MEDICAL SOCIETY OF METROPOLITAN PORTLAND

# The Scribe

*A publication of the Medical Society of Metropolitan Portland*

## Global Impact

OHSU training program prepares health care providers for overseas volunteer service.

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OHSU expert among speakers at pain management conference, which focused on helping clinicians select alternatives to opioids for patients with complex chronic pain.

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INSIDE



*Serving the Portland-area Medical Community Since 1884* www.MSMP.org March 2017

# Rob Delf Jr. remembered as trusted friend, admired leader with keen intellect

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

Members of the medical community mourn the passing of **Robert B. Delf Jr.**, who served for three decades in leadership positions at the Medical Society of Metropolitan Portland.

Delf, who had been in failing health in recent years, passed away Feb. 14. He was 73. He served MSMP from 1982 until his retirement in December 2011. He had been executive director since 1996, and was associate executive director and chief operating officer for most of the previous years he was with the society.

A certified association executive who held a master's degree in public administration, Delf brought many innovative services to the medical community during his long tenure. These included co-founding or leading the growth of the Metropolitan Medical Foundation of Oregon, which awards grants to community health projects; and DOCS, or Doctors Offering Community Service, a program that formalized a volunteer physician network and evolved to become Project Access NOW.

Delf served on numerous health care committees for Multnomah County and the state. Representing clinics and physicians, he played a key role in MSMP's participation in the Northwest Oregon Health Preparedness Organization Region 1, and in the acquisition of federal grants, both intended to help medical offices prepare for health or medical emergencies.


"Rob Delf was a deeply committed and highly regarded medical executive who was beloved locally and admired statewide for his work on behalf of physicians," said Candice Barr, former CEO of the Lane County Medical Society, whose tenure from 1982 to 2016 almost coincided with Delf's. "Rob was significantly involved in public health issues, specifically disaster preparedness. He attracted hundreds of thousands of preparedness dollars to the tri-county area and worked tirelessly to create programs that would keep medical practices open and patients cared for in the event of a disaster."

Under his leadership, MSMP created a physician credentialing service, which relieved physicians of having to fill out forms from numerous entities. Paula Purdy, director of operations for MSMP's Medical Society Services Inc. and the society's longest-serving employee, said Delf had a knack for seeing physicians' needs and filling those in creative ways. MSMP often would get the ball rolling by starting a program and then later turning it over to another entity to run full time, she said.

"Rob was very instrumental in helping us start the Medical Society Staffing service's temporary and temp-to-hire program," Purdy said. Delf also supervised the transition and sale of Physicians' Answering Service, founded in 1927 by MSMP and owned and operated by MSMP until 1998.

Delf assisted in creating *The Portland Physician Scribe* newspaper in 1983, as a benefit to MSMP members and for community subscribers. He also oversaw the sale of the old MSMP headquarters building on Southwest Kelly Avenue in 2005, when the market was at a peak.

Colin Cave, MD, who served as MSMP president in 2000, said that at the time he assumed office, the organization "had an often contentious relationship with" the Oregon Medical Association, and was experiencing financial trouble. In a few short years, Delf "turned that around," forging a partnership with OMA and turning a deficit into "a comfortable surplus. That was all Rob's doing."

Cave called Delf "a loyal and trusted friend, a consummate professional and a mentor to me." In addition, "Rob cared greatly about the community in which he lived, and he was passionate about supporting physicians in their work."

Retired longtime OMA executives Robert L. Dernedde and James Kronenberg, who knew Delf for much of his time at MSMP, concurred.

"Rob was exceptionally loyal to the medical society and I enjoyed our friendship," said Dernedde. "He worked very hard to assure the medical society fulfilled its mission, and the membership responded to him very well."

> "His smile, laugh, righteous indignation, quirkiness and unwavering support are treasures that will always stay with me. **Rob cared and thought deeply.** He loved to push boundaries and was always **full of surprises.** In the end, he leaves us with a **legacy of concern for people** and a pragmatism that made things happen."
>
> *–Linda Nilsen, executive director of Project Access NOW*

"I really enjoyed Rob's cynical and acerbic wit," said Kronenberg. "He was a very funny guy. Although he joked a great deal, he really cared about his job and the physicians. His keen intellect and analytical mind served him and his constituents very well."

"Rob was a consummate gentleman, a professional who believed in professionalism in his personal and public conduct," said Nathan Kemalyan, MD, 2006 MSMP president. "There was never a question where his loyalties lay: with the medical community of the greater Portland metro area and the staff of the medical society."

"He was an innovative, if quirky and thoroughly charming, colleague," observed Donald E. Girard, MD, MSMP president in 2002. "Behind that bearded grin there was always something brewing. He was receptive, attentive and dedicated to the society."

Linda Nilsen, executive director of Project Access NOW, whom Delf recruited to launch that organization, said: "Rob has left his mark on our community in many ways. His smile, laugh, righteous indignation, quirkiness and unwavering

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## NOTE TO OUR READERS

Welcome to the electronic version of *The Scribe* newspaper. Please make note of some of the interactive features of this publication. Articles that jump between pages have hyperlinks on the continuation line for your convenience. We have also linked advertisements and other web references to their respective websites.

You can double-click the page to zoom in or out, and grab and drag when zoomed in, to navigate around.

If you would prefer a print version of this paper, we encourage you to subscribe by calling 503-222-9977 or emailing *Janine@MSMP.org*.

We welcome your feedback, and appreciate your readership.

***Thank you.***

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March 30, 2017

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*"Connecting Physicians in Community"*



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Ph 503-222-9977 Fax 503-222-3164
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## APPLY TODAY

BATTLE OF THE DOCTOR BANDS

**Face-melting guitar, uplifting harmonies, thoughtful lyrics and visceral beats.**

***Does your band possess these star qualities? If yes, we want you!***

MSMP is looking for outstanding doctor bands to participate in our upcoming Battle of the Doctor Bands on June 15 at McMenamins Lola's Room at the Crystal.

The only criteria for submitting an application is that one member of the band must be a member of MSMP.

If you would like to battle with the best, log on to *www.MSMP.org/Battle-of-the-Doctor-Bands* to complete the application.

The deadline to apply is April 10.

For more information, contact *Janine@MSMP.org*.

## MSMP 133rd Annual Meeting

**Tuesday, May 2, 6:30 – 8:30 p.m.**
**The Benson Hotel, Portland**

The Medical Society of Metropolitan Portland invites you to join us and our distinguished guest speaker, **John Kitzhaber, MD**, as we discuss the effects on physician practices, clinics and patient care due to changing health care policy.

*MSMP members and one guest complimentary.*
*Advance registration is required; visit www.MSMP.org/events.*

## Advanced HIPAA Compliance and OSHA Training

**Wed., April 19, 1 – 4 p.m.**
**MSMP first floor conference room**

This course is recommended by the ONC, OCR and AHIMA, and includes both HIPAA and OSHA learning objectives.

The cost is $75 for MSMP members and their staff. For more information or to register, visit *www.MSMP.org/Education*.

## Medical Student Award nominations needed

MSMP is pleased to introduce our third annual Medical Student Award, paying tribute to a medical student who embodies our mission to create the best environment in which to care for patients.

We are looking for a student who displays professional knowledge, skill, judgment, mentorship and compassion, strong community involvement and strives for wellness to meet the highest standards of service.

If you would like to recognize a student member who has shown these attributes, please visit *www.MSMP.org/Student-Section* and complete a nomination form. Nominations must be submitted by April 4.

## WELCOME our newest MSMP members!

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# OHSU program makes impact on health care across world

Photo courtesy of The Anthill Foundation

**By John Rumler**
*For The Scribe*

About a dozen years ago, **Andy Harris, MD**, was staffing an eye clinic at a remote mission hospital in Sierra Leone when a local village man, in an act of desperation, thrust his comatose son into his arms.

"The father knew I was an American doctor," Harris recalls. "He didn't know or care about my limited pediatric training in medical school 35 years earlier."

It became evident to Harris that he would need a refresher course to brush up on a wide range of medical skills to be prepared to help in similar situations as he continued to volunteer his services in impoverished areas of the world.

Realizing that a number of other doctors would likely be in the same boat, he made an exhaustive search of resources for physicians who desired retraining. Harris found no clear solution.

**Diane Elliot, MD, has volunteered to treat patients in Haiti (above) and Uganda (top right) and plans future trips to Guatemala and Haiti. She says the knowledge and skills she gained through the Professionals' Training in Global Health program were invaluable in preparing her to treat patients overseas.** *Photo courtesy of The Chance to Dream*

Feeling that he was not alone, he surveyed Oregon physicians about starting a global health course at OHSU, and upwards of 400 physicians responded positively. He began piecing together a unique curriculum and in 2007 created OHSU's **Global Health Center** and the 10-week **Professionals' Training in Global Health** (PTGH) course. At the same time Harris became the program's coordinator, he was also one of its six students.

"I founded PTGH to get myself trained for working overseas," Harris states. "Although I had performed eye surgery in several countries, my primary care skills were quite limited, especially for working in the tropics."

Since Harris launched the course, 142 graduates – MDs, DOs, RNs, NPs, PAs and dentists among them – have served on hundreds of medical missions in 51 countries, with the most frequent destinations being Uganda, Haiti, Nepal, Kenya, Ethiopia, the Philippines, Guatemala, Peru and Rwanda.

After working as a nurse and nurse practitioner for 13 years, **Kathy Crispell, MD**, became a cardiologist and worked her way up to becoming chief medical officer and chief of staff at Kaiser Sunnyside Medical Center. After completing the PTGH course, Crispell went to Myanmar with a team from OHSU's Casey Eye Institute where she focused primarily on improving the treatment of hypertension and diabetes. She can't wait to go on another mission, this time to refugee camps in Asia or Africa.

"It was a fabulous experience and a privilege being part of a team trying to improve the health care there," Crispell says. "The best part for me was the interaction with people there and experiencing their culture."

Over the decade, PTGH has been updated and now includes a Global Health Fair where representatives of 10 to 12 nonprofit, medical organizations make presentations about the scope of their mission.

New additions to the curriculum include instruction on ultrasound, which has become a go-to diagnostic modality, especially where X-rays are unavailable, and classes on organization and management because, Harris says, there is such a dire need overseas, from small, local hospitals to regional medical centers.

Also, more "hands-on" practicums have been added, including suturing, intubation, splinting and casting, regional block anesthesia, management of shoulder dystocia and breech deliveries.

Associate professor of diagnostic radiology at OHSU, **Mark Kettler, MD**, relished the opportunity to learn more about exotic diseases afflicting children and adults in underdeveloped countries and being a part of a diverse learning cohort. "One of my goals was to learn something about the role for basic imaging such as radiography and ultrasound in underdeveloped countries and populations."

The only radiologist who's completed the PTGH course (in 2015), Kettler spent two weeks teaching radiology residents and faculty at Ayder Hospital in Mekele, Ethiopia, where he was the only radiologist on a team of 15 OHSU and Kaiser providers. He also was a visiting professor at the Siriraj Hospital in Bangkok, Thailand, and hopes to serve again in Africa, Southeast Asia and Latin America.

Kettler says he gained a broader perspective of the imaging needs in delivering global health, and is now leading a PTGH session in interpreting radiography. He also is an instructor in the new ultrasound practicum.

Most PTGH trainees come from Oregon and Washington. However, a handful have come from California, Arizona, New Mexico and even as far away as Alaska, flying in once a week.

Harris has assisted several other institutions in setting up courses on global health, but the programs require students to come full time for up to eight weeks, making it difficult for practitioners who work either full time or part time.

"Our intent in designing PTGH was to make the course accessible to health professionals working full time and part time by scheduling classes just two days a week for eight weeks," he said. "In fact, one-third of our attendees work full time and one-third work part time by rearranging their calendars."

**Diane Elliot, MD**, a professor of medicine at OHSU, is equally active in research and teaching. She also has a primary care and sports medicine practice that she's recently cut back on to allow her to do overseas volunteer service.

Brand new to volunteering in low-income countries, Elliot wanted to increase her knowledge and skills. She was eager to talk with doctors who had experience in poor, isolated settings so she took the PTGH course.

"It's comprehensive – covering everything from amebiasis to zinc supplements and lots of topics related to pediatrics, which helped me prepare for caring for children, and tropical diseases that I don't encounter in Oregon," Elliot says.

She raved about the quality of the instructors. "They all shared their personal experiences and their enthusiasm for serving in these settings, in addition to their content expertise." Elliot has now completed missions in Haiti and Uganda, each with a team of about seven providers, medical assistants, pharmacists and others.

"Each provider would see about 50 to 60 patients a day – children, adults, families," Elliot says. "We also made house calls on those who couldn't come to the clinics."

In Haiti, volunteers stayed with missionaries and rode in the back of a truck to the clinic located in a remote village school. In Uganda, they stayed in a home and walked to one clinic, and also stayed in a hotel and rode in a van to a medical camp, a local clinic and a hospital.

Already planning return visits to both Guatemala and Haiti, Elliot says she wants to do more direct patient care where she can be of most service and get to know the culture and communities. "In each site, I have made lasting connections to the people. It's much more than a one-time experience, I am staying in touch and continuing to help the communities following the visits."

It's obvious that Elliot, Kettler and other PTGH grads are making a difference and filling a great void by volunteering, but there is still a huge mountain of unmet need. According to the World Health Organization, the density of physicians ranges from 20.4 in the Americas to 33.3 in Europe and just 2.2 per 10,000 in the African region.

Harris, who plans to retire from OHSU at the end of 2017, says he's looking for someone with international experience and organizational skills to lead the program. "My biggest hope is that the PTGH will continue to innovate and grow," he says.

"Andy is quite an inspiration," says Crispell. "I greatly appreciate the learning opportunities his course offers as well as the chance to network with people and organizations who provide global health care." ■

OHSU's Professionals' Training in Global Health course is offered Thursdays and Fridays each fall, with enrollment limited to 25 students per class. This year's course will be held Sept. 14 – Nov. 3.

*For more information contact Andy Harris at andyharrismd@comcast.net or visit www.ohsu.edu/global.*

# Marr lands prestigious opportunity to push neuroscience forward

**By Jon Bell**
*For The Scribe*

Photo courtesy of OHSU

**OHSU medical student Mollie Marr, who is studying neuroscience, recently was selected by the Society for Neuroscience to be an Early Career Policy Ambassador. The prestigious program teaches graduate students, MDs and PhDs to be effective advocates for science and to engage others to do the same.**

**Mollie Marr** was just about to graduate from New York University after four years of studying theater and psychology when she had a revelation: To her, neuroscience suddenly seemed much more interesting and engaging than theater.

"It was one of those . . . moments when it's kind of the wrong time to decide you want to do something different with your life," she said. "I was graduating, I had a ton of debt, I was going to basically have to repeat my entire undergraduate work. But that's what I wanted to do."

To make sure medicine was really what she wanted to get into, Marr found a volunteer position at a hospital an hour away from where she lived. Her shift in the emergency room started at 8 a.m. every Saturday, which meant rising early and no hanging out late the night before.

"I wanted to make it as hard as possible so I could make sure," Marr said. "If, in a month, I started just sleeping in, then I knew there was no way I'd be doing pre-med."

But it turned out that Marr loved it and even ended up going in an hour early to do pre-rounding work with the residents. In all, she logged more than 1,000 volunteer hours and was exposed, she said, to a "beautiful blend" of clinical medicine and research.

Fast-forward through the pre-med program at Hunter College, which she completed in 2010, and Marr has just wrapped up her second year of medical school at **Oregon Health & Science University**, a school she chose in part because of its unique behavioral neuroscience program. She's also just been selected by the **Society for Neuroscience** to be an **Early Career Policy Ambassador**, a rare and prestigious opportunity aimed at teaching graduate students, MDs and PhDs how to advocate for science.

"I never expected to get it," said Marr, "but it's perfect and I'm super excited."

Through the year-long program, Marr and other ambassadors participate in the SfN's Capitol Hill Day, where they meet with policymakers to "discuss advances in the field of neuroscience, share the economic and public health benefits of investment in biomedical research and make the case for strong national investment in scientific research," according to information from the society. This year's Capitol Hill Day takes place March 23 in Washington, D.C.

After that experience, ambassadors engage in two "advocacy-related events at their home institution during the 2017–18 academic year," according to information from OHSU. For Marr, that will mean organizing an "Advocacy Bootcamp" for medical and grad students at OHSU to help them identify their scientific passions, develop their voices, craft messages and identify opportunities for action. Her second effort will be to organize a policy night open to students, researchers and faculty and featuring speakers.

"Ideally," Marr wrote in her application, "it will provide opportunities for students to meet with researchers and leaders outside of their lab and learn more about opportunities within the community."

Marr's specific interest in neuroscience revolves around developmental psychopathology, particularly how exposure to trauma affects brain development in children and young adults. She said much of the research in that area comes from diagnostic work done on adult male veterans who've been involved in combat situations.

"How kids react to trauma in their lives is going to be a different reaction and have different effects on the brain than someone shooting at you from across a field," Marr said. "What I want to do with research is get a better understanding of what's happening in the brain, how it's developing and reacting to different stressors . . . so we can better understand treatment and push the system forward."

Marr, 35, said there are other researchers out there who are blazing trails in the same areas of study. They include people like Marylene Cloitre, associate director of research at the National Center for PTSD Dissemination and Training Division, and Bessel van der Kolk, a psychiatrist renowned for his work in post-traumatic stress. Though she still has a few years of school left, Marr said she would love to follow in the footsteps of such mentors and continue pushing the bounds of research and practice in these realms of neuroscience. Her selection for the SfN's ambassador program, she said, will play a nice role in that.

"I'd like to be part of the team or the movement that is moving this forward," she said. "I think there's really a chance to have huge and lasting benefits." ■

# Growing physician wellness coalition helps establish programs across state

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

Physician wellness programs, resources and outreach are growing across the state due to the collaborative efforts of the **Oregon Coalition for Healthcare Professional Enhancement**.

Established in 2014, the coalition consists of a voluntary group of leaders in Oregon's health services community who have come together as a centralized exchange for the innovation and coordination of services that support and preserve the health and wellness of physicians and other health care providers, said **Donald Girard, MD, MACP**, professor emeritus at **Oregon Health & Science University**.


DONALD GIRARD, MD

"Our goal here is to have this group share experiences, share resources, communicate with each other about what has been successful in their programs and what hasn't been successful, and to be a clearinghouse for others who want to establish their own program," Girard said, noting the wealth of experience the coalition offers.

Physician wellness programs established by the **Medical Society of Metropolitan Portland**, the **Lane County Medical Society** (LCMS) and **OHSU** now help more than 100 providers at any given time, he said. Girard and **Amanda Borges**, MSMP's executive director, are working with the Central Oregon Medical Society on starting a physician wellness program. Additional locations in Oregon have recently reached out to the coalition for resources as well.

"The other really important part of this coalition is to do research on what the impact of these services is for the health care provider community," Girard said. "We are a clearinghouse for discussion and research about whether these services are helping or not. Collectively, with MSMP, LCMS, OHSU, the Oregon Psychiatric Physicians Association, The Foundation for Medical Excellence, the Oregon Medical Association and the Oregon Medical Board, we have a tremendous resource."

The coalition also is working to provide confidential wellness care and outreach via telemedicine for rural and underserved areas of the state.

"The coalition is vibrant. We're adding partners and the services being provided within Oregon's health care community are going to be rapidly expanding," said Girard, a former MSMP president and former chair of the Oregon Medical Board.

In addition to Girard and Borges, coalition leaders include Kathleen Haley, JD, executive director of the Oregon Medical Board; Mary Moffit, PhD, OHSU; Henry Grass, MD, Oregon Psychiatric Physicians Association; Bradley Bryan, MD, MSMP's president; Candice Barr, emerita executive director of the LCMS; Bryan Boehringer, OMA's executive director; Mary McCarthy, MD, psychiatrist; Tim Goldfarb, president of The Foundation for Medical Excellence; Greg Esmer, DO; Megan Furnari, MD, OHSU; and Kathryn Evers, MD, Kaiser Permanente. ■



# Proposed amendments to Bylaws

The Medical Society of Metropolitan Portland Board of Trustees is proposing amending the Bylaws. The revisions introduce podiatrists into membership.

### Section 2 - Classifications of Membership

This Society shall consist of Active, Associate, Resident Physician, Medical Student, Retired Physician, Limited Time Practice, Honorary, Practice Manager, Inactive Physician, Physician Assistant, **Podiatrist**, and one Public Member, as defined and limited in these Bylaws, and such other member classifications as may be approved by the Board of Trustees from time to time. New member classifications are subject to an amendment of the Bylaws.

### Section 3 - General Conditions for Membership

Every Physician and **Podiatrist** who is duly licensed to practice medicine by the Board of Medical Examiners of either the states of Oregon or Washington who is of good moral and professional standing and who is practicing in accordance with the Principles of Medical Ethics of the American Medical Association, or other person as defined herein, shall be eligible to apply for membership under the conditions prescribed by these Bylaws. Undergraduate medical students shall be eligible to apply for student membership under the conditions prescribed by the Bylaws.

### Section 13 – Podiatrist

**Podiatrist (DPM) members shall be Podiatrists who hold an active unrestricted license issued by the Oregon Medical Board. DPM members shall be entitled to vote in elections or on policy matters of any kind or to hold elective office. DPM members may serve on all committees of the Society and will receive at no charge, except for dues, the official publication of the Society, and be eligible for other Society programs and services.**

**Dues for this category shall be as specified in Article III, Section 3.**

## ARTICLE III: MEMBERSHIP

### Section 5 - Disciplinary Action

(1) A member who has been convicted of a felony, or whose license to practice medicine has been revoked by the Oregon Medical Board, or other licensing body shall be dropped automatically from the rolls of this Society as of the date of such conviction or revocation.

**Please send comments or questions to *amanda@msmp.org*.**
We look forward to hearing from you.

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Scribe Focus
Pain Management

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# Guidelines: For chronic pain, dearth of data supporting opioids

## *Expert from OHSU addresses March pain management conference*

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

Evidence for opioids' effectiveness for chronic pain is lacking, and extrapolation from the drugs' known effectiveness for acute pain has been a catalyst for the opioid epidemic.

That was one of the main messages in the 2016 release of the **Centers for Disease Control and Prevention**'s guidelines for prescribing opioids for chronic pain. It also was an emphasis at **The Foundation for Medical Excellence**'s Chronic Pain Management Conference, which was slated for March 10–11 in Vancouver, B.C.

A national expert on evidence-based medicine, **Roger Chou, MD**, of **Oregon Health & Science University**, as one of the principal speakers at the meeting, planned to emphasize to clinicians in attendance that no long-term studies have been conducted on the drugs' effectiveness or safety. In an interview with *The Scribe* prior to the meeting, he added that the likelihood that such studies will be done is low.

"It's shocking that we don't have these studies," said Chou, who was a co-author of the CDC's guidelines and led the evidence review for them. He said there is "little incentive" by pharmaceutical companies to conduct such studies, because opioid drugs are among the best-selling medications in the nation.

According to the new guidelines, most randomized, placebo-controlled clinical trials lasted only six weeks, and thus "the body of evidence" for effectiveness is "insufficient." No studies lasted longer than six months, "so we know very little about the long-term effects" or risks, said Chou, who is director of the **Pacific Northwest Evidence-based Practice Center** headquartered at OHSU, and an associate professor of medicine at OHSU.

"That's critical, because physical tolerance develops," and the longer a patient is on opioids, the less effective they are, due to this tolerance, he said. "There's a perception that opioids are very effective for (chronic) pain relief. Evidence doesn't support that."

According to the CDC paper, although mortality rates for the United States' two leading causes of death have decreased substantially over the past decade, the death rate associated with opioid pain medication has increased markedly. Also, "Sales of opioid pain medication have increased in parallel with opioid-related overdose deaths," the guidelines state.

**No studies** [on opioids' effectiveness for chronic pain] **lasted longer than six months**, "so we know very little about the long-term effects" or risks.

*–Roger Chou, MD, director of the Pacific Northwest Evidence-based Practice Center and associate professor of medicine at OHSU*

Since 1999, opioid prescriptions have quadrupled. An estimated 20 percent of patients presenting to physician offices with noncancer pain symptoms or acute or chronic pain-related diagnoses receive an opioid prescription. In 2012, health care providers wrote 259 million prescriptions for opioids, enough for every adult in the country to have a bottle of these pills. Opioid prescriptions per capita increased 7.3 percent from 2007 to 2012, with opioid prescribing rates increasing more for family practice, general practice and internal medicine than other specialties.

"Rates of opioid prescribing vary greatly across states in ways that cannot be explained by the underlying health status of the population, highlighting the lack of consensus among clinicians on how to use opioid pain medication," according to the paper.

The CDC noted that several opioid guidelines have been produced at the national and state level, but most, especially those not based on evidence from scientific studies published in 2010 or later, don't reflect the most recent scientific evidence about risks related to opioid dosage. Citing the need for guidelines that do, the CDC paper is intended to offer clarity "based on the most recent scientific evidence, informed by expert opinion and stakeholder and public input."

The new guidelines offer recommendations for primary care clinicians prescribing opioids for chronic pain not related to active cancer treatment, palliative care or end-of-life care. The CDC defines chronic as lasting longer than three months or past the time of normal tissue healing. The recommendations address when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up and discontinuation; and assessing risk and addressing harms of opioid use.

Chou said scientific research has identified high-risk prescribing practices that have contributed to the overdose epidemic. These include high-dose prescribing; concurrent or overlapping opioid and benzodiazepine prescriptions; and extended-release or long-acting opioids for acute pain. "There is consistent evidence that higher doses are associated with risk of death," he said. Where controversy exists is concerning what dosages are most effective, he explained. "There is no magic number for them, like with speeding," for determining what dosages are enough and what are too much.

As a result, among changes from past guidelines, dosage recommendations are lower. Even relatively low doses, from 20 to 50 morphine milligram equivalents per day, increase risk of overdose or death.

Previous guidelines also focused safety precautions on so-called high-risk patients, but the guidelines emphasize that opioids pose risks to all patients, and that currently available tools can't eliminate risk for abuse or other serious harm. The updated guidelines encourage use of technological advances such as state prescription drug monitoring programs.

Evidence review found that although there is not a single dosage threshold below which overdose risk is eliminated, holding dosages below 50 MME/day likely would reduce risk among a large proportion of patients who would experience fatal overdoses at higher prescribed dosages. Experts agreed that lower dosages of opioids reduce the risk for overdose, but that a single dosage threshold for safe opioid use couldn't be identified.

The risks of benzodiazepines also have been "under-recognized," Chou said. "There's a perception that these are not risky, but a high proportion of overdoses" occur in people on a combination of benzos and opioids.

### Finding alternatives

The course theme of The Foundation for Medical Excellence's **30th Annual Pain and Suffering Symposium Chronic Pain Management Conference**, which was produced in cooperation with **The College of Physicians and Surgeons of British Columbia**, was "Mindfulness for

*See **OPIOIDS,** page 11*

# Study author discusses research that suggests cannabis a non-addictive pathway to pain relief

Recently published **Oregon Health & Science University** research suggests a means of developing treatments for chronic pain that harness the medicinal properties of cannabis while minimizing the threat of addiction. The study, published in the *Journal of Neuroscience*, focused on the function of two forms of cell membrane receptors that bind cannabinoids that occur naturally within the body, called endocannabinoids.

**Susan Ingram, PhD**, one of the study's authors and an associate professor of neurosurgery at OHSU, shared with *The Scribe* how the study provides additional rationale for the development of therapeutics using cannabinoid receptors to treat chronic pain, which afflicts about 30 percent of the U.S. population.

### *How long have you been specializing in pain and the use of drugs to treat it?*

I have studied how opioid pain-relieving drugs such as morphine work in the nervous system since I was a graduate student over 20 years ago. I have been interested in their actions in brain circuitry related to pain, as well as circuitry related to reward and addiction. These studies typically use rodents in order to study how the drugs work at the cellular level. More recently, I have started to look at how the same systems are changed by cannabinoid drugs, such as marijuana. Interestingly, the body makes and releases both opioids and cannabinoids, so these substances have important roles in normal everyday functioning of the brain and nervous system. The key is to understand what these functions are and what happens when we add exogenous (a term that refers to drugs that are added to the body) opioid and cannabinoid drugs to our bodies.

### *How have you seen the use of pain medications evolve over that time?*

Opioids, such as morphine, have been the gold standard treatment for pain. However, the chronic use of opioids also produces significant side effects that are detrimental, including respiratory depression that can lead to death, constipation and addiction. There has been a big push to develop treatments that are not opioids. Some groups have focused on developing peripheral treatments that target sensory neurons that encode pain signals, such as specific ion channel inhibitors that block pain sensations from reaching the central nervous system. Unfortunately, most chronic pain syndromes involve changes in the central nervous system, so these drugs are not likely to be successful for chronic pain. Gabapentin is effective in some conditions in some patients but it is not really known how it works. Other drugs, such as antidepressants, are used in chronic pain, but it is also not clear how they work to reduce pain.

### *How long have you been studying the use of cannabis to treat chronic pain?*

I became interested in the cannabinoid system when my collaborator, Dr. Michael Morgan at WSU Vancouver, and his graduate student showed that the active ingredient in marijuana, THC, increased the ability of morphine to reduce pain, again a study that used rodents. This means that lower doses of morphine could be administered and the side effects of morphine would also be reduced. We wanted to know what the THC was doing in the pain circuits.

### *What led to your interest in this research area?*

I study the descending pain modulatory system. This is a circuit in the brain that decreases pain when the body needs to focus on another activity. This pathway is involved in the body's *fight or flight* response. For example, if you are in danger and need to run away but twist your ankle while running, you will not feel the pain until you are out of the situation. Opioids and cannabinoids modulate the activity of this brain circuit, which is also known to change in chronic pain. We are trying to understand exactly how this circuit changes.

### *What are you excited about with your most recent study results?*

Our recent study shows that the receptors for cannabinoids or marijuana are changed with chronic inflammatory pain. In this descending pain modulatory circuit, CB1 receptors normally control the activity of the circuit, but these receptors are reduced in chronic inflammation. The CB1 receptors are also found in other brain areas and are involved with the "high" or good feelings you get with marijuana. On the other hand, CB2 receptors, which are not normally active, are increased in chronic inflammation. These receptors are also not common in the brain and are not thought to produce the "high" with marijuana use. Thus, we were excited because it may be possible to develop drugs that specifically activate the CB2 receptors and inhibit persistent pain without affecting other brain circuits involved in reward and addiction.

### *Are you seeing a growing body of research that supports the use of cannabis in pain management?*

I find that there are many people who believe that cannabis is effective for pain. The National Academies of Sciences, Engineering, and Medicine has recently published a report examining the literature on cannabis studies and determined that there are studies showing conclusive or substantial evidence that cannabis is effective for the treatment of chronic pain in adults. The report also makes recommendations for increased research on cannabis and removing barriers to cannabinoid research. In our laboratory, when we compare effects of morphine and cannabinoid drugs in our studies, the cannabinoids are much less effective at inhibiting pain, suggesting that they might not be the most effective way to treat pain. However, we are just beginning to study cannabinoids in this system. The research on cannabis has lagged behind the opioid field because of the difficulty in obtaining the drugs for research purposes.

### *Do you foresee cannabis-based treatment becoming more widely accepted in the next 5–10 years (and less reliance on opioids)?*

As we study how these drugs work in the brain, I think that we will be able to refine our use of the drugs and better determine which drugs will be effective in which patient populations. At the same time, it is critical to understand how the brain changes in chronic pain. It may be that cannabinoids will be most effective in chronic pain syndromes or that a combination of opioids and cannabinoids will be most effective. The key is to find an effective pain medication that reduces addiction and overdose deaths. ■

*The study's co-authors include lead author **Ming-Hua Li, PhD**, and **Katherine L. Suchland**, both with the Department of Neurological Surgery in OHSU's School of Medicine. The study was funded by grants from the National Institutes of Health and the American Heart Association.*

# Physicians group releases practice guideline for treating nonradicular low-back pain

## *Massage, acupuncture and spinal manipulation among treatment recommendations*

The **American College of Physicians** (ACP) has recommended in an evidence-based clinical practice guideline published in mid-February in *Annals of Internal Medicine* that physicians and patients should treat acute or subacute low-back pain with non-drug therapies such as superficial heat, massage, acupuncture or spinal manipulation. If drug therapy is desired, physicians and patients should select nonsteroidal anti-inflammatory drugs, or NSAIDs, or skeletal muscle relaxants.

Low-back pain is one of the most common reasons for all physician visits in the U.S. Most Americans have experienced low-back pain. Approximately one quarter of U.S. adults reported having low-back pain lasting at least one day in the past three months. Pain is categorized as acute (lasting less than four weeks), subacute (lasting four to 12 weeks) and chronic (lasting more than 12 weeks).

"Physicians should reassure their patients that acute and subacute low-back pain usually improves over time regardless of treatment," said Nitin S. Damle, MD, MS, MACP, president, ACP. "Physicians should avoid prescribing unnecessary tests and costly and potentially harmful drugs, especially narcotics, for these patients."

The evidence showed that acetaminophen was not effective at improving pain outcomes versus placebo. Low-quality evidence showed that systemic steroids were not effective in treating acute or subacute low-back pain.

For patients with chronic low-back pain, ACP recommends that physicians and patients initially select non-drug therapy with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise (MCE), progressive relaxation, electromyography biofeedback, low level laser therapy, operant therapy, cognitive behavioral therapy or spinal manipulation.

"For the treatment of chronic low-back pain, physicians should select therapies that have the fewest harms and costs, since there were no clear comparative advantages for most treatments compared to one another," Damle said. "Physicians should remind their patients that any of the recommended physical therapies should be administered by providers with appropriate training."

For patients with chronic low-back pain who have had an inadequate response to non-drug therapy, ACP recommends that physicians and patients consider treatment with NSAIDs as first line therapy; or tramadol or duloxetine as second line therapy. Physicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients.

"Physicians should consider opioids as a last option for treatment and only in patients who have failed other therapies, as they are associated with substantial harms, including the risk of addiction or accidental overdose," said Damle.

"Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain" is based on a systematic review of randomized controlled trials and systematic reviews published on noninvasive pharmacological and non-pharmacological treatments of nonradicular low-back pain. Clinical outcomes evaluated included reduction or elimination of low-back pain, improvement in back-specific and overall function, improvement in health-related quality of life, reduction in work disability/return to work, global improvement, number of back pain episodes or time between episodes, patient satisfaction and adverse effects.

The evidence was insufficient or lacking to determine treatments for radicular low-back pain. The evidence also was insufficient for most physical modalities and for which patients are likely to benefit from which specific therapy. The guideline does not address topical therapies or epidural injection therapies.

ACP's previous recommendations for treating low-back pain were published in "Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society" in 2007. Some evidence has changed since the 2007 guideline and supporting evidence reviews. The 2007 guideline did not assess mindfulness-based stress reduction, MCE, taping or tai chi. ■



## Mini-grant application deadline approaching

The first quarter Metropolitan Medical Foundation of Oregon's Mini-Grant application deadline of March 31, 2017, is quickly approaching. The 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.

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

**OPIOIDS,** *from page 8*

Practitioners and Patients." The conference was designed to assist clinicians in managing the most challenging of pain patients: those with complex chronic pain, according to the meeting's brochure.

Chou indicated that the conference's focus – helping clinicians select alternatives to opioids – represents a shift from what doctors were taught in the past. The emphasis now is that opioids are not the preferred therapy for chronic pain.

He said a number of other types of drugs are effective and much safer. These pharmacologic approaches include analgesics such as acetaminophen, NSAIDs and COX-2 inhibitors; selected anticonvulsants; and selected antidepressants, particularly tricyclics and serotonin and norepinephrine reuptake inhibitors.

His evidence review also found that other therapies such as exercise can help reduce pain and improve function in chronic low-back pain; improve function and reduce pain in osteoarthritis of the knee and hip; and improve well-being, symptoms and physical function in fibromyalgia. *(Please see the related story on page 10 regarding a new evidence-based clinical practice guideline for treating acute or subacute low-back pain.)*

Chou said clinicians "need to address the psychosocial" aspects of patients' pain. "Multidisciplinary approaches such as therapies combining exercise and related therapies with psychologically based approaches can help reduce pain and improve function more effectively than single modalities," his review found.

"There is some data to support alternative therapies," including mindfulness, yoga and tai chi, he said. But physicians may "misunderstand" cognitive behavioral therapy, and confuse it with psychotherapy, Chou said. Rather, cognitive behavioral therapy sets functional goals to help patients move better.

Physicians are less familiar with these therapies and may not know whether they are covered by insurance or where to refer patients for them, he said. "Oregon is on the forefront of this," though, and the Oregon Health Plan and CareOregon are encouraging use of alternative therapies for low-back pain, and are paying for them, he said.

"The challenge has always been how to do it in clinical practice," said Chou. "It's not like giving somebody a pill, where I'll know what they're getting." If a clinician refers out to a different type of practitioner, effectiveness depends on the individual's training and how therapies are administered. "It's much messier and harder to navigate. It would be nice to be more confident about the optimal way to do that, how to refer. It's hard to study, not like doing a drug trial."

But, he added: "The good news is that most studies show patients benefit whether they get exercise or different techniques; they seem to get better," he said. "The emphasis is getting people's lives back. That's the whole issue." ■

# Study examines transition from prescription opioids to heroin

An Oregon team is studying the precise relationship between prescription opioids and the initiation and use of heroin.

**HealthInsight Oregon** is collaborating with **Oregon State University** and other research partners to investigate the relationships among prescription opioid pain reliever use, policies for improving prescribing, and heroin initiation and overdoses.

The study, announced earlier this year, is among three projects funded by the Centers for Disease Control and Prevention to curb opioid misuse, abuse and overdose.

"Very little is known about the precise conditions or predictors of transition from the misuse of prescription opioids to heroin," said **Daniel Hartung, PharmD, MPH**, the study's principal investigator. "The findings from this study will increase our understanding of individual risk factors for transition to and overdose with heroin."

The study will evaluate policy factors associated with changes in opioid prescribing and heroin-related outcomes in the Medicaid population.

HealthInsight noted that opioids were involved in more than 28,000 deaths in 2014, and opioid-related mortality continues to rise because of increasing rates of heroin use and poisoning. Mortality from heroin has quadrupled during the past five years, with 40 percent to 70 percent of heroin users reporting nonmedical use of prescription opioids before starting heroin. ■

# Dermatologist jazzes things up with lifelong love of music

**By Jon Bell**
*For The Scribe*

When **Luis Scheker, MD**, applied for a residency in dermatology at Oregon Health & Science University in 2002, he wrote in his application about how he enjoyed playing jazz music. And when he came to Oregon the same year for an interview for that residency, Scheker was excited to see that drummer Ron Steen was holding one of his famous jazz jams at the Produce Row Café the very night of Scheker's interview. He mentioned as much during the interview and said that he'd be heading down to join the jam that night.

Among those in the crowd for the jam that evening – several of the folks from OHSU that Scheker had met earlier in the day.

"I nailed my audition and got my spot at OHSU," Scheker said, "so playing music might have actually helped me get my residency here."

A native of the Dominican Republic, Scheker first got turned on to music by his aunt, who was taking music lessons herself when Scheker was just two or three years old. When his family relocated to the United Kingdom – his father did a residency in London and a fellowship in Scotland – Scheker started taking piano lessons, which took him through the middle of high school.

Up until that point, Scheker's primary training had been based in classical music. But then his teacher gave him a book about jazz.

"I was like a duck to water," he recalled. "I said, 'This is what I really like.'"

The creative and free-flowing feel of jazz appealed to Scheker much more than the somewhat confined nature of classical music.

"The whole improvisational nature of jazz has always been really appealing to me," said Scheker, whose family later relocated to Kentucky, where his father worked as a hand surgeon. "You're playing what the band leader throws in next and really being in the moment."

Once he caught the jazz bug, Scheker dove in. His senior year of high school, he joined the Louisville Youth Jazz Ensemble. His fascination with the music laid the groundwork for his college pursuit, which found Scheker earning a general music degree from Dartmouth College. There, he studied composition, theory and performance and focused on an array of genres of African American music, including jazz and blues. He also played in a ska band and got into musicology, studying various aspects of rap, hip-hop, jazz and soul music.

Toward the end of his college career, Scheker had what he called "a spark of medicine" come back to him, something that he had once had on his horizon from earlier days. He returned to Louisville after Dartmouth and began taking biology and chemistry courses to get himself ready for medical school. All the while, he kept playing music, including with the University of Kentucky.

When it came time for medical school, Scheker ended up at Meharry Medical College, which just so happens to be in Music City U.S.A. – Nashville.

"Nashville was amazing," he said. "There were jam sessions left and right. I got to play with some great jazz musicians and studio musicians who were there trying to make it."

One of those musicians he played with went on to play saxophone with Béla Fleck and the Flecktones and, later, the Dave Matthews Band. Scheker also said he once played with Wynton Marsalis at Dartmouth and some other "more esoteric" jazz musicians along the way.

Though medical school was busy, Scheker, who also plays saxophone, managed to keep music a steady part of his life.

"You'd go to class in the morning, study all day and then hit a jam session later in the evening," he said.

After med school, Scheker headed to St. Vincent Hospital in Indianapolis for his internship before landing the residency at OHSU. He said he got into dermatology in part because of the variety that it brings.

Luis Scheker, MD, got interested in music through his aunt when he was young. He became interested in jazz in particular because of its improvisational nature. A dermatologist, Scheker still makes time for music, and is starting a pop band.

"Dermatologists wear multiple hats," Scheker said. "You get to see patients of all ages, you see a lot of different skin conditions. It keeps things very interesting because you never know what's going to come in the door."

Scheker left Portland for Miami for about two-and-a-half years – "Wanderlust," he said – but he found the chaos of the lifestyle there less preferable than the West Coast's laid back vibe. That brought him back to Portland and to Providence Health & Services, where he's been ever since.

And though he's busy with his practice, Scheker still makes time for music. He hits local jam sessions when he can, including Ron Steen's jazz jams at Clyde's Prime Rib in Northeast Portland, and he's in the process of starting a pop band with some other local musicians. He also said he knows quite a few physicians who also play music.

"Some of my best friends here are musicians," Scheker said. "It's exciting. It's a great outlet for getting out, getting on stage and just having fun." ■

> "The whole improvisational nature of jazz has always been really appealing to me. You're playing what the band leader throws in next and really being in the moment." –Luis Scheker, MD

Stroke protection for AFib patients

# ‘The Watchman changed my life’

“The Watchman device changed my life and allowed me to go on living it again,” Mike Unfred says.

He struggled with bloody noses, anticoagulants and weekly tests. Now, he’s returned to a life of work, horses, sheep and skiing without fear.

The Watchman is a device for LAA closures, designed to offer an alternative to anticoagulation drugs for patients like Mike with nonvalvular atrial fibrillation. It’s a transcatheter implant with next-day discharge.

## National leader in the procedure

Amish Desai, M.D., Director of the Structural Heart Program at Legacy Medical Group–Cardiology, is a national leader in the technology, having performed the procedure since 2005. His team is the first in Oregon to offer this service.

### Questions?

To learn more or to discuss, we have a phone number just for providers; feel free to call us at **503-413-4831**.

*Mike Unfred, AFib patient*

LEGACY HEALTH

# ROB DELF JR. 1943–2017

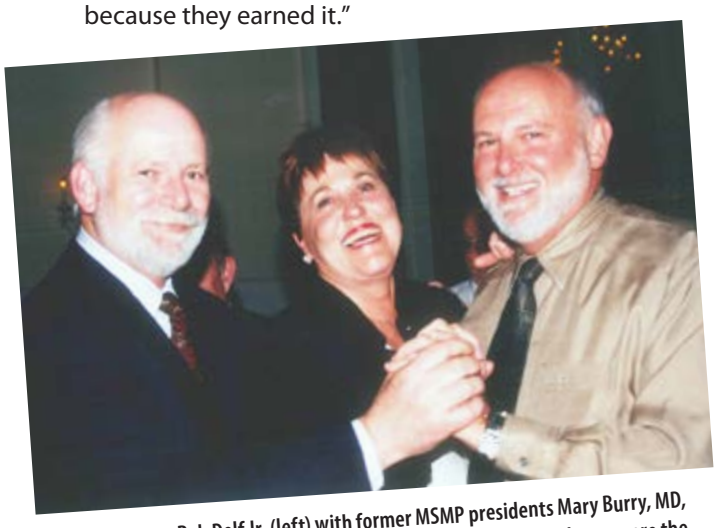
CONTINUED FROM PAGE 1

support are treasures that will always stay with me. Rob cared and thought deeply. He loved to push boundaries and was always full of surprises. In the end, he leaves us with a legacy of concern for people and a pragmatism that made things happen."

## 'Family first'

Those who knew and worked with Delf noted that, particularly in the final years of his work life, Delf thought of the MSMP staff as family. Staff and board members say he was a good listener, never condescending or overbearing, and possessed a soft-spoken, comforting, reassuring manner that soothed others and put them at ease. Delf hired several current MSMP staff members, and others also worked for him for many years.

Amanda Borges, MSMP's executive director, said Delf's philosophy influenced both her personally and the medical society. "Rob shaped my view on work. His dogmas continue to live at MSMP today: Take care of family first, because who you are at home doesn't change when you arrive to work; if you love what you do, then you are never working; take walks with friends and stop to observe others at play; and always address a physician as 'Dr.,' because they earned it."



Rob Delf Jr. (left) with former MSMP presidents Mary Burry, MD, and Tom Hoggard, MD. Hoggard said Delf's motives always were the "betterment of patient care and the best environment for physicians."

Delf also showed his concern about family with board members. Monica Wehby, MD, 2007 MSMP president, said that during her presidential year, he often asked about her, her work and her children. "He knew how important it was to prioritize the family," she said. "He was very fatherly to me, very protective. You always appreciate when somebody looks after you when you don't have time to look after yourself."

Wehby added that Delf was "an excellent leader who always seemed to have an answer to every problem," but he always listened respectfully to others' viewpoints, and didn't have to have things "go his way."

Purdy, who joined the medical society staff in 1984, said what she remembers most about Delf was "his work ethic," and the fact that "the man was brilliant. There wasn't a topic he wouldn't research and come back" knowledgeable about. Even if he wasn't in agreement with something, "he listened to your side of the story. He was very respectful as an employer. That's what I loved about him." Purdy added that he was "a financial wizard. I've learned so many things from him."

Deena Stradley, MSMP's chief financial officer, summed it up this way: "The essential Rob was all about connecting with people. He was devoted to his staff, committed to the medical community, and passionate about life and new discoveries. He will forever inspire me with his compassionate nature and adventurous spirit to live and love fully, take the road less traveled, and to never say goodbye, only 'Peace out.' I will miss him."

Rhea Brightmon, general manager of Physicians' Answering Service, who originally was a staff member of MSMP when the service was part of the medical society, said Delf "always made us feel like family." She remembers one time when, after working for the answering service for about five years, she was feeling "down and undervalued. He took me up to his office and sat me down, and made me feel extremely valued. He felt that I had a lot of potential." She now has been with Physicians' Answering Service for 26 years.

"He inspired me to keep working for the answering service," Brightmon said. "I'm so grateful. That's something I always remember – his kindness, and his inspiring words."

Barr said Delf's sense of humor – which one physician friend described as "dry and sometimes off-the-wall" – often carried the day. "Rob was like a sneaker wave, quiet. But then he'd lean over during an interminable bylaws discussion and deliver a whispered comment that had you fighting to contain your laughter," she said. "His phenomenal brain power was matched only by his wit."

Rob Delf Jr. played in a doctors' rock band, and was remembered for his talents as a bass and guitar player. He also enjoyed driving, whether on his Vespa motor scooter or in his prized Volkswagen Eos hardtop convertible.

Marcia Darm, MD, 1995 MSMP president, was in office during the year when she and the board named Delf executive director. Looking back now, she marvels at how adaptable he was during the turbulent years that followed, when the practice of medicine went through dramatic changes. She believes his personal qualities, "even-keeled, innovative, imaginative in a soft, even kind of way," and "thoughtful," were exactly what the medical society needed. His sense of humor that came with "a great little smile and a twinkle in his eyes" was a perfect match for bringing calm to physicians facing a stressful environment, she said.

Delf knew how to show appreciation to employees, too. Pat Robertson, who worked as MSMP's administrative assistant for 14 years until 2007, remembers that Delf once had her business cards redone with a new title, "Director of Getting Things Done."

"Rob was a fantastic boss," Robertson said. "He would listen to all of us and respected all of us. He wanted to make sure that MSMP ran smoothly. He was such a smart man, and we all thought the world of him. I certainly will miss him."

Girard recalls an example of his dedication to members. "I'll always remember when Rob alone negotiated to bring the surgeon general of the United States to the society's Salishan Conference to give the keynote address – a trip that included bringing him from the Portland airport and back to it in a limousine. Why would he do that? Because his membership deserved the best!" is what he would say, Girard related.

That brings to mind a phrase Delf frequently quoted, "Physicians are simply the best, better than all the rest." "He really meant it," said Tom Hoggard, MD, 1989 MSMP president. "He really cared. His motives over the years have always been the betterment of patient care and the best environment for physicians."

"I have always wanted to be affiliated, either directly or in a supportive role, with things that can make a difference," Delf once said. "I can't imagine anything that can make such an incredible contribution to both individuals and the community as being a physician. The calling is a gift, and the ability, intelligence, compassion and yes, courage, reflect the very best of our community. It has always been a privilege to serve those who make a difference and get things done."

John Evans, MD, 2008–09 MSMP president, believes Delf's experience serving in the Army starting at the age of 17 also "steered him toward spending his life trying to facilitate giving medical care to all members of society."

In his leisure hours, Delf played weekly for many years in a doctors' rock band, which was one of his favorite diversions. He continued to rehearse with the group until about six weeks before his death, said Robert Crumpacker, MD, a close friend of Delf's and a fellow band member. "He was a wonderful bass player," he said. "He was a good guitarist, too."

Another favorite pastime of Delf's was driving, whether on his Vespa motor scooter or in his prized Volkswagen Eos hardtop convertible. Spur-of-the-moment road trips were a passion for Delf, Crumpacker said. "He would just take off and drive, to the coast or to Multnomah Falls." Crumpacker surmised that road trips had been part of Delf's relationship with his father, and that was why they were important to him.

Crumpacker pointed out that Delf passed away on St. Valentine's Day, which is appropriate because Delf was a romantic who loved his wife, Troby, who predeceased him. "Troby was really the love of his life," Crumpacker observed.

*"I have always wanted to be affiliated, either directly or in a supportive role, with things that can make a difference. I can't imagine anything that can make such an incredible contribution to both individuals and the community as being a physician.*

*The calling is a gift, and the ability, intelligence, compassion and yes, courage, reflect the very best of our community.* ***It has always been a privilege to serve those who make a difference and get things done."*** *–Rob Delf*

Family members and some others who knew him well also emphasized that Delf used the term "transitioned" rather than "died" when referring to his wife and one of his sons, and that he would have preferred that description be applied about himself, as well.

After his retirement, the Metropolitan Medical Foundation of Oregon, in partnership with MSMP, inaugurated the annual Rob Delf Honorarium Award to recognize doctors and other citizens who contribute to the health of the community or to the practice of medicine. The 2017 recipient will be featured in the April *Scribe*.

When asked at his retirement what advice he would like to leave physicians, Rob Delf said: "I wish all doctors would recognize each other, their importance, their dedication, their competence, their courage, and their compassion. I wish for them to discover and initiate a recognition indicator as they see or pass each other. This would be a special recognition that the docs have a special place in this world. They are a special breed, and only they can do what we all need done." ■

*Delf was born in San Fernando, Calif., and grew up in the Pacific Beach community of the San Diego area. He was predeceased by a son, Eric. He is survived by two sons, Jason and Michael; a sister, Christine Heuser; and four grandchildren, Nathan, Skyler, Emory and Dominic.*

*The Delf family has requested memorial donations be made to the Metropolitan Medical Foundation of Oregon: www.msmp.org/In-Memory-of-Rob-Delf. Condolences may be directed to Holman's Funeral & Cremation Service: www.holmansfuneralservice.com/obituary. A memorial service for Delf was held March 4 at Holman's.*

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# 133rd Annual Meeting

Tuesday, May 2, 2017 • 6:30-8:30pm • The Benson Hotel

Register at MSMP.org

The Medical Society of Metropolitan Portland

invites you to join us and our distinguished guest speaker,

## John Kitzhaber, MD

as we discuss the effects on physician practices, clinics and patient care due to changing health care policies.

Come celebrate those who will be honored for their community efforts, savor food and spirits, and sample wines from a local physician owned winery.

MSMP members and one guest complimentary

## CHANGING HEALTH CARE IN OREGON

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MSMP exists to create the best environment in which to care for patients.

MSMP is a professional society that serves the needs of member physicians, with primary concentration on adding value both to members' professional and non-professional lives. We continually strive to make the Society an invaluable resource and social focal point for members.

MEDICAL SOCIETY OF METROPOLITAN PORTLAND

# Physician Wellness Program

**The Medical Society of Metropolitan Portland's Physician Wellness Program provides free confidential counseling removing all barriers that typically prevent physicians from seeking help.**

- Appointments within 24 hours of request, including before or after office hours
- No diagnosis is made; no insurance is billed; no electronic record is created
- Private setting—counseling in a dedicated, confidential room within the Medical Society offices
- Open to all physicians and PAs at no cost
- No information disclosed to others without the physician's written consent
- No role in disciplinary or fitness-for-duty evaluations

## Thank You!

**MSMP greatly appreciates the generous donations in support of the Physician Wellness Program.**

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Women's Healthcare Associates, LLC

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Brenda Kehoe, MD
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Walter Krieger, MD, and Cathy Krieger
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The Portland IPA
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### $500 – $999

The Portland Clinic, LLP
Candice Barr and Judge Darryl Larson
Susan Denman, MD
Greg Esmer, MD
Jack Kron, MD, and Ruth Whitham

### To $499

Anonymous
Amanda Borges
Tammily Carpenter, MD *(In memory of Dan DeMerell, MD)*
Maurice Comeau, MD
Mohumud Daya, MD
John Deeney, MD
Robert Dreisin, MD
Karen Elliott, JD
John Evans, MD, and Maryam Evans
Carmen Gaston
Devin Gatey, MD
Donald Girard, MD
Irvin Handelman, MD
James Hicks, MD
John Holland, MD, and Jacqueline Holland
Marcus Horenstein, MD
Linda Humphrey, MD
Anna Jimenez, MD
Amy Kerfoot, MD
John Lingas, MD
Miranda McCormack, MD
Sharon Meieran, MD
Samuel Metz, MD
Medical Staff of Mid-Columbia Medical Center *(in honor of Paula Lee, MD and Kerry Proctor, MD)*
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R. Bastian, MD, and Barbara Wagner, MD
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**Please consider a charitable donation to the Wellness Program: www.mmfo.org**

**To schedule an appointment, call our private wellness line at:**

**503-764-5663**

MEDICAL SOCIETY OF METROPOLITAN PORTLAND

***Connecting Physicians in Community***

**www.msmp.org**