions with a student clinician, she learned to successfully manage her depression. Marta reported that one of the main factors that helped her the most was to be able to speak to someone not only in her own language, but someone who also understood her culture and concerns."

Over the years, the program, which is celebrating its 10th anniversary, has evolved from providing clinical services to focusing on education and service.

"Most importantly, our students learn how to provide psychotherapy to the Latino community that is culturally informed. As part of their training, students provide services in Spanish in our (PCH) clinic and at Virginia Garcia, Lifeworks, Western Connexions, Chehalum Youth and Family Services, and the Forest Grove School District," Zuniga said.

About 15 bilingual student clinicians staff the PCH clinic, which provides services to children, adults and families in Hillsboro and Portland, with students carrying a caseload of six to eight patients. Many Latinos are referred to Sabiduría through primary care providers, but a similar number hear about the program through word of mouth or, like Marta, through the clinic's outreach efforts, which students are required to actively participate in.

"We're very visible in the community, not only to create trust but also to work at removing the stigma some people have about mental health services," Zuniga said. "We try to bring the mental health services to the people and move therapeutic modalities away from the four walls of a therapy room."

Shahana Koslofsky, PhD, assistant director of Sabiduría and president of the Oregon Psychological Association, said the two women work at being visible and active in the community and at forging relationships with the community as a whole.

"Dr. Zuniga is a board member of Centro Cultural and we both frequently deliver community presentations. By establishing relationships at this broader level we hope the individual communities will learn to trust us more, as once that occurs, individuals will trust us more easily," she said. ●

– John Rumler

Physician Profile

A champion for patient alternatives

Mary Costantino strives to advocate, educate about benefits of radial UFE

By Melody Finnemore
For The Scribe

Mary Costantino, MD, is a trailblazing vascular and interventional radiologist who became the first physician in Oregon to treat a woman's fibroid tumor through her wrist instead of the groin artery. First and foremost, however, she sees herself as an advocate for women's health and practices that will help them heal as quickly and comfortably as possible.

Costantino, who works for **EPIC Imaging** and performs women's interventional procedures at **Legacy Good Samaritan Medical Center**, specializes in uterine fibroid embolization (UFE) and the diagnosis and treatment of pelvic congestion syndrome, a chronic and painful condition resulting from abnormal ovarian and pelvic varicose veins.

She noted that fibroids affect 40 percent of women over the age of 40 and represent the most common benign tumor. Treatment options include a myomectomy, hysterectomy or – the most minimally invasive method of definitive treatment – UFE.

"Every woman should be offered UFE as a treatment option and that's what motivates me to be constantly educating doctors, naturopaths and patients about UFE," said Costantino, who successfully advocated for the Oregon Health Plan to cover UFE.

From hospital volunteer to patient advocate

Costantino can trace her interest in medicine to childhood when she enjoyed visiting people in hospitals and nursing homes, and she continued to volunteer in hospitals during middle and high school. When she had to have her gallbladder removed as a teenager, she was impressed by her doctor's skill in solving what she had considered a medical mystery.

"I love being in hospitals and I love taking care of people," she said.

She took some time off between college and medical school to work in investment banking. She received a promotion from the investment bank the same day she was accepted to medical school and, after some internal debate, knew she would always regret it if she didn't go to medical school.

Costantino earned her medical degree from the University of California at Los Angeles in 2001 and did an internship with the Stanford University Department of Internal Medicine. She completed a residency at Oregon Health & Science University in diagnostic radiology. During medical school she was involved in a research project with Scott Goodwin, MD, the first physician in the United States to perform a UFE. She was immediately hooked.

"I was drawn to the clinical importance of UFE, as well as the social impact," she said. "UFE is the least invasive treatment option, and at the time was less expensive than a hysterectomy. The procedure is relevant given the huge number of women who have symptomatic fibroids. I love providing women with options, especially a minimally invasive one."

During a fellowship at Georgetown University Hospital, Costantino had the opportunity to be mentored by Jim Spies, MD, the leader of Georgetown's Uterine Fibroid Program and a respected UFE pioneer. Spies taught her technical expertise in embolization as well as how to select the right patients and best deal with post-operative pain and the rare complication. This was a unique fellowship experience at the time, with no other fellowships offering such a high-volume UFE practice, she said.

Increased patient comfort, decreased downtime

The combination of technical and management training proved essential five

*See **PHYSICIAN PROFILE,** page 12*

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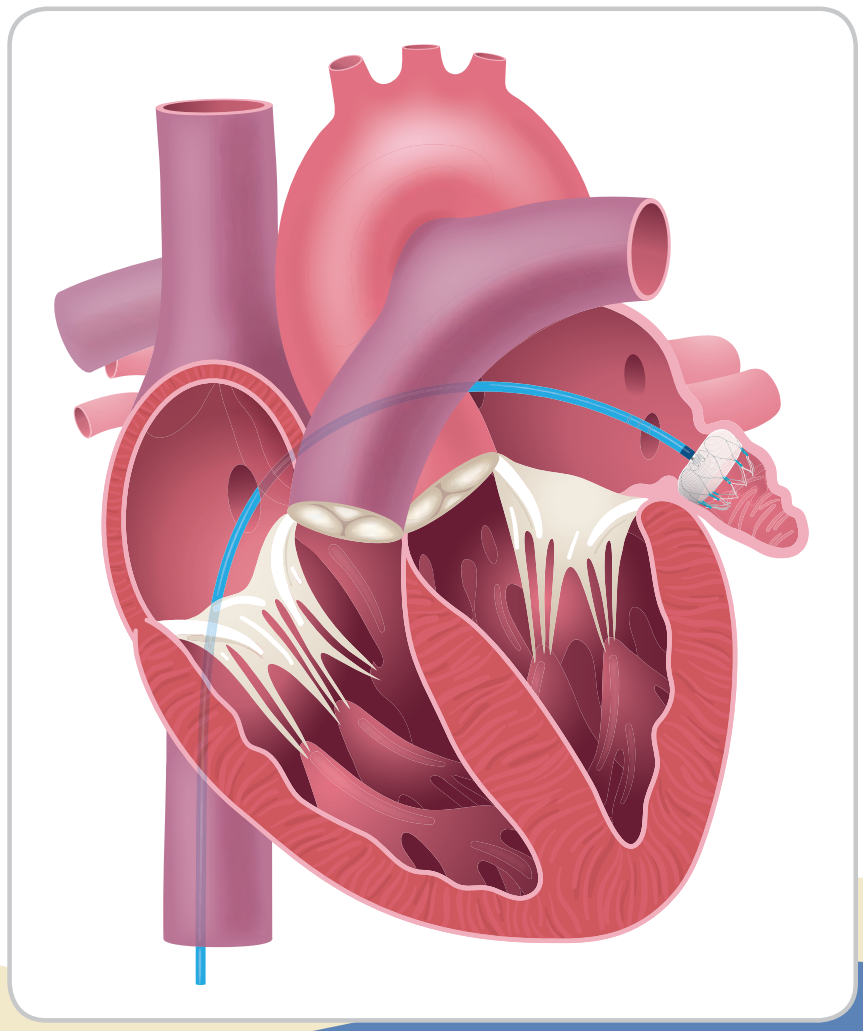

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CANDOR Toolkit: Physicians now have the right tools to do the right thing after an adverse event

By Robin Diamond, MSN, JD, RN
Senior Vice Pres. of Patient Safety and Risk Management, The Doctors Company

In the past, hospitals and physicians could appear cold and distant after adverse events. The fear of malpractice lawsuits created a culture in which physicians were expected to avoid most contact with a patient or family who might have reason to sue – and physicians certainly weren't supposed to accept blame.

Even when a well-meaning physician wanted to acknowledge the tragedy and express concern, hospitals sometimes discouraged the conversation because they were afraid the doctor's comments would implicate the hospital in a malpractice case. The actual effect of this way of thinking was just the opposite of what hospitals and doctors desired. Rather than shielding them from liability, patients and family members perceived this culture of silence as callous and uncaring, in some cases encouraging them to file lawsuits.

That was then. During the past decade the health care community has embraced the idea that saying "I'm sorry this happened," or at least acknowledging that an unanticipated adverse event occurred with genuine sympathy and concern, can go a long way toward healing the relationship between the health care provider and patient. Physicians have moved progressively toward a culture that expects an adverse event – a medication error, for instance, or a death during routine surgery – to be followed by a full disclosure of the facts to the patient and family. Hospital administrators and physicians both can say they're sorry for what happened and even acknowledge they made a mistake in some circumstances when a clear-cut error has occurred that could have been prevented.

This is not just the right thing to do; it also helps the hospital and physicians avoid malpractice litigation, especially the lawsuits motivated not by actual errors or substandard care but by patients and family members who were left angry and abandoned.

Now we have not just the right idea, but the right way to execute it.

When bad things happen to good doctors

The Agency for Healthcare Research and Quality (AHRQ) developed the Communication and Optimal Resolution (CANDOR) Toolkit (*www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/introduction.html*) with the input of health care professionals who studied the different tools, policies and procedures in use at various hospitals, including the disclosure resources offered by The Doctors Company (*www.thedoctors.com/knowledgecenter/patientsafety/disclosureresources/index.htm*).

David B. Troxel, MD, medical director at The Doctors Company, served on the oversight committee, and I served on the technical advisory committee, which assessed expert input and lessons learned from AHRQ's $23 million Patient Safety and Medical Liability grant initiative launched in 2009. The CANDOR Toolkit then was tested in 14 pilot hospitals across three U.S. health systems: Christiana Care in Delaware, Dignity Health in California, and MedStar Health in the Baltimore/Washington, D.C., metropolitan area.

"CANDOR is one of the most important patient safety programs to be released in the last 10 to 15 years," said David Mayer, MD, vice president of quality and safety at MedStar Health and one of the originators of the toolkit. "CANDOR promotes a culture of safety that focuses on organizational accountability; caring for the patient, family and our caregivers; fair resolution when preventable harm occurs; and, most importantly, learning from every adverse event so our health systems are made safer."

This tool is just as useful for doctors as for hospitals. When a hospital is sued, physicians who were involved in the case will likely be named in the suit, whether they are employed by the hospital or not. Even though the CANDOR Toolkit is designed for hospitals, physicians should become aware of the valuable resources available to them in this toolkit, such as the videos that demonstrate how to have an effective disclosure conversation and tools that help doctors assess their own interpersonal communication skills.

The toolkit facilitates communication between health care organizations, physicians and patients while promoting a culture of safety, said John Morelli, MD, vice president of medical affairs at Dignity Health's Mercy General Hospital in Sacramento, Calif. "The CANDOR Toolkit helps our caregivers improve how we rapidly communicate with patients and families when harm occurs. Consistent with our mission and values, we have always communicated with compassion and empathy; however, the toolkit provides a framework to respond quickly and in a learned manner to patients and families while also offering support to our caregivers."

CANDOR calls for a prompt response and specific actions after an adverse event.

Within one hour, specially trained hospital staff should:

1. Explain the facts, and what might still be unknown, to patients and family members.
2. Contact the clinicians involved and offer assistance, because the stress and grief of the health care professionals can easily be overlooked in these incidents.
3. Immediately freeze the billing process to avoid further stressing the patient with a bill for the services that may have caused harm.

CANDOR calls for the hospital to complete a thorough investigation within two months, keeping patients and relatives fully informed along the way. When the investigation is complete, the patient and family are provided with the findings and engaged in a discussion of how the health care organization will try to prevent similar adverse events in the future.

Encouraging open communication

The investigation will not always find that the physician or other clinicians failed to meet the standard of care, and in those cases the patient and family members can still benefit from understanding what happened. In many cases, they will not sue despite their loss because they are satisfied that the hospital and physicians did their best and were forthcoming with information.

The Doctors Company encourages physicians to disclose and speak to patients about unanticipated events as early as possible. We also suggest they go to their hospital administration to find out what the hospital's disclosure process is and how closely it follows the CANDOR plan, because a cooperative approach is ideal. Working in harmony with the hospital is easiest in a closed system, where the physician is employed and insured by the hospital. Even when the hospital and physician are in adversarial positions and limited in communication, both parties still can adhere to the best practices outlined in the CANDOR program.

The philosophy and actions outlined in the CANDOR Toolkit can help hospitals and physicians avoid malpractice litigation, but even when the matter cannot be resolved and goes to trial, the fact that the patient and doctor talked early on can make a huge difference in the outcome of the case. Patients tend to pursue litigation with a vengeance when they think the doctor doesn't care, but they tend to be much more reasonable when they can see that the physician is a human being with emotions, regret and sympathy for the patient. ●

Contributed by The Doctors Company.
For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

OHSU's Center for Women's Health grows exponentially in last decade

By John Rumler
For The Scribe

Oregon Health & Science University's Center for Women's Health recently celebrated its 10th anniversary in the Kohler Pavilion. Although the history of the center goes back nearly 20 years, the move to the pavilion was of key strategic importance as it quadrupled the center's space and enabled it to provide a full spectrum of women's health care services from a single location.

The center's mission was – and still is – to create an integrated system of health care that addresses women's distinct needs throughout their lifespan, with collaborative primary and sub-specialty care informed by ongoing research. In 2003, the center was designated a National Center of Excellence in Women's Health, the only designee in the region.

Since the relocation the center has grown exponentially, and since fiscal year 2006–07 it has increased its number of clinic visits by 65 percent. To meet the demand, the center's number of providers has grown from 97 in 2010 to 126. But numbers alone don't show the difference the center is making, statewide, to improve health services to women.

Michelle Berlin, MD, MPH, and **Renee Edwards, MD, FACOG, FACS**, the center's co-directors, reflected on what they consider to be its most important accomplishments. They started with providing integrated women's health care across the lifespan, focusing on primary care but also surrounded by collaborative specialty care to women.

"We are rooted in primary care but have created a clinical environment working collaboratively with OB/GYN, mental health, midwifery, breast health, complementary and alternative medicine and others," said Edwards. "This allows us to emphasize women's-centered preventative care with expansion to specialty needs and supporting women to be informed of all their care options."

The center partners with OHSU's Knight Cardiovascular Institute and the American Heart Association, as heart disease is still the number one killer of women, yet studies have focused primarily on men and many women are unaware of how the disease affects them differently. This partnership will ultimately create the only women's heart program in the Pacific Northwest.

As part of its outreach, the center's e-newsletter reaches women across Oregon and beyond with information tailored to their needs. Topics vary widely, ranging from nutrition to colonoscopy screening to gynecological cancer. Also, regular events such as conferences and seminars bring women together to learn from OHSU health experts. The next major conference is Making Sense of Menopause on Nov. 12. (Visit *www.ohsu.edu/menopause* for more information.)

OHSU Center for Women's Health co-directors, Renee Edwards, MD, FACOG, FACS (left), and Michelle Berlin, MD, MPH.

The center's Circle of Giving awards a $125,000 grant to an OHSU research effort focused on women's health. In the past decade, the group has awarded $1.6 million to 16 different studies driving innovation in women's health. This year's recipient, **Philip Copenhaver, PhD**, and his collaborators are focusing on Alzheimer's disease, which affects women disproportionately.

Over the past decade, the center's clinical services have included women's primary care providers, obstetrics and gynecologic care (by both medical doctors and midwives), and a vast array of comprehensive services ranging from adult and adolescent hematology to urology and urogynecology. In recent years, the center has added specialty practices in women's heart health/disease, lactation, hemophilia, women's bleeding disorders, and dermatology. In addition, the OHSU

See ***WOMEN'S HEALTH,*** *page 12*

The architecture, layout, colors, and art in OHSU's Center for Women's Health were created with women in mind, with supporters donating more than 200 pieces of art. Other features include an attractive garden on the terrace and play areas for children.

Photos courtesy of OHSU

Pilot study could advance Alzheimer's, dementia prevention

Alzheimer's disease, which has become the most expensive disease in the United States according to the national Alzheimer's Association, currently afflicts more than 5.4 million Americans, with a predicted explosion to 14 million by 2050. For reasons not clearly understood, about two-thirds of Alzheimer's patients are post-menopausal women. Past attempts to ward off Alzheimer's with estrogen replacement drugs appeared promising; unfortunately, the risks for stroke and cancer outweighed the benefits and some estrogen-like drugs actually increased the risk for Alzheimer's.

PHILIP COPENHAVER, PHD

STX, an experimental compound developed at OHSU, appears to provide the benefits of estrogen without the harmful side effects, said research scientist **Philip Copenhaver, PhD**. He is investigating the potential of STX, a novel selective estrogen receptor, to have long-term protective effects on neurons in the brain. Ultimately his research will help determine whether STX can be used as an alternative to estrogen in preventing dementia and Alzheimer's disease.

"Our initial results are quite promising," Copenhaver said of the pilot study. "Even better than we expected."

Copenhaver and co-lead investigator **Joe Quinn, MD**, and their team are using cultured nerve cells to determine how STX supports mitochondrial function and nerve cell growth. They are conducting longer-term experiments to confirm that STX can be given to aged female mice for prolonged periods, and also to test whether STX can protect against some of the hallmark pathologic features that are found in Alzheimer's patients.

The Circle of Giving grant, Copenhaver said, will help his research team generate preliminary data to submit to the National Institutes of Health in hopes of much bigger, five-year grants that will support clinical trials.

"We're extremely grateful for the grant. We're starting from scratch and laying the groundwork," he said. "Our research could not only benefit Alzheimer's, which threatens to bankrupt the American health system, but it could also help conditions such as Parkinson's and MS." ●

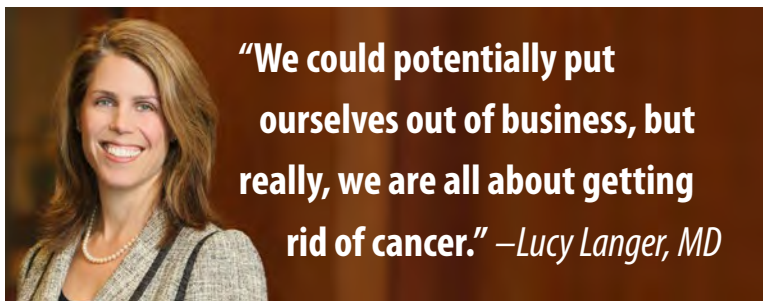
Panel-based genetic testing casts bigger net to catch signs of cancer risk

By Jon Bell
For The Scribe

When it comes to a cancer diagnosis or even sizing up someone's risk, knowledge is power. And the more knowledge there is, the better.

During the past five years or so, oncologists and patients alike have added to their knowledge base through multigene panel testing or panel-based genetic testing, a process of looking for genetic mutations that might signal a higher risk for certain types of cancer. Whereas once physicians and researchers were only able to look for one such mutation at a time, now panel testing has opened a door that allows for examination of scores of mutations in one fell swoop.

"It's now almost like a one and done," said **Lucy Langer, MD**, practice director for **Compass Oncology** and medical director of the practice's Genetic Risk Evaluation and Testing program. "The common panel is 25 genes and we can test for mutations (related to) different kinds of cancer, including breast cancer, colon, ovarian, thyroid, uterine, skin and brain. However, the more you test, the more likely you are to find something."



If the tests do detect an anomaly, Langer said patients can learn of ways to prevent cancer or detect cancer early. They don't necessarily need to panic, in large part because they've had those mutations inherited from their parents, and they have been present in their cells all their lives.

"So it's not an emergency," she said.

Additionally, because the science of genetics and mutations is still relatively young, there are many genetic alterations that aren't yet well-known or understood. As a result, it's often not clear if these changes signal an increased risk of cancer.

"It could be that the change has no impact on the gene's function at all," Langer said. "We just don't have enough information yet about many of them."

Because of the increase in uncertain test results that comes with testing more genes in one panel, companies that do genetic testing keep large databases of test results. If enough patients have the same kind of a particular alteration, and that particular alteration doesn't seem to be statistically related to any types of cancer, it can likely be ruled to be benign. Langer said despite the lack of information about some genetic mutations – and what to do about them in terms of treatment – most patients still prefer knowing about them.

"I find patients are much more comfortable knowing even if there are not clear guidelines yet," she said. "If you know you have an uncertain finding, that's where genetic counselors can come in and talk to them, and really play a role in understanding how to proceed and reduce cancer risk."

Depending on the mutation that a test identifies, there are several steps a patient could take to prevent cancer. A well-known example is for individuals with inherited mutations in the genes BRCA 1 and BRCA 2. According to the National Cancer Institute, between 55 and 65 percent of women who inherit a harmful BRCA 1 mutation will develop breast cancer by age 70. About 39 percent of women who inherit a harmful BRCA 1 mutation will develop ovarian cancer by age 70.

Women identified as having the harmful mutations may opt, after talking with physicians and a genetics counselor, to step up regular screenings, including a mammogram and a breast MRI each year. They might also begin that enhanced screening at an earlier age in the hope that, if the cancer does develop, it can be detected and treated earlier. Insurance will often cover the cost of such increased surveillance if a genetic mutation is identified.

Those with an increased risk of breast cancer also have the option of taking a medication for five years that can reduce the risk by as much as 40 percent.

Another option, depending upon the mutation and the patient's specific circumstances, is to remove the organ in question. So a patient with a high risk of ovarian cancer might have her ovaries removed, or someone with a high risk of colon cancer could have a total colectomy.

"It's really a personal choice," Langer said, "but that's when it's really important for patients to work with genetics counselors. They can engage with patients and evaluate their values and help them decide what's the best choice."

Panel-based genetic testing can also be useful in testing children who may have inherited genetic mutations from their parents. The response to a mutation might not necessarily be anything dramatic, but it would be something that parents, patients and physicians would have on their radar to monitor.

Though panel testing has been around for several years now, Langer said it continues to improve and gain widespread use. Some panels that have been developed can test for very rare mutations – those linked to, say, kidney cancer – while other large ones can test up to 99 different genes. Langer said Compass uses panel testing widely and will continue to do so in the bigger-picture aim of helping people treat, survive or even avoid cancer altogether.

"We could potentially put ourselves out of business, but really, we are all about getting rid of cancer," she said. "I think that's a long way off, but that's what we're trying to do. Cancer's not fun." ●

Breast cancer event to celebrate survivors, raise money

Making Strides of Portland, an annual walk that celebrates breast cancer survivors while raising money for research and education programs and patient services, is slated for **Oct. 16** at The Fields Park, 1099 NW Overton St.

Sponsored by the American Cancer Society, the national Making Strides Against Breast Cancer event draws millions of people across the country to participate in noncompetitive three- to five-mile walks to support individuals and families impacted by breast cancer.

To learn more about the Portland event, please visit makingstrides.acsevents.org/Portland.

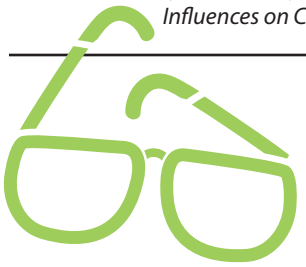
Grant funds study on effects of smoking during pregnancy

Despite known risks and interventions, approximately 50 percent of women will continue smoking during pregnancy. This contributes to the largest preventable cause of abnormal lung development in children.

To better understand the genetic and non-genetic factors at play, **Cindy McEvoy, MD, MCR**, and **Eliot Spindel, MD, PhD**, principal investigators with **Oregon Health & Science University**, have been awarded a multi-year grant to expand their previous studies on vitamin C and lung function in babies born to mothers who were unable to quit smoking during pregnancy.

In partnership with Indiana's Riley Children's Hospital, McEvoy and Spindel will continue to track two existing cohorts – approximately 450 mothers and children across Oregon, Southwest Washington and Indiana – for the next seven years. The study aims to determine long-term effects of nicotine use during pregnancy on childhood respiratory health; the role supplemental vitamin C plays in protecting fetal lung development, and reducing wheezing and symptoms of asthma in children exposed to nicotine in utero; and potential genetic mechanisms that underlie the lifelong effects of fetal nicotine exposure.

The study is funded by the National Institutes of Health Environmental Influences on Child Health Outcomes (ECHO) program.



Report: Digital eye strain on the rise among women

Nearly one in three women use electronic devices for nine or more hours each day, and 73 percent report using two or more devices simultaneously. Between using smartphones to keep in touch with friends and family (56 percent) and computers for research (77 percent), 70 percent of women experience digital eye strain compared to 60 percent of men, according to the national Vision Council.

The report also states that nearly eight out of every 10 Americans who suffer from digital eye strain use two or more devices simultaneously, according to the 2016 report titled "Eyes Overexposed: The Digital Device Dilemma." The report, based on a VisionWatch survey of more than 10,000 adults, found that 65 percent of Americans experience digital eye strain symptoms such as dry, irritated eyes, blurred vision, eye fatigue, neck and back pain, and headaches.

Digital eye strain is the physical discomfort felt after two or more hours in front of a digital screen, and is associated with the close to mid-range distance of digital screens including desktop and laptop computers, tablets, e-readers and smartphones. Prolonged periods of use appear to exacerbate symptoms of eye strain, as 96 percent of Americans who experience digital eye strain spend two or more hours a day using devices. A combination of factors foster the onset of digital eye strain, including the proximity of the screen, the frequency and duration of use, and the degree of exposure to high-energy visible (HEV) or blue light emitted by video screens.

The Vision Council noted that the optical industry has responded to the shift in digital habits and has developed lens technology to alleviate vision problems and protect eyes from blue light, glare and other environmental stressors. Commonly referred to as computer glasses, this eyewear has lenses that are constructed specifically for the mid-distance range at which users typically view a digital screen, and they can be purchased without a prescription. The lenses and filters are customized to reduce blurriness and pixilation, decrease brightness, block blue light, and minimize glare while working in front of a screen – or multiple screens.

WOMEN'S HEALTH, *from page 10*

Breast Cancer Center, known as its sister clinic, is located next door.

The center offers numerous classes such as healthy cooking and eating (in the teaching kitchen) and an upcoming collaboration with the Knight Cancer Institute on nutrition during cancer treatment. Ongoing classes include pregnancy, childbirth, early parenting and mindfulness.

In addition, OHSU is recruiting patients for a wide range of clinical trials in the Center for Women's Health, including ovarian, uterine and cervical cancers; gynecologic cancers; contraception and birth control; combined hormonal contraception and emergency contraception; and many others.

"While the clinical care we provide is the backbone of our work, our outreach and events allow us to reach women throughout Oregon whether they are patients or not," Berlin said. "We also play the role of leader, convener and catalyst across OHSU when it comes to women's health. It is our role to spark discussions and provide information to our colleagues about the differences in women's health."

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> *–Michelle Berlin, MD, MPH*

PHYSICIAN PROFILE – MARY COSTANTINO, MD, *from page 6*

years ago as Costantino created an outpatient interventional radiology (IR) practice at EPIC. Her aim was to perform biopsies and IR procedures in the clinic, allowing patients to avoid hospital stays, longer treatment and recovery times, and higher costs, she said.

Regarding her first in performing the radial UFE here, Costantino noted that radial access has been preferred by cardiologists for many years and, while its adoption in UFE has been slow in coming, it provides multiple benefits for patients.

The procedure involves inserting a catheter into the radial artery in the wrist that is then guided by the interventional radiologist into the uterus. It requires no incision and uses small particles to damage and shrink the fibroids. The traditional method of accessing fibroids through the artery in the groin requires lying flat for six hours after the procedure to allow the groin site to heal, leading to more pain. By going through the wrist the patient avoids the six-hour recovery time as well as a Foley catheter which, while a small medical detail, was often a very uncomfortable part of the UFE for the patient, Costantino said.

> "I was drawn to the clinical importance of UFE, as well as the social impact. **UFE is the least invasive treatment option,** and at the time was less expensive than a hysterectomy.
>
> The procedure is relevant given the huge number of women who have symptomatic fibroids. **I love providing women with options, especially a minimally invasive one."**
>
> *– Mary Costantino, MD*

"I think the patients have a lot less pain with radial UFE. I love the idea that they can go home the same day if they want to," she said, adding patients can be more mobile more quickly after the procedure as well. "Usually patients are grateful to have the option to have it, and I think physicians are happy to talk with someone who has experience doing it."

In addition to patients being able to stand up, use the restroom, eat and go home faster, radial UFE preserves the uterus and there is little to no blood loss.

"We're in a very inventive field. IR is always thinking about the next thing in minimally invasive procedures. UFE is not experimental and has been performed for over 20 years. More than 350,000 cases of UFE have been performed, it just has been slow to pick up in the Pacific Northwest," Costantino said. "Not only have I advocated for this procedure locally for many years, I think that it's important to adapt advancements in technique that make sense, such as a radial approach.

"I'm really passionate about what I do, my patients and patient alternatives. When I look at the difference in what patients are offered, that motivates me," she added."

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Pediatricians' group says dismissal an option, but area providers emphasize vaccination education

By Jon Bell
For The Scribe

If a family comes in to see **Mary Ellen Ulmer, MD**, chair of the pediatrics department at **The Portland Clinic**, and they refuse to vaccinate their children, they're going to get a polite earful.


MARY ELLEN ULMER, MD

What they'll hear is proven information about the effectiveness of vaccines, the good that they can do and a sound debunking of any vaccination myths that may still be lingering out there. The key is, they have to listen, every time they come in, and if they don't, they won't be able to stay on as patients.

"We tell them that if they want to keep seeing us, they have to keep listening," Ulmer said. "If they refuse to listen, then we can't have a relationship. Most get annoyed with us and leave. It's like any kind of nagging. You either get tired of hearing about it and do it or you go somewhere else."

There's actually another option that Ulmer and other pediatricians have with respect to families who refuse to vaccinate: They can dismiss patient families altogether. While it's not a widely used option, it is one that the **American Academy of Pediatrics** recently acknowledged for the first time as a viable one.

"The decision to dismiss a family who continues to refuse immunization is not one that should be made lightly, nor should it be made without considering and respecting the reasons for the parents' point of view," write Kathryn Edwards and Jesse Hackell in a clinical report published in the September issue of *Pediatrics*. "Nevertheless, the individual pediatrician may consider dismissal of families who refuse vaccination as an acceptable option."

The academy's official acknowledgement comes at a time when more parents have been refusing vaccines. According to the AAP, the percentage of pediatricians who encountered such parents between 2006 and 2013 jumped from 75 percent to 87 percent.

For Ulmer, it's something she sees in her office every day.

"Yep, every day we have parents who refuse, parents who are worried, parents who don't want to do it right now," she said. "And we just do our best to gently educate them."

Ulmer said she hasn't had to dismiss any patient families. The practice's educational approach usually results in families at least agreeing on a few of the recommended vaccines. There have been some who don't ever get to that place and end up leaving for another physician.

For other families, Ulmer will compromise a bit and spread vaccines out instead of doing them all at once.

"It's completely non-scientific," she said, "but we'll do it for the comfort of the parent."

Jay Rosenbloom, MD, a pediatrician at **Pediatric Associates of the Northwest** and medical director for the Children's Health Foundation, has not had to dismiss any patients, either.


JAY ROSENBLOOM, MD

"I think most pediatricians try to avoid firing patients when they can," he said. "And if we fire them for not vaccinating, they're not going to vaccinate for sure."

Instead, Rosenbloom said he, like Ulmer, takes an educational approach when it comes to families who refuse to vaccinate. That includes explaining how unvaccinated children could potentially spread serious diseases such as measles or whooping cough to other kids in the clinic.

"We try and balance the needs of an individual family with the health of all the patients in our clinic," he said. "The option to dismiss is something to be used as a last resort."

That sentiment backs up what the authors of the AAP report emphasize. They noted that dismissal should only be a last resort and then only exercised if physicians have exhausted their educational efforts and if families have been made aware of the potential for dismissal. They also note that there need to be other providers in the area for families to turn to, and the dismissing practice must continue to provide care to the family for at least 30 days.

For Rosenbloom, the AAP's recent acknowledgement isn't likely to have major implications.

"I think it's a minor policy change, but it's not a great departure from where we've been in the past," he said. "It's something that's good for people to know, and it's a good option to have, but I don't think there will be wholesale dismissing of lots of patients because of it."

Continuing to educate

The fact that vaccines are still a point of contention for some families can be pinned to much of the misinformation that's floating around out on the web. Some of that came from Andrew Wakefield, the former gastroenterologist and medical researcher who issued a fraudulent paper linking the measles, mumps and rubella vaccine to autism. The paper has since been roundly discredited and rejected, but remnants of it and its claims have continued to resurface.

"What people read on Facebook gets recirculated over and over, but there's still no real science that shows any new risk or harm," Rosenbloom said. "You've got to love Facebook."

Ulmer, too, said the internet has played a large part in casting skepticism on immunizations. People in Oregon tend to question things more than in other parts of the country, as well, Ulmer said.

"I came from the Midwest, where if a doctor said something, you would say 'Yes, doctor,' and go do it," she said. "I got to Oregon and it's a very different thing. There is a lot more questioning and a lot more alternative options. And then there's the internet. That's added to some of the nonsense, too."

That kind of misinformation will likely continue to reappear, and there will always be some families who choose not to vaccinate no matter what. Ulmer, Rosenbloom and other pediatricians worry about the bigger-picture health of the overall community when there are unvaccinated children, but they also are willing to keep up the education, explain the benefits and distill the myths to get people to see the light. And, if all else fails, they can always, as a final resort, dismiss them.

"They're putting us and other patients at risk, which is not fair," Ulmer said. "But I think there are a lot of pediatricians who are relieved that the AAP is blessing this. It's an option you don't really want to have to use, but I think it's good that it's there." ●

Study raises possibility of treating disease through amniotic fluid

A breakthrough study recently published online in the journal *Nucleic Acids Research* suggests that it may be possible to treat genetic disease detected in the womb by delivering gene-altering therapies through a kind of reverse amniocentesis.

Congenital disease and anomalies are estimated to cause 276,000 deaths worldwide within the first month of life. Prenatal diagnosis has been advanced by new molecular techniques, which opens the possibility of developing therapeutic treatments to restore function in the womb.

"This could be really useful in the future to treat all types of genetic diseases," said co-author **Lingyan Wang, PhD**, a researcher with the **Oregon Hearing Research Center** at **Oregon Health & Science University**.

Mouse models were used to evaluate the usefulness of a specific synthetic molecule called an antisense oligonucleotide (ASO). ASO sticks to precise nucleic acid sequences with extraordinary precision. Researchers also developed an ASO to target RNA, a class of molecules that influences when, where and how strongly genes are expressed in a cell.

One ASO was made with special properties that lead to the destruction of the targeted RNA, and another that altered the way pre-messenger RNA is snipped and pasted together to make mature RNA. The idea is to destroy mutated RNA that may cause harm or to correct the processing of pre-messenger RNA to restore healthy protein production. In the latter case, the ASO was tested on Usher syndrome, a condition in which children are born deaf with balance abnormalities and vision loss by early adolescence.

Researchers injected ASO into the amniotic cavity and discovered the treatment worked exactly as predicted: It was delivered safely and efficiently to the fetus. The study showed that ASOs delivered this way can alter expression of targeted RNA molecules in the liver, kidney and inner ear of postnatal mice.

"The best way to treat a disease that we know will emerge at birth is to deliver a therapy in utero to the developing fetus before irreparable damage occurs," said co-author **John Brigande, PhD**, a principal investigator at the Oregon Hearing Research Center.

Nucleic Acids Research tagged the study as a breakthrough article, a designation given to less than 3 percent of the papers it publishes. Wang and Brigande, who authored the paper with OHSU's **Han Jiang, PhD**, among others nationwide, noted that the work opens the door for fetal drug therapy to treat congenital disease. ●

In Memoriam: **Dr. Mark Richardson**

Oregon Health & Science University has experienced a foundational loss with the death of OHSU Executive Vice President and School of Medicine Dean Mark Richardson Sept. 2 from injuries suffered during a steep fall while completing a home repair Aug. 13. He was 66.

Dean Richardson, MD, MScB, MBA, an otolaryngologist, was the 14th dean of the OHSU School of Medicine, serving since July 2007. He led the school and the university with distinction, guiding the faculty and staff through a period of unprecedented growth and unparalleled achievement across all of the university's missions, including education, research, health care and service.

"Mark was a **devoted clinician,** an **inspiring and accomplished leader,** a warm, caring and engaging person and a **dear, dear friend.**"

– Joe Robertson, MD, MBA, OHSU president

"Mark was a devoted clinician, an inspiring and accomplished leader, a warm, caring and engaging person and a dear, dear friend," said Joe Robertson, MD, MBA, president of OHSU and acting dean since Dr. Richardson's accident. "The intensity of this loss is felt not only because of Mark's leadership, but because of his genuine interest in, knowledge of and concern for every enterprise of the school and the students, faculty and staff at all levels."

Dr. Richardson graduated from the Medical University of South Carolina and trained in Florida, South Carolina, Ohio and the United Kingdom. He is an internationally known specialist in pediatric otolaryngology and was consistently listed among the Best Doctors in America. He had a distinguished faculty career in Seattle and Baltimore before coming to OHSU to lead the Department of Otolaryngology – Head and Neck Surgery in 2001. He was named interim dean in 2006 and dean a year later.

Dr. Richardson and his wife, Ellen Richardson, established a scholarship with the Portland chapter of Achievement Rewards for College Scientists Foundation, of which Mrs. Richardson is a founding member. The foundation invests in academically outstanding young people working to complete doctoral degrees in science, engineering or medical research at OHSU, Oregon State University and University of Oregon.

Accolades for Dr. Richardson's contributions and impact came from all corners of the university following the Labor Day weekend, starting Tuesday morning at the monthly meeting of the Faculty Practice Plan Board of Directors of which Dr. Richardson was president and chair.

"In addition to being an outstanding dean, Mark was a brilliant clinician," said Nathan Selden, MD, PhD, FACS, FAAP, chair of neurological surgery, at the meeting. "I had the privilege of working with him in the operating room and the clinic. He was as wonderful a clinician as he was a leader, bringing warmth and wisdom to patients and colleagues alike. He will be deeply missed."

Joey Peizner, an OHSU Food and Nutrition caterer who has been providing the coffee at meetings of university leaders for 23 years, stood outside the meeting room Tuesday morning in tears.

"Dr. Richardson brought great value and leadership to OHSU in his work with the faculty and the medical students," Peizner said. "He also greeted me and brought cheer into my life every time I saw him. He acknowledged people no matter their position at OHSU. He made us all feel part of the team."

Suzy Funkhouser, a fourth-year medical student at OHSU and former government relations staffer for the university, described Dr. Richardson as a mentor.

"He believed in me even when I doubted myself and always inspired me to do my best," she said. "He was kind, generous, brilliant and always available to help. Simply put, his integrity and character were the heart of the School of Medicine."

Dr. Richardson is survived by his wife; two daughters, Abby and Caroline; their husbands; four grandchildren; and brother Pete Richardson and his wife. ●

A campus memorial service was held in late September. The OHSU Foundation and the Richardson family have set up the Mark A. Richardson Deanship Endowment. Contributions can be made at www.ohsu.edu/xd/about/foundation/giving-opportunities/mark-richardson-deanship.cfm.

Article provided by OHSU.

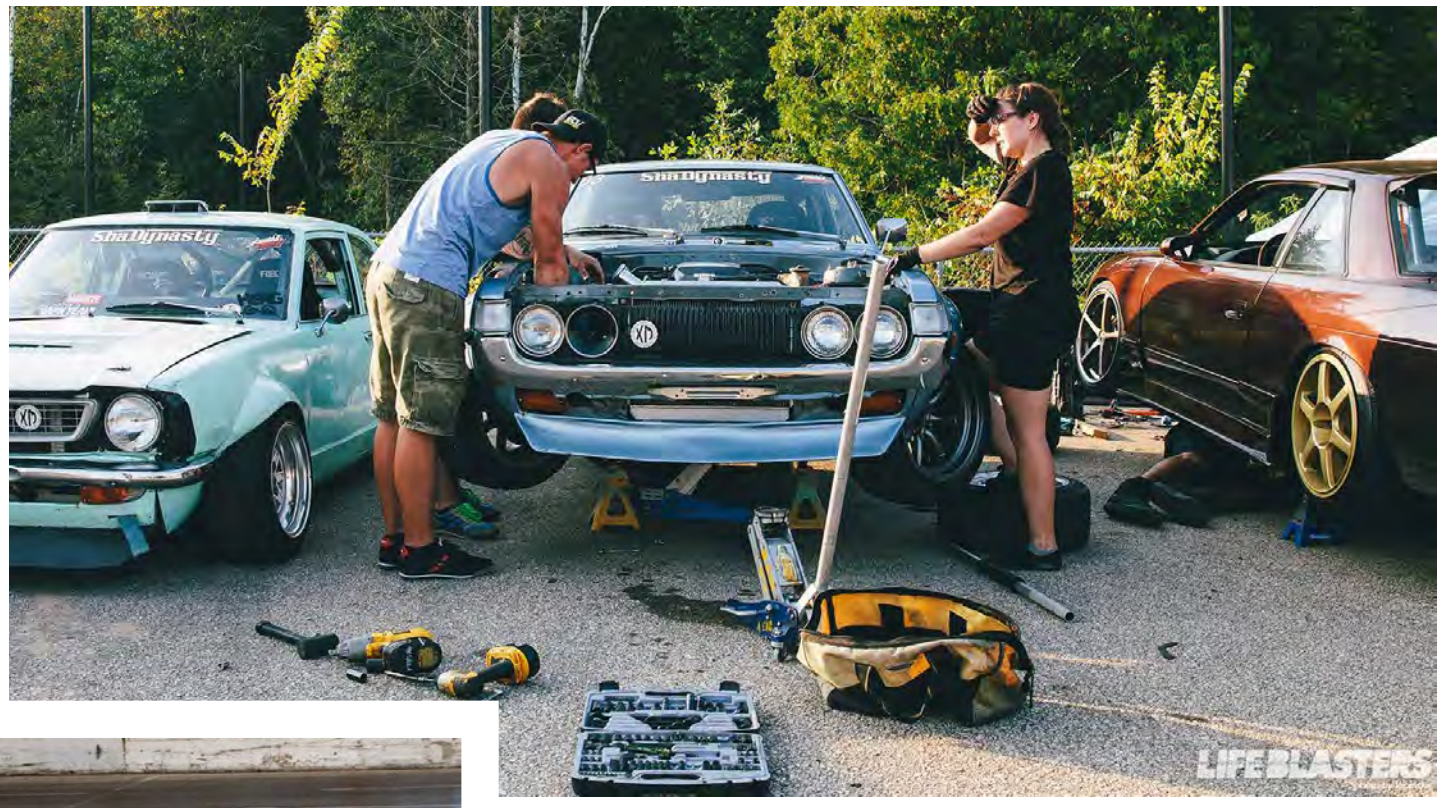
"**He believed in me** even when I doubted myself and always **inspired me to do my best**.

He was kind, generous, brilliant and always available to help. Simply put, **his integrity and character were the heart of the School of Medicine.**"

– Suzy Funkhouser, OHSU medical student

Providence resident Angela Gibbs relishes twists and turns of drift car racing

"It's really fun and I get to use my hands. *I started not really knowing how cars work, so I got to learn how they work in a practical way and* ***if anything goes wrong and I'm on the side of the highway I know I will be OK."***



In addition to racing drift cars, Angela Gibbs, MD, (above) works in her boyfriend's pit crew and serves as a pit crew chief and raceway judge.

Photos courtesy of Angela Gibbs

Angela Gibbs, MD, was a 15 year old growing up in Montana when her father selected her first car for her. He was looking for something safe, practical and affordable and chose a compact Japanese model. Her friends, however, saw another purpose entirely.

"They told me it was a classic drift car," she says, referring to the motorsport that involves vehicles with rear-wheel drive that can slide or "drift" around corners. Gibbs was smitten and began building drift cars soon after.

"It's really fun and I get to use my hands. I started not really knowing how cars work, so I got to learn how they work in a practical way and if anything goes wrong and I'm on the side of the highway I know I will be OK," she said, adding she can fix most of what can go wrong under the hood.

While she enjoyed building and fixing the cars, there were no tracks in Montana so she didn't have a chance to race until she moved to Portland to earn her biology degree at Reed College. She competed in five or six races each summer as an undergrad and while earning her medical degree at the University of Washington.

Drift car races are often held at go-cart tracks because they offer so many turns. Gibbs said drifting is the only untimed motor sport and emphasizes skill and style over speed. She typically goes about 50 mph around the turns. The thrill of it is undeniable, but it's the community of racers and their supporters that is her favorite aspect of the sport.

"I really like the camaraderie of the people I get to meet. All of my best friends now are people I met through the racing community," she said, noting she met her boyfriend – also a drift car racer – through that community.

Now a resident with Providence St. Vincent Medical Center, Gibbs races about four times a year. While she has less time for racing, she has a shop at her house where she can work on her drift car, and she is able to help out with her boyfriend's pit crew at times. She also has been a pit crew chief and raceway judge.

The first person in her family to go to college, Gibbs became interested in becoming a physician after doing cancer research at Oregon Health & Science University. She also volunteered at a free medical clinic in Gresham, which solidified her decision.

Gibbs, who has chosen to specialize in pulmonary critical care, says her most important role as a provider is to be a good listener. "We can't always heal, but we can always listen. I like to hear my patients' stories and learn about the interesting paths their lives have taken."

She also has a passion for helping teenagers and co-founded a mentorship program connecting medical students with underserved pregnant teens in Seattle. When she's not working, racing or volunteering her time and expertise, Gibbs enjoys running and rock climbing as well.

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Health organizations devote $21.5 million to housing, medical services

Six Oregon health care organizations – **Adventist Health Portland**, **CareOregon**, **Kaiser Permanente Northwest**, **Legacy Health**, **Oregon Health & Science University** and **Providence Health & Services** – announced in late September they will invest $21.5 million in a partnership with the nonprofit **Central City Concern** to respond to Portland's challenges around affordable housing, homelessness and health care.

The investment will support 382 new housing units across three locations, including one with an integrated health center in Southeast Portland. **The Eastside Health Center** will serve medically fragile people and people in recovery from addictions and mental illness with a first-floor clinic and housing for 176 people. The center will also become the new home for an existing Central City Concern program, Eastside Concern, and will offer 24-hour medical staffing on one floor. **The Stark Street Apartments** in East Portland will provide 155 units of workforce housing. In addition, **The Interstate Apartments** in North Portland will provide 51 units designed for families. It is part of Portland's North/Northeast Neighborhood Housing Strategy to help displaced residents return to their neighborhood.

"This significant contribution is an excellent example of health care organizations coming together for the common good of our community," said **Ed Blackburn**, Central City Concern's executive director. "It also represents a transformational recognition that housing for lower-income working people, including those that have experienced homelessness, is critical to the improvement of health outcomes. This housing will remain affordable for generations and it couldn't come at a better time."

"It's a privilege to live our mission focused on improving the health of our community," said **David Russell**, president and CEO of Adventist Health Portland. "Adventist Health's long history of preventive care and wellness compels us to align our services with the changing needs of the community. We are proud to support safe, affordable housing for residents of East Portland through this collaborative effort." ●

For more details on the partnership and projects, please visit www.centralcityconcern.org/announcement.

Stark Street Apartments | 12647 SE Stark St.

The Stark Street Apartments, slated for completion in September 2018, will provide primarily one-bedroom apartments for individuals making up to $30,900 or for families of four with incomes up to $44,100.

The Interstate Apartments are scheduled to be finished in June 2018 and will provide housing for individuals making up to $30,900 or families of four with incomes up to $44,100.

Images from centralcityconcern.org

Interstate Apartments | 6905 N Interstate Ave.

PATIENT DATA, *from page 1*

sign up 20,000 to 30,000 members in the Northwest region, and a total of 500,000 participants from all seven Kaiser regions throughout the country. According to Weinmann, reaching that goal would make the **Kaiser Permanente Research Bank** one of the largest and most diverse repositories of genetic, environmental and health data. So far, more than 220,000 members from four geographic regions are participating.

The research bank allows researchers to use DNA and other health information voluntarily provided by a diverse cross-section of Kaiser members to study how genetic and environmental factors affect health, and look for new ways to diagnose, treat and prevent certain diseases. For example, the resource will allow researchers to study whether a person's DNA influences how he or she responds to certain hypertension drugs, or how genetic and environmental factors influence diseases such as diabetes and cancer.

"One of the ways the Kaiser Permanente Research Bank is unique from other efforts is that in addition to DNA samples, we ask our participants about behavioral and environmental factors," said Weinmann, who is serving as scientific lead in the Northwest for the effort. "That means we're able to connect this information with data from the patient's electronic medical record, which could allow us to make discoveries that just aren't possible with other research resources."

> "If we can connect this data, we can gain **unprecedented insights into the pathology of cancer.** That's what we're moving toward."
>
> *–Adam Margolin, PhD, Oregon Health & Science University*

Weinmann said Kaiser has kept a tumor registry since 1960, but the addition of DNA information through the research bank will be "a wonderful improvement."

"The more data you have, the better you can take care of your patients," noted Mary Sawyers, spokeswoman for Kaiser's Center for Health Research.

Collaboration across health systems

In June, **Providence Health & Services** announced a partnership with Utah-based **Intermountain Healthcare**, **Stanford Cancer Institute** and California-based **Synapse** called the **Oncology Precision Network**.

The network will share aggregated clinical, molecular and treatment data through an advanced software platform, with the intent of rapidly bringing the most promising treatment insights to cancer patients and physicians. Similar to OHSU's and Intel's Collaborative Cancer Cloud, the collaboration between two of the nation's largest not-for-profit health systems, a top academic research center and Synapse, a precision medicine software company, "aims to find breakthroughs in cancer care by leveraging previously untapped real-world cancer data while preserving privacy, security and data rights," according to the network's description.

The Oncology Precision Network anticipates including 100,000 data sets in its database. The consortium includes data and physicians from 11 states, 79 hospitals and 800 clinics. The consortium hopes to expand to include other health systems this year.

"This consortium exists because we all arrived at the same important conclusion: we need to collaborate across health systems to cure cancer," said **Lincoln Nadauld, MD, PhD**, executive director of precision genomics for Intermountain.

Individually, each of the health care organizations has stored information about patients' health history, cancer status, treatments, lab results and molecular and genetic data. Collectively, the network will use technology to link aggregated data between the health systems.

"This partnership will further our efforts to provide customized therapies that are based on the biological features of both the patient and their unique cancer," said **Thomas D. Brown, MD, MBA**, executive director of the Swedish Cancer Institute and co-chair of Providence's personalized medicine program.

The Oncology Precision Network builds on prior work by each of the parties. This work includes a study of the clinical effectiveness of precision medicine conducted by Intermountain Healthcare and Synapse. That study demonstrated a doubling of progression-free survival in stage-4 patients, without increasing the cost of care. In addition, through Swedish Cancer Institute, Providence developed an algorithm to match patients with clinical trials most likely to benefit their molecular type of cancer.

The network will "allow us to approach precision oncology from a 'big data' point of view," said **James Ford, MD**, director of clinical cancer genomics at the Stanford Cancer Institute. "By aggregating all of our real-patient experiences, we will rapidly expand our ability to learn how to choose the best targeted treatments for our cancer patients based on the molecular profile of their tumor and our informatics-based research." ●

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THE FOURTH QUARTER MINI-GRANT APPLICATION DEADLINE IS DECEMBER 31, 2016.

The Metropolitan Medical Foundation of Oregon's Mini-Grant program funds project requests (up to $500) that support activities which improve health education and the delivery of health care to the community.

Since its inception in 1992, MMFO awarded more than $116,000 for 73 community health projects. Grants are awarded for projects serving the Metropolitan region that includes Clackamas, Multnomah and Washington Counties and some parts of Clark County in SW Washington.

Further information about MMFO activities, as well as grant applications, are available at ***www.MMFO.org.***

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www.msmp.org

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