The Scribe

A publication of the Medical Society of Metropolitan Portland

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Emergency medicine

The Scribe looks into legislation and crisis care planning that impact emergency physicians, and we talk with John Moorhead, MD, MS, an emergency physician who now chairs the American Board of Medical Specialties.

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Joy in creating

Artistic pursuits keep resident Katharine Marshall grounded.

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

A collaborative approach to care

Specialists convene weekly seeking better outcomes for youngsters with brain, spinal cord tumors

By Jon Bell
For The Scribe

When she arrived at **Oregon Health & Science University** in 2006, **Kellie Nazemi, MD**, was fresh off a fellowship at Boston Children's Hospital. She was relatively young – in her 30s – and new to the scene at **Doernbecher Children's Hospital**.

Yet Nazemi didn't hesitate to jump right in at OHSU, meet everyone in the pediatric cancer realm and suggest a new approach to sizing up diagnosis and treatment – a tumor board.

"I came in straight from my fellowship and must have sounded like a kid," Nazemi said, "but everyone here was so welcoming and interested in the idea. They said, 'We're so glad you're here. Where do you need us and when?'"

The idea was to convene a weekly meeting where a range of pediatric oncology specialists – surgeons, oncologists, radiation therapists and others – would come together and discuss cases of kids with brain and spinal cord tumors. The physicians would share ideas, offer insight and otherwise discuss the various cases as a way to enrich and improve care and treatment for each child.

It was an approach that Nazemi had been a part of in Boston and that she knew from experience worked well. It was also an approach that has been used at hospitals around the country, including in different departments, mostly related to cancer, at OHSU.

"I was a trainee in Boston, but I played a pretty significant role in the tumor board there," Nazemi said. "With so many people present on the conversations, it's like each patient is kind of getting multiple consults — without having to get multiple consults."

Within a couple of months of Nazemi's arrival at OHSU, the **Pediatric Brain Tumor Board** was up and running. The board started off slowly, scheduling weekly meetings but often canceling when there wasn't enough to talk about or when other responsibilities took precedence.

But in short order, the board took hold, and now, more than 10 years later, 20 or so specialists meet like clockwork every Thursday morning. They talk tumors and diagnoses, straightforward cases and complex ones, treatment options, familial concerns and just about anything else that might help improve outcomes all around.

"People really value the meeting, so they bring cases there for discussion every week," Nazemi said. "Everybody is so invested in the process and grateful for it. It's helpful in almost every case, even if it's a very straightforward one."

Photo courtesy of OHSU/Kristyna Wentz-Graff

"Everybody is so invested in the process and grateful for it. **It's helpful in almost every case, even if it's a very straightforward one."**

– Kellie Nazemi, MD (above, center)

The discussions can be especially helpful in cases of pediatric cancer that are less common, where there may not yet be standards of care or much information in the medical literature. Nazemi said the board often serves

*See **BRAIN TUMOR BOARD,** page 13*

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's inaugural Walk with a Doc event

The Medical Society of Metropolitan Portland's first Walk with a Doc event will be at **7 a.m., Friday, May 12**. Walks will be held the second Friday of each month.

For more information, including details about leading a walk, please visit *msmp.org/Walk-With-a-Doc*, or contact Janine Monaco at 503-222-9977 or *janine@msmp.org*.

More information about Walk with a Doc also is available at *www.walkwithadoc.org*.

'Walking the talk'

MSMP launches Walk with a Doc chapter to promote exercise, connections

By Jon Bell
For The Scribe

From his 41 years of teaching and practicing medicine at Oregon Health & Science University, **Donald Girard, MD**, can easily single out one of his favorite highlights – his patients.

"One of the most treasurable parts of my professional life was my relationship with my patients and getting to know them," he said. "I would always say to the residents, 'Shut up and listen,' because if you take the time to know your patients, you will be at a tremendous advantage in helping to know their problems and helping them solve them."

Helping patients and providers connect on a more personal level is just one of the many goals of **Walk with a Doc**, a national nonprofit founded by a cardiologist in Ohio 12 years ago as a way to not only encourage exercise but also to allow patients and physicians to get to know each other better. The nonprofit has since expanded with 301 chapters in 44 states.

One of the newest chapters is just forming in Portland with the **Medical Society of Metropolitan Portland**. Girard, a longtime runner who later switched to cycling and walking to stay in shape, will lead the monthly walks, which are set for the second Friday of every month starting in May. The walks, which will begin at 7 a.m., will wind along the South Waterfront Greenway Path along the Willamette River, starting from the MSMP's headquarters at 4380 S.W. Macadam Ave. All are invited to

*See **WALK WITH A DOC,** page 13*

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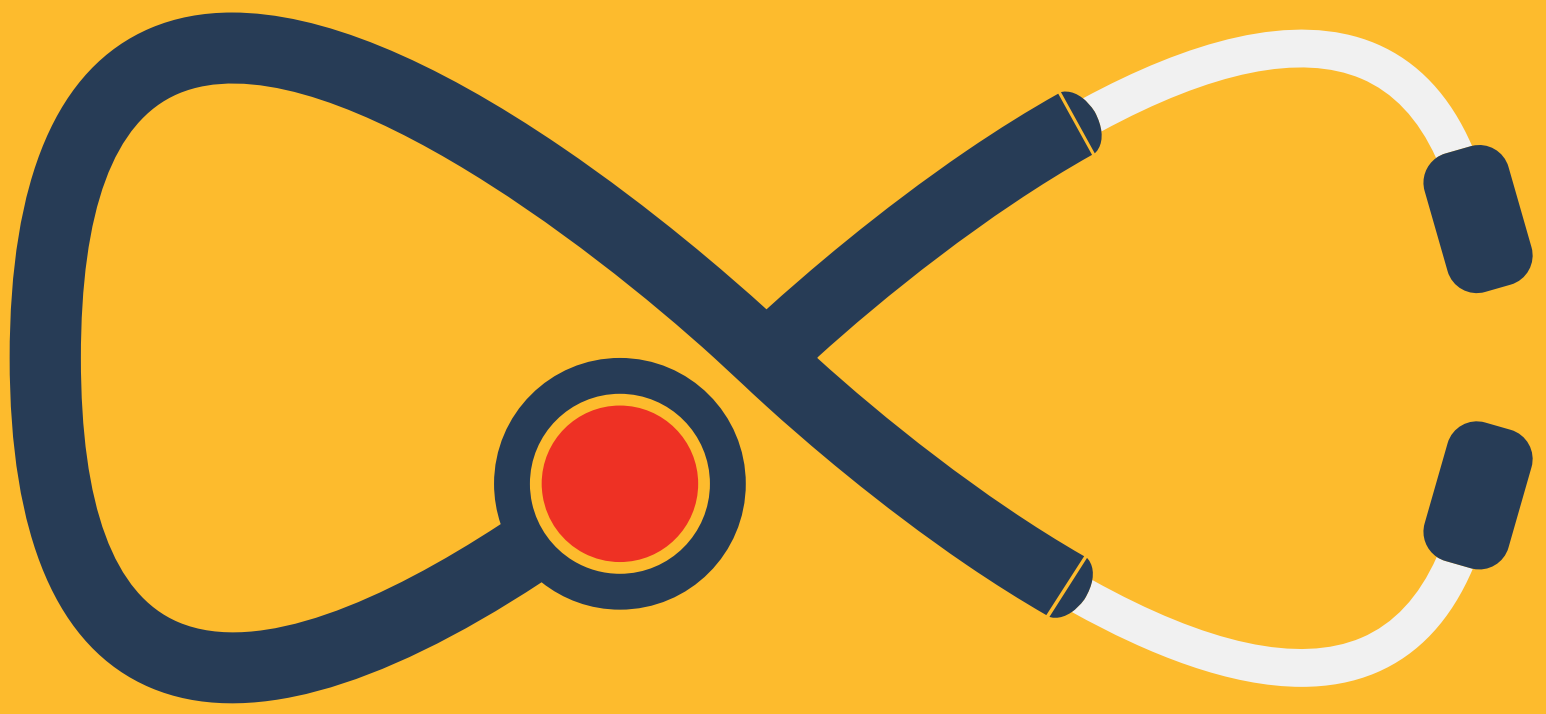

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The Doctors Company has returned nearly $400 million to our members through our dividend program—and that includes 5% to qualified Oregon members. We've always been guided by the belief that the practice of good medicine should be advanced, protected, and rewarded. So when our insured physicians keep patients safe and claims low, we all win. That's malpractice without the mal.

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"Connecting Physicians in Community"

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MSMP's 133rd Annual Meeting

Thank you to everyone who attended MSMP's 133rd Annual Meeting!

A sincere thank you to our speaker, **John Kitzhaber, MD**, and to our event sponsors, **The Doctors Company** and **Finity Group**.

Visit www.MSMP.org for photos of this year's meeting!

Battle of the Doctor Bands

7 p.m., June 15
Lola's Room at the Crystal Ballroom

The bands have been chosen!

- Pink Hubcaps
- HomeBrew
- Tight Junction

Come rock with the bands and our judges, **Ron Hurst** from Steppenwolf, famous local pianist **Michael Allen Harrison**, and longtime Portland air personality **Dave Scott**.

Find additional details and buy your tickets at *www.MSMP.org*.

Retired Physicians Luncheon

Is Oregon 'Earthquake Country'?

11:30 a.m., May 31
MSMP Conference Room

Join us for a fascinating lecture with geologist Sheila Alfsen as she discusses new geologic evidence showing the Pacific Northwest may be long overdue for this event.

Free to MSMP members and lunch will be provided. Registration is required at *www.MSMP.org* or contact Janine at 503-222-9977.

Join us for a Walk with a Doc

7 a.m., Friday, May 12
4380 SW Macadam Ave., Portland

Meet us on the waterfront bike path. Look for 'Walk with a Doc' signs.

Join MSMP for our first 'Walk with a Doc' with Dr. Donald Girard.

This event brings local physicians and community members together to allow for discussions on health and healthy lifestyles while getting 30 to 60 minutes of physical activity.

This walk is appropriate for all ages and fitness levels.

No need to register, just show up! Snacks and water will be provided.

Welcome our newest MSMP Members!

HOLLY EASTON, DO
AFC Urgent Care Portland
503-451-6679
www.afcurgent careportland.com

LYNDA PEEL, MD
Cascade Physicians
503-226-4091
www.cascade physicians.com

We invite YOU to become a member of MSMP

Your membership dues support these valuable programs which are available to you as a member:

- **Physician Wellness Program**
- **Battle of the Doctor Bands**
- **Continuing Education**
- **Annual Meeting Speaker Event**
- **OSHA/HIPAA Courses**
- **Scribe Newspaper**
- **Little Black Book**

Join today at MSMP.ORG

Award recipient Lahti embraces narrative medicine, promotes healing in stories

By John Rumler
For The Scribe

Growing up in the Chicago suburbs, **Elizabeth Lahti, MD**, never seriously considered becoming a doctor, yet last month in San Francisco, she received a **2017 Exceptional Mentorship Award** by the American Medical Women's Association.

ELIZABETH LAHTI, MD

Even though her father was a surgeon, in high school Lahti took only the necessary requirements in math and science because her passion was languages and words. She graduated cum laude with dual degrees in English and Spanish from Lawrence University in Wisconsin, with designs on a life among the literati.

"I thought I wanted to be a writer or perhaps a scholar of Latin American fiction," she recalls.

At age 22, Lahti was teaching high school English when she joined her father on a medical trip to Peru to serve as a translator. It turned out to be a life-changing experience. "I realized that as a translator I could connect with patients in ways the doctors couldn't. The patients told me beautiful stories about their lives and I relayed the information, realizing quickly that certain information was pertinent and other information wasn't."

Soon after returning to the U.S., Lahti entered medical school and in 2002 earned her MD from the University of Illinois at Chicago. She first considered becoming a surgeon, but then switched to internal medicine and became a hospitalist.

"I liked being surrounded by nurses, social workers, residents and students, and I liked being the person who communicates with patients during stressful times of their lives. No one wants to be in the hospital, but I could be a calming influence and a translator of medical language into something they could understand."

After she finished her residency, Lahti began working at a community hospital and joined a writing group that met every week. She found herself frequently writing about her patients or the experience of caring for them, or writing from some of her patient's perspectives.

"I found that if I wrote about different aspects, whether from the perspective of a doctor or patient, or family member, I became more attuned to what was actually happening in the real encounters."

Doctors are trained to listen in such a way, Lahti explains, that the medical details float to the top and personal anecdotes settle on the bottom. "For me, the beauty of the human being was in those anecdotes and stories, and the more I recognized the non-medical, the better connections I made with patients and their families."

Besides being a hospitalist and an assistant professor of medicine, Lahti is the director of narrative medicine at the Oregon Health & Science University School of Medicine, and she designed and co-facilitates the first upper-level inter-professional course: Narrative Competence for Health Professionals, through the Interprofessional Education (IPE) Initiative at OHSU.

Lahti teaches narrative medicine and reflective practice to students, residents and faculty, with a strong focus on identity formation and resilience through story. She's also worked with OHSU's Wellness Center and is optimistic about possible future collaborations. "I'm so impressed with all their incredible work; however, like much, but not all, of medicine, their focus is on treating a problem rather than preventing it."

An April 2017 article in the *Annals of Internal Medicine* dealing with strategies to address physician wellness and avoid burnout listed six top strategies for dealing with burnout, Lahti said, but not one focused on prevention.

"I think that integrating narrative medicine into the fabric of medical practice can help prevent burnout and promote wellness. To continue to evolve, I think it requires 'champions' at an institutional level to facilitate the collaborations."

Associate professor at OHSU **Martha Driessnack, PhD, PNP–BC**, has known Lahti for about three years, as both arrived at OHSU at nearly the same time. "Elizabeth had the idea to offer an interprofessional course on narrative medicine, but she needed to find a faculty member from another health profession to help teach it. That is where I came in."

Lahti and Driessnack created the first-ever interprofessional elective at OHSU and have continued as partners ever since. "Elizabeth seeks out and engages all health professions," Driessnack says. "She seeks to flatten health care hierarchies and focus instead on the team and putting the patient in the center."

After **April Brenneman**'s 4-year-old son was diagnosed with cancer in 2004, she began writing throughout his treatment journey and beyond as a way to cope, process and try to understand his suffering.

Brenneman found and contacted Lahti through the Internet in 2015 as she searched for someone in the area who was knowledgeable about narrative medicine. "Elizabeth responded immediately," Brenneman says. "She was open and took the time to listen to my story, then encouraged me to attend the Narrative Medicine Workshop at Columbia University."

The two have become not only closely allied professionally, but also as friends. "Elizabeth has a profound respect, honor and compassion for people and she is a generous listener, with an open heart who attempts to fully hear what you are trying to communicate," Brenneman says.

The two women co-founded the Northwest Narrative Medicine Collaborative, which hosts an annual conference and monthly series where students, patients, caregivers and health professionals explore the experiences of illness and wellness through story.

Lahti planned and spearheaded the inaugural Northwest Narrative Medicine Conference, held last Sept. 16–18 at OHSU's Collaborative Life Sciences Building, that brought together a diverse array of health professionals, patients, caregivers and artists. "Elizabeth is the compassionate force behind NNMC and it's an honor to journey alongside her in this endeavor."

> "By embracing her story, the story of patients, and **by encouraging physicians to write and understand our own stories,** we can profoundly revolutionize and evolve the current medical system."
>
> *- Megan Furnari, MD*

Megan Furnari, MD, MS, a pediatrician and instructor in pediatric neonatology, nominated Lahti for the AMWA Leadership Award. After earning her MD at the University of Massachusetts, she came to OHSU and was looking for a mentor when Lahti entered her life at the perfect time, she says. "As a pediatric resident, Dr. Lahti became the narrative medicine leader in the medical school and for residents. Her energy, passion and curriculum spread across the institution, inspiring many."

Lahti's efforts have made narrative medicine a formal thread in the new medical school curriculum, Furnari says, affording each new student the opportunity to "truly show up and be validated for their personal strengths and wisdom by their peers."

This new approach, says Furnari, "is the most creative and meaningful approach I've seen to stopping physician burnout and creating a truly supportive community from an early stage in physician training.

"By embracing her story, the story of patients, and by encouraging physicians to write and understand our own stories, we can profoundly revolutionize and evolve the current medical system," Furnari added. ■

Legacy, OHSU mark advances in medical technology, treatment and research

Tualatin's **Legacy Meridian Park Medical Center** and **Legacy Salmon Creek Medical Center** in Vancouver, Wash., are among the first hospitals on the West Coast to offer a first-of-its-kind robotic surgery for patients who need total knee replacement.

"This will be the gold standard in the way joint replacement surgery is done," said **Todd Borus, MD**, an orthopedic surgeon at **Rebound Orthopedics** who Legacy said has performed more Mako robotic hip and partial knee surgeries than any other surgeon in the Pacific Northwest. Borus is one of the first surgeons to embrace the use of robotics for orthopedics and is considered a national leader in the Mako robotic program.

"I'm thrilled by the results so far," he said. "This allows us to map out the area before the surgery and then use the computer-generated blueprint with the robotic arm to make precise cuts, protecting the surrounding soft tissue, setting a precise alignment and creating a perfectly balanced knee."

For patients, it means a faster recovery time because it's minimally invasive surgery. "It's rewarding to help people reclaim their mobility and improve quality of life," Borus said. "It used to be we would tell patients their knee might last 10 to 15 years but because of advances in the procedure and in the materials, the data shows a new knee might last 20 to 30 years."

He noted that this has opened the door for younger patients in their 40s and 50s. "We're starting to see a huge surge in patients – the younger athletic population that has worn out their knee prematurely due to sports injuries. That's the fastest-growing demographic of the knee replacement population in general."

Borus, who began his practice is 2006, is now training other surgeons how to use the Mako total knee procedure. "Robotics is the future of surgery. It won't ever replace the surgeon. But it's a consistently precise tool for the intricate work we do that results in the best outcomes for our patients."

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Legacy Health also recently announced that its **Emanuel Medical Center** is the first hospital in Oregon to acquire an advanced robotic imaging and navigation system for more precise brain tumor removal and spinal surgeries. The Synaptive BrightMatter™ technology integrates pre-operative imaging, surgical planning and robotic visualization to give neurosurgeons the ability to see relevant details in the brain not visible to the human eye, which may allow for much safer surgical intervention.

During the pre-operative phase, neurosurgeons use the system's whole brain tractography technology to create images to plan a safer route to reach a tumor. Having this roadmap ahead of time helps the neurosurgeons consider approaches for navigating around critical structures within the brain to reduce the chance of damaging or interfering with important language, visual and movement pathways. Also, neurosurgeons may be able to reach tumors once deemed inoperable or higher risk.

The Mako robotic hip and partial knee procedures provide surgeons with greater precision and allow patients to recover more quickly because it's minimally invasive surgery. *Photo courtesy of Legacy Health*

The technology's robotic visualization system consists of a movable arm with a digital video camera system and a high-powered microscope attached that follows the neurosurgeon's sensor-driven tools. The incision area is projected in real-time on a 55-inch monitor screen. The 3-D whole brain tractography image is there as well to guide the neurosurgeon's instruments throughout the surgery. This hands-free optical visualization has an added benefit for neurosurgeons ergonomically – typical surgical microscopes require more bending of the head and neck.

"These latest advancements in robotics and visualization put us at the forefront of patient care and furthers our commitment to provide quality care," said Legacy Emanuel President **Lori Morgan, MD**. "More precise surgeries can result in better outcomes and shorter patient stays. In addition, the ergonomics of this technology requires less movement and can reduce or prevent physical stress and fatigue on our surgeons."

Last year, Legacy Health performed almost 400 craniotomies and 1,600 spinal surgeries, with the majority at Legacy Emanuel.

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Oregon Health & Science University announced that surgeons at **Casey Eye Institute** are using a new technique called Halo graft, a patch made of donated corneal tissue, to perform tube shunt surgeries that prevent vision loss in glaucoma patients. Glaucoma is the leading cause of irreversible blindness worldwide.

Shandiz Tehrani, MD, PhD, an ophthalmologist and glaucoma specialist at Casey Eye Institute, has performed more than 100 surgeries using the Halo graft, which was developed by researchers at **Lions VisionGift**, Oregon's eye bank. While topical medication and lasers are used in mild to moderate cases of glaucoma, patients with severe glaucoma often need surgery to prevent blindness.

"In the past, donated corneal tissue use was limited by prior medical history and surgeries," said Tehrani, an assistant professor of ophthalmology in the OHSU School of Medicine and member of the Medical Advising Committee of VisionGift. "With the advent of Halo, previously unused corneal tissue from one eye can now be used to create multiple Halo grafts and benefit up to four different glaucoma patients."

Tehrani said Halo is now the mainstay for covering tube shunt implants at Casey Eye Institute and is improving the long-term success of the surgery.

"Halo grafts allow surgeons like Dr. Tehrani to maximize donated eye tissues and help save the eyesight of many more patients," said **Corrina Patzer,** chief strategy officer at VisionGift. "For families who have lost loved ones that became eye tissue donors, learning that their gifts were used to save the eyesight of another person is often a significant comfort in what is such a dark moment in their lives."

Surgeons at Casey Eye Institute use donated eye tissue to treat glaucoma, corneal transplants and emergency ocular trauma repair, among others.

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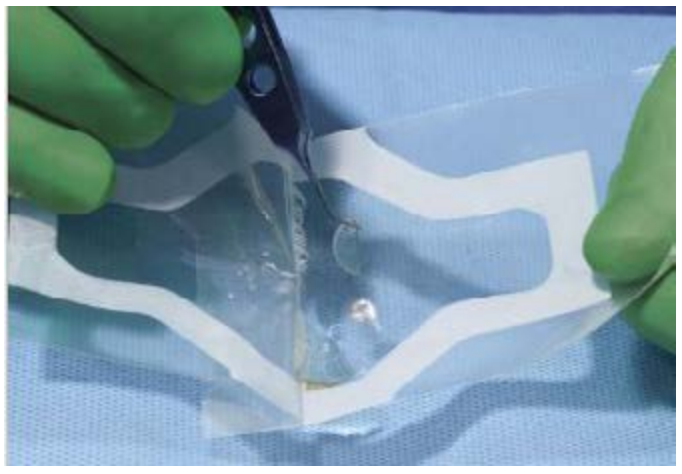
In other advances at OHSU, "bench to bedside" research may lead to treatment for a rare genetic disorder called adrenoleukodystrophy, or ALD.

Research published online in the journal *Endocrinology* found that a small synthetic molecule initially developed to lower cholesterol may slow or stop the devastating progression of the neurodegenerative disease. The study was conducted in a mouse model, but planning is under way for a human clinical trial.

"It's beyond exciting to have your basic science research come as close as ours has come to a clinical application," said senior author **Tom Scanlan, PhD**, a professor of physiology and pharmacology in the OHSU School of Medicine. The research was co-authored by **Meredith D. Hartley, PhD, Lisa L. Kirkemo** and **Tapasree Banerji, PhD**.

The syndrome is a genetic disorder that affects 1 in 17,000 people worldwide, causing adrenal gland dysfunction and loss of the protective myelin sheaths that envelop nerve fibers in the central nervous system. The gene resides on the X chromosome and as a result ALD primarily affects males. About 50 percent of women with the mutated gene also experience symptoms, though they are usually milder and begin later in life.

There are two main phenotypes of the disease. The adult-onset version results in gradual loss of nerve fibers in the spinal cord, characterized by numbness in the legs, losing the ability to walk, and urinary and bowel incontinence. The childhood version, depicted in the 1992 movie "Lorenzo's Oil" based on a true story, progresses much faster and degrades the protective myelin sheath covering nerve fibers in the brain. It's typically fatal within three to five years from the onset of symptoms. ■



Surgeons at OHSU's Casey Eye Institute are using a new technique called Halo graft, a patch made of donated corneal tissue, to perform tube shunt surgeries that prevent vision loss in glaucoma patients. *Photo courtesy of Lions VisionGift*

OHSU employees send more than 600 letters to lawmakers about proposed NIH budget cuts

Editors' note: As the May issue of The Scribe was in production, Congress finalized a budget agreement that includes a significant increase in funding this year for the National Institutes of Health.

In advance of the "March for Science" April 22, **Oregon Health & Science University** employees launched a letter-writing campaign directed to Oregon's congressional delegation about a proposed 18 percent cut to the National Institutes of Health budget.

The campaign was initiated by **Cristina Tognon, PhD**, scientific director for the Brian Druker lab. Read more about Tognon's inspiration for the campaign in the following Q&A:

More than 600 letters, directed to Oregon's congressional delegation, have been gathered in an OHSU letter-writing campaign opposing NIH cuts.

OHSU's Cristina Tognon, PhD (right), organized the campaign.

Photos courtesy of OHSU/Kristyna Wentz-Graff

What sparked your idea for this letter-writing campaign?

Some of the women in my neighborhood have been meeting monthly to discuss taking action in our community. In the last meeting, people felt overwhelmed and weren't sure where to put their focus. One of the ideas that came up was choosing one thing you feel passionate about and taking action around that. I feel passionate about science. I can get behind science funding 100 percent because I know how much we do and what we're working toward.

As a lab director, what went through your mind when you heard about the proposed NIH funding cuts?

A lot of our work over the last year and a half has been focused on applying for NIH funding. People may not realize it, but it takes a lot of time and effort to put together those proposals, including years of work to get preliminary data. I also thought about how it would affect current and future grants. In general, the chance of getting a grant is approximately 15 percent. So, if you get one and the budget is cut, it's even more difficult to accomplish our work.

How did the news affect you from an emotional perspective?

I worry that what we've built won't be sustained. How are we going to maintain our research if we can't get funding? How are we going to support the people that are doing a great job working for us? We've had some great momentum over the last four or five years, and I want to keep that going. I feel like we're on the cusp – the fruit is getting ripe. I want to make sure we have the ability to keep our highly skilled people here to complete the work we've begun.

How do you think these cuts could affect the future of science?

I worry about younger people just starting their science careers. I worry about younger people who are working to finish up their PhDs or who are in their post-doc periods. If they see a precipitous decrease in science funding, will they be forced to choose an alternate career?

For which of your OHSU projects have you received NIH funding?

Dr. Druker has been supported by the NIH for his CML (chronic myeloid leukemia) work for years. He continues to hold a Research Project Grant (ROI) NIH grant for a very strong CML project. We've also recently received several other grants focused on AML.

What do you hope this campaign will accomplish?

I hope that people feel they have a voice. It's important to feel like you can say something and do something. I hope that there are enough letters to make an impact and have OHSU's voice heard. And who knows, maybe we'll inspire other people to start letter-writing campaigns! A lot of legislators support science. They've been saying we need this level of funding in order to conduct world-class research and to be leaders in our respective fields. It's reassuring to know there are influential people out there supporting science.

What does your neighborhood community group think about your campaign?

I am going to bring it back to them at the next meeting. This is a great example of why it's important to put your ideas out there because you never know what will happen. You may be pleasantly surprised. I hope this serves as inspiration to the group – to identify something they're passionate about and go for it. Once you have shared an idea, there are people out there who are willing to help you.

What has the response been from the OHSU community?

When I told colleagues about the letter-writing campaign, they were all on board. Everybody feels strongly about this issue. It's something that should be nonpartisan here. OHSU is a research institution, and people are behind the research. It's a big part of our identity; we realize how important it is to have good science. ■

This article, written by Amanda Gibbs, originally appeared on OHSU's website in April.

New MSMP Medical Student Trustee Kylie Loutit primed for advocacy role

By Jon Bell
For The Scribe

A simple email from the **Medical Society of Metropolitan Portland** was all it took to convince **Kylie Loutit** that she should get involved with the society.

Loutit, a Bay area native who studied environmental science at the University of Oregon, took note of MSMP's email to her medical class at Oregon Health & Science University. The society was looking for applicants to fill the student trustee position on its board.

"I thought this would be a great opportunity for me to get more involved with the medical community at large outside of my medical school bubble," said Loutit, who was chosen to fill the position.

Now in pursuit of a combined MD and master's of public health at OHSU, Loutit said volunteering with a school readiness study at one of Stanford University's satellite clinics after college sparked her interest in preventive care and how access to resources and information can impact people's health. She's become very interested in school readiness and health outcomes, and she's also currently involved in a research project looking at food insecurities within different age groups of pediatric patients at OHSU.

"I hope to continue to do clinical research to eventually influence policy changes to improve the well-being and lives of children throughout Oregon," Loutit said.

Now the MSMP's newest student member of the Board of Trustees, she answered a few questions from *The Scribe* in a recent interview.

> "...MSMP allows me to keep up on current events in health care, especially in Portland and Oregon. **I would definitely encourage other students to join** because I learn something from every email I receive from MSMP, and it encourages me to think about the bigger picture ..."

What has been your involvement with MSMP so far?

My involvement so far has been pretty limited, but I'm very glad I joined because MSMP allows me to keep up on current events in health care, especially in Portland and Oregon. I would definitely encourage other students to join because I learn something from every email I receive from MSMP, and it encourages me to think about the bigger picture, which can be hard to do sometimes during medical school.

What does your role as student trustee on the MSMP board entail?

My role allows me to advocate for and be the voice of other medical students in Portland. For example, I might be asked to share my opinion as a student during policy discussions. Additionally, I can volunteer to assist on writing statements or publications on behalf of the board.

What's an area that you would like to see the MSMP be more active in?

MSMP's recent support and endorsement of the Healthy Kids, Healthy Portland initiative is what initially sparked my interest in joining MSMP. I would love to see MSMP branch out from this into school readiness and pediatric health outcomes because being prepared for kindergarten can have profound effects on a child's health for the rest of his/her life.

How would you like to see MSMP continue to evolve into the future?

I had not heard of MSMP prior to the email about the student trustee position, so I think it would be great to set a goal of more student involvement and enrollment since we are the future of medicine in Oregon.

Anything else you'd share?

I would love to hear from other medical students about topics they would like to see addressed by MSMP in the future, so it would be great if we could share my email to encourage some communication. [Loutit can be reached at *loutit@ohsu.edu*.] ■

Scribe Focus
Emergency Medicine

Each month, *The Scribe* focuses on a health topic, providing a deeper look into issues and advances that impact the area's medical community and patients. Next month, look for our Legal and Economic Focus section.

Photo courtesy of ZehnKatzen at English Wikipedia

Emergency physicians among those advocating for end to balance billing, fair reimbursement for providers

By Melody Finnemore
For The Scribe

OCEP urges senators to vote against HB 2339

Proposed legislation that, as *The Scribe* went to press, had passed in Oregon's House of Representatives and was pending before the Senate Committee on Health Care would help protect patients from surprise bills after visiting the emergency room. However, HB 2339 as originally written does not go far enough in ensuring that the physicians who treat them are fairly reimbursed, according to a statewide coalition of health providers.

The End The Surprise Insurance Gap Coalition, led by the national group Physicians for Fair Coverage, includes the **Oregon Chapter of the American College of Emergency Physicians (OCEP)**, **Oregon Medical Association**, **Oregon Anesthesia Society**, **WVP Health Authority, Oregon Association of Orthopaedic Surgeons** and the **Oregon Academy of Ophthalmology.**

Liz Mesberg, OCEP chapter executive, said balance billing and surprise gap insurance are among the organization's top political priorities this legislation session.

"It's a big issue for emergency medicine because whenever a patient rolls into the emergency department, they're going to do whatever they need to do to help immediately. They're not going to pore over the patient's insurance and say, 'Oh no, we can't care for them because we're not in their network.'"

Mesberg noted that balance billing and surprise gap insurance unfairly place patients and emergency physicians in the middle of a quagmire that needs to be addressed by insurance companies.

OCEP explains in a fact sheet that insurance companies are narrowing their physician networks by offering take-it-or-leave-it reimbursement deals that are not financially sustainable, and are forcing more physicians out of network, which places a burden on patients.

"Because the reimbursement rate offered by the insurance companies doesn't cover the costs of the services rendered, the insurance gap forces the physicians to balance bill – which is a surprise to the patient. It's not fair that patients, who are paying higher premiums and getting less coverage, are hit with these bills their insurance should cover," the organization states.

OCEP urged senators to vote against HB 2339 as currently written, which it called a "balance billing ban that benefits insurers at the expense of everyone else." In a legislative action alert, **Katy King**, OCEP's government affairs director, outlined why the bill would be detrimental for patients and their doctors:

> *While the patient protections are good, access to care may be compromised, especially in rural areas. Forcing out-of-network providers to accept below-market rates may mean specialists will stop taking emergency calls.*
>
> *Medicare is not the right benchmarking standard because it was never intended for this purpose or even to cover provider costs – it exists as a backdrop for the disabled and elderly. It also doesn't keep pace with inflation.*
>
> *There is no transparency. Insurers develop their formularies for reimbursing ER doctors in private. There's no way for emergency physicians to check to see if they're getting paid the same as in-network providers.*
>
> *Using artificially low rates for determining out-of-network reimbursement gives insurers enormous leverage at the contracting table.*
>
> *Consider that emergency physicians in Oregon, pursuant to the EMTALA [Emergency Medical Treatment and Labor Act] mandate, do most of the indigent medical care and two-thirds of the Medicaid acute care in emergency departments. As such they have little to no operating margins and cannot significantly discount their commercial rates. This reimbursement scheme would destabilize the emergency department safety net.*
>
> *There is a better solution which ends surprise billing and closes the surprise insurance coverage gap, which is the real issue. Tie reimbursements to a non-profit, non-conflicted, independent database of billed charges, such as FAIR Health.*

OCEP defines FAIR Health as a national data repository established to bring clarity to health care costs and health insurance information. "As the name implies, the database is designed to ensure fair and equitable compensation to providers for services rendered. In fact, Kiplinger's Personal Finance ranked FAIR Health as the 'Best Health Care Cost Estimator' on its 2016 Best List," it stated.

In late April, the End The Surprise Insurance Gap Coalition was seeking an amendment to the bill, stating that in its current iteration the legislation threatens access to care in Oregon, especially for rural doctors who rely upon a fair reimbursement schedule. It also would be detrimental for ER doctors who have little to no control over the cost of what is often life-saving care. Currently, the bill sets out-of-network reimbursement for emergency services as a percentage of Medicare – a boon to insurer bottom lines, but a substantial threat to patients and physicians across the state, according to the coalition's website.

OCEP issued these specific recommendations for Oregon legislators:

- The patient should be held financially harmless for unexpected out-of-network (OON) care.
- Any patient deductibles and cost-sharing for unexpected OON care should be applied to in-network rates.
- An appropriate and fair standard should be created for out-of-network services that establishes a charge-based reimbursement schedule (meaning 80th percentile) connected to an independently recognized and verified database, such as the FAIR Health database. The minimum benefit standard will act as the "floor" for payment of out-of-network services, both emergency and non-emergency.
- Physicians should no longer submit balance bills to patients for services rendered.
- Greater transparency should be required of insurers. Specifically,
  - » network provider directories should be easily accessible for both patients and physicians, updated immediately and completely accurate; and
  - » patients should have access to information on the average charge, reimbursement rate, and expected out-of-pocket costs for any health care service or procedure in all geozips.
- Insurance carriers should be prevented from providing false, misleading and/or confusing information in regards to coverage. ■

Championing medical care standards

John C. Moorhead capping career by chairing 'parent of the specialty boards'

By Cliff Collins
For The Scribe

A prominent physician educator and longtime leader in organized medicine, **John C. Moorhead, MD, MS**, is capping his career chairing what he calls "the parent of the specialty boards."

A professor of emergency medicine and chair emeritus of **Oregon Health & Science University's Department of Emergency Medicine**, Moorhead was elected chair of the **American Board of Medical Specialties** last year, for a two-year term. He acknowledges that many doctors he meets around the country are unfamiliar with the ABMS and what it does.

In a nutshell, the board "creates the set of standards that all boards have to go by," he said. It oversees 24 specialty boards' work, and creates standards for physicians to become board-certified in their respective specialties. The individual boards adopt ABMS standards that are "pertinent" to the work their member physicians do, he said. "It fulfills the social contract with the public for self-regulation, one doctors take seriously."

Moorhead initially got involved with the ABMS in his role as president of the **American Board of Emergency Medicine**, representing it to the ABMS. He next served on several committees with ABMS, then was chosen president-elect three years ago. He also is a former president of the American College of Emergency Physicians, and of the Oregon Medical Association, and a longtime member of the **Medical Society of Metropolitan Portland**.

A pioneer in emergency medicine training and advocacy, he joined OHSU's emergency department in 1978. Moorhead has held many positions on the Hill, including serving as director of the emergency medicine residency program for 13 years and department chair for eight years. The Canada native also is a professor of public health and preventive medicine, and holds a master's degree in health policy and management.

At the ABMS, Moorhead has been a member of the Maintenance of Certification Committee, which he chaired from 2012 to 2014. Abbreviated as MOC, the maintenance of certification has been an attention-grabber for the board.

Before about 15 years ago, when physicians became board-certified in their specialty, they remained so for life. But over time, the importance of demonstrating that doctors have kept up with their specific field grew clear, he said.

As described on ABMS' website, the board recognized that "the board- certification credential could not remain relevant and trustworthy without a rigorous system of continuing education and ongoing assessment. Through an extensive and inclusive collaboration with physicians and other stakeholders, we developed standards for ABMS programs for MOC. The standards provide a framework to ensure that the values of lifelong learning, patient safety and practice improvement are translated into day-to-day physician practices."

However, the site acknowledges, "We recognize that some parts of the MOC process have been questioned, and we're keenly aware of the concerns within the physician and member board community."

Moorhead said the board realized that ABMS requirements were "onerous" for certain physicians, who already felt overwhelmed by multiple requirements for credentialing that they face. Under MOC, board-certified doctors must take an exam every 10 years to maintain their certification. "We've learned different ways to do that," he said. "The boards are changing their programs to make them more pertinent" to what their member physicians "actually do" in everyday practice. "Doctors in general support that concept of a quality-improvement effort."

Moorhead has been committed to "working with the different boards to make these assessments continue to have value to the public, but make them less burdensome" to physicians, he said. "We're gearing assessments to be more relevant and more convenient, and more of an ongoing process." For example, advancements in security software allow doctors to take the exams in their offices.

Further, the ABMS recognizes that, say, an orthopedic surgeon may subspecialize in treating shoulders, and may not see patients for other orthopedic problems. With that in mind, the assessments are evolving to become more relevant to how specialty doctors are practicing, he explained. In addition, "Some of the boards were operating independently and not sharing with other boards," he said. "Now there is more openness of sharing best practices. These boards have listened to their members."

Fourth, "We try to give new doctors orientation" about ABMS standards, and "listen to what they're used to doing. Students are learning differently than I did. We have to understand how the education process is changing and evolve our program" accordingly.

Finally, the ABMS website explains that although "all ABMS member boards are expected to meet all the standards of MOC, the ABMS does not dictate how the member boards implement those standards. Flexibility and balance are essential in a profession as complex and diverse as medicine. ... The standards expect the boards to listen to participants, to improve their processes, and to deliver real value to physicians. Each board determines its own way to deliver on certification's core values."

"What I'd really like to see is one credential, one national credential," Moorhead said. "Our goal is to have one credential that will meet all these other requirements." He would like member boards to work together and agree about what represents the best quality, and that it be recognized by the Centers for Medicare & Medicaid Services. He noted that this should fit into CMS' plans to continue moving away from fee-for-service to paying for improved outcomes. He emphasized the importance of creating "standards that are meaningful to the public. As practicing physicians, we should be able to do that. It's taken a few years to make these transitions. I'm encouraged by the change."

The most recent ABMS standards were established in 2015, and he believes the version is "more based on the current environment. We look at each board every year and make sure they are abiding by ABMS standards. There has to be some accountability. It's really important that there be a national overseer."

Moorhead pointed out that the majority of ABMS' members and its member boards are purposely

JOHN C. MOORHEAD, MD, MS

composed of practicing physicians, along with public members. "I have to meet these same requirements. I'm really very invested in this." He added that he has been impressed for a long time with how many Oregon physicians participate in leadership within specialty boards, "improving the way these boards work."

He said serving on the ABMS was a way for him to help shape how requirements are designed and implemented. "I look at my whole career as being improving medical care," including training students and residents, serving in leadership posts with the OMA and the Oregon Chapter of the American College of Emergency Physicians, and serving with national organizations.

Board certification is a "credential doctors work hard for," said Moorhead. "When you become board-certified, that required 12 to 13 years of training. You feel like you've really accomplished something." Physicians understand, though, that their skills need to be updated over time. As the board's website puts it: "The need to demonstrate professionalism, lifelong learning, assessment, patient safety and quality improvement – the values that certification represents – does not end with initial certification."

"The public needs to know that there are systems in place keeping physicians accountable to their lifelong commitment to continuous learning and quality improvement," according to Susan Dentzer, a public member of the ABMS board. "That is the value of MOC."

Moorhead views MOC this way: "It's all part of doctors' commitment to continuing to improve our care the best we can. And that's an ongoing effort. It's been great to see cooperation and support for each other." Feedback from practicing physicians has been key to emphasizing the need for the programs to evolve. "Doctors are listened to. We understand that this is a challenging environment to practice in."

The board is striving for the program to be meaningful to the public, while at the same time making "keeping up with their specialty" less burdensome to doctors, he said. ■

Summit participants discuss ongoing development of 'living' Oregon Crisis Care Guidance

By Melody Finnemore
For The Scribe

Oregon's Crisis Care Guidance continues to build momentum, as evidenced by a larger-than-anticipated gathering that required the recent Oregon Crisis Care Summit to be relocated to accommodate participants.

John Evans, MD, an at-large member of the **Medical Society of Metropolitan Portland's Board of Trustees**, attended the summit and noted that several MSMP members have been involved in the work groups that crafted the guidance document. The planning process began with the acknowledgement that Oregon is likely to experience a health care crisis such as an earthquake, tsunami or pandemic. A first draft was published in late 2013, the most recent revisions were made in January, and topics of interest and concern were further addressed during the April summit.

Lewis Low, MD, senior vice president and chief medical officer for **Legacy Health**, provided introductory comments during the summit and encouraged participants to reflect on the guidance document's uses and offer suggestions for how it should be fine-tuned moving forward. In an interview following the summit, Low described how he has seen the crisis care plan evolve since it was established.

"When it was first released I thought of the guidance as largely conceptual," he said. "Since then, it has become a real resource that health organizations are using for planning and training. In addition, the most recent patient surge this winter showed that the actions set forth in the plan were really valid and helpful."

The plan notes that in a public health crisis, hospitals and other buildings may be damaged, and health care providers may be killed, ill, injured or simply unable to reach their work location. Equipment, supplies and other resources most likely will be scarce given the increased number of patients, and emergency managers "have a duty to promote ethical allocation of scarce resources in a public health emergency," it states.

The plan offers specific guidance by the health care sector, including emergency medical services and 911 dispatch; critical care; hospital services other than critical care; ambulatory care; alternate care systems; and support for health care at home. The work groups that helped develop the document included emergency medical service and emergency management personnel, physicians, nurses, hospital administrators, health officers and administrators from local health departments, representatives of health care-related professional organizations, volunteer response organizations, and experts in law, ethics and other disciplines.

Low, who served as the director of critical care medicine at two Honolulu medical centers and completed a fellowship in critical care medicine at Walter Reed Medical Center in Washington, D.C., before moving to Portland, said there are a number of sections in the guidance that are useful to emergency providers.

"As the 'front door' to the hospitals, emergency departments will be the triage centers of any future crisis. The definitions section is useful to determine where a region is on the scale of conventional to crisis, and that can assist with preparation," he said. "However, almost all of the health care-sector guidelines have applicability to the role that EDs will play in a crisis. I also would call out the ethical principles that are described in the plan as critical to the EDs in a crisis."

Low said one of his biggest takeaways from the Crisis Care Summit is that providers and health care organizations see real value in it and are thinking about and preparing for the future.

"I am most encouraged to see competitors, different regions and different disciplines coming together for a common goal. As I said in my remarks, it is what leadership in health care is all about," he said

Another major takeaway is that the document must and will continue to evolve. "People and organizations change, threats to the community change, and local and regional capabilities change. All of this means that the Crisis Care Guidance must be updated regularly," he noted. "I also believe that each update should serve as an opportunity to remind the community to continue to plan and prepare."

In his description of the summit, Evans called **Richard Lehman, MD**, the "father of the project" and said Lehman described the plan as a living document and welcomed further input during the summit and beyond.

Evans said several hospitals gave updates on their current implementation work, including exercises where hospital personnel have role played scenarios in which they were cut off from the Willamette Valley by a Cascadia earthquake. In the scenario, they were informed they would not receive any blood for the foreseeable future and they needed to allocate their four units for two critical patients. The exercise led to monthly ethics committee meetings and an ongoing conversation about potential issues that could arise in the event of major natural disasters.

> "I am most encouraged to see competitors, different regions and different disciplines coming together for a common goal."
>
> *– Lewis Low, MD*

Pediatric critical care surge planning issues were addressed by Oregon Health & Science University's **Carl Eriksson, MD, MPH**, who described the limited number of resources available in the metropolitan area. Discussion focused on creating lines of communication for telemedicine or phone consulting for pediatric patients, and it was suggested that more pediatric guidance could be integrated throughout the entire guidance document since studies have shown that all receiving sites will receive 10-15 percent pediatric patients.

Also during the summit, the Oregon Thoracic Society submitted its suggestions on the use of Modified Sequential Organ Failure Assessment (MSOFA). The use of MSOFA allows triage of critically ill patients without the overreliance on laboratory testing that likely will not be easily available in a crisis. The MSOFA only relies on a ISTAT handheld device for creatinine measurement and changes the arterial oxygenation value to a pulse oximetry reading, obviating the need for an arterial stick and lab testing, and other values quickly and easily clinically acquired are jaundice, hypotension and the Glasgow Coma Scale, Evans noted.

He added that the discussion during the summit included the fact that the guidance document leaves out the question of whether a pregnant patient counts as one patient or two. The question revealed an oversight that participants agreed should be addressed. The triage decisions in the crisis category are life and death, and the goal of this document is to save the greatest number of lives while promoting consistency and fairness in resource allocation.

"The Medical Society of Metropolitan Portland is pleased to be a contributor to this protean project, and we continue to try to apply the guidance document in the community settings where our physicians will likely be supplying care in the event of a crisis," Evans said. ■

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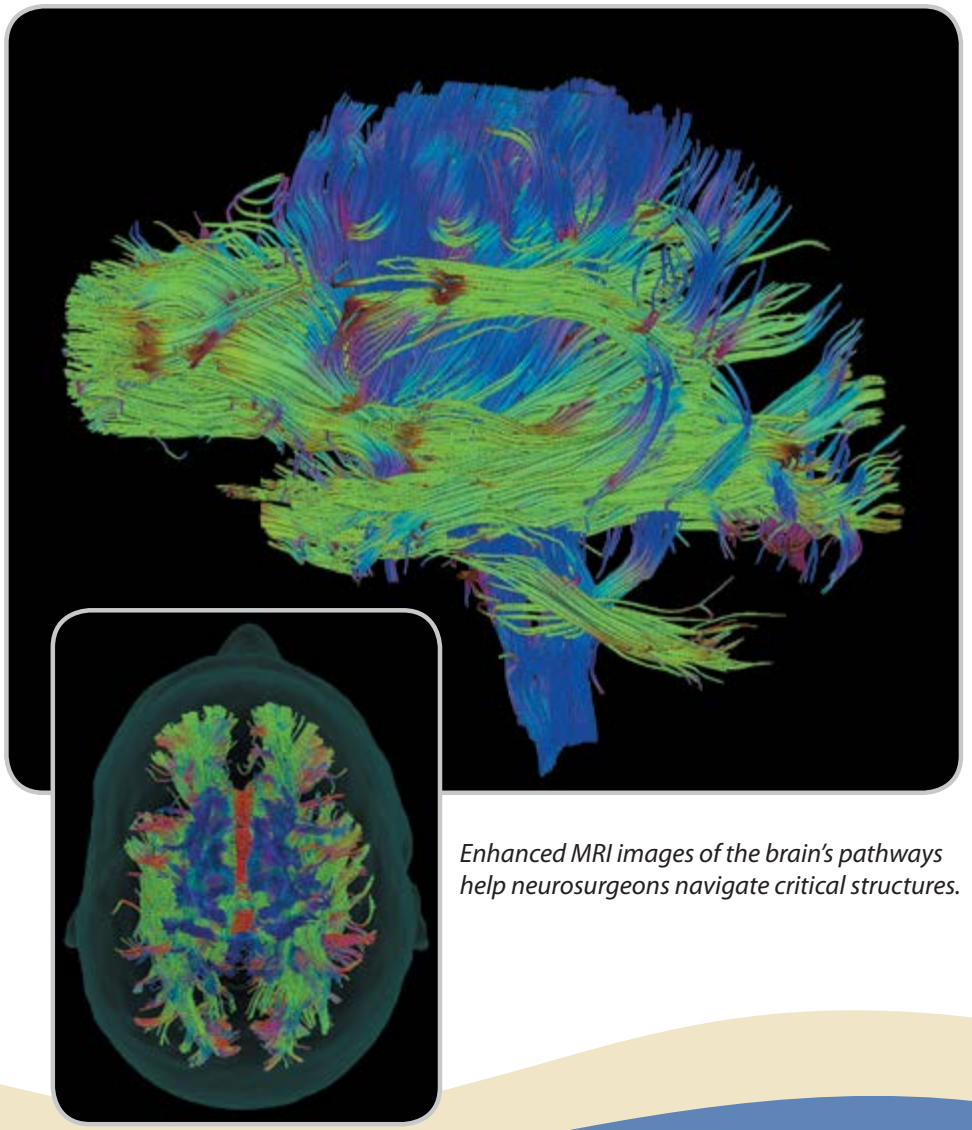

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RELISHING THE JOY *in creating*

Artistic pursuits keep resident Katharine Marshall grounded

By Cliff Collins
For The Scribe

When **Katharine Marshall, MD**, completed her bachelor's degree in studio art, medicine was the last thing she thought of in terms of a career.

In fact, Marshall, now a first-year internal medicine resident at Providence St. Vincent Medical Center, was intent on carving out her place as a working artist.

Born and raised in Sacramento, Calif., she had taken and enjoyed every available art class while in high school, and participated in an International Baccalaureate program in art. When she left her hometown to study at Lewis & Clark College in Portland, her family encouraged her to "take classes you enjoy," she related.

Marshall did, and those art classes turned into her major. "I was going to try to make a living as an artist," she says. She obtained commissioned work painting portraits of people, illustrated some album covers and held several gallery shows in the Portland art scene. However, she also came to the realization that she was "going to need a day job" to support her craft, she says.

She had been a blood donor for years, so she decided to train to become a phlebotomist. She expected she would try to get work with the American Red Cross, but instead she landed a position with Oregon Health & Science University. That job proved to be a rough adjustment for her.

"It was culture shock," Marshall recounts. "I was totally overwhelmed being in the hospital. I had never been around people who were sick. I was terrified." After the first six months, she still was finding the work difficult, thinking, "I don't want to be here. People are in pain."

Then, after about a year, her perspective began to change. She became aware that what she did was part of patients' hospital experience, and she determined to provide "the best blood draw I can do and give a smile" to each patient. "I started to really enjoy it." She also found herself wanting to know more about the patients she served and what brought them to the hospital.

Before long, Marshall had modified her outlook to the point that surprised her: She started to consider becoming a physician. However, she knew she would need to do a lot of preparatory academic work before a medical school would take her interest seriously. She enrolled in evening courses at Portland State University in subjects such as biology and chemistry, and also talked with and shadowed doctors. During the six years she was employed at OHSU, Marshall continued studying at night, and then took the leap to apply to medical schools.

All along, she "continued to do art," she says, but only as an extracurricular activity. She was aware that medical schools increasingly place value on students with varied academic and life backgrounds, but she admits she "definitely got a lot of questions about" her being an art major and not having any research experience.

Joy in 'creating something new'

But Marshall feels that her creative orientation – she also loves to write and is a published author – served as both an advantage and drawback in getting accepted into medical school.

"Many people think art and medicine are opposites," she observes. But she instead believes that allowing herself to use both sides of the brain helps "reground myself. Everybody has their own passion, that thing that takes them out of their head." Being able to use one's hands and mind in different ways, whether that be through drawing, dancing, meditation or other forms of "integrated self-care," promotes wellness and reduces stress, she says.

Phlebotomist Katharine Marshall's art pieces include a series of mixed-media paintings, titled "Muses of Medicine," that show realistic portraits of individuals "having a multitude of experiences." She also has built miniature furniture, reflecting her interest in history, family history and artifacts from family history. Images courtesy of Katharine Marshall

Several pieces from a series of mixed-media paintings she did while in med school at OHSU indicate some of the themes that interest her. A series of female figures representing what she labels "Muses of Medicine" shows realistic portraits of various individuals "having a multitude of experiences," which she titled, respectively: Grief, Knowledge, Trust and Fear. These represent different qualities from muses of mythology, she explains, "using my idea of beauty to express these things."

Another recent focus of her artwork has been building pieces of miniature furniture, at 1: 12 scale, about 3 to 4 inches tall. One, an antique chair, is a reproduction of a chair her great-grandfather owned. "I'm into history and family history and artifacts from family history," she says. Another example shows an antique writing desk, complete with quill pen.

She always has enjoyed writing, and has been successful at it. In addition to dabbling in parody and satire, since 2010 she has published four books, which she describes as three "re-adaptations" of Jane Austen's "Pride and Prejudice" and what is known as a webcomic.

Marshall notes that a "robust community around 'Pride and Prejudice'" long has thrived online, including "a rich community" of authors such as herself who pay homage to Austen's work. These writers take the basic story of "two people who initially don't like each other" and "change one small part that changes the entire story or moves it to a different time setting."

"It's been really fun" to write novel-length variations of the original classic, she says. Marshall's volumes are available from Amazon.com as print-on-demand books, and have attracted consistent sales. She earns 30 percent of the cover price, and has been gratified at the amount of royalties the books have brought her.

Her webcomic is something she started in 1999 while in high school. It is based on the rock band The Smashing Pumpkins. "It's a comic about what their life on the road might be like. It developed quite a following online," and it, too, is available on demand from Amazon.

Marshall concedes that since commencing her intern year at St. Vincent, she has little free time to pursue her right-brain inclinations.

See ***OFF HOURS,*** *page 13*

WALK WITH A DOC, *from page 1*

walk at their own pace and for their preferred distance.

"We just really thought this was a great way to give people a chance to get some exercise and also to connect with local physicians," said MSMP Executive Director Amanda Borges. "And we have a really nice walking path right outside our door."

Jessica Oliver, program coordinator for Walk with a Doc, said the nonprofit partners with different organizations around the country to establish regular walks, which are all free and open to the public. While every program is unique to the location, she said most feature at least one doctor who commits about an hour to 12 walks each year. They usually kick off with a short discussion about a health topic, and many include healthy refreshments, blood pressure screenings and other add-ons.

"It's easy to see it as just another extra thing you have to do when you are already busy, but the physicians who participate have lower burnout, greater job satisfaction, things like that," Oliver said. "It's also a good way to drive patients to a practice and shows them that doctors are willing to go the extra mile for them.

"We don't have studies on that, but we do have anecdotes from some of the 300 doctors around the country who say that it leads to all these."

"Walking is a life experience where **you can really engage with people.** I think another thing is that, for physicians, it shows that you're walking the talk. **Leadership by example is the way to go.** It's not possible if you just delegate."

– Donald Girard, MD

The idea started back in 2005 with **David Sabgir, MD**, a cardiologist in Columbus, Ohio, who had grown frustrated with his "inability to effect behavior change in the clinical setting," according to the nonprofit's website. His solution: Invite patients to go for a walk with him one Saturday morning. For the very first walk, more than 100 people showed up.

Twelve years later, the walks are still winding along. Oliver said about 22 walkers on average turned out for each walk in 2016. The organization counted nearly 5,850 events last year that drew more than 130,000 people. Walk with a Doc surveys show that nearly 80 percent of participants feel they're getting more exercise, 79 percent feel more empowered in their interactions with health care providers, 92 percent feel more educated and almost 98 percent say they enjoy the Walk with a Doc concept.

"Walking is a life experience where you can really engage with people," Girard said. "I think another thing is that, for physicians, it shows that you're walking the talk. Leadership by example is the way to go. It's not possible if you just delegate."

In addition to inspiring patients to get more active, Girard said he hopes he can get some younger folks and students to participate in the monthly walks.

"I have loved working with young people, and trying to engage young people in some of what I have experienced is part of the excitement of medicine," he said. "Part of that is sharing with and communicating and learning from patients, so I hope I can engage some students, bring them along and help them learn what that's like." ■

OFF HOURS, *from page 12*

Finding that extra half-hour is not easy – especially while helping raise her 16-month-old daughter – but one she insists on maintaining as she practices medicine. "It's very important" to a doctor's mental and physical health, she says. "Creating something new from where there was nothing before – that's the joy of it for me."

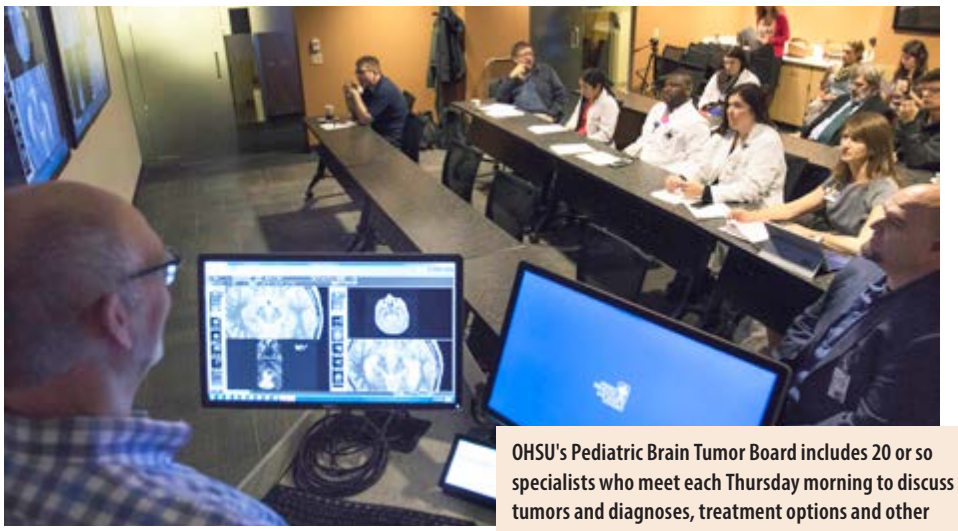
The shock and disorientation Marshall experienced at the outset working as a phlebotomist are long in the past for her. Now she says she gains tremendous satisfaction from the day-to-day interactions with patients, whether that be supporting a person suffering illness or being with people during their "hardest moments."

She is strongly considering a future career in primary care, explaining that "some patients have gotten into my heart." Marshall also has benefited from "great role models" in her training, she says. "It has been wonderful, this longitudinal relationship. Primary care is a wonderful specialty."

Looking back at each stage of her life that led to where she is now, Marshall is starting to see how an unlikely pattern is fitting together. "The first time I donated blood I thought: The color is gorgeous. I'd love to be around that color that unifies us. That was the artist in me."

But it also was the future physician seeing. "I had no idea" that initial spark and her phlebotomy job would lead to pursuing a medical career, she says. "But I'm so glad it did." She's astonished "to see the person I've become, and the person I will be at some point." ■

BRAIN TUMOR BOARD, *from page 1*



OHSU's Pediatric Brain Tumor Board includes 20 or so specialists who meet each Thursday morning to discuss tumors and diagnoses, treatment options and other topics that help improve overall outcomes.

Photo courtesy of OHSU/Kristyna Wentz-Graff

as a starting point for discussion in such cases and that members will regularly talk about the patients over multiple weeks.

One case – out of many – where the tumor board played a vital role in shaping the treatment for a patient involved a 2-year-old boy from Alaska. (Thanks to a connection with Providence's team in Alaska, providers there have sent cases to the tumor board at OHSU for review.) The child had a large tumor that had woven itself deeply into cranial nerves and bone "holes" in the skull. Neurosurgeons removed the majority of the tumor, but a neuroradiologist familiar with such tumors on the tumor board reviewed scans and ended up finding a small area that needed additional treatment.

"The patient is doing great," Nazemi said. "It's not the case that somebody missed something. It's more that when you have multiple layers of people reviewing things, you find subtleties that you otherwise may not have noticed."

And even though the tumor board brings together many different voices and opinions, rarely do discussions ever get heated or tense. Instead, Nazemi said, it's all about collaboration and getting the best results for the patients.

"Discussions can get deep and last for a while," she said, "but it just happens to be a really collaborative group – and that's why it works." ■

Legacy study: 70% of breast cancer patients younger than 50 had no risk factors

A new **Legacy Cancer Institute** study has found 70 percent of its breast cancer patients younger than 50 were considered "low-risk," meaning they had no family history or other risk factors. This data has raised Legacy's concerns that women who wait until age 50, per the recommendation of the U.S. Preventative Services Task Force, run the risk of missing cancer when it's in early stages and more treatable and could require more invasive treatments such as chemotherapy.

Jennifer Garreau, MD, breast specialist at Legacy Medical Group – Surgical Oncology, and her partners have known this anecdotally for years after seeing many "low-risk" patients develop breast cancer in their 40s. Had they listened to the task force recommendation and started at age 50, these women would have been diagnosed at a later stage, when cancer is not as treatable, Legacy noted in a news release.

"We launched this study to illustrate the importance of getting screened for breast cancer starting at age 40 regardless of your risk profile," Garreau said.

In 2009, the task force changed the previously recommended age of when to start getting an annual screening mammogram from 40 to 50 for women who did not fall into a "high-risk" category. In January 2017, the task force updated its recommendation, reaffirming that "low-risk" women should start get annual mammograms between age 50 and 74, optimally performed once every two years.

"Since announced in 2009, Legacy Cancer Institute has taken issue with the recommendations' underlying assumption that women who develop breast cancer under the age of 50 all have identifiable risk factors," Garreau said.

Garreau's study, "Mammogram Screening & Risk in Women 50 Years & Younger," found that 249 women were identified and, of those, 170 (68 percent) were classified as "low-risk" and only 79 women (32 percent) as high-risk. Based on this review, Legacy Cancer Institute argues that women should be counseled to get annual screening mammograms starting at age 40 because being low-risk by current measures is not protective.

"Our concern with less screening is that women will be diagnosed at a more advanced stage, which runs the risk of requiring more treatment and developing a higher risk of recurrence," Garreau said.

Legacy Cancer Institute recommends annual screening mammograms for all women starting at age 40 because one in eight women will get breast cancer, but survival is significantly improved if cancer is detected at an earlier stage.

Newly endowed Providence cancer research chair honors inspirational patient

Citing immunotherapy's promise and power in the fight against cancer, Portland philanthropists have joined together to raise $2 million to create an endowed chair dedicated to this research at **Providence Cancer Center**.

Andrew Weinberg, PhD, is the first recipient of the **Judith Ann Hartmann Endowed Chair**. Chief of the Laboratory of Basic Immunology at the Robert W. Franz Cancer Research Center in the Earle A. Chiles Research Institute, Weinberg pioneered the study of OX40 and showed its potential to fight cancer. OX40 is a protein on the surface of white blood cells that can activate those cells to destroy several types of cancer. Weinberg and his team found that boosting the OX40 immune system pathway could help destroy cancers of the breast, prostate, colon, head, neck and skin.

"I am honored and humbled to receive this distinction, and the funds donated to this cause will be used to further the research at the Earle A. Chiles Research Institute aimed at understanding the mechanisms involved with immune-mediated recognition and destruction of cancer cells," Weinberg said.

The endowed chair is named for Judith Ann Hartmann. A teacher, attorney and champion for women's rights, Hartmann was diagnosed with breast cancer at age 51. Throughout her 10-year illness, Hartmann was passionate about research and inspired and influenced many to step up and figure out how to cure cancer.

When she learned about the early findings on OX40, Hartmann asked why the OX40-specifc agents were not being developed for future clinical trials. Providence researchers rose to the challenge and, just prior to her death, the FDA approved the use of anti-OX40 in human trials.

The endowed chair will support the immunotherapy research at Providence by helping to attract and retain gifted scientists such as Weinberg, Providence said. Immunotherapy has been the sole focus of cancer research at Providence Cancer Center for more than 20 years.

Fanno Creek Clinic celebrates 20 years

Fanno Creek Clinic, a primary care/multispecialty clinic in Southwest Portland, is celebrating its 20th anniversary in May and said it expected to soon see its 50,000th patient. Longtime staff notes show the physicians and nurses who founded the clinic were told it wouldn't last six months, the clinic said in an announcement about the anniversary.

Fanno Creek Clinic has grown over the years to now include 12 primary care physicians, two psychiatrists and three other mental health therapists. A variety of specialists practice at the clinic including a podiatrist, rheumatologist, a women's health nurse practitioner and a colorectal surgeon. The clinic also offers on-site X-ray, a high-complexity lab, ultrasound and echocardiogram services, bone densitometry and stress testing.

Clinic ownership is open to any employee. Medical Director **Gregg Coodley, MD**, noted, "Our goal is that if the clinic does well, all of our employees benefit, rather than the rewards just going to those at the top." With more than 60 employees, Fanno Creek Clinic is one of the largest employers in Portland's Hillsdale and Multnomah area. Many employees have worked at the clinic for a decade or more.

Fanno Creek Clinic said it was the first Oregon medical clinic to install solar power in 2005. The clinic has developed programs to help the community, including giving grants to local elementary schools, and in 2007 organizing some 70 other businesses in a program to give out compact fluorescent lightbulbs to customers to encourage energy efficiency. The clinic also teamed up with Neighborhood House in a program to pay for health insurance for uninsured people in exchange for volunteering at Neighborhood House. Fanno Creek Clinic was named Portland's Small Business of the Year and received an Innovation award in 2004.

Fanno Creek Clinic, which sees a large number of Medicare and Oregon Health Plan patients, is a recognized level 2 NCQA Patient-Centered Medical Home, focusing on making sure the staff works together to improve the quality of patient care.

Correction

A story that was a part of *The Scribe's* April Focus on Pediatrics misspelled Teri Pettersen, MD's name. We regret the error.

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