



The Scribe highlights some of 2016's notable achievements and advances in the local health care community.

– Pages 10–13

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

Organized medicine seeks to build on gains from '16 legislative session

By Cliff Collins
For The Scribe

Organized medicine scored several successes in the 2016 short legislative session, and hopes to build on those gains in the full session that begins in February.

A coalition of supporters led by the **Oregon Medical Association** and the **Oregon Health Leadership Council** passed a bill to facilitate easier use of the state's **Prescription Drug Monitoring Program**. The purpose of the legislation was to help address the daunting opioid-dependency problem, which was the OMA's top legislative priority for the 2016 session. The association intends to do further work in 2017 to make the database more available to prescribers while still ensuring patient privacy, said **Courtney Dresser**, government relations director for the OMA.

"People are definitely engaged," she said. "Most everybody has someone they know who is having or has gone through this problem."

The 2016 bill allows information from the Prescription Drug Monitoring

Program to be viewed in the prescriber's electronic medical records system without having to log in separately to that database. The streamlined approach will aid providers in accessing all known prescription information on their patients before prescribing narcotics.

The bill authorized linking the **Emergency Department Information Exchange** – dubbed EDIE – with the Prescription Drug Monitoring Program. OMA is a member of the Oregon Health Leadership Council, which had been

working on the EDIE project since 2014. EDIE uses technology that allows clinicians to track a patient who shows up repeatedly at a hospital emergency department or who visits more than one. As a result, if patients frequently use the ED to seek opioids, clinicians can better detect if misuse is occurring and direct patients to more appropriate settings, according to **Greg Van Pelt**, president of the council. The Prescription Drug Monitoring

See **LEGISLATIVE SESSION**, page 18

Oregon's 79th Legislative Session



Feb. 1 to July 9, 2017

Photo: Zaim Karim at English Wikipedia

Refined education program helps hospitalized youth navigate crises and return to school, home

By Jon Bell
For The Scribe

Like a lot of recent graduates, when he got out of graduate school at Portland State University with a master's degree in special education, **Ben White** was energized to make a difference.

"When I got out of grad school, I was on fire to change the world," he said.

Luckily, White was in a good place to do just that.

In 2007, White had taken a part-time job as a paraeducator with Portland Public Schools; when he started at PSU, he switched to a part-time job as a mental health therapist at **Randall Children's Hospital** at Legacy Emanuel, so he was already seeing a link between education and mental health. And right about the time White wrapped up his master's degree, a teaching job opened up in the **Randall Hospital School Program** in the hospital's adolescent psychiatry department.

The program, in one form or another, had been offering an educational component to patients admitted to the hospital for more than 25 years. But White said the program had been "loosely academic" and based more around supportive activity groups.

"I thought we could do more," he said.

So, fired up and ready to take on the world, White reached out to the Multnomah Education Service District with a proposal to have it take over the program. MESD agreed, hired White as a teacher and two other team members and, last fall, ramped up the program with a more substantive academic component but

also a focus on transitioning kids back into their school and home settings.

"The hope was that we could provide education here and also a softer landing for kids going back to school," White said, "with all of that designed to help keep kids from having to come back to the hospital."

The adolescent psychiatry unit at Randall is just one of two in the state. It

usually sees kids for between seven and 10 days at a time. Of the 500 to 700 kids between ages 9 and 17 that enter the unit each year, most are dealing with depression, anxiety, grief and loss, and other related issues. The majority are also admitted to the unit because they are experiencing an immediate mental health crisis and have already been through an emergency room.

"Our role," White said, "is to stabilize, do some assessment and then prepare them for discharge out of the hospital."

The school program helps students stay on track with

See **SCHOOL PROGRAM**, page 17

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A 'responsibility to share'



Deidre Burton, MD, carries on family ethic in serving others.

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- **Breast surgical oncology** — Nathalie Johnson, M.D., Cynthia Aks, D.O., Alivia Cetas, M.D., Jennifer Garreau, M.D., and Margie Glissmeyer, P.A.
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MSMP Membership Benefit

Annual Salary and Benefit Survey Report



The Medical Society of Metropolitan Portland and Medical Society Staffing have released the *2016 Annual Salary and Benefit Survey Report*. This annual bench-marking tool captures medical office employee compensation and benefit trends in the greater Portland medical marketplace.

MSMP Group Members receive a free report. Members can purchase it for \$100 and non-members can purchase for \$250. For more information or to request your copy, email *paula@msmp.org* or call 503-944-1128.



MSMP's Wellness Program featured in Portland IPA's first podcast

More than ever, physicians are faced with many pressures and until now, there has been fear around getting help.

Listen along as **Dr. Tom Gagnola**, Portland IPA medical director and practicing internal medicine physician with GreenField Health, interviews MSMP staff; psychologist **Dr. Beth Kaplan Westbrook**; and Executive Director **Amanda Borges** about this confidential and free program.

Visit www.MSMP.org/Wellness-Library to listen.

Submit your nominations for the Rob Delf Honorarium Award

MSMP is seeking nominations for the Rob Delf Honorarium Award, the annual award the Medical Society's Board of Trustees created in recognition of Rob Delf's long service to the organization. **The award is given to a person or persons who exemplify the ideals of the Medical Society within the community where members practice.**

This can be demonstrated by work projects or activities which improve community health or the practice of medicine in arenas including, but not limited to, the practice of medicine; educating new members of the medical community; educating the public about health, medicine and health public policy; improving public health and emergency preparedness; advocacy in health public policy; or other community activities related to health care and policy.

The award may be given to members of the medical community, the health education community, or the general public. Please visit www.MSMP.org or www.MMFO.org to submit your nomination. The deadline for nominations is Feb. 9.

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Advertisement rates can be found at www.MSMP.org/The-Doctors-Little-Black-Book or contact Sarah Parker at *sarah@msmp.org* or 503-944-1124.



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Deadline approaching for fourth quarter mini-grant applications

Fourth quarter mini-grant applications are due Dec. 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.

Uncertainty about health care reform follows election outcome

By Cliff Collins
For The Scribe

The results are in, and one thing everyone in Oregon health care agrees on following the presidential election is that we cannot know its effects on health care transformation.

"The general feeling is uncertainty," said **Thomas Gragnola, MD**, an internist and medical director of the **InterHospital Physicians Association**. He said that assessment applies to what he hears in the community, from his children, from patients and from other providers.



THOMAS GRAGNOLA, MD

Gragnola, who obtained his medical degree in 1994, said the depth of reaction to an election he is observing in patients is something he has never seen before in his career. "Everybody's talking about it," he said. Although strong feelings persist among people of differing political persuasions, "generally there is worry on various fronts."

"What has been striking to me is the emotion involved, the anxiety I see in people – patients and others," he said. Many

patients are "outright depressed," with some saying they feel anxious and have not slept well since the election. Patients "who understand what the benefits have been" to the **Affordable Care Act** express worry about whether there will be loss of benefits and of coverage for preventive care, as well as continued guaranteed insurance for patients with pre-existing conditions. Some patients, he added, were happy with the election results and see "the opportunity for certain things to get better."

"Everybody is incredibly stressed out about what (Donald Trump's) presidency is going to mean," said **Ralph M. Prows, MD**, chief medical officer of **Adventist Health Medical Group**. "People are coming to me and asking, 'What is going to happen to my care?'"



RALPH M. PROWS, MD

Janet L. Meyer, chief executive of **Health Share of Oregon**, the state's largest coordinated care organization, said she has heard reports "that providers are getting questions from patients" about the status of the **Oregon Health Plan** under the coming new administration. She said Health Share is concerned that OHP members, who are required to renew their sign-ups annually, won't do so because they will think the ACA has been repealed.



JANET L. MEYER

Gragnola and Prows emphasized that physicians already were feeling concerned about the complexities surrounding reimbursement changes coming in Medicare, apart from the election outcome. The latter has only added to those worries. Gragnola said doctors wonder if the patients they see who are covered under the OHP and CCOs will continue to receive that coverage.

In addition, doctors worry about how changes in Oregon insurers' ACA health plans for 2017 will affect providers. Carriers continue to limit their networks, and the rising rates for coverage under the ACA will mean more patients will have to pick up greater portions of their medical bills. These patients may be paying more out of pocket in terms of co-pays, coinsurance and deductibles, and this will have an impact not just on patients, but also on doctors and medical offices, because payment may get delayed and providers may not be able to collect as much of the total bill for many patients.

"It's a huge challenge for patients to pay and for providers to collect it," said Prows. "We take all comers. We try to make it clear about the expectation of collecting at the point of service." Adventist Health absorbed \$1.4 million of bad debt in 2013, but that figure is down to \$600,000 this year, he said. The reasons are that more

people are insured, and "we've gotten better at this process."

Patient loads also will shift among health systems as hospitals and insurers continue to form alliances and more and more doctors become employed by hospital systems. For example, Adventist Health is in the process of becoming a member of **OHSU Partners**, an arrangement Prows expects to increase the volume of tertiary care for OHSU Hospital and the amount of community care given by Adventist.

Further, many doctor-patient relationships will change as carriers narrow networks. For instance, **Moda Health**, which had been one of the largest carriers for individual health insurance, is limiting its network for 2017 to Adventist Health, **Oregon Health & Science University** and **Tuality Healthcare**, the latter also a member of OHSU Partners. Moda discontinued contracting with **Providence Health & Services** in 2016 for its individual policyholders, and Moda will not contract with **Legacy Health** as part of its 2017 network.

Wholesale changes may prove difficult

State government is equally unsure about the future. In regard to "what will happen" to the OHP and Medicaid, "it's too early to say," according to **Courtney Warner Crowell**, a spokeswoman for the **Oregon Health Authority**.

This past summer, the OHA submitted an application for a five-year waiver renewal with the **Centers for Medicare & Medicaid Services**. The state's current five-year Medicaid waiver remains intact through June 2017, she said. The waiver provided permission and about \$1.9 billion in funding to establish CCOs as a way to demonstrate better care at a lower cost than standard Medicaid. It also allowed Oregon to expand OHP coverage to people who make low incomes but previously earned too much to qualify for Medicaid.

"There will be a lot of speculation in the next couple of months, but we have to work from the facts we have, which is that Oregon has a successful coordinated care model that is improving the quality of care while holding down costs," she said.

Prows said his "optimistic view" is that the emphasis by the new administration on returning more control of health care and Medicaid to the states might work in the state's favor to continue to do Medicaid "the Oregon way." Gragnola agreed, saying he thinks the state would be well-positioned under such a scenario due to Oregon being out front in establishing CCOs and patient-centered medical homes.

But he added that if the feds hand control fully to the state but offer no funding, Oregon would be forced to go back to the dilemma it faced in earlier years: where and whom to cut. Both physicians said they hope the new government will take the time to examine closely what

"There will be a lot of speculation in the next couple of months, but we have to work from the facts we have, which is that Oregon has a successful coordinated care model that is improving the quality of care while holding down costs."

has worked about the ACA and health reform, and then preserve or modify those portions.

"In health care, nothing's going to happen overnight," Gragnola said. "The Affordable Care Act is a complex law that will take time to unravel."

Meyer concurred: "It's not as easy as saying, 'We're going to repeal.' There are a lot of things that are working. It would be a shame to lose all the progress we've made."

Meyer predicts that parts of the ACA will get changed or removed, but yanking people's coverage or returning to underwriting that would exclude pre-existing conditions will prove "economically foolish and politically foolish," especially given that in two years, members of Congress face the midterm elections. She remains optimistic that the OHP expansion in Oregon will be retained because of the results the state has shown. Moreover, the pharmaceutical and hospital industries "have pretty influential lobbies and have benefited" from the ACA, she said.

Referring to the waiver request, Meyer added: "We're really hoping it will get approved before the (Obama) administration leaves office. The OHA has been effective in taking the transformation story to CMS and (explaining) what is different about CCOs." She foresees that the Trump administration "couldn't do anything to the Medicaid expansion until 2018, at the earliest. It would be a tough sell to throw people off the plan." *The New York Times* reported that about 22 million Americans would be without insurance if the law were repealed outright.

Gragnola said the consensus among physicians is that "having more people covered by health insurance is a good thing. There's a hope that the administration will recognize what parts were successful with the ACA, and that it may be wise to keep them." ●

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AMA policy focuses on wellness among students, physicians in training

The American Medical Association adopted a policy in mid-November designed to ensure medical students and resident and fellow physicians have timely and confidential access to the medical and mental health services they need during medical training.

The new policies will help physicians in training maintain their health and well-being and reduce burnout so they can provide the highest quality patient care, the AMA said.

"Many physicians-in-training do not seek out treatment for physical, mental health or addiction issues because they are concerned about confidentiality, the possible negative impact that receiving treatment could have on their future career in medicine, or burdening colleagues with extra work," said AMA Board Member and medical student Omar Z. Maniya.

"With a high number of medical students and residents experiencing depression, burnout and suicide, and too many physicians overlooking their own health needs, we must do everything we can to reduce the barriers and stigmas that keep them from receiving care," Maniya said.

To help address concerns about confidentiality, the policy calls on state medical boards to refrain from asking applicants about past history of mental health diagnosis or treatment, and only focus on current impairment by mental illness

"With a high number of medical students and residents experiencing depression, burnout and suicide, and too many physicians overlooking their own health needs, we must do everything we can to reduce the barriers and stigmas that keep them from receiving care."

— AMA board member and medical student Omar Z. Maniya

or addiction, and to accept "safe haven" non-reporting, which would allow physicians-in-training who are receiving mental health treatment to apply for licensure without having to disclose it.

The new policy also encourages medical schools to create mental health awareness and suicide prevention screening programs that would be available for all

medical students at their discretion. The policy asks that these programs offer students anonymity, confidentiality and protection from administrative action, and provide proactive intervention for any student identified as at-risk by mental health professionals.

These policies build on the AMA's strategic work over the past several years

to reduce physician burnout and create the medical school of the future. ●

Look for a follow-up story in The Scribe in early 2017 with local reaction to this policy, and information on programs that are helping students and providers get the help they need in a confidential fashion to maintain their health and wellness.

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Compass is pleased to introduce four new members of our multidisciplinary team. This expansion strengthens our West side presence, brings added expertise to our state-of-the-art radiation oncology services and further enhances our leading care for breast cancer patients.



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Anthony Pham, MD
Medical Oncology & Hematology

Dr. Pham joins us from the Mayo Clinic in Rochester, Minnesota where he completed his fellowship training in oncology and hematology. His clinical interests include general adult oncology, melanoma, lung and genitourinary cancers. He speaks fluent Vietnamese and will be seeing patients at our Tualatin and West offices.



Richard Zinke, MD
Medical Oncology & Hematology

Dr. Zinke joins us from the James P. Wilmot Cancer Institute at the University of Rochester Medical Center in New York where he completed his oncology and hematology fellowship training. His clinical interests include breast cancer, general adult oncology and lung cancer treatment. Dr. Zinke is now scheduling patients at our Tualatin office.



Ravi Chandra, MD, PhD
Radiation Oncology

Dr. Chandra completed his medical degree at Johns Hopkins in Baltimore, Maryland, and his residency/clinical fellowship in radiation oncology at Harvard. His advanced training includes a PhD in Chemical Biology from UC-Berkeley and a clinical research training fellowship through the National Institutes of Health/Johns Hopkins. He sees patients at our Rose Quarter location.

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A 'responsibility to share'

Pediatrician Deidré Burton, MD, carries on family ethic in serving others

"The people who come, they don't care if you're a doctor with some kind of specialty or if you're a pediatrician. They just care that you're a doctor, because that's more than they usually have."

— Deidré Burton, MD

By Jon Bell
For The Scribe

When it comes to pregnant women in some parts of Kenya and among some of the people who live there, it's considered bad luck for anyone, including doctors, to talk directly about the baby.

But nobody told **Deidré Burton, MD**, about that when she travelled to Kenya in 2000 to be a volunteer medical provider at a remote medical clinic. So, on her first day there, as she ran a rudimentary prenatal clinic for women – some of whom had walked 15 miles to be there – Burton was surprised at the reception she got from her patients.

"At the beginning of my day, I would be talking with them about their babies, and the moms would just look at me like I was crazy," she said. "Even though I had been working with a translator, I wasn't familiar with all of their customs, and it turns out that nobody addresses the baby. It's considered taboo, so you're supposed to say things like, 'Are there times you feel your belly's moving?'"

Thankfully, another team member who knew the custom shared it with Burton

later that day.

"After that," she said, "the rest of my day went better."

For Burton, the experience in Kenya was just one in a long list of adventures she's had not only providing care overseas, but also helping and serving others in need.

Born to a military father and a mother who was a teacher and guidance counselor, Burton grew up in a family that believed it was important to share with and help others. Her earliest memory of that mindset comes from when Burton was about 4 years old and her family welcomed a teenage mother who'd been kicked out of her home into their family. Several cousins also spent time with Burton's family during hard times, as did a single mother.

"At our house, my parents served by almost always having a kid living with us who wasn't theirs," Burton said.

That sentiment rubbed off on Burton early. She said from the time she was 5 or 6, she knew the path she wanted to be on.

"I always knew that I wanted to be involved with something that had to do with service," she said.

Her future was further confirmed on a

service trip to Spain when Burton was 16. While there, she volunteered in a tent village outside, reading to kids and working on their literacy. The experience made a lasting impression on her.

"I just fell in love with doing things for children, teaching and impacting them," Burton said. "I was totally comfortable with kids crawling all over me. So right then, when I was 16, I committed to doing something with children."

An eye-opening experience

Burton considered both education and medicine but leaned toward the latter in part due to an experience volunteering at a medical clinic on a Native American reservation in Oklahoma the year before she began college at Hampton University. Astounded by the lack of medical care available there, Burton was convinced that she needed to equip herself to be able to help the underserved. That took her to medical school at Oregon Health & Science University, then to UCLA Medical Center in Los Angeles, where she was a pediatric intern, and then back to OHSU for a pediatric residency that wrapped up in 1994.

Burton then added to her overseas experiences with several more volunteer medical trips to Jamaica, Taiwan – where she met with doctors to discuss more up-to-date practices than they'd been using and performed medical exams on children – and Romania, where she worked in several orphanages outside of Bucharest and provided medical care to street children.

Jamaica, she said, was an eye-opening experience.

"Most people think of Jamaica as a vacation spot," she said, "but it's Third World in a lot of parts."

Burton remembers practicing in very spartan conditions. Her exam room? Folding chairs behind a black tarp strung between two trees.

"Our clinics were every couple months," she said, "and that was their only health care."

The same held true when Burton was in Kenya. There wasn't another clinic within a few hundred miles, and so when people came for treatment, whether it was in Burton's specialty area or not, she did what she could for them.

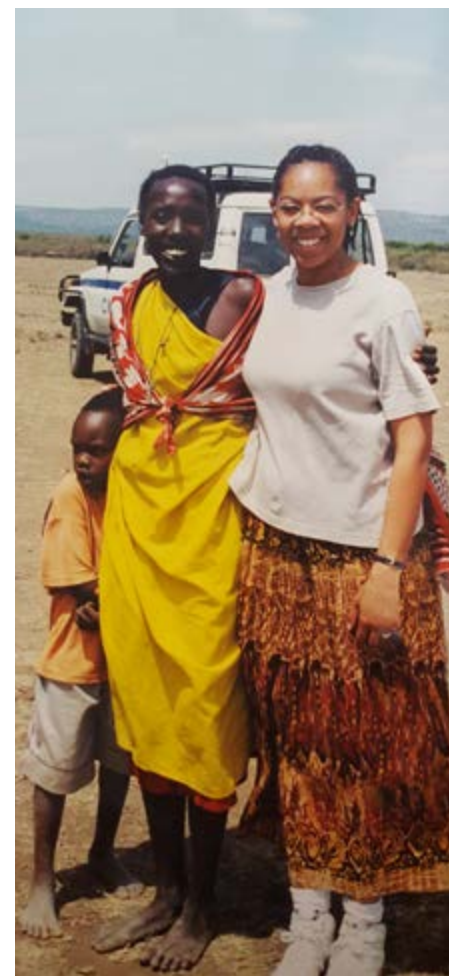
"The people who come, they don't care if you're a doctor with some kind of specialty or if you're a pediatrician," she said. "They just care that you're a doctor, because that's more than they usually have."

In addition to her overseas and volunteer work, Burton has also been in private practice as a pediatrician for nearly two decades. In 1994, she joined Metropolitan Clinic, which became Health First Medical Group, and when that disbanded, she and some of the other providers stuck

together to form Metropolitan Pediatrics, where she still practices and serves as president today.

When Burton adopted her first child nearly 17 years ago, her life as an overseas volunteer slowed way down. She later had two more children – the three are now 17, 14 and 12 – which understandably changed how much volunteer work and traveling she was able to do. Her focus shifted toward her family, though as her children have grown up she has been able to volunteer more and more.

Now 50, Burton said she's looking forward to the day when she can again head overseas to volunteer and use her medical



Medical volunteerism has taken Deidré Burton, MD, to a handful of countries, including Kenya. A stint as a volunteer in a medical clinic on a Native American reservation in Oklahoma helped steer her toward a health care career.

Photos courtesy of Deidré Burton

experience to help others. She's hopeful, too, that she'll find a trip that will let her bring her children along with her. One opportunity, heading to Nicaragua in the next year or so, might just work out.

"I try really hard to do activities with my kids to remind them that not everyone lives like we do in the U.S. or in our own family," Burton said, "and that anything that you have is a gift and it's your responsibility to share. I hope that I am passing that on to them." ●

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Director of professional services,
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Today, physicians have access to more data than ever before, and complying with new quality programs and pay-for-performance initiatives requires doctors to aggregate that data in various ways. Physicians and their office staff now spend a significant amount of time sorting through data in order to satisfy all the checkboxes – leaving them overwhelmed and dissatisfied.

But there are tools that can streamline patient care and payment workflows in



Source: The Doctors Company

Effectively maintaining an EHR is an ongoing process, but the reward is a better work-life balance.

the electronic health record (EHR). By dedicating time and effort up front to optimize the EHR, physicians can get relief from administrative tasks, reduce duplicate entry of data, and save time by not having to search for records in multiple places. Effectively maintaining an EHR is an ongoing process – the industry offers near-constant improvements – but the reward is a better work-life balance.

Enhancing the EHR means focusing on these four top areas:

1. Building a direct data interface. When all patient data, from both within the practice and from outside sources, is routed through the EHR in a structured format, a physician has all the information required at the point-of-care when treating a patient. The interface can include data from lab tests, radiology, and health information exchanges (HIEs); devices like blood pressure cuffs and health trackers; and other outside vendors.

2. Organizing patient data to provide a central point of access in the EHR. Immediate and organized access to complete patient information can help reduce unnecessary office visits, imaging and labs tests.

3. Establishing predefined care alerts to guide physicians through the treatment portion of the visit. The parameters of each alert should be set by the physician, based on the Healthcare Effectiveness Data and Information Set (HEDIS) or other quality metrics or quality-based programs the doctor participates in. By setting up alerts that are triggered by the receipt of structured data instead of being manually triggered, a practice can see more patients and provide customized treatment plans without running recalls or prepping charts prior to the patient's arrival. Setting up alerts is a one-time effort – then, armed with the right tools, the physician can rely on educated decision-making at the point-of-care, when time is of the essence. At a minimum, the EHR should identify gaps in care and alert the physician in real-time as to what the patient needs.

4. Integrating population health management reporting tools that allow the physician to see gaps in care or future care needs based on gender, age and medical history, such as foot exams, immunizations and colonoscopies. These tools – offered in many EHRs through the EHR vendor or a clinically integrated network (CIN) – analyze data from the EHR, HIEs, payer claims systems, and lab and radiology facilities, so that a physician can make decisions based on the patient's longitudinal medical record. This offers the ability to bill for services during the office visit, send campaign messages (such as for a flu shot or annual physical) to patients, and report data in a useful format to referring physicians. In addition, a clinical rules engine takes action based on what is documented in the chart. For example, when a patient is diagnosed with asthma for the first time, it automatically recommends a medication and a follow-up appointment.

Getting help in optimizing the EHR

When optimizing their EHR, physicians would benefit from working with an experienced consulting team that understands the tools available as well as the flow of the practice. An outside firm with wide knowledge and perspective on the industry and various EHR systems will be most aware of the optimization opportunities available. The firm might also be able to use economies of scale to integrate the EHR systems of multiple practices within a physician organization, physician-hospital organization, CIN, or accountable care organization through a HUB or HIE – increasing the flow of data or decreasing cost. The EHR vendor will often be involved in the optimization process, but an outside consulting firm should lead the project. Many EHR vendors offer a complete

EHR solution but are ineffective at optimizing workflow during implementation. And once the EHR is implemented, an inexperienced office manager may be charged with managing the vendor relationship remotely to ensure the full functionality of the EHR. At this point, the office manager or physician may not be aware of the full capabilities of the EHR and may not be equipped with the questions to ask a vendor to determine if the vendor can help the practice get the most out of the EHR – or if it's time to hire a consulting firm.

Here are the questions a practice should ask the vendor:

- What local laboratory/radiology/report interfaces are available in the area that may help streamline the flow of data in and out of my practice?
- What data can be submitted electronically through a commonly accepted file for incentive programs like PQRS, Meaningful Use, and other payer-directed programs in order to decrease duplicate entry?

See **EHR WORKFLOWS**, page 18

Would your patient benefit from an integrated rehabilitation team approach after their illness or injury?

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Health care-related construction highlights 2016

Science campus, South Waterfront facilities among projects in development

Health care organizations and higher education institutions announced an array of expansions or broke ground on major construction projects in the past 12 months, many of which will have far-reaching impacts on patient care and medical research.

This past fall, the University of Oregon said it received a \$500 million lead gift from Phil and Penny Knight toward a campus in Eugene designed to advance scientific discoveries and convert them to innovations.

The **Phil and Penny Knight Campus for Accelerating Scientific Impact** will “reshape the higher education landscape in Oregon by training the next generations of scientists, forging tighter ties with industry and entrepreneurs, and creating new educational opportunities for graduate and undergraduate students,” UO said.



The Phil and Penny Knight Campus for Accelerating Scientific Impact, conceptual rendering

The Knights noted that their gift comes at a time of “declining public support for scientific research generally and declining public higher education support specifically,” and that despite the accompanying risk, “we believe the expected societal returns from such investments are high.”

UO put at more than \$1 billion the total estimated investment in the campus – most of the funding to come from donors – and said it would be developed during the next 10 years. On the drawing board are three, 70,000-square-foot buildings adjacent to UO’s current science complex in Eugene. The buildings will feature labs, research facilities, prototyping tools, imaging facilities, human subject interaction space and an innovation hub.

The campus is designed to fuel cross-disciplinary collaboration. In its announcement, UO estimated that the campus would generate an annual increase of more than 30 percent in sponsored research activity. Its full-time research staff of about 300 will include 30 top-tier scientists and their support teams. It also will be home to 250 graduate students, 150 post-doctoral researchers and 150 undergraduates.

Over time, the new research facility is expected to enhance and expand collaborations between scientists and faculty members at the UO, **Oregon State University**, **Portland State University**, **Oregon Health & Science University** and other research institutions across the country, UO said.

OHSU’s president described the campus as a “transformative development for the state of Oregon” that “creates a powerful new platform for collaboration and partnership between scientists and researchers at the UO, OHSU and other institutions.”

“The goal of that collaboration is to put Oregon at the

forefront nationally when it comes to research facilities and activities aimed at solving some of the world’s most pressing problems,” noted **OHSU’s Joe Robertson, MD**.

UO said it hopes to have the first building up and running within three years. New faculty members could include engineers, data scientists, robotics experts and scientists interested in clinical translation of new discoveries, the university said. “The focus will be on using integrative approaches drawn from a variety of fields to address complex problems,” it noted.

The following is a sampling of other announcements from the past year:

The first dirt was turned in mid-June on the site of the future **Knight Cancer Institute research building**, a \$160 million facility being developed in Portland’s South Waterfront. The building, funded by a state investment during the **Knight Cancer Challenge** and due for completion in July 2018, will house research programs focused in part on early cancer detection, computational biology and immune-oncology. Two floors will accommodate the **Center for Early Detection Research**, led by **Sadik Esener, PhD**. Esener, a nanotechnology expert, said collaboration is the key to early detection research.

“To ensure a comprehensive approach, we require experts with knowledge in electronics, optics, biology and cancer. It’s crucial that we have a multidisciplinary team working closely together,” Esener said. “This building will be ideal for carrying out team science.”

The research building was among a handful of projects involving OHSU that moved forward in 2016. The **Center for Health & Healing South** building project

broke ground in April. OHSU said the facility will provide complex surgery and interventional procedures, clinical space for the Knight Cancer Institute – including oncology clinics, infusion services and areas for clinical trials – and clinical space for the **Digestive Health Center and Preoperative Medicine Clinic**. Also planned is a retail pharmacy, lab services, food options, open waiting spaces and outdoor terraces.

The center will be connected via an underground tunnel to the **Gary & Christine Rood Family Pavilion**, which will provide lodging for visiting patients and their families who must travel to OHSU for care from rural Oregon or neighboring states. The five-story pavilion will feature 76 units, with laundry on each floor, indoor and outdoor spaces for children to play and for adults to relax, a communal kitchen, dining room and exercise space. OHSU said the facility will help meet a significant demand for housing close to OHSU for patients who live far from OHSU and whose treatments include an extended stay, such as extensive surgeries, transplants or participation in clinical trials. The

pavilion also will include a conference center, staff amenities, space for an urgent care center as well as parking. The facility is named in honor of Gary and Christine Rood, who donated \$12 million to the project.

Meanwhile, **Sky Lakes Medical Center** in Klamath Falls and OHSU announced earlier this year they aim to build a \$50 million **clinical and education building**. The facility will offer clinical care, provide training to students in OHSU’s **Family Practice Residency Program** and be the academic center for OHSU’s **Campus for Rural Health**.

The building, which will be located on the west side of the Sky Lakes campus, will also consolidate Sky Lakes clinics around Klamath Falls.

Sky Lakes, OHSU and the **Oregon Institute of Technology Foundation** formed an organization to raise money to make the project a reality. The goal is to break ground for the 88,000-square-foot building by 2018. Sky Lakes had pledged \$15 million to kick-start the fundraising campaign, while OHSU committed at least \$5 million, according to a press release.

Sky Lakes **CEO Paul Stewart** said he hopes the partnership leads to new programs, citing as an example a doctorate in physical therapy degree with OHSU and OIT as partners. He also said adding more programs can lead to more jobs in Klamath Falls and make the area more attractive, including to businesses and students.

In early June, **Providence St. Vincent Medical Center** opened the first **Clinical Decision Unit**, or CDU, among its eight Oregon hospitals. The 26-bed facility monitors patients who aren’t well enough to go home, but aren’t sick enough to require hospitalization. The CDU team, which includes physicians, registered nurses and certified nursing assistants, uses state-of-the-art equipment to monitor and diagnose patients and prescribe proper treatment. Within 24 hours of a patient’s arrival in the CDU, the attending physician determines if a patient is well enough to be discharged or should be admitted.

Providence St. Vincent’s **Scott Marsal, MD**, division chief of medicine and medical director for quality and patient safety, said CDUs provide quality patient care focused on getting people home as soon as possible and

See **CONSTRUCTION**, page 13



Gary & Christine Rood Family Pavilion

The Portland-area medical community took major steps to advance medical research and treatment and patient care in 2016, many more than *The Scribe* was able to feature. The following highlights some of these achievements.

Advances in medical research and treatment, patient care mark year

The National Institutes of Health recently awarded two significant grants to **Providence Cancer Center** researchers **Marka R. Crittenden, MD, PhD**, and **Michael J. Gough, PhD**.



MARKA R. CRITTENDEN, MD, PhD

Crittenden and Gough received a NIH R01 Award for their response to the National Cancer Institute's Provocative Questions Initiative, which seeks "bold new approaches to answer 12 perplexing scientific questions." The program supports research aimed at solving specific problems and paradoxes in cancer research. Crittenden and Gough responded to Provocative Question 11, which focuses on defining the mechanisms that make immunotherapy more effective, less effective or more toxic when it is combined with standard therapies.



MICHAEL J. GOUGH, PhD

The five-year award will support the scientists' efforts to develop new immunotherapies for pancreatic cancer, which is particularly difficult to treat using conventional therapies. In this project, Crittenden and Gough and their team will examine how best to integrate new immunotherapies into treatment.

"The research builds on recent discoveries by this group of scientists and physicians that have identified limitations in conventional therapies and barriers that prevent the patient's own immune response from controlling pancreatic cancer," said **Walter J. Urba, MD, PhD**, director of cancer research at the **Earle A. Chiles Research Institute** (EACRI), and physician director of research for Providence Health & Services—Oregon.

"This award supports Marka and Michael's Integrated Therapeutics Laboratory and the team of scientists and physicians that collaborates to develop and test new pancreatic cancer treatments in the laboratory and the clinic," Urba said. "This group has now received funding from the American Cancer Society, the National Cancer Institute and the biotechnology industry to provide new options for patients with pancreatic cancer."

The group, based at **Providence Portland Medical Center**, has ongoing clinical studies testing therapies for patients with pancreatic cancer.

Crittenden and Gough also received an NIH Exploratory/Developmental Research Grant Award (R21). These awards provide support in the early stages for "exploratory, novel studies that break new ground or extend previous discoveries," or "high-risk high-reward studies that may lead to a breakthrough in a particular area."

The proposal for this two-year grant project had its genesis in the lab of **Keith Bahjat, PhD** (formerly of EACRI), where research scientist **Alejandro Alice, PhD**, developed the novel *Listeria monocytogenes* (Lm) strain vaccine. The grant will support this work, allowing the team to further evaluate the role of gamma delta T cells in limiting conventional T cell responses, and to determine whether there may be a new *Listeria monocytogenes* strain that would be a more effective vaccine.

In what was called a rare procedure, surgeon **Ashish Patel, MD, DDS**, with the **Providence Oral, Head and Neck Cancer Program** and a team did in a single day what would have taken as long as a year if carried out based on the current standard of care – rebuild a patient's face and replace his teeth after removing a nearly baseball-sized tumor that had destroyed his lower jaw.

The procedure, known as a "Jaw in a Day," has been performed in only a few highly specialized centers in the world, Providence said. When carried out in August at Providence St. Vincent Medical Center, it was the West Coast's first. It involved, in part, exposing the fibula and sculpting it into a new jawbone. *The Scribe* will feature more about this procedure in January's edition.

Charles Keller, MD, a researcher with the **Children's Cancer Therapy Development Institute** in Beaverton, received a grant totaling more than \$174,000 from the St. Baldrick's Foundation, which is dedicated to raising money for childhood cancer research. Keller will use the funding to continue his study of the cellular and molecular mechanisms of medulloblastoma, a type of pediatric brain cancer. His preliminary findings show that how medulloblastoma tumor cells actively migrate to the surface of the brain and spine, and Keller is investigating the efficacy of stopping these tumor cells from migrating.

Beaverton's **West End Surgical** this year partnered with Regent Surgical Health, a national surgery center management and development company specializing in hospital and physician ambulatory surgery center (ASC) joint ventures, to develop the first surgery center in the Northwest designed to treat complex cases and procedures, focusing on total joint replacement and spine disorders.

Construction on a 15,000-square-foot, multispecialty ASC, which will feature three operating rooms and one procedure room, was slated to begin in the fall. In addition to more rooms and larger operating suites, the new **Oregon Surgical Institute** incorporates wider halls, a rehabilitation unit to accommodate post-operative physical therapy requirements and larger areas for equipment sterilization.

The Centers for Medicare & Medicaid Services (CMS) selected **Compass Oncology** as one of nearly 200 physician group practices and 17 health insurance companies to participate in a care delivery model that supports and encourages higher quality, more coordinated cancer care. Compass Oncology is the largest multispecialty medical practice in the Pacific Northwest dedicated solely to providing state-of-the-art, comprehensive care for patients with cancer or diseases of the blood. The Medicare arm of the Oncology Care Model includes more than 3,200 oncologists and will cover approximately 155,000 Medicare beneficiaries nationwide.

The Oncology Care Model encourages practices to improve care and lower costs through episode- and performance-based payments that reward high-quality patient care. The Oncology Care Model is one of the first CMS physician-led specialty care models and builds on lessons learned from other innovative programs and private-sector models. As part of this model, physician practices may receive performance-based payments for episodes of care surrounding chemotherapy administration to Medicare patients with cancer, as well as a monthly care management payment for each beneficiary.

A 2016 **Kaiser Permanente** study found that women who begin menopause before age 46 or after 55 are 25 percent more likely to develop type 2 diabetes, compared to women who had their final period between ages 46 and 55. Women who had their final period after age 55 had a 12 percent increased risk of developing diabetes. The study included more than 124,000 women enrolled in the Women's Health Initiative, a large national trial aimed at preventing disease in postmenopausal women. It was led by **Erin LeBlanc, MD, MPH**, lead author and investigator at the **Kaiser Permanente Center for Health Research**.

The **Oregon Clinic** Obstetric/Gynecology department received a \$50,000 grant from the **Portland InterHospital Physicians Association** (Portland IPA) for a pilot 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, FACOGT**.



JILL SHAW, DO, FACOGT

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. The initial pilot was completed last spring, and similar four-week sessions were offered throughout the year.

Legacy Weight and Diabetes Institute, a regional leader in bariatric surgery and weight management, partnered with Boeing to offer employees in Portland a new evidence-based weight management program. Specifically, Legacy offers on-site, group-based weight management classes as well as individualized weight loss interventions with a team of multidisciplinary professionals.

The new program is based on Legacy Weight and Diabetes Institute's *Livelt! Your Path to a Healthy Weight* – a six-month, weekly program originally developed for Legacy employees that explores the physical, mental and emotional aspects of managing weight. It is designed to help participants adopt life-long weight management skills to achieve better overall health. Classes include mindful eating, meal planning, cooking demonstrations, stress management and relaxation, healthy self-talk, physical activity and problem solving, nutrition education, examining triggers for overeating, and learning to enjoy foods while finding a calorie balance that allows for healthy weight management.

Oregon Health & Science University announced several advances this year, including a new technique that could double the success of infertility treatment. Scientists at OHSU and the Salk Institute for Biological Studies discovered it's possible to regenerate human eggs or oocytes, the cellular beginning of an embryo, by making use of genetic material that normally goes to waste. In the study, scientists successfully transplanted small cells called polar bodies from a woman's developing oocyte into the cytoplasm of a donor oocyte stripped of its nucleus.

A large-scale analysis of clinical trial data led by the **OHSU Pacific Northwest Evidence-Based Practice Center** found that cholesterol-lowering drugs help prevent heart attacks and strokes in adults with cardiovascular risk factors such as high cholesterol, high blood pressure, diabetes and smoking but have not yet had a heart attack or stroke. The analysis found that the benefits of statins also had preventive benefits for those at lower risk.

And, in other OHSU news, a team of researchers reported that adult acute lymphoblastic leukemia (ALL) patients may one day experience prolonged remission and opportunities for stem cell transplant. Research using cell and mouse models indicates that, together, dasatinib and venetoclax target both the pathway through which cancer progresses while simultaneously preventing leukemic cell survival. This research shows promise for more targeted and personalized therapies in the treatment of hematologic malignancies, though more research and clinical trial is necessary to determine whether this combination is in fact able to alter the course of Ph+ ALL in humans. ●

MSMP awards among myriad honors celebrating local medical community

Candice Barr, retired CEO of the Lane County Medical Society, and **Robert Wells, MD**, were among several tri-county area physicians and health systems honored this year for professional accomplishments ranging from innovative research and elevating standards for patient care to volunteering to serve others.



Candice Barr distributes food, sundries and gifts to homeless people who sleep at the Plaza de Armas en Querétaro, Mexico. Photo by Darryl Larson

Barr, who has served as a tireless advocate for physician wellness, received the **Medical Society of Metropolitan Portland's** 2016 Presidential Citation during its annual dinner in May. As CEO of the Lane County Medical Society for nearly 35 years, Barr's leadership helped bring about health care parity and advances on many fronts, including education, making quality health care accessible to the un-



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

deremployed and uninsured, and instituting a physician wellness program that has become a national model.

Wells, lauded for his compassion, gentle humor and humility, received MSMP's annual Rob Delf Honorarium Award during the dinner. Since 2003, he has made at least 17 trips to Guatemala as a volunteer physician to provide medical care for impoverished residents there. Wells leads a team of volunteer providers overseas each year. For the last 15 years, Wells also spent one week each year serving at the Washington Family Ranch in Antelope, Ore., a Young Life

camp that offers high school and middle school kids a weeklong camp and water-park experience.

MSMP's Medical Student Award was presented to **Kelsey Priest**, who is a dual-degree MD/PhD student in the School of Public Health. She hopes to use the skills and knowledge gained from her training to contribute to improving the interface between health delivery systems and social services, specifically for underserved populations with substance use disorders.

Priest also is involved in an OHSU project called REMEDY (Recovered Medical Equipment for the Developing World) that is part of the outreach efforts of the Association of Students for the Underserved, a group that began in 1992 and does a variety of volunteer activities such as helping provide meals and medical services for the homeless, volunteering for Habitat for Humanity, and hosting lectures on topics such as health care access and ethics.

An impressive array of area health care providers received local, state and national honors this year. The following highlights several of them:

The **Oregon Medical Association** named **Charles R. Thomas Jr., MD**, its 2016 Doctor-Citizen of the Year. The annual award honors a physician who has made outstanding contributions to the community, the practice of medicine and health care policy in Oregon.



Charles R. Thomas Jr., MD

Thomas is trained in both medical oncology and radiation oncology, and joined the faculty at **Oregon Health & Science University** in 2005 as professor and chairman of the Department of Radiation Medicine. Under his leadership, OHSU has created strong ties to small community clinics in all corners of the state, helping cancer patients in rural areas receive high-quality care. He also is an "outstanding mentor" to students and colleagues, and is committed to advancing minority students' educational opportunities, according to the OMA.

David N. Gilbert, MD, received the OMA's 2016 Patient Safety Award. The award honors the legacy of George E. Miller, MD, a pediatrician and dedicated

advocate for improving patient safety who passed away in 2007.



David N. Gilbert, MD

Gilbert is chief of the infectious diseases program at **Providence Portland Medical Center** and a professor of medicine at **OHSU**. He was director of medical education at Providence Portland for more than 35 years. He is senior editor of the Sanford Guide to Antimicrobial Therapy and the Sanford Guide to HIV/AIDS Therapy, which are updated annually and distributed worldwide.

The Oregon Health Authority's Hospital Transformation Performance Program (HTTP) report ranked **Adventist Medical Center** first out of 28 participating hospitals for its dedication to patient safety and quality of care. The ranking earned Adventist \$22.3 million for meeting or exceeding 10 out of 11 of the OHA's hospital quality improvement metrics.

HTTP was designed by OHA's Hospital Metrics Advisory Committee to measure 11 health quality metrics for Oregon hospitals participating in the continuous improvement program. From October 2013 to September 2015, Oregon hospitals were measured on transformation and patient safety improvements. The metrics were categorized into six domains: readmissions, medication safety, patient experience, health care-associated infections, behavioral health and enhanced coordination between emergency and primary care physicians.

The Portland Clinic's **Robert Sandmeier, MD**, was honored with the 2016 Physician Leader of the Year award by the **Oregon Ambulatory Surgery Center Association**. Sandmeier practices orthopedics and sports medicine at **The Portland Clinic – Tigard**. He also serves as chairman of the Judiciary Committee of the American Academy of Orthopedic Surgeons and as president of the North Pacific Orthopedic Association.

Providence Portland and **Providence St. Vincent** medical centers were awarded the "Get With the Guidelines – Gold Sustained Performance Awards" by the American Heart Association and American Stroke Association.

In addition, in the treatment of coronary

artery disease, Providence Portland received a gold award for the fifth consecutive year, while Providence St. Vincent received its fourth consecutive gold award. For the first time, three Providence community hospitals – **Providence Newberg**, **Providence Seaside** and **Providence Hood River** – received the silver performance achievement award for stroke care.

Legacy Mount Hood and **Legacy Salmon Creek Medical Center** also were recognized by the "Get With the Guidelines" program, with Legacy Mount Hood earning a Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll Elite and Legacy Salmon Creek earned the Stroke Gold Plus. In addition, **Legacy Emanuel** was recognized as a 2016 Mission: Lifeline and received a Silver Recognition Award from the American Heart Association.

Kaiser Permanente Sunnyside and **Westside Medical Centers** were two of 844 hospitals to receive an "A" ranking among the safest hospitals in the United States. The grades, announced by The Leapfrog Group, an independent patient safety watchdog group, are based on 30 measures of publicly available hospital safety data and are calculated by patient safety experts and peer-reviewed. This was the first grade assigned to Westside Medical Center since its opening in August 2013.

Frederick "Fritz" T. Fraunfelder, MD, professor emeritus of ophthalmology, is the 2016 recipient of the **OHSU School of Medicine** Dean's Award. Among the school's highest honors, the award is given in recognition of an individual who has shown commitment to the school through their volunteerism, teaching and/or philanthropic support. Prior to his accident and untimely death, Dean Emeritus Mark Richardson named Fraunfelder this year's recipient.



Frederick "Fritz" T. Fraunfelder, MD

For nearly four decades, Fraunfelder has served as a distinguished faculty member at OHSU. Chair of the Department of Ophthalmology from 1978-1997, he maintains an office at Casey Eye Institute that he founded 25 years ago. He directs the

See **AWARDS**, page 13

AWARDS, from page 12

National Registry of Drug-Induced Ocular Side Effects, a database he helped establish. Fraunfelder continues to specialize in ocular oncology and pursue research on drug-induced ocular side effects.

◆ ◆ ◆
Andrew Gunderson, PhD, was first author on a paper honored by the OHSU School of Medicine Alumni Association and presented its 2016 Postdoctoral Research Paper of the Year award to Gunderson. The paper, "Bruton's Tyrosine Kinase (BTK)-dependent immune cell crosstalk drives

pancreas cancer," proposes a new therapeutic modality for the pancreas ductal adenocarcinoma (PDA) tumor and was published in *Cancer Discovery*.

Lisa Coussens, PhD, professor and chair of cell, developmental and cancer biology, OHSU School of Medicine, and associate director of basic research at the OHSU Knight Cancer Institute, is senior author on the paper and principal investigator.

◆ ◆ ◆
 Providence announced that **Kristina Young, MD, PhD**, a **Providence Cancer Center** radiation oncologist and scientist, was recognized as one of the nation's 15 most promising young researchers by the Sidney Kimmel Foundation for Cancer Research. The Kimmel Scholar Award comes with a two-year, \$200,000 grant to further her work to harness a patient's immune system to eradicate cancer. Young is continuing research she began at Providence in her post-doctoral work on modifying the tumor microenvironment in combination with radiation to improve outcomes for patients with rectal cancer. Young serves in a joint position with The Oregon Clinic and the Robert W. Franz Cancer Research Center in the Earle A. Chiles Research Institute at Providence Cancer Center. ●



Andrew Gunderson, PhD

CONSTRUCTION, from page 10

save hospital beds for the sickest patients. "Ultimately, it's a way to help lower the cost of health care – for our patients and, in the long run, for our community," he said at the time Providence opened the CDU.

The CDU comprises the first part of the medical center's \$85 million renovation, which includes a new exterior for its main tower, upgrades to strengthen the building in an earthquake, larger patient rooms on floors six to nine, and electrical system upgrades.

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

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.

Also in September, Adventist Health Medical Group celebrated the grand opening of a new urgent care clinic at its Parkrose Medical Plaza. Adventist said the clinic will help fill the need for more urgent care options on Portland's east side.

"Our urgent care clinics are essential resources for people in and around the city who regularly visit one of our primary care providers," said **Dorane Brower**, vice president for integrated physician and health plan services at Adventist Health. "We recognize the importance for patients and community members to have access to high-quality, convenient medical care when they can't see their regular providers. Our new urgent care location helps fill that need for families and individuals in northeast Portland."

Adventist Health also operates urgent care clinics in Portland's Rockwood neighborhood and in Sandy.

Beyond urgent care, the Parkrose Medical Plaza also offers primary care services, onsite lab and imaging services, and physical therapy. In addition, the facility also houses Adventist Health's Occupational Medicine team.

"Continuity and consistency in care keeps people healthy and helps prevent chronic diseases," said **Derek Meyer, MD**, a family medicine specialist at Parkrose Medical Plaza. "As a medical group dedicated to patient wellness, having both urgent care and primary care providers working together under one roof will help us keep patients and our community healthy over the long run." ●

"Research shows antibodies could clear HIV-like infection"

"Health systems take big leap into urgent care"

"New opioid prescribing guidelines create 'more clarity' for providers"

"Primary care physician shortage being felt in Oregon"

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

From the use of "big data" to improve health care to advances in HIV research and prescribing guidelines for opioids, *The Portland Physician Scribe* covered an array of significant issues and advances in 2016.

To revisit the news stories and features *The Scribe* covered this year – including the diverse ways providers give back to the community and enjoy their off hours – please visit MSMP.org and click on the publications tab.



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Study: Possible new target for treating, preventing Alzheimer's

A new scientific discovery may provide a future avenue to treat and prevent Alzheimer's disease. A study published Nov. 28 in the journal *JAMA Neurology* examined aquaporin-4, a type of membrane protein in the brain. Using brains donated for scientific research, **Oregon Health & Science University** researchers discovered a correlation between the prevalence of aquaporin-4 among older people who did not have Alzheimer's compared to those who had the disease.

"It suggests that aquaporin-4 might be a useful target in preventing and treating Alzheimer's disease," said senior author **Jeffrey Iliff, PhD**, an assistant professor in the Department of Anesthesiology and Perioperative Medicine in the OHSU School of Medicine. "However, we aren't under any illusion that if we could just fix this one thing, then we'd be able to cure Alzheimer's disease."

Alzheimer's, the leading cause of dementia worldwide and the sixth leading cause of death in the United States, has no known cure but there are treatments for some symptoms. Aquaporin-4 is a key part of a brain-wide network of channels, known as the glymphatic system, that permits cerebral-spinal fluid from outside the brain to wash away proteins such as amyloid and tau that build up within the brain. These proteins tend to accumulate in the brains of some people with Alzheimer's, which may play a role in destroying nerve cells in the brain over time.

Researchers found that in the brains of younger people and older people without Alzheimer's, the aquaporin-4 protein was well organized, lining the blood vessels of the brain. However, within the brains of people with Alzheimer's, the aquaporin-4 protein appeared disorganized, which may reflect an inability of these brains to efficiently clear away wastes like amyloid beta. The study concluded that future research focusing on aquaporin-4 – either through its form or function – may lead to medication to treat or prevent Alzheimer's.

In 2015, a multidisciplinary team of OHSU scientists led by Iliff was awarded a \$1.4 million Paul G. Allen Family Foundation grant to develop new MRI-based imaging techniques to see these processes in the aging human brain for the first time.

In addition to Iliff, co-authors included **Douglas M. Zeppenfeld**; **Matthew Simon**, **J. Douglas Haswell** and **Daryl D'Abreo** of the OHSU Department of Anesthesiology and Perioperative Medicine; **Charles Murchison**, **Joseph F. Quinn, MD** and **Jeffrey Kaye, MD**, of the OHSU Department of Neurology; and **Marjorie R. Grafe, MD, PhD**, and **Randall L. Woltjer, MD, PhD**, of the Department of Pathology.

Providence, Shriners join forces to expand children's orthopedic care



Pictured are Providence St. Vincent Children's Emergency Department nurses and technicians. Standing to the right is Adam Pelzl, RN, nurse manager of the Children's Emergency Department at Providence St. Vincent. Heather Kong, MD, with Shriners Hospitals for Children – Portland is seeing children in the outpatient clinic at Providence St. Vincent.

Photo courtesy of Providence Health & Services

A collaboration between **Providence Children's Health** and **Shriners Hospitals for Children – Portland** has expanded pediatric orthopedic services.

Pediatric orthopedic surgeons from The Portland Shriners Hospital are also now embedded in Providence Pediatric Orthopedics, located at Providence St. Vincent Medical Center, according to a recent announcement. These teams care for muscle, bone and joint concerns in newborns, children and teens. This includes care in the Children's Emergency Department, surgery, hospital and outpatient clinic.

Caring for children's growing bones requires a "specialized approach," said **Resa Bradeen, MD**, senior medical director with Providence Children's Health. "This collaboration brings experts together to offer the best care for children and their families."

The Portland Shriners Hospital is recognized internationally for expertise in pediatric orthopedics. Partnering with caregivers on the Providence St. Vincent campus further expands seamless care for the tens of thousands of children Providence serves each year. It also supports and strengthens the organizations' commitment to provide compassionate care through service to others, according to the announcement.

Plan aims end new HIV infections in state

Oregon this month launched an initiative to end new HIV infections in the state, introducing a five-year plan focused on testing, prevention and treatment. The initiative, called **End HIV Oregon**, aims to eliminate all new HIV infections and to provide people living with HIV access to high-quality care, free from stigma and discrimination. The **Oregon Health Authority** will lead the effort, partnering with local health departments and HIV prevention advocacy organizations, according to a news release.

Public health officials say the End HIV Oregon initiative's first year will be crucial to the effort. Oregon will increase the proportion of people who test for HIV by implementing statewide early intervention services that link newly diagnosed people to HIV medical care and quickly get their partners tested for HIV. There also will be a focus on increasing collaborations among local public health departments, coordinated care organizations,

private health systems and partners such as AIDS Education and Training Center to increase testing in health care settings. Grants will be used to support strategies that promote culturally competent testing to underserved and other priority communities.

OHA will maintain prevention programs and initiate activities specific to pre-exposure prophylaxis (PrEP), including improving channels through which the drug is provided to those most in need, and increasing health care providers' assessment capacity to prescribe PrEP. In addition, the agency will partner with community-based agencies to educate individuals who could most benefit from PrEP and help them navigate services.

Oregon will support treatment as a prevention method by continuing to deliver programs that support access to and retention in HIV medical care. Activities include developing enhanced case management and patient navigation services statewide; increasing housing subsidies and support for people living with HIV who are homeless; and developing peer support programs to support long-term

medication adherence.

The initiative was unveiled on World AIDS Day, held Dec. 1 and designed as an opportunity for people worldwide to unite in the fight against HIV, show support for people living with HIV and remember those who died.

Oregon receives \$6M for health care education, training

Oregon Sens. Ron Wyden and Jeff Merkley announced that the U.S. Department of Labor has awarded \$6 million to help educate and train people for jobs in Oregon's growing health care industry. The grant, awarded to Worksystems Inc., is part of **America's Promise**, which helps cover education and training costs for workers looking for middle- to high-skill jobs in high-demand industries, such as health care and information technology.

The funding will be used to launch NW Promise, a collaboration between Worksystems, Clackamas Workforce Partnership, Workforce Southwest Washington, the five biggest health care organizations in the Pacific Northwest and labor groups, to prepare local workers for health care jobs.

The NW Promise partnership is designed to respond to the high demand for a diverse pool of health care workers and delivery of culturally competent care for patients in Oregon and southwest Washington. The funding will support health care career education and training for more than 800 people of color, immigrants and people with disabilities.

Providence Telestroke Network grows to 20

The **Providence Telestroke Network** has grown to 20 hospitals in Oregon and Washington with the recent addition of PeaceHealth St. John Medical Center, promising stroke patients in Longview, Wash., faster treatment when every second counts.

The network connects Portland-based stroke neurologists with doctors in community hospitals and allows them to diagnose and treat stroke patients as soon as they arrive in the emergency department. From Portland, using two-way video cameras over a secure internet connection, **Providence Stroke Center** neurologists can review patient information, and examine and talk with the patient, family members and clinicians to determine the best treatment.

"Providence Telestroke Network is an important lifeline to hospitals in Oregon's small and medium-sized communities that do not have stroke neurologists who can staff the emergency department around the clock," said **Mike Schmitt**, executive director of the **Providence Brain and Spine Institute**.

Providence's team of 14 stroke neurologists who consult via the telestroke network are available to treat patients 24 hours a day, seven days a week.



Physician, spouse grow award-winning boutique winery

By John Rumler
For The Scribe

Frank Calcagno, MD, graduated from the Oregon Health & Science University School of Medicine and, after completing his pediatrics residency at Kaiser Permanente in Oakland, Calif., joined Calcagno Pediatrics in Gresham in 1999. Earlier this year, he became sole owner.

"I like caring for children and most childhood illnesses are treatable or preventable, which makes medicine more rewarding," he says. "If I can have a positive impact on a child and help their parents understand healthy living, then I feel like I'm making a difference."

The son of Italian immigrants, Calcagno inherited a strong work ethic and was goal and achievement oriented early on. He wanted to be a doctor from around age 6.

Calcagno and his wife Kristi lived in the San Francisco Bay area during his residency. What little free time they had was spent in Napa Valley. "We both fell in love with wine and met a lot of amazing people who shared their experiences in the wine businesses with us," Frank says. "I am naturally attracted to vineyards, having farmed for several years."

After returning to Oregon in 2000, the couple attempted making pinot noir; although they were not successful, they

learned. After re-grouping, in 2012 they began buying fruit from high-quality growers in Yakima and hired Rolando Herrera, an accomplished winemaker from Napa. Also, Kristi completed a graduate program in wine business management at Sonoma State University.

This time around, even though it was a challenging time, they were pleased with the results, Frank says. "We had 18-month-old twins, we were both working full time and the economy was recovering slowly," he recalls. "We were able to start up only by taking over some fruit and barrel orders that other wineries were struggling to pay for."

Their going concern, Calcagno Cellars, buys grapes from two well-known growers, Two Blondes Vineyard and Sheridan Vineyard, both in Zillah, Wash. They do the crushing (destemming) and fermentation in their winemaker's facility as they are renovating a building in downtown Troutdale for the wine production business.

Most of Frank's family had farmed, so he grew up in the midst of it. "I started working on their farms at a very young age," he says. "I got to know the Italian families in town, as during the summers I made deliveries to United Salad and all the major grocers." While still in high school, Frank farmed 3 acres his parents owned across the street from their house, growing mint,

parsley and corn and rotating several other crops he sold to United Salad and Fred Meyer. He continued this through college and it helped pay for his education.

For their first effort at making wine, the Calcagnos picked pinot noir, a notoriously temperamental grape, so the second time around, they considered the Bordeaux-style varietals such as cabernet sauvignon, cabernet franc, petit verdot, malbec and merlot. Since those varieties don't typically grow well in the Willamette Valley, they decided to use eastern Washington fruit.

While Frank's degrees in biology and chemistry enabled him to grasp the fundamentals of the growing and fermentation process, he acknowledges that making high-quality wines is a completely different concept. "That education was so long ago, I can't believe how little I actually remember," he says with a laugh.

Passionate and determined

Calcagno Cellars makes around 600 cases per year. The grapes come from vineyards that only yield about 2.5 tons per acre (compared to larger-scale vineyards that produce 5 tons or more per acre). This means the quality and concentration of flavors are very high and the fruit is more expensive, the Calcagnos say.

The grapes are handpicked and hand sorted prior to going into the de-stemmer, and the Calcagnos use 65 percent new oak in each vintage. The wine bottles are manufactured in Longview, Wash. and the labels are made in Lake Oswego. Both the paper labels and the corks are FSC (Forest Stewardship Council) certified.

The Calcagnos released their first vintage in 2012 and in 2017 they will celebrate their sixth. They've made a cabernet every year; in 2012, they also made a cab franc. In 2014, they added malbec and they will start making merlot next year.

They have built a loyal customer base through private wine tastings, and keep people informed through emails, a website and Facebook page. Their wines are available at a Cena Ristorante (Sellwood), Morton's (downtown Portland) and Boccelli's Ristorante (Gresham), and they also sell via the internet.



Frank Calcagno, MD, and his wife Kristi run an area winery that has won awards for its products. Frank grew up in a family with farmers, and had farmed himself prior to making wine. They've launched two wine brands and plan to start a third.

Photos courtesy of Frank and Kristi Calcagno

This past June, two of their wines won bronze medals at the prestigious Sunset International Wine Competition. They also launched a second wine brand last summer, River Trails, which pays tribute to historic Columbia River Gorge communities. "You'll see some white wines and non-Bordeaux reds emerge in this brand," says Kristi.

After getting the production side of the business up and running, the Calcagnos' plans include starting a vineyard in eastern Washington, and down the road a bit further, they will develop a third wine brand in Napa.

"All of this takes time, effort and money, which is why my wife and I still work our day jobs full time," Frank says.

Herrera has been making fine wines for more than 30 years and manages an annual production of upwards of 30,000 cases from his headquarters in Napa. "It's an honor to have the opportunity to work for Frankie and Kristi," he said. "They're both successful in other careers and they only are in the wine business because they are so passionate about it."

In spite of the romance surrounding the making of fine wines, Herrera said that it was incredibly hard work and it also required a large capital investment.

"The Calcagnos have sophisticated palates and a deep appreciation of wines. I believe that they would be very successful at anything they attempted because they are so passionate and so determined." ●

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SCHOOL PROGRAM, from page 1

their education even while they're in the hospital. White said a morning session tends to focus on group instruction in fairly standard content areas such as math, English, language arts and science. In the afternoon, sessions are aimed at connecting students back to the "real world" of school, White said, which entails, in part, reaching out to students' respective schools to have their homework and lessons sent in. The program also offers breakout sessions for individuals who might benefit from a little extra support.

Reaching out to the schools to help students transition back into the classroom has been a big focus for the program, White said. Earlier, hospitals relied on parents to be the main liaison with schools, but now the hospitals and schools are connecting more directly.

"Schools are surprisingly excited to get our contact in the first place," White said. "We have found high levels of engagement on both sides, and that's important to me. Reaching out to the schools and districts, and building relationships, helps ensure that these kids can all be successful at school. There's a widespread, universal belief in that."

'A major move'

Zaire Wellman was a junior in high school who found himself under an intense amount of stress at home and at school. He was in a competitive, college preparatory high school that was "demanding, very cutthroat and had high expectations for students to go to college."

"Reaching out to the schools and districts, and **building relationships, helps ensure that these kids can all be successful** at school. There's a widespread, universal belief in that."

– Educator Ben White

"This conflicted with my upbringing, because no one in my family had been to college," he said. "But growing up the way I did, I had a real hunger for success and a drive to do good, to do better."

At one point, the pressure of school, along with some challenges at home, became too much for Wellman to bear. He attempted suicide, but ended up at Randall in the adolescent psychiatric unit – and in the hospital school program. At first, it didn't go well.

"I didn't like the environment," he said. "To recover from being in a school environment, in a school environment... I was really anxious and intimidated the first day."

But as the hours passed, then the first few days, Wellman came to feel more comfortable, especially once he connected with others in the room who were dealing with some of the same challenges that he'd confronted.

"It was really a pleasant experience," he said.

That's not to say that tran-



Ben White, a teacher with the Randall Hospital School Program, talks with student Zaire Wellman. The longtime program, at Randall Children's Hospital at Legacy Emanuel, serves children and adolescents admitted to the hospital who are coping with depression, grief and loss, aggressive behavior and other issues. The program recently ramped up its academic component and is placing a focus on transitioning youth back into their school and home settings.

Photos courtesy of Legacy Health

sitioning back to his school, which he ended up doing, was easy. And it happened a few years ago, before the program stepped up its focus on the transition back into school and home life, which might have made it even tougher. Still, Wellman persevered. Today, he's 21 and a freshman at the Pacific Northwest College of Art. He still has some anxiety and depression, but every day he does his best to work through it, a large part of which he does through his art.

White said strengthening the education program at Legacy even more is something he'd like to see – and that he's probably going to see in the near future. In

early January, the adolescent psychiatric unit is moving into the **Unity Center for Behavioral Health**, a new center for psychiatric care in Northeast Portland. The center is the result of a collaboration between **Legacy, Adventist Health, Kaiser Permanente** and **Oregon Health & Science University** that aims to offer better care and services for patients experiencing mental health crises. The move alone will grow the number of beds for adolescents from 16 to 22 and possibly add to White's team.

"It's a major move for mental health in the city," White said. "It's a great spot for this." ●



Zaire Wellman works at a computer in the hospital's school room. Art helps Wellman, a student at Pacific Northwest College of Art, navigate his anxiety and stress.

Both pieces below were created by Zaire Wellman.



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LEGISLATIVE SESSION, from page 1

Program contains vital information for caring for patients, but in its previous form was cumbersome and time-consuming to use, especially in EDs, said emergency physician **Sharon Meieran, MD, JD**, who promoted passage of the 2016 bill. The legislation allowed database information to be pulled into the EDIE report so that providers caring for a patient have the information in real time, as they are caring for the patient, she said.

The bill also allows pharmacists to prescribe and dispense naloxone, an opioid antagonist that reverses narcotics overdoses and has saved many lives since a 2013 statute allowed trained laypeople to administer the drug.

Two other physicians, **Rep. Knute Buehler, MD**, R-Bend, and **Sen. Elizabeth Steiner Hayward, MD**, D-Portland, co-sponsored the legislation, House Bill 4124, and it passed both chambers unanimously and was signed by the governor into law.

Dresser said OMA's other priorities for the 2017 Legislature will depend in part on requests received from members and in response to bills that are submitted by others in December and January for consideration during the session.

One focus, though, will be tobacco control. The OMA is working with a coalition to raise the age to 21 for access to vaping products, and to promote a tax on those products. She pointed out that the federal government has not approved vaping as a smoking-cessation device, and many studies show it can lead young people to take up cigarette smoking.

Another issue that will continue to receive OMA's attention is attracting and retaining more providers in rural and underserved areas of the state. The association was able to get two rural health-related bills passed this year: a fix to the **Rural Provider Tax Credit** and funding for the **Medicaid Primary Care Loan Repayment Program**.

The OMA and other stakeholders also collaborated to defeat the Oregon Trial Lawyers Association's effort to triple the cap on noneconomic damages in wrongful death cases from \$500,000 to \$1.5 million. The bill passed the House but never received a hearing or a vote in the Senate.

"We have been successful in stopping that each session," Dresser said. The OMA's main concern is that an increase of that degree could lead to further problems for access to care for some patients, especially in rural Oregon and those in need of specialists. She pointed out that Oregon's cap of \$500,000 is set high compared with large states such as California and Texas, each of which cap noneconomic damages at \$250,000. The cap in Oregon is only for noneconomic damages such as pain and suffering, not for economic damages.

"Economic damages are not capped, and we do not advocate for them" to be, she said.

Hospitals call for legislative action

According to the state's political leaders, the overriding issue lawmakers will face in the coming session revolves around the state's budget shortfall. Acknowledging that barrier, Dresser said continued health care transformation and funding of coordinated care organizations will depend heavily on whether the Centers for Medicare & Medicaid Services approves Oregon's Medicaid waiver request for renewal, which would take effect in July 2017. The questions surrounding the future of the Affordable Care Act under the Trump administration also will play a big role in CCOs' future.

The hospital industry also has high stakes in the coming Legislature. The presidential election results raise "serious questions concerning the ability to continue Oregon's health care transformation efforts," said **Andy Davidson**, president and CEO of the **Oregon Association of Hospitals and Health Systems**. He said the failure of Measure 97 to pass and the discussion nationally about substantial changes to the ACA present "a monumental challenge" facing the Oregon Health Plan for the 2017-2019 biennium and beyond.

"As such, we strongly encourage the governor and Legislature to come together to build a realistic model to appropriately fund the Medicaid program," which he noted provides coverage for more than 1 million Oregonians, or 25 percent of the state's population.

"In the absence of a frank conversation about what we can afford in Oregon and the challenges facing the ACA at the federal level, we risk our collective progress on health care transformation," Davidson said.

Since 2004, hospitals in the state have accepted a tax on themselves to help ensure the Oregon Health Plan's sustainability. He said the tax generates 23 percent of the total money spent on the OHP.

Davidson said that although the election results "create more questions than answers, we stand ready to partner with all state officials, legislative leaders and stakeholders to find a viable solution for Oregon's Medicaid program." ●

EHR WORKFLOWS, from page 9

- What devices such as trackers, kiosks or EKGs connect directly to the EHR to decrease manual entry?
- What inbound interfaces can be set up to accept ADT data, structured data from other physicians or vaccine registries?
- What type of remote access capabilities – such as smartphone or tablet apps or web-based accessibility – are available to complete tasks without being tied to the office?

Maximizing workflow to minimize work time

Ultimately, when an EHR system is optimized, physicians can focus their time on caring for patients and maintaining a good work-life balance.

Take the example of Michael Little, MD, a pediatrician in Clinton Township, Mich. Dr. Little was staying at his practice until late at night to enter data due to an inefficient EHR system that caused him to take notes by hand and then enter them

manually into the EHR. By working with an outside consultant to redesign workflows, optimize templates and complete a HIPAA analysis, Dr. Little reduced the amount of time he spent entering data from 30 minutes per patient to 2 to 3 minutes. He now has more direct face-to-face interactions with his patients and no longer stays late to update his charts, providing him more time at home with his wife and small children. ●

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The guidelines suggested here are not rules, do not constitute legal advice and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each health care provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

Fisher honored by Hall of Fame

William Fisher, MD, of Portland was among the first people inducted into the new Nurse Practitioners of Oregon (NPO) Hall of Fame.

Fisher was a family practice physician who actively promoted cooperation between Oregon's doctors and nurse practitioners. In the 1970s, he helped organize a joint task force to improve teamwork and communication between physicians, nurse practitioners and physician assistants and worked closely with NPO to advocate

for independent NP practice. Fisher is a posthumous honoree.

The NPO Hall of Fame was established in 2016 to commemorate nurse practitioners and advocates who have made significant contributions to advanced nursing practice in Oregon. The Hall of Fame's unveiling ceremony took place at the Oregon Nurses Association as part of local and national celebrations held during National Nurse Practitioner Week Nov. 13–19. ●

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