



The Scribe

A publication of the Medical Society of Metropolitan Portland

PHYSICIAN PROFILE

A passion for prevention



Stamping out melanoma a quest for OHSU's Sancy Leachman, MD, PhD.

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OFF HOURS

Mentoring through music



Sharon Wong, MD, nurtures young musicians with positivity and patience.

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April 2017

2017 ROB DELF HONORARIUM AWARD

Honoree Nargess Shadbeh exemplifies compassion for the underserved

By Cliff Collins
For The Scribe

As an undergraduate at Lewis & Clark College in the 1980s, **Nargess Shadbeh, JD**, learned about challenges and problems faced by farmworkers in Oregon.

She studied under a professor who previously had extensive experience serving farmworkers, and he helped open her eyes to the Third World conditions in her own backyard.

In her native country of Iran, Shadbeh had formed impressions that remained with her after she obtained her bachelor's and law degrees from Lewis & Clark. Once she became involved with farmworker law, "I saw a lot of similarities between farmworkers in the Willamette Valley and the faces of those in Iran working along the Caspian, or who had to work in the city and send money back home," she said.

Shadbeh, who became director of Oregon Law Center's Farmworker Program



in 2002, has devoted her legal career to serving and improving the lives of migrant and seasonal farmworkers in Oregon.

Her first legal job was in 1985 with the law center, a nonprofit organization that provides free civil legal assistance to low-income people. She has been working at the center ever since, and one of the first causes she took up was improving farmworkers' living conditions. Shadbeh formed alliances with community members, with the goal of building decent, affordable housing for farmworkers in the Willamette Valley.

The **Medical Society of Metropolitan Portland** and **Metropolitan Medical Foundation of Oregon** selected Shadbeh as the 2017 recipient of the **Rob Delf Honorarium Award**. The annual award, to be presented to her May 2 at MSMP's Annual Meeting at the Benson Hotel, is given to individuals who exemplify the ideals of the medical society. This can be demonstrated by work projects or activities that improve the health of the community or the practice of medicine. The award is named for longtime MSMP Executive Director Rob Delf, who passed away Feb. 14.

Shadbeh moved to Oregon when she was 12, following two older siblings who had come earlier; they were joined later

Nargess Shadbeh, JD, who next month will receive the Rob Delf Honorarium Award from the Medical Society of Metropolitan Portland and the Metropolitan Medical Foundation of Oregon, is shown (in turquoise scarf) with colleagues from the Oregon Law Center's Farmworker Program. Photo courtesy of Nargess Shadbeh

See **DEL F HONOREE**, page 6

FOCUS ON PEDIATRICS

ACEs research, surveys aim to help improve family health

By Jon Bell
For The Scribe

A few years after taking a sabbatical from her pediatric practice to focus on mental health challenges facing children, **Teri Pettersen, MD**, learned about an interesting study.

Known as the **Adverse Childhood Experiences Study**, it had initially been conducted by **Kaiser Permanente** and the **Centers for Disease Control and Prevention** between 1995 and 1997. The study, born out of earlier research done by a physician who'd been confounded

"We talk about parent self-care and positive parenting. The conversations are very meaningful.

If you look at what they are most interested in getting from us, it's classes and parenting support.

They want to be better parents."

– R.J. Gillespie, MD

by patients dropping out of his obesity clinic despite the fact that they had been losing weight, asked some 17,000 Kaiser Permanente members about their exposure to adverse childhood experiences. Those experiences included everything from abuse and neglect to family dysfunction.

See **FAMILY HEALTH**, page 8

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.



MSMP 133rd Annual Meeting

WHEN
6:30 to 8:30 p.m., Tuesday, May 2

WHERE
The Benson Hotel

This not-to-be-missed event features guest speaker John Kitzhaber, MD, and the presentation of the annual Rob Delf Honorarium Award and other accolades.

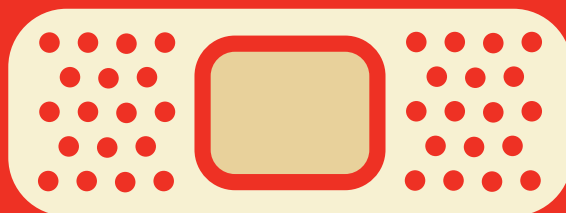
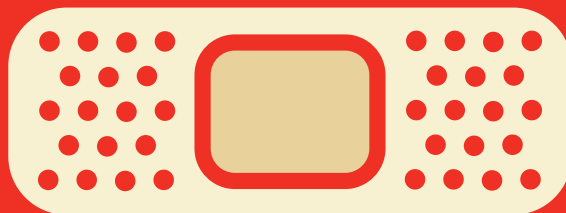
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Please turn to MSMP News & Events on Page 3, or visit MSMP.org/events.

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Advanced HIPAA Compliance and OSHA Training

DATE: To Be Determined

Our April class is sold out, so we're planning to repeat the course in May.



Email Janine@MSMP.org and we'll send you more information when the details are finalized.

The ONC, OCR and AHIMA recommends HIPAA annual training, and OSHA annual training is required.

The cost is \$75 for MSMP members and their staff; cost is \$95 for non-members.

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.

Walk with a Doc comes to Portland

Through our efforts to *Connect Physicians in Community*, MSMP is participating with the grassroots organization Walk with a Doc.



The medical society provides a venue for a one-hour walk, led by a selected physician(s), who will promote the walk to their patients. Patients become motivated by walking with their physicians on a semi-regular basis and become healthier. Physicians have the opportunity to spend time with patients in a setting outside of the office and reap the same health benefits of walking as their patients.

You would be supplied with necessary tools to lead the walk, including a pedometer, t-shirt and a "prescription pad" to write down the walk details for your patients.

If you are interested in leading monthly walks at the medical society headquarters, we would love to hear from you! Sign up today at www.MSMP.org/Walk-With-a-Doc-Physicians or contact Amanda@msmp.org for more information.

MSMP Board of Trustees nominees

The Medical Society of Metropolitan Portland is pleased to report that the following individuals have been placed in nomination for positions on the MSMP Board of Trustees for the 2017–2018 leadership year.

The inauguration will be held during the MSMP Annual Meeting on May 2, 2017, at The Benson Hotel.

- President **Lydia Villegas, MD**
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Preventing, curing melanoma a quest for OHSU's Leachman

By Cliff Collins
For The Scribe

Sancy Leachman, MD, PhD, obtained her medical degree in 1993, but the enthusiasm she first felt for her specialty of dermatology has only increased since then.

During her time at the University of Texas Southwestern Medical School, where she pursued joint doctoral degrees in medicine and molecular biology, she wavered about which area of practice she wanted to pursue. For a time, she thought she would become a general internal medicine doctor, because she believed that was the place for "a seriously deep thinker." But a mentor, Jean Wilson, MD, whom she describes as "a National Academy of Science star" who was chief editor of "Harrison's Principles of Internal Medicine" textbook, suggested she look at dermatology.

He told Leachman: "I think you would really like it. This is an area where you might be able to 'have it all,'" meaning become a scientist-researcher and a practicing physician, and also raise a family. Leachman says if anybody else had suggested that specialty to her, she "would have laughed." But because it was someone she greatly respected, she took the recommendation seriously. She says the example illustrates how influential mentors can be.

Now chair of the **Department of Dermatology at Oregon Health & Science University** and director of the melanoma research program in the OHSU Knight Cancer Institute, Leachman says she immediately "fell in love with dermatology," and was able to get into "one of the most competitive residencies" in dermatology at Yale University School of Medicine. She did her fellowship there in cutaneous oncology.

A native of Amarillo, Texas, Leachman had majored in liberal arts, not science, as an undergraduate at the University of Texas at Austin. She was part of the college's Plan II program, which was intended for students aiming to go on to graduate school. As a junior fellow, she was able to



participate in a summer program at MD Anderson Cancer Center. There, early research was going on related to using the body's own immune system to attack cancer cells. She also was able to observe three heart transplant operations at the Texas Heart Institute. These college experiences "set my sights on a clinical science course," she says.

At Yale, a faculty member who also was a National Academy of Science researcher was investigating how the immune system could fight the pigmentary disorder vitiligo, postulating that such a method also might be able to help patients with metastatic melanoma. "I got incredibly fascinated with this idea," Leachman says. It rekindled her earlier excitement from college when she first had been exposed to the concept.

In the meantime, she got married and the couple had a son. Her husband, who loves outdoor activities, wanted the family to move to Salt Lake City. She obtained a faculty position at the University of Utah Health Sciences Center. However, Leachman had to overcome some barriers to her preferred research path. "Nobody wanted to let me work on melanoma," she says. "People (there) were not doing basic science" research.

What turned the tide was that she

discovered that "no place in the world" held as large of "a genealogical database linked with cancer families," due to the headquarters there of the Mormon Church.

She became confident that access to that database would provide a way to study the genetic links associated with melanoma.

"This is where I started on this quest," Leachman says. "I branched out" from concentrating on molecular biology to also embrace behavior, prevention and early detection. The school became interested in letting her establish a genetic cancer clinic. "They had done this early work, but it was with colon and breast cancer. They needed a melanoma clinic. We were able to start the ball rolling and write a grant to fund research."

As a professor of dermatology, she became director of the multidisciplinary Melanoma and Cutaneous Oncology Program at Huntsman Cancer Institute at the university. She attracted dermatologists, pathologists, medical oncologists, radiation oncologists, geneticists and others to shore up the research efforts.

OHSU beckons

When OHSU had an opening in 2009 for a dermatology department head, the university approached Leachman. She declined, saying she was happy where she was, what with grants and a burgeoning program she had built from scratch. But "four years after that, they had not found a chair and called me back." OHSU had obtained an endowment established by John D. Gray, a longtime OHSU supporter. The combination of an offer to be department chair and director of a melanoma program, along with the endowment money to lure other researchers, sealed the deal for her, and she accepted the job in 2013.

No other melanoma program in academic centers around the country is directed by the chair of a dermatology department, Leachman explains. The reason is that all others are run by either a medical oncologist or surgical oncologist,



Sancy Leachman, MD, PhD, chair of Oregon Health & Science University's Department of Dermatology and director of the melanoma research program in the OHSU Knight Cancer Institute, examines a patient. Leachman has built an impressive reputation as a melanoma researcher, clinician and advocate for empowering patients to help detect cancer early. Photos courtesy of OHSU

she says. "Most focus on in-stage disease after it metastasizes." She credits **Brian Druker, MD**, director of the OHSU Knight Cancer Institute, with recognizing the importance of early detection. Leachman points out that melanoma differs from, say, pancreatic cancer in that it is usually visible and can be removed surgically and cured if detected early enough.

Besides melanoma and other skin cancers, her clinical interests include pigmentary disorders that result from abnormalities of melanocytes, such as vitiligo, and genetic disorders that involve the skin, such as pachyonychia congenita, Cowden syndrome and other cutaneous cancer syndromes. In addition to seeing patients with pigmentary disorders, she sees general dermatology patients at OHSU clinics.

Leachman's research examines the role of genetic predisposition and differential gene expression in the development of melanoma, with an emphasis on the familial melanoma syndrome. Through her investigations, she is seeking to develop agents that will serve as diagnostic tools, prognostic indicators or targeted agents for the prevention of melanoma.

Leachman is passionate about disseminating warnings about the risks of sun exposure and skin cancer. In 2014, she helped launch the "**War on Melanoma**," a public health campaign and early-detection program to reduce the incidence of the disease in Oregon. She says this includes a combined effort: the development of the Melanoma Community Registry and a collaboration between OHSU and Sage Bionetworks on a smartphone app called MoleMapper.

The latter involves a partnership with patients to take pictures of their moles

See **PHYSICIAN PROFILE**, page 14

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Campaign focuses on appropriate antibiotic prescribing

HealthInsight's initiative, aligned with CDC, supports clinics, outpatient providers to combat resistance

HealthInsight said it is launching **Get Smart: Preserving the Power of Antibiotics**, a campaign to engage and support medical practices and other outpatient prescribers in appropriate antibiotic prescribing to combat the increase in antibiotic resistance.

The campaign is aligned with the **Centers for Disease Control and Prevention's Get Smart: Know When Antibiotics Work program**.

HealthInsight's Get Smart initiative will support 500 medical practices and other outpatient facilities in Nevada, New Mexico, Oregon and Utah in putting in place the CDC's "Core Elements of Outpatient Antibiotic Stewardship" by July 2019, including 175 facilities in Oregon. Activities will coordinate with efforts of the states' departments of health and antibiotic stewardship coalitions.

Infections from antibiotic-resistant bacteria sicken 2 million Americans every year, and kill at least 23,000. Use of antibiotics is the single most important factor leading to resistance, and as much as 50 percent of antibiotics prescribed for people are unnecessary or not optimally prescribed, HealthInsight noted in a late February news release.

Most hospitals and nursing homes have antibiotic stewardship protocols that guide antibiotic therapy for admitted patients or residents. In the outpatient setting, the focus is on addressing "pressure to prescribe" during a care encounter, when patients may request antibiotics for conditions that they won't help, including colds and other viral illnesses. The CDC's *Core Elements* start with a public commitment to not use antibiotics when not appropriate – communicated through a simple poster in waiting areas and exam rooms, and supported through patient education handouts, such as "prescriptions" for other approaches to relieve viral symptoms.

HealthInsight's Get Smart initiative will provide clinics and other outpatient facilities with free assistance to implement the *Core Elements*. Providers will get help with tracking their prescription activities and keeping current with clinical knowledge about antibiotics. Through technical assistance, education and materials, providers

will be able to create an environment that surrounds patients with consistent information about avoiding unnecessary antibiotics, and supports clinicians and staff in making appropriate prescribing the everyday expectation of clinicians, staff and patients, HealthInsight said.

Get Smart invites participation from outpatient providers that have prescribing clinicians, including medical practices, urgent care, emergency departments, dialysis centers, pharmacies

and ambulatory surgery centers.

Participation has additional benefits, including alignment with antibiotic stewardship requirements of payers and measurement programs. Implementing the Core Elements counts as an Improvement Activity under the Medicare Quality Payment Program, HealthInsight noted.

"We all owe patients protection from serious infections that no longer respond to antibiotics because they were used too much for conditions they don't help," said

Nicole O'Kane, PharmD, clinical director for HealthInsight Oregon. "There has never been a more critical time for clinicians to join forces with patients and caregivers to preserve the power of antibiotics by using them only when they are really needed. HealthInsight can help providers and clinicians realize the mutual benefits." ■

For more information on HealthInsight's Get Smart campaign, visit www.healthinsight.org/getsmart.



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DELF HONOREE, from page 1

by their parents. She said her mother and grandmother were people who “contributed to the community. They were my early role models.” Shadbeh remembers that her grandmother taught her that the measure of a good religious person is “what you are doing to serve your community.”

“I wanted to become a lawyer as long as I can remember, even in Iran,” she says. “I knew some people who were lawyers by profession, and I was intrigued by the profession because I thought it was a way to make a difference.”

Once Shadbeh became director of the Farmworker Program, she helped launch a project that focused on the occupational health and safety of indigenous farmworkers.

By the early 1990s, she and her colleagues had recognized that the demographics of farmworkers in Oregon were changing. Many were from Mexico or Central America, but did not speak Spanish, let alone English. Rather, they have cultural and indigenous linguistic histories that differ from that of Latinos, she explained. These migrants come from numerous ethnic communities, each with its own language, such as Mixteco, Triqui and Zapoteco. Many are subject to extreme poverty and discrimination in their own country, not just in the United States, often work in the most low-paying jobs, and lack access to legal and health resources.

Julie Samples, managing attorney and coordinator of the Indigenous Farmworker

Project for the Oregon Law Center, says Shadbeh “always wants to know what farmworkers think their priorities are, in order to be responsive to the farmworker communities. Nargess is always striving to make sure we are being helpful and responsive to the communities we serve.”

When Shadbeh obtained three federal grants to help meet those objectives, an emphasis identified by the farmworkers was pesticide exposure in the fields. That topic has consumed enormous amounts of Shadbeh’s time and energy during the past dozen years or more.

She led the development of educational materials, particularly videos that are available in five different languages, one being Spanish with English subtitles, the others filmed using narrators speaking in indigenous languages. The videos are designed to present information farmworkers can understand about what pesticides are, the ways they can enter the body, the short- and long-term effects on health, and what one can do to reduce exposure. In addition, the videos explain what to do in emergency circumstances and where to obtain information.

In collaboration with the Oregon Judicial Department, the law center has worked since 2002 to train indigenous-language speakers on interpreting skills. The center and its partners also conduct intensive farmworker outreach and have implemented Promotores, a peer health educator program, training farmworkers who speak one of the common indigenous languages to share information

“She is **passionate about the rights of marginalized people** who have often been forgotten or don’t get as much attention as they should.

She has been inspiring to me to see how dedicated she is.”

—Eva Galvez, MD, of the Virginia Garcia Memorial Health Center, about Shadbeh

with their neighbors and co-workers. A goal of the program is to develop effective leadership and advocacy skills among indigenous farmworkers themselves, and to invite community input to guide the project’s work.

“Nargess is an outstanding attorney who really cares about her clients,” said David Thornburgh, JD, executive director of the Oregon Law Center, who has known and worked with Shadbeh for more than three decades. The key to Shadbeh’s work is that she “is always looking upstream” to try to prevent problems, he said. For example, 25 years ago, litigation was the first approach to dealing with pesticide exposure of workers, he explained. Farmworkers often ended up in emergency rooms, and doctors wanting information about what chemical the patient had been exposed to faced roadblocks because of farmers’ and manufacturers’ fear of being sued, he said.

Shadbeh took a different approach. “She has a lifetime reputation for building successful relationships with community partners, getting people together to solve problems.” She figured out a way to bring together public health and other professionals to find ways to prevent or minimize exposure to workers, a goal that everyone wanted but none had thought how to approach in the creative way she had, Thornburgh said. She had “the unique perspective of bringing in medical professionals who are concerned about public health broadly, into collaboration with lawyers.”

Shadbeh is the first lawyer Thornburgh knows of at the national level who thought of making a medical-legal

partnership broad-based to serve the whole community.

Eva Galvez, MD, a family physician with the Virginia Garcia Memorial Health Center, has worked for five years with Shadbeh in her pesticide-exposure prevention efforts. “She is passionate about the rights of marginalized people who have often been forgotten or don’t get as much attention as they should,” Galvez said. “She has been inspiring to me to see how dedicated she is.” Even when Shadbeh encountered obstacles along the way, “she has continued to be persistent, and she does it with so much humility.”

Another collaborator on the federal grant work with Shadbeh, Stephanie Farquhar, PhD, who previously was a professor at Portland State University, calls Shadbeh “thoughtful, driven, connected in a way you don’t always see in a (principal investigator).” She possesses “more energy and capacity for this work than any I’ve seen.”

Despite these accolades, Shadbeh credits advancements in farmworker law as coming about through collaborative partnerships, not her individual achievements: “Over the years, I’ve learned that to tackle complex problems, you need a multidisciplinary approach, where different stakeholders come together to address the issues. My role was to bring those partners together.”

Shadbeh emphasizes that physicians and other health care professionals play an essential role in promoting and protecting the health and safety of farmworkers. “I want people to know they can come to us to provide information” to help achieve that objective, she said. ■



Oregon Eye Specialists
Hires Chief Administrative Officer

Portland, OR - Oregon Eye Specialists is pleased to announce the addition of Maureen E. Wylie as Chief Administrative Officer. Her most recent role was that of Chief Operating Officer at a Nashville-based 30 attorney full service law firm. Prior to that Wylie spent five years as Chief Operating Officer at Nashville-based Anesthesia Medical Group, a 65 physician, 220 nurse anesthetist peri-operative services company serving six hospitals and five surgery centers. She earned a bachelor of arts from the University of Santa Barbara. Maureen is excited to be back on the west coast and to start exploring the beauty of the northwest.

Maureen will advise and assist the Board of Directors in implementing strategic initiatives and oversee the daily business and administrative operations of the practice. “We are very excited to have Maureen join us”, says Kelly Chung, M.D., President of Oregon Eye Specialists. “Her strong leadership skills, depth of experience in operations and a communication approach that exemplifies our mission of ‘clarity’ will help us build upon our history of exceptional patient care and assist us in embracing the future of healthcare delivery.”

Oregon Eye Specialists is a well-established and progressive eye care group offering comprehensive eye care services in 10 locations throughout northwest Oregon. With 13 ophthalmologists, 7 optometrists, who have a combined 388 years of experience and 120 dedicated staff members, Oregon Eye Specialists provides state of the art medical and surgical eye care including cataract surgery and LASIK as well as routine vision care including contact lens services and a full spectrum of eyewear. Additional information may be found at oregoneyes.net.

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Oregon physician wellness leaders help foster programs nationwide

By **Barry Finnemore**
For The Scribe

Physician wellness programs established by the **Lane County Medical Society (LCMS)** and the **Medical Society of Metropolitan Portland** are serving as national models, as leaders of both societies and a statewide coalition have collaborated in the past year to help colleagues across the country launch or pave the way for their own wellness initiatives.

The impetus for the outreach began when MSMP Executive Director **Amanda Borges** was invited by **Candice Barr**, emerita executive director of the LCMS, to speak during the American Association of Medical Society Executives' (AAMSE) national meeting in Portland.



AMANDA BORGES

Via AAMSE, which serves as a liaison to local medical societies around the U.S., Borges has worked with about a dozen societies, answering questions, sharing successes and helping them establish their own programs.

Borges said it's gratifying to see such strong interest by so many medical societies in supporting provider wellness, noting that her presentations around the nation have been followed by lengthy question-and-answer sessions as medical societies seek to learn as much as they can from the experiences of MSMP and the LCMS – the latter of which was at the forefront of supporting health and wellness among providers via a formalized program.

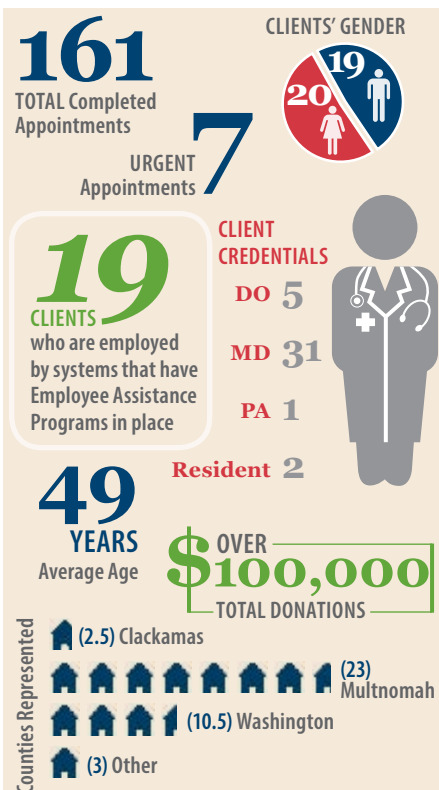
"Wellness is our top priority and what we all love to come to work for," Borges said. "It's exciting to see other medical societies' response to the need for these programs."

Borges has presented to numerous organizations, including those in Baltimore and Fort Lauderdale. Separate from outreach through AAMSE, Borges and **Donald Girard, MD, MACP**, professor emeritus at Oregon Health & Science University and a leader with the **Oregon Coalition for Healthcare Professional Enhancement**, spoke to the Central Oregon Medical Society about joining the state coalition and starting its own wellness program.

Borges said the outreach in Central Oregon drew an overflow crowd – reportedly that society's largest, requiring additional seats and video monitors in a cafeteria – which she said speaks to the importance of physician wellness to provider organizations.

MSMP Wellness Program Summary of Indicators

January 2015 – March 23, 2017



The most common questions Borges hears from medical societies exploring starting wellness programs are what first steps they should take and what a physician's obligation is to report to their respective licensing board that they are involved in wellness counseling or other treatment. Borges said she suggests that medical societies, as an initial step, check with their state's licensing board to learn what, if any, the requirements are. In Oregon, counseling sessions are not reportable to the Oregon Medical Board. Another question that comes up is how MSMP finds psychologists for its program; Borges noted that MSMP requires psychologists with its program to have past experience working with physicians.

In all, Borges serves on six national, state and local committees focused on provider wellness, including the Oregon coalition, a centralized exchange for the innovation and coordination of services that support and preserve the health and wellness of physicians and other providers. The coalition also is working to provide confidential wellness care and outreach via telemedicine for the state's rural and underserved areas, and is a

See **WELLNESS**, page 14

Medical Professionals

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FAMILY HEALTH, from page 1

The results of the study showed that adults who had experienced ACEs were more likely to be dealing with chronic health problems, violence or mental illness than those who had little or no exposure to such experiences as children. The study showed that at least 64 percent of those surveyed had experienced at least one ACE; those who had an ACE score of 4 out of 10 – 10 being the highest level of ACEs – were twice as likely to be smokers, 12 times more likely to attempt suicide, seven times more likely to struggle with alcohol and 10 times more likely to get involved with drugs than those who had lower scores.

For Pettersen, it was an eye-opening bit of research. But it was also research that no one seemed to be doing much with.

"I learned about the ACEs study," she said, "and two years later, I said, 'I can't wait any longer for someone else to do something with it.'"

So Pettersen, who practiced as a pediatrician until retiring two years ago, launched an effort with her colleague at **The Children's Clinic, R.J. Gillespie, MD**, to bring the ACEs study into practice in Portland. In 2013, they started a pilot project with some of their colleagues at the clinic, which found them surveying parents of 4-month-old babies about their own exposure to ACEs. The questionnaire is in a simple, yes-or-no format and also

includes some questions about resiliency.

"We know that those who have had that background are at risk of passing those kinds of experiences on to their kids," said Gillespie, himself a general pediatrician at The Children's Clinic. "What we want to try and do is interrupt that process. Families that have those experiences, they need somebody to authentically listen to them and validate them."

In the four years that the clinic has been conducting the brief survey, which has involved close to 20 participating physicians, providers have screened close to 3,000 parents. Gillespie said when parents were asked to read the various ACEs and say whether or not they had experienced them, about 11.5 percent said they had been affected by four or more ACEs. For parents with private insurance, the rate was about 9 percent; those who were on public insurance had a rate of about 19 percent.

One of the main goals of the screening, Pettersen said, was to perhaps find out what kinds of support parents needed to help them be better parents and avoid passing their ACEs exposure on to their children.

"No one gets up in the morning and says, 'I'm going to be the worst parent I can be today,'" she said. "Often it's simply that they don't have the skills they need, so if we can identify those who are most at-risk and support them, we can create



a healthier cycle of parenting."

Gillespie said some physicians initially voiced concerns that asking parents questions about their exposure to ACEs could have unintended consequences.

"Some providers were concerned that they might be opening a Pandora's box and have a parent collapse emotionally there in the office," he said. "That has not been our experience. Instead, it has

been very, very positive. We talk about parent self-care and positive parenting. The conversations are very meaningful. If you look at what they are most interested in getting from us, it's classes and parenting support. They want to be better parents."

Another goal, Pettersen added, is simply to help spread the word, as the ACEs study and associated research is still not as widespread or familiar as it could be. She said that she, herself, despite always trying to be sensitive when parents came into her office, was "late coming to the party" when it came to the ACEs study and its potential impacts.

"We really want to get the word out there and have as many people understand the challenges as possible," she said.

One of the ways Pettersen, Gillespie and others are doing that is through a collaborative with **Johns Hopkins** that is examining trauma-informed care, ACEs and other similar issues. Oregon is one of several hubs involved in the collaborative. The **Oregon Pediatric Society** has also been offering trainings, and the **Children's Health Alliance** has been focused heavily on the work, as well.

Pettersen said there's still a long way to go in the field, but she said that one day, she's hopeful that the kind of ACEs questions that The Children's Clinic has been asking for years becomes standard practice everywhere. Simply asking the questions alone can be helpful, she said.

"It's kind of like going to the priest and being absolved," Pettersen said. "That in itself can be healing and allow people to make a stronger connection" to how past exposure to ACEs has impacted their adult lives.

"Where this is headed in the future is the 20 gazillion-dollar question," Pettersen added. "It's not going to happen in my lifetime. This is an entire paradigm shift in how we think about health and wellness." ■

After-hours pediatric advice service continues to grow

When **Randall Children's Hospital at Legacy Emanuel** established its after-hours advice line for pediatricians' offices in 2000, the service was staffed by just five nurses. Fast-forward 17 years and the service now boasts 21 RNs who answer an estimated 40,000 calls each year, supporting 400 providers in 50 practices in Oregon and Southwest Washington.

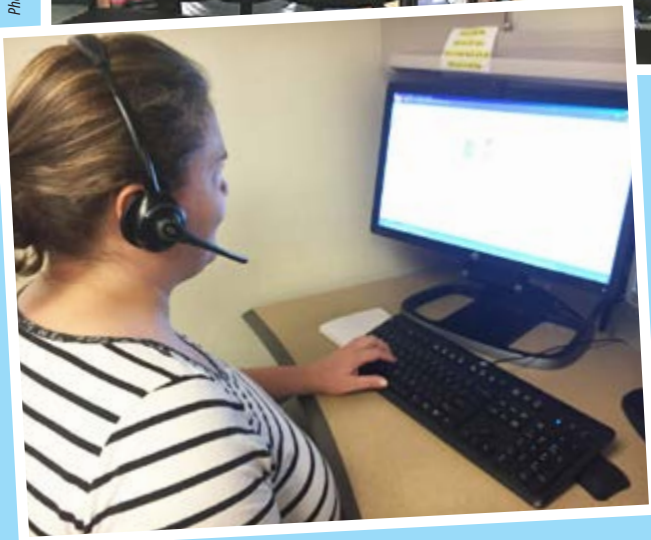
From 9 p.m. to 7 a.m. Monday through Friday, the nurses return calls to parents,

assess symptoms, provide care advice and educate parents in multiple topics of childhood illness. The line also is open weekends from noon to 7 p.m. In addition to providing reassurance to parents, the goal for the answer line is to safely get the patient through the night so parents can follow up with their pediatrician the next day.

About 35 percent of calls receive home care advice and do not need further follow up; 25 percent of parents are directed to contact their primary care physician within 24 hours; and 10 percent are directed to an emergency department or urgent care clinic immediately. **Tricia Mickle**, Randall Children's answer line manager, said the service will continue to offer more hours to pediatricians' clinics throughout this year. ■



Photos courtesy of Randall Children's Hospital



Specialist in Parent-Child Interaction Therapy sees successes grow for families

By Melody Finnemore
For The Scribe

In her work as a behavioral health provider with Pediatric Associates of the Northwest, **Shannon Odell, PsyD**, has seen scores of children with significant behavior problems and their parents, who feel stressed out and helpless when their kids act out.

About a year ago, Odell participated in specialty training in Parent-Child Interaction Therapy (PCIT), an evidence-based treatment for young children with difficult behaviors. PCIT places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

PCIT utilizes a live-coaching model, in which parents are in a therapy room with their child while the therapist is in an observation room watching via a live video feed. The parent wears a “bug-in-the-ear” device through which the therapist coaches the parent in real time on how to use the skills learned during treatment sessions.



“I wanted to be able to provide a resource for parents that I knew had the evidence backing it, and this is a very neat and effective intervention for kids and their families,” Odell said.

“The thing about being in psychology is a lot of our treatment methods are kind of lukewarm in terms of the efficacy behind them and the statistics about how effective our treatments are. But with PCIT the evidence and the statistics are so staggering. It’s like what you would see for medical procedures and medications,” she noted.

PCIT is most effective for children 2–7 years old who have oppositional defiant disorder, anxiety or have suffered from trauma. It also is growing in recognition as a potential intervention for children

with autism, Odell said.

Patients who can benefit from PCIT include children who engage in power struggles, disobey adult requests, lose their temper easily, start fights and hurt others, are disruptive at school or at home, and have difficulty staying quiet or taking turns.

“With those difficult behaviors when you’re in public or even at home, you do what you can as a parent to avoid that tantrum and yet it still seems to happen. Those kids are clearly in charge at home so it’s a rebalancing of the hierarchy,” Odell said.

Phase 1 of PCIT centers on building the relationship between the parents and their children. She observes the children and parents as they play together, and coaches the parents with basic strategies through the earpiece. Odell asks the

“The thing about being in psychology is a lot of our treatment methods are kind of lukewarm in terms of the efficacy behind them and the statistics about how effective our treatments are.

But with PCIT the evidence and the statistics are so staggering.

It’s like what you would see for medical procedures and medications.”

– Shannon Odell, PsyD

parents to practice the strategies at home for five minutes a day.

“Relationship building is the most important part because the relationship is the foundation,” she said. “A child needs to know they can trust you and you have their best interests at heart, that you see their good behaviors and want to connect

with them in the moment.”

Phase 2 is the discipline phase, which focuses on parents providing clear explanations about consequences for defiant behavior and a series of timeouts – first with the parent in the room and then, if

the behavior continues, with the parent taking the toys and periodically stepping out of the room. Odell observes the child throughout and ensures that he or she is

See *PCIT*, page 10

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Pilot program shows improved outcomes for babies in NICU, parents

About six months into a pilot program intended to better prepare parents to care for their children in the neonatal intensive care unit (NICU) and at home, **Randall Children's Hospital at Legacy Emanuel** is seeing promising results that range from the babies' improved physical outcomes to greater mental and emotional benefits for the parents.

The hospital initiated the Family-Integrated Care program last fall with the aim of building on family-centered care practices that had been in place for years. Based on a model that originated in Sweden, the pilot program allows parents to provide all of their baby's care, with the exception of the most advanced medical care. The parents are guided and supported by a team of providers.

Sean Sweeney, DO, FAAP, said results from the pilot include babies being discharged above their birth weight, and his team is collecting data to see if there is a decrease in the length of stay in the NICU. Other outcomes include increased parent involvement and satisfaction, and improved collaboration between parents and staff to provide a better way to care for the babies.

In addition, the results have shown decreased parent stress and anxiety and greater independence when caring for their neonate while in the hospital. Parents also have reported feeling more prepared and confident to take their babies home, he said.

"We are extremely excited about the family-integrated

care model," Sweeney said. "Our goal is to reduce the length of stays for families, equip families from the moment they are admitted on how to care for their critically ill infant, and to also promote Kangaroo Care (skin-to-skin contact). We truly want families to feel confident when they take their infant home."

The NICU currently provides two rooms that encompass the Family-Integrated Care program. As families enter the program, they are assigned a dedicated nursing team who begin educating and training the parents how to independently care for their baby when they leave the hospital. The rooms provide an atmosphere that is more comfortable for the families, and allows parents to have skin-to-skin contact and other bonding opportunities.

Several studies have shown that families who are present and provide the majority of care independently, with support from health care providers, result in infants with better weight gain, shorter hospitalizations and less hospital-acquired infections. It has also been shown that families have less anxiety when discharged and feel more equipped to care for their infants, according to Randall Children's Hospital.

Since the pilot launch, the program has cared for 12 families in the two Family-Integrated Care rooms. The goal is to reach five rooms by the end of this year, and 10 in the next few years. ■



Robert and Valerie Ray spent a little over two months at Randall Children's Hospital with their son, Logan, who was transferred to the NICU from Bend. The Ray family was one of the first to participate in the Family-Integrated Care pilot and said they appreciated the opportunity to provide the majority of his care. Logan is now happy and healthy back at home in Bend.

Photo courtesy of Randall Children's Hospital

PCIT, from page 9

safe during the timeouts.

The key to the discipline phase is consistency, predictability and follow through. "I've had some very long timeouts in my office because they have to sit and be there as long as the parent tells them to," she said. "Parents solidify, 'I am someone who does what I say I will do and I do it every time.'"

Odell admits that it is sometimes comedic to see the lengths some children will go to disobey a request from their parents, but she is able to reassure the parents that they will prevail because she has repeatedly seen the success of PCIT.

"It reorders the hierarchy at home so the child knows they are not the one in charge, and if their parent tells them to do something they're going to do it one way or another," she said.

Odell explained that the treatment ultimately makes the children happier, too, because while they may want to push buttons or boundaries, children know that it's scary to be the one in charge and they need their parents to look out for them. They also recognize that life is more fun for everyone in the family when it's more peaceful.

"Everybody feels better at the end of it knowing their place in the family and what they are supposed to do," she said. "I see a lot of parents graduating from this treatment feeling more confident about their skills as a parent. I know how well this works and I know it will be successful because I've seen it happen again and again and again." ■



Power of music highlighted by OHSU

Music therapy's healing influence is impacting patients at OHSU. Text posted on the university's news section focuses on the positive impact of music therapy for neonatal intensive care patients at **Doernbecher Children's Hospital**.

The story, which centers on the efforts of certified music therapist **Laura Beer**, touches on research showing that live music in neonatal units can help lower heart and respiratory rates in premature babies and increase their oxygen level, improve sucking response and weight gain, decrease stress responses and improve sleep. It also highlights the intentional approach, using prescribed protocols, Beer takes in applying music therapy in a NICU.

To read the full text, please visit news.ohsu.edu.

Photo courtesy of Kristyna Wentz/Graff

Study: Prefilled epinephrine syringes do not provide accurate dosage

A study led by **Matthew Hansen, MD, MCR**, an assistant professor of emergency medicine in the **Oregon Health & Science University School of Medicine**, has shown that administering epinephrine via a prefilled syringe designed for adults can result in inaccurate dosing for pediatric patients.

A common epinephrine administration method during cardiac arrest is through a commercially available prefilled epinephrine syringe. Though these products are generally designed for adults, providers may use the graduated lines on the syringe to conveniently measure and deliver proper amounts for pediatric injection.

However, Hansen says, these products may yield higher doses than intended. "This inaccuracy could lead to reduced survival for children suffering a cardiac arrest, a condition with high

rates of death."

OHSU explained in a news release that Hansen and his team analyzed 56 prefilled syringes by testing medication volume through weight and density. They determined that the average amount of epinephrine expelled by the syringe when the stopper was pushed to the 0.5 milliliter mark – the recommended amount for an infant – was 0.9 milliliters. The research was published in late February in *JAMA Pediatrics*.

"This study raises questions about drug delivery systems designed for adults and used for children without rigorous testing of the accuracy in small doses," Hansen said. "Until these delivery systems are updated, to ensure patient safety, practitioners should draw accurate doses of the drug from the prefilled products and transfer to a smaller syringe for infant dosing." ■

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Virginia King, M.D., FPMRS — Dr. King is a board-certified urogynecologist. She received her medical degree from OHSU and completed her residency at Duke University. She returned to OHSU to complete a fellowship in female pelvic medicine and reconstructive surgery.

Lynn Osmundsen, M.D., FPMRS — Dr. Osmundsen is a board-certified urogynecologist. She pursued her medical studies at Tufts University and completed a master's in public health. She completed her residency at OHSU in obstetrics and gynecology.



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Mentoring through music

Women's health practitioner Sharon Wong nurtures young musicians with positivity, patience

By John Rumler
For The Scribe

A board-certified obstetrician and gynecologist at Adventist Health, **Sharon Wong, MD**, finds that her passion for music and involvement in mentoring and nurturing young musicians helps her balance the many stresses of doctoring.

"Music has been a common tie in my family through generations. To me, listening to music and playing a musical instrument allows that part of my brain that works as a physician to step back and rest," she says.

Born and raised in the San Francisco Bay area, Wong grew up in a household that had strong influences on her, both medically and musically. Her mother was a medical technologist, while her father was a MD who completed two years of a general surgery residency and then switched to physical medicine and rehabilitation, which was an emerging field at the time.

He worked until he was 80 and Wong recalls going on rounds with him, seeing patients in iron lungs, and meeting nurses and physical therapists – all before she began kindergarten.

Wong considered a career in hematology/oncology, but realized it was a challenge for her to maintain a cheerful and optimistic demeanor with chronically and terminally ill patients. After analyzing her experiences, she decided that she was most happy and fulfilled during her OB/GYN rotation, so she switched and has never regretted it.

Wong graduated from Pacific Union College with a bachelor's degree in medical technology. She earned her medical degree and completed her OB/GYN residency at Loma Linda University School of Medicine.

"The best part of my job is summed up in the word 'relationship.' Caring for a woman through each stage of life – from teenage to starting a family to menopause – is incredibly rewarding," she says.

'Patient and inclusive'

Both her parents studied music as young children, and Wong started piano lessons at 6 and violin at 7, as did her younger sister. When she was in the fourth grade, the band director at her school asked her to play some oboe parts on her violin, so she played in the band with much older students who were in the seventh to 10th grade. The next year, she began studying flute.

"For 10 years, my mother took us to piano lessons every Monday afternoon and violin lessons on Wednesdays, and for the last five of those years to flute/clarinet lessons on Thursdays," Wong recalls, adding modestly, "Unfortunately, I didn't like to practice so the only instrument I became proficient at was the flute."

Her son, Nick, also began studying music, including violin and French horn, at an early age and soon blossomed. "He quickly surpassed my violin skills," Wong says. "At the age of 14 he was honored to be a featured soloist in a local youth orchestra." Nick also played with Portland Adventist String Orchestra (PASO) and served as concertmaster for one year before graduating in 2014.

About a dozen years ago, a local youth orchestra that needed a rehearsal venue approached Wong's husband, Brian, then the vice president of finance at Portland Adventist Academy (PAA), where their son Nick would later attend. The couple was glad to help, and soon after, they decided to start a Christian string musicians' group.

After reaching out to many families to gauge interest, in 2006, the first rehearsal of PASO was held with 14 student musicians, four adult mentors and a conductor. Five years later, Opus Strings was established to provide

ensemble experience for younger players still in elementary and middle school.

Nick is now a college junior, majoring in theology with a goal of serving in a pastoral ministry. While he is no longer at PAA, Sharon and Brian are still strong supporters of the school's music programs. PASO is included in the school's music curriculum for fine arts credit and, in addition to winter and spring concerts, PASO and Opus Strings perform at local churches, retirement centers, and community outreach and fundraising events.

The conductor for PASO and Opus Strings from 2011 to 2015, Hunter Petty has known Sharon Wong for 10 years. A professional violinist and music teacher at St. Cecilia School in Beaverton, Hunter describes her as a fantastic violinist with a vast amount of musical knowledge that she enjoys sharing.

"Sharon's love of music and helping people showed through her dedication to teaching, helping students who were struggling, and helping to create a well-rounded child through education, music and spirituality."

Petty also commented on her ability to handle pressure. "Sharon is unfazeable, always able to handle stress with a unique finesse. I admire both her dedication to medicine and her desire to lead our next generation of musicians."

The current concertmaster for PASO, Chelsea Gibson first joined PASO about 10 years ago and met Sharon Wong (who was an adult mentor) and also job-shadowed her in the OR and in her office. Gibson, who is planning on a career as an OB/GYN, says she is a second mom to her.

When she first joined PASO, Gibson and her sister couldn't read music, she recalls, "so we'd sit with Sharon and she'd help us understand what was going on. She is so patient and inclusive, I've never felt left out around her."

Even after her son graduated, Sharon Wong continued to attend rehearsals for Opus Strings and help out in ways big and small, Gibson says. "Throughout my life, Sharon's been a massive role model for me and I love her and appreciate her."

The dean of the School of Nursing for Walla Walla University, Lucy Krull, PhD, RN, also grew up playing the violin; her son is a past member of Opus Strings and PASO. Krull knew Sharon Wong previously, and both now serve on the board of directors for Adventist Medical Center.

"Sharon's energy seems to be endless," Krull says. "I've seen her come to a performance or rehearsal after being awake with patients for many hours. She never seems tired and her mood is always calm and supportive."

When asked how Sharon Wong was so successful at mentoring kids, Krull said that it was because of her friendliness, positive attitude and ability to stay calm in any situation. "I'm sure that Sharon's many years of handling patient emergencies have helped her with this, but whenever there's an emergency, she never gets upset, critical or worried."

Krull says that even while working in a full-time medical practice, Sharon Wong was instrumental in selecting the orchestra's repertoire, purchasing and cataloging music, arranging concert venues, setting up for events and much more. "Although Sharon still plays the violin beautifully, she shuns the spotlight and is happy working in the background for the kids."

While Brian and Sharon continue their musical journey, they hope the youth orchestras will continue to thrive and someday travel overseas on musical mission trips.

"Brian and I strongly believe in music education aligned with ministry," Wong says. "We hope that we have encouraged our young musicians to use their gifts and talents in the service of others." ■

Sharon Wong, MD, began playing the violin, piano and flute at a young age and says music has been a common tie in her family for generations. She notes that listening to and playing music allows the part of her brain that works as a physician to rest. Photo by Gary McLain

"We hope that **we** **have encouraged** our young musicians to **use their gifts and talents in the service of others.**"

- Sharon Wong, MD



Sharon Wong, pictured at far right during a performance several years ago, began mentoring young musicians about a decade ago when her son, Nick, was a young violin player. She has enjoyed watching many of the young musicians, including those pictured here, go on to succeed in college and appreciate all that music has to offer in their personal lives. Photo by Roger Rosenquist, MD

ProPublica: Adventist Medical Center has area's lowest wait time

According to data outlining emergency room wait times in Oregon, the independent nonprofit newsroom ProPublica found that **Adventist Medical Center** has the lowest emergency room wait time in Portland, at 16 minutes, and one of the state's lowest.

"The results of this report are a testament to the attention we pay to provide outstanding emergency department care," said **David Russell**, president and CEO of Adventist Health Portland. "Visiting the emergency room can be uncomfortable, and our goal is to ease discomfort and reduce anxiety by getting patients seen as quickly as possible. Communicating quickly and frequently with our patients is a key way we deliver on our mission and provide an exceptional patient experience."

Adventist's emergency department in Southeast Portland, which sees around 155 patients a day, is an accredited Chest Pain Center and an accredited stroke program. More than 90 percent of patients who arrive with symptoms of a stroke receive a CT scan, the primary method for diagnosing a stroke, within 45 minutes.

Providence St. Vincent breastfeeding program earns prestigious designation

Providence St. Vincent Medical Center said it has been recognized for efforts to encourage breastfeeding by earning the Baby-Friendly designation from the **World Health Organization** and the **United Nations Children's Fund**. This prestigious designation is the gold standard of maternity care and follows a rigorous multiyear review and on-site survey, Providence noted.

Providence St. Vincent joins four other Providence hospitals in Oregon and 417 others across the United States certified as baby friendly.

"Successful breastfeeding is vital to the health of mom and baby," said **Lora Horn, RN**, director of maternal and child division, Providence St. Vincent Medical Center. "Breast milk has been shown to build a new baby's immune system while mom bonds with her baby. Breastfeeding also helps lower cancer risk."

The foundation of the Baby-Friendly distinction is the adherence to the 10 steps to successful breastfeeding. The steps include helping mothers initiate breastfeeding within one hour of birth; practicing rooming-in, allowing mothers and infants to remain together 24 hours a day; refraining from using a pacifier or giving other food and drink; training caregivers; and providing education and ongoing support for women.

Proposed NIH cuts would hit Oregon hard

In the wake of the White House releasing its budget blueprint in March, two leaders at Oregon Health & Science University laid out their concerns about the proposed nearly \$6 billion cut to the National Institutes of Health.

Daniel M. Dorsa, PhD, senior vice president for research at OHSU, and **John G. Hunter, MD, FACS**, the OHSU School of Medicine's interim dean, noted in a piece



DANIEL M. DORSA, PHD



JOHN G. HUNTER, MD, FACS

on OHSU's website that the state's only academic medical center relies heavily on NIH funds to conduct life-saving research. They pointed out that in just 2016, scientists on Marquam Hill received more than \$234 million in NIH funding – "by far the largest source of funding for research at OHSU."

"Treatments and cures for some of the world's deadliest diseases would not be possible without the basic and translational NIH-funded research discoveries that happen in the lab," they wrote. "This size of a cut to NIH funding could potentially halt

life-saving research. Not only that, the impact could be immediate because the NIH generally awards grants in five-year increments."

They also stressed that such cuts could mean the loss of the next generation of scientists as well as cause economic ripple effects across Oregon. They acknowledged that it was the first step in the federal budget process and expressed hope that Congress, including the state's delegation, would continue to be a strong NIH supporter.

FamilyCare Health to host opioid training series

FamilyCare Health, the coordinated care organization serving Medicaid and Medicare members in Oregon, kicks off a four-part opioid training series for providers April 27 with "Buprenorphine: What we know and what we don't. Prescribing safely for pain management and opioid dependence."

The event will be held from 8 a.m. to noon at the Sherwood Center for the Arts in Sherwood. Lead speaker **Andrea Rubenstein, MD**, chief of the department of pain medicine at **Kaiser Permanente Santa Rosa**, will review taper planning of opioids and how and when to integrate buprenorphine products into a pain management strategy. Speaker **Amanda Risser, MD**, who focuses on addiction medicine at **Oregon Health & Science University**, will give recommendations on buprenorphine/naloxone (Suboxone) prescribing for addiction within the primary care setting.

Health care professionals can register for \$30 at <http://bit.ly/FCHBup>.

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clearinghouse for discussion and research about the impacts of wellness services.

Borges emphasized the importance of Barr's pioneering work around physician wellness, noting in part the significance of the utilization data the LCMS collected and the significant funds it has raised to support its program.

"Her starting the Lane County Medical Society program in 2012 was really the launching point," Borges said of Barr. "Candice paved the way for us and her work is paving the way for other medical societies."

Indeed, some three years after LCMS launched its program, MSMP began its own, using LCMS as a model. From January 2015 to late March of this year, MSMP's Physician Wellness Program has served 39 clients and recorded 161 completed appointments. Urgent appointments have numbered seven. The program has served 31 MDs, five DOs, one PA and two residents, with an average age of 49. Donations to the program exceed \$100,000 (for full program data, please see the graphic on page 7).

Borges said appointments doubled over the program's first and second years, and are predicted to again double this year compared with 2016. Additionally, MSMP's membership jumped 30 percent in roughly the last quarter of 2016, specifically because of the wellness program.

Borges said among the statistics that stand out for her is the fact that about half of the clients served by MSMP's Physician Wellness Program are employed by organizations that have employee assistance programs, which speaks to the confidence providers have in the confidentiality around which MSMP has built its program.

As it stands, about 10 local medical societies across the U.S. have provider wellness programs, while 14 others are in progress, in discussion or in the "still thinking" stage, according to information compiled by MSMP. ■

The Wellness Program is here for us now and will be in perpetuity – provided we fund it. Visit msmp.org to donate today.

It's a match!

Ann Oluloro (right) celebrates with her mom, Lydia Michael, after finding out in mid-March during Match Day that she will do her residency training at the University of Buffalo School of Medicine.

Oluloro was among 135 Oregon Health & Science University fourth-year medical students who, with family, friends and faculty by their side, matched in 21 disciplines.

By specialty, 56 students, or 41 percent of the class, chose primary care residencies, which OHSU noted bodes well for meeting the demand for primary care physicians.



Photo courtesy of Kristyna Wenz-Graf

PHYSICIAN PROFILE, from page 4

and track their change and growth over time. MoleMapper gathers data for melanoma research, and potentially can detect changes in individuals at greater risk.

"The definition of melanoma is cells growing out of control, and these changes usually are observable in the vast majority of cases," she says. "The MoleMapper puts the responsibility and power in patients' hands."

The open-source app calculates moles' diameter and "will tell whether a mole is growing or changing," she explains. This enhances physicians' ability to detect cancer early if the patient brings this data and it shows gradual changes. The MoleMapper can be downloaded from the Apple App Store or Google Play Store.

The melanoma registry is open to anyone who has melanoma or a family member or friends with melanoma, and it is intended to create "a true community of melanoma, committed to train and to teach others" and to expand outreach,

Leachman says. She wants to inspire those who have been affected by the disease to follow the highly successful model employed by breast cancer survivors. The idea is to get patients "to stand up for their own interests."

Paradoxically, rainy Oregon records an unusually high incidence of melanoma. The reasons aren't fully understood, but Leachman says, "My gut feeling is that people here have a false sense of security," and therefore "don't protect themselves."

First, many do not understand that ultraviolet rays penetrate cloud-covered skies, she notes. In addition, because the sun is scarce for many months of a year, some residents travel to sunny climes or, once the sun does come out in full force here, "overdo it." Also, the population is predominantly of Northern European stock, which makes it inherently more vulnerable to sun damage and skin cancer.

However, she adds that biological or environmental factors that we "haven't figured out," such as exposure to pesticides

and herbicides, also may play a role.

Leachman's goal of spreading the word about prevention drew inspiration partly from how patients who test positive for genetic risk realize "the relevance" of why they should be careful. They already knew they had family members with melanoma, she says, but seeing the results showing they possessed genes putting them at greater risk shapes their behavior and impels them to "comply with prevention recommendations." ■

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