



The Scribe

A publication of the Medical Society of Metropolitan Portland

OFF HOURS

Helping musicians hit the right notes



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Men's Health & Wellness

The Scribe spotlights lung and prostate cancer research and treatment, as well as the importance of prevention with respect to hearing loss.

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July 2017

Initial evaluation of CCOs' effectiveness shows promise

By **Cliff Collins**
For The Scribe

Oregon received \$1.9 billion from the federal government in 2012 to test whether transforming its Medicaid delivery system could improve care while saving money.

Interest is high from all concerned about whether the state's five-year experiment, which ends after this year, brought the results health care leaders wanted. Two recent studies respectively comparing the Beaver State with Washington state and Colorado found encouraging – but somewhat mixed – results.

The comparative-effectiveness evaluations, led by **Oregon Health & Science University**, showed that both Oregon and Colorado, which spent much less money on its Medicaid program than did Oregon, achieved similar decreases in expenditures through 2014 for several selected services. In terms of utilization and quality, **Oregon's coordinated care organization model** showed improvement in some measures of access and quality compared with Colorado's similar but smaller system.

In comparison with Washington, which undertook much less extensive system changes than did Oregon during the study period, "The Oregon CCO transformation was associated with a 7 percent relative reduction in expenditures across the sum of these

services," said **John McConnell, PhD**, senior author of both studies and director of the **OHSU Center for Health Systems Effectiveness**. These savings were largely due to reductions in inpatient utilization, he said. Oregon also experienced reductions in avoidable emergency department visits and improvements in some measures of appropriateness of care.

According to **Stephanie Renfro, MA**, a co-investigator

on both studies and senior research associate with the OHSU center, Colorado, unlike Oregon, did not receive an Affordable Care Act investment from the federal Centers for Medicare & Medicaid Services, but invested state funds into the program, with reports indicating administrative fees and costs totaling approximately \$155 million for the

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JOHN MCCONNELL, PhD



'You had the crowd on their feet and dancing'



Tight Junction, a musical group made up of medical students, had the audience at the **Medical Society of Metropolitan Portland's Battle of the Doctor Bands** up and moving with original tunes and covers, and the band wowed the event's celebrity judges, too, claiming the top spot in the fourth annual event.

Music enthusiasts converged on McMenamins Crystal Ballroom in June for the band battle, which benefited MSMP's **Physician Wellness Program**. Judge Dave Scott praised Tight Junction for their stellar arrangements, while fellow judges Michael Allen Harrison lauded their great songwriting and energy and Ron Hurst called the group "mind-blowing."

The event also featured **Pink Hubcaps**, whose musical "hooks" and original songs earned kudos, and **HomeBrew**, who the judges complimented for their stagecraft, "quintessential" horn section, and vibe that Harrison said feels "like a community." ■

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.

For previously inoperable conditions

Finding new paths to better neurosurgery

Treating patients with tumors, lesions and strokes in delicate areas of the brain and spine has traditionally presented risks and challenges.

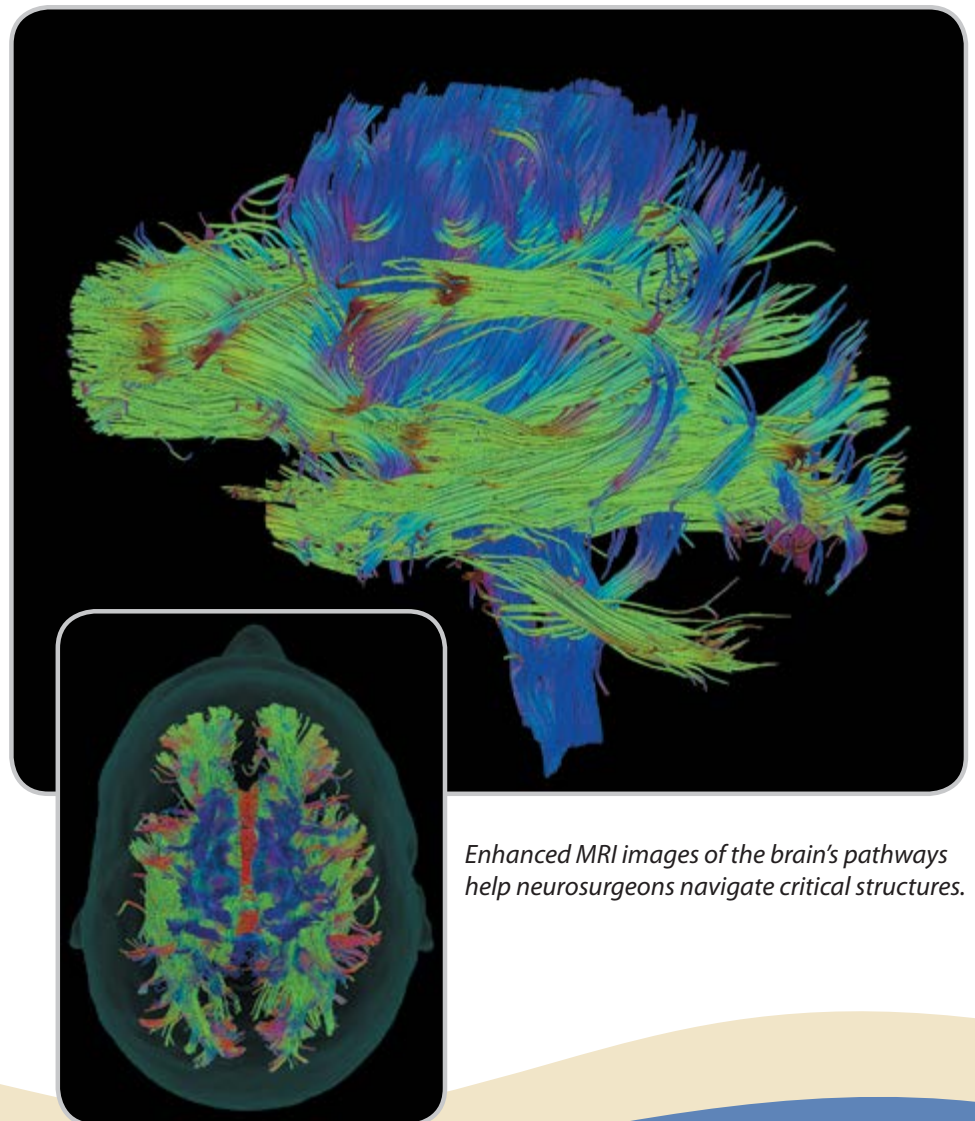
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Enhanced MRI images of the brain's pathways help neurosurgeons navigate critical structures.

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

7 a.m., Friday, July 14

4380 SW Macadam Ave., Portland

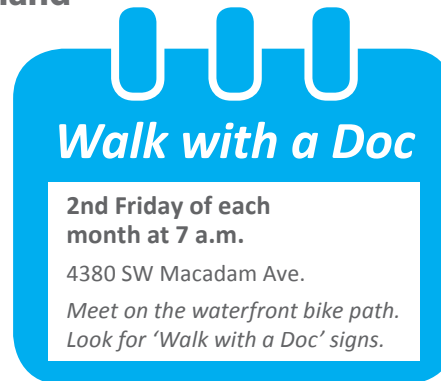
Meet us on the waterfront bike path. Look for 'Walk with a Doc' signs.

This event brings together local physicians and community members to encourage 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.

Visit www.MSMP.org for more information.



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

BATTLE OF THE DOCTOR BANDS

Battle of the Doctor Bands

Following a powerhouse performance, the Battle judges were giving kudos to this year's winner! Dave Scott enthusiastically praised the keyboard player for the spot-on execution of Michael Jackson's "Billie Jean" and said the lead vocalist has an amazing gift. He said their good energy transferred to the audience.

Michael Allen Harrison loved their original songs and arrangements, and was truly engaged by their performance. Ron Hurst exclaimed, "I love it! Mind-blowing!" and said this 10-piece band had a very "tight" sound.

The winner of MSMP's 2017 Battle of the Doctor Bands is **Tight Junction!**

Thank you to all three amazing bands who brought passion, ideas and enthusiasm to the show, thank you to the hardworking staff at McMenamins Lola's Room, and to the fans whose energy propelled every performance. And a special thank you to our sponsors:

The Doctors Company, Finity Group and Providence Health & Services.



Check out photos from the Battle at MSMP.org!

Advanced HIPAA Compliance and OSHA Training

9 a.m. – noon
Wednesday, Aug. 23

MSMP 1st floor conference room

OSHA annual training is required and the **ONC, OCR and AHIMA** recommends HIPAA annual training. Attendees will receive a certificate of participation that can be presented to their employer for credit.

Cost is \$75 for MSMP members and their staff, and \$95 for non-members.

For more information, contact Sarah@MSMP.org or visit www.MSMP.org/Education to register.



Soft Skills for Healthcare Professionals *A two-part series*

8:30 a.m. – noon
Sept. 16 and Sept. 30

MSMP 1st floor conf. room

Conquering your soft skills can be a game changer for your work environment!

Join Medical Society Staffing, a division of MSMP, for this two-part series where we will discuss ten underestimated soft skills for healthcare professionals. Discuss and learn techniques for creating engagement among your team members and improving interactions with patients. Incorporate teaching and discussion through an interactive atmosphere where we learn together.

Share strategies that will make you successful and productive in our medical community. Instructed by Sarah Parker, CMA (AAMA).

For more information, contact Paula@MSMP.org or visit www.MSMP.org/Education to register.

Knight Cancer Institute bolsters collaborations to further AML, breast cancer research

Oregon Health & Science University's **Knight Cancer Institute** will collaborate with the **Pacific Northwest National Laboratory** to research acute myeloid leukemia as part of a group created to work with National Cancer Institute-sponsored clinical trials.

The group, known as the **Proteogenomic Translational Research Centers**, or PTRCs, will focus on proteogenomics, which combines the study of proteins and genomes. The PTRCs are anticipated to contribute to precision medicine by applying proteogenomics research to bring comprehensive data about proteins to current clinical trial participants, OHSU said in a news release.

In addition to OHSU and the Pacific Northwest National Laboratory, centers/teams joining the PTRCs include the Baylor College of Medicine and Broad Institute (focus on breast cancer); Fred Hutchinson Cancer Research Center, Massachusetts General Hospital and Mayo Clinic (focus on epithelial ovarian cancer).

AML, because of its heterogeneous nature, is particularly difficult to treat and has a low survival rate. Less than 25 percent of newly diagnosed patients survive beyond five years.

Brian Druker, MD, director of the Knight Cancer Institute, a Howard Hughes Medical Institute Investigator and JELD-WEN Chair of Leukemia Research in the OHSU School of Medicine, will serve as principal investigator. "It's clear we've got

to rethink how we're approaching AML treatment," Druker said. "What we've done hasn't worked well, and it hasn't been enough. By teaming up with PNNL on this NCI-led effort, we have the opportunity to leverage their technology expertise to optimize AML clinical trials for patients."

Anupriya Agarwal, PhD, Uma Borate, MD, Marc Loriaux, MD, PhD, and Jeff Tyner, PhD, will be project co-investigators. The team will develop the cohort of specimens from up to 200 AML patients entering clinical trials that will be used for proteomic and genomic analyses. In addition, the team will explore sensitivity to tumor cells from these patient specimens to a panel of drugs that are clinically approved or in clinical development. By comparing the drug sensitivity profiles to signatures found in the proteomic and genomic analyses, the team aims to identify rapid and effective biomarkers of drug response that can eventually be validated in subsequent clinical trials, OHSU said.

OHSU and the Pacific Northwest National Laboratory have collaborated since May 2015, when they formed the OHSU-PNNL Northwest Co-Laboratory for Integrated 'Omics to pursue disease markers for new therapies.

Late June's announcement that OHSU and the Pacific Northwest National Laboratory are part of the PTRCs follows the announcement a few weeks ago that the National Cancer Institute awarded a



Knight Cancer Institute team \$9.2 million over five years to serve as a research center in the **NCI's Cancer Systems Biology Consortium**, or CSBC.

The Knight Cancer Institute is among nine research institutions across the country tapped to join the consortium, including Stanford and Yale universities, the Massachusetts Institute of Technology, and Memorial Sloan Kettering Cancer Center, among others.

The Knight Cancer Institute's project aims to develop strategies to improve treatment-resistant triple negative breast cancer, an aggressive form of breast cancer that lacks key receptors known to fuel most breast cancers: estrogen receptors, progesterone receptors and human epidermal growth factor receptor 2.

Using advanced microscopy, the team will leverage tools for quantitative analysis and visualization of images generated, together with computational approaches for integrating diverse molecular data types. Through analysis of core cell lines, patient-derived cultures and primary tumors, the team aims to uncover molecular networks that underlie disease progression and therapeutic response, OHSU said.

Joe Gray, PhD, director of the OHSU Center for Spatial Systems Biomedicine and the Knight Cancer Institute's associate director for biophysical oncology, will serve as principal investigator.

"Triple negative breast cancer is a

particularly difficult form of the disease to treat," Gray said. "Our goals in the CSBC Research Center are to identify the mechanisms by which these cancers evolve and adapt to become resistant to treatment, and to develop new strategies to counter these mechanisms. Our multidisciplinary approach treats these cancers as adaptive systems that can be controlled using multiple drug combinations."

Photo courtesy of OHSU/Chris Hornbecker

Co-principal investigators on the project include **Rosalie Sears, PhD**, professor of molecular and medical genetics in the OHSU School of Medicine and senior member of the Knight Cancer Institute; **Claire Tomlin, PhD**, the Charles A. Desoer Professor of Engineering in the Department of Electrical Engineering and Computer Sciences at the University of California, Berkeley; and **Adam Margolin, PhD**, associate professor of biomedical engineering and director of computational biology in the OHSU School of Medicine and Knight Cancer Institute.

Overall research themes of the consortium's research centers address critical questions in basic cancer research, including the emergence of drug resistance, the mechanisms underlying cancer metastasis, and the role of the immune system in cancer progression and treatment. The interdisciplinary investigators of the CSBC will integrate experimental biology with mathematical and computational modeling to gain insight into processes relevant to cancer initiation, progression and treatment options.

The consortium brings together clinical and basic science cancer researchers with physician-scientists, engineers, mathematicians and computer scientists to tackle key questions in cancer biology from a novel point of view. ■

"It's clear we've got to rethink how we're approaching AML treatment. What we've done hasn't worked well, and it hasn't been enough. By teaming up with PNNL on this NCI-led effort, we have the opportunity to leverage their technology expertise to optimize AML clinical trials for patients."

— Brian Druker, MD





By Cliff Collins
For The Scribe

A plethora of pursuits

MSMP resident trustee Eric Burgh, MD, raised to nurture his curiosity, finds internal medicine a good fit

to be curious about the world and pursue whatever it was I was interested in.”

Burgh intended to return to the West Coast for his medical education. But one of the schools he applied to, at the strong recommendation of a family friend who had gone there and liked it, was the University of North Carolina School of Medicine.

Burgh ended up choosing that school, and toward the end of his third year, he was considering pursuing a couple of different medical specialties, but “I had a really good experience with internal medicine,” he says. In observing internists at work, he decided he wanted to be in that area of practice. He particularly became interested in preventative care and medical education.

“It fit well with my personality. You’re always learning about different aspects of medicine,” and regularly talking and interacting with many different specialties, he says. “I find that really interesting.”

When the time came to apply for residencies, “I really liked what I saw when I came to Providence, and I ended up making it (my) No. 1 (choice),” says Burgh. Doing his residency primarily at Providence Portland Medical Center, with some rotations at the Portland Veterans Affairs Medical Center, he is able to be back in the Beaver State, near family and where his wife, Emily, was raised in Portland.

Burgh, who is in his first year of residency, found out about MSMP through his residency program. It attracted his attention as an organization that joined physicians in community, allowing clinicians from various practice settings and different institutions to get to know each other.

“I thought it would be a great way to do that, and I was new to Portland,” he says. In addition, “I liked what they were doing with the Physician Wellness Program.”

What’s more, Burgh wanted to serve on the MSMP Board of Trustees for a similar reason, to “meet people in the area and

learn more about the organization.” He also thought that by serving on the board he could encourage more connections with medical residents in the metropolitan area.

“I am interested in MSMP because I saw it as an organization that connected physicians across Portland who would

otherwise be operating mostly within their institutions. As a new board member, I hope to learn more about how the organization can best serve physicians.”

In what little downtime he has during his residency, Burgh enjoys live music and spending time outdoors – “especially with friends, family and my wonderful wife.” ■

Before he entered medical school, **Eric Burgh, MD**, fulfilled what he calls “a lifelong dream” of seeing the mountain gorillas in Rwanda.

Burgh, who grew up in the Yamhill-Carlton area on 20 acres, had been fascinated by the great apes since he was little. He learned about the field work of Dian Fossey with the mountain gorillas and by Jane Goodall with chimpanzees, and hoped that one day he could observe apes in their natural environment.

He got that chance when, after graduating from the University of Oregon as a science major, he took a short-term position in Kenya with the nonprofit organization Medic Mobile. There he had the opportunity to introduce cellphone technology to allow community health workers in rural villages to send messages to a central hospital. The implementation lasted about three months, and “once it was set up, the people there ran it,” explains Burgh, who just began his term as the medical resident trustee for the Medical Society of Metropolitan Portland.

“Bringing this technology and showing how it could be used was gratifying,” he says. “The technology will live on, and I liked that potential for having a lasting impact.”

Being able to help with something that he felt “had a lot of potential” to improve people’s health appealed to him, and at that point he decided to pursue a career in medicine. He had long possessed an interest in health and science, but before this experience he hadn’t thought of becoming a doctor. Burgh returned to UO to take a few required courses before applying to med school.

He took advantage of the time when he began applying to schools to “do things I thought were interesting, to scratch that itch for different interests, things I wanted to know more about,” he says. Thus, during the two-year span between college and applying to medical schools, he worked in Oregon at a bakery and a winery; a virology research lab in New York City; and a solar energy start-up in North Carolina. He says his father, an engineer, and mother, a teacher, “encouraged me



Eric Burgh’s travel experiences have included visiting mountain gorillas in Africa, fulfilling what he calls “a lifelong dream.”

Photo courtesy of Eric Burgh

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Helping musicians hit the right notes

Thomas Melillo, DPM, starts record label, works with nonprofits to boost artists

By John Rumler
For The Scribe

Thomas Melillo, DPM, had a job he loved at **Westside Foot & Ankle Specialists**, a great family and many friends. Life was good, yet something was missing: Music.

Growing up in New Jersey, Melillo, was constantly exposed to music and it made a lasting impact on him. “My earliest memories all have John Denver, Harry Chapin, Simon & Garfunkel, or Neil Diamond as the soundtrack,” he says.

However, Melillo’s musical tastes, even going all the way back to the 5th grade, were more adventurous. “My girlfriend gave me the Def Leppard ‘Pyromania’ cassette tape on Valentine’s Day and they are still one of my all-time favorite bands.”

When the family moved to Cleveland,

Melillo was exposed to a wide range of rock and classical music. During summer break from college, he worked for a large petroleum additives company. The money was fine, but Melillo yearned to be in a profession more connected to helping people. He settled on podiatry.

“I’m very proud of that choice. Podiatric medicine, is, I feel, one of the few specialties where we can actually offer solutions to problems and where most people feel better when they leave than when they come in.”

He played trumpet in school bands all the way from 3rd grade through high school and also studied piano, but he fell away from both instruments.

“I can barely play a scale now,” he admits. “One of my biggest regrets is that I didn’t stick with my music education.”

by having Olea run the business side.

“The more musicians I interacted with, the more I realized how much help they needed and what I could offer from a business standpoint.”

With the 24-hour, worldwide reach of the internet, instant digital distribution, YouTube access, viral marketing strategies, and multimedia blitzes, today’s challenges are far different from years past: Music aficionados now have an ocean of noise to wade through in their quest for the holy grail.

There is also a notoriously predatory business to navigate, according to Melillo, as well as a maze of contracts, the challenges of creating a business, copyright issues, trademarks, registering songs and albums, tax issues and more. Logistics include touring schedules, budgeting, promotion, marketing, advance publicity and also up-front money for recording, equipment, travel and lodging expenses, and the unexpected.

So through Olea, Melillo began helping budding musical talent find a way to break through. New Jersey-bred, L.A.-based edgy pop-rocker Alexis Keegan is one of the artists he’s working with. Keegan is now getting serious nationwide airplay after Olea produced her monster single, “Worry No More,” which popped up on the soundtrack for the popular HBO production, “The Opposite Sex.”

Another band he’s worked with for several years, One From Many (OFM), in 2013 released the “The Alleged Album,” recorded at Seattle’s London Bridge Studio, where the tracks for Soundgarden’s “Louder than Love” and Pearl Jam’s “Ten”

were laid down.

OFM singer and bandleader Andrew Supina, a sales rep for an orthopedic implant company, first met Melillo in 2009 at a medical conference.

“Olea has taken us from being a garage band to having a vehicle to chase down every musician’s dream of playing music for a living,” Supina says. “Tom’s got us in a position now that we could never have reached on our own.”

OFM this summer is putting out another album, titled “Ardor.” After that, Melillo is helping them with an extensive tour to support the EP.

‘Wonderful learning opportunities’

Melillo’s nurturing musicians in other ways: He is on the board of directors of the NorthWest Music Experience and the Uncut Music Project, both nonprofits connecting high school musicians with professional artists.

The most recent project brought together Portland singer Maiah Wynne, who recently performed at the Sundance Film Festival, with the Tualatin High School Symphony consisting of about 90 students.

Melillo had one of Wynne’s songs, “Strong,” arranged for the youth symphony. Another song by White Stripes, “Seven Nation Army,” was selected and, after numerous rehearsals, Wynne and the orchestra did live performances in June at the elementary school and at the high school. Both venues were packed.

The project started in 2014, when Melillo contacted Tualatin High School Band and Orchestra Director Reggie Stegmeier with an idea about creating a partnership between local professional artists and high school musicians. 2017 was the third

Helping talent break through

But in Melillo’s case, absence did make the heart grow fonder. In 2009, after he was settled in at Westside, he moved his passion for music from the back burner to the front.

Realizing that his musical talents were best utilized off-stage, he formed the label **Olea Records**, with the goal of letting the musicians focus on their music

Thomas Melillo, who formed the Rose City label Olea Records, and Portland singer Maiah Wynne worked with young musicians from Tualatin High School in June as part of an event with the nonprofit Uncut Music Project.

Photos courtesy of Thomas Melillo



Wellness center rising in Northeast Portland

Multiple organizations, including The Portland Clinic, to offer new health access, resources

Construction is under way on what's being called a visionary health and wellness center in Northeast Portland.

The 32,000-square-foot center, due for completion by Venerable Development next summer, will feature medical facilities from **The Portland Clinic**; a retail and nutrition center from the founder of **Pacific Foods**; and educational resources from **Concordia University Portland**.

The organizations say their aim is to integrate and increase access to resources that promote a holistic approach to healthy living. The center, being built at Northeast 50th Avenue and Sandy Boulevard, will include 24,000 square feet of office space for The Portland Clinic. The Portland Clinic Northeast will house major medical services, including behavioral health, dermatology, diabetes services, ear, nose and throat, family medicine, foot and ankle/podiatry, gastroenterology, internal medicine, laboratory services, manual medicine, neurology, physical therapy, primary care and radiology.

"One of the pillars of our practice is that relationships matter. That includes the relationship between every practitioner and their patients, as well as our relationship as a business with the Portland community," **Dick Clark**, CEO of The Portland Clinic, said in a statement.

"As a community, we are taking a new approach to our health. More and more we see our local neighbors focusing on treating the whole self. That includes working with their doctor to treat disease or illness but also learning from experts how nutrition and fitness can impact our well-being. This facility allows us to improve access and expand our presence for our patients on the east side while better serving the Portland population as a whole."

Clark added that this facility is a key investment for the clinic as it prepares for



some other significant updates in the metro area in the coming years.

"We have had the pleasure of serving the Portland community for almost a century, and in that time, our practice has evolved to meet the needs of the city's population," Clark said. "We will continue to provide our patients with the best care possible, but as Portland's population continues to grow, we need to constantly evaluate how we can better serve the community. This space is a great demonstration of that thinking in action, and we are so pleased to partner with some of Portland's most well-respected brands to bring an even stronger form of health care to our neighbors."

The Northeast Portland center will aim to boost families' basic cooking knowledge. Chuck Eggert, founder of Tualatin-based Pacific Foods and a natural foods industry veteran, will launch his new 7,000-square-foot retail concept, basics, on the building's first floor.

Dubbed a first of its kind, basics will include space for community education classes on nutrition and meal preparation, serving all ages and catering to the wide variety of dietary challenges facing today's population. In addition, the store will offer low-priced, high-quality foods including locally sourced, sustainable meats, basic groceries and meal assembly kits for busy families.

Concordia University Portland students are community partners with The Portland Clinic and Pacific Foods. Nursing students at Concordia have the opportunity to conduct hands-on training through The Portland Clinic facilities. They also provide nutritional counseling at Faubion School as part of 3 to PhD® in collaboration with Pacific Foods.

Concordia students will have the opportunity for experiential learning in The Portland Clinic's new space and will serve as educators in the Pacific Foods classrooms.

A rendering shows the 32,000-square-foot health and wellness center being built in Northeast Portland. It will feature medical facilities from The Portland Clinic; a retail and nutrition center from the founder of Pacific Foods; and educational resources from Concordia University Portland.

Rendering courtesy of The Portland Clinic/SERA Architects

Attending the project's recent groundbreaking ceremony, Portland City Commissioner Dan Saltzman noted, "The initiative taken by The Portland Clinic, Pacific Foods and Concordia University, constructing a centrally located facility to help our city develop and maintain a healthy lifestyle, is paramount to sustaining a livable, safe and enhanced Portland. I am proud to support our locally based, health-conscious organizations in this project, which will certainly offer improved access to information, health care and education for Northeast residents, and all residing in Portland." ■

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Lung cancer experts optimistic about research, treatment progress

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

Although the gender gap has fallen in recent decades, men still make up a disproportionate percentage of lung cancer diagnoses and deaths in the nation each year.

A man's lifetime chances of developing lung cancer are one in 14, while the figure for women is one in 17. For smokers of either sex, however, the risk is much higher. In addition, African American men are about 20 percent more likely to develop lung cancer than are white men.

Lung cancer is the leading cause of cancer deaths among men and women, accounting for about one out of four of all cancer deaths. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined.

Despite these grim statistics, which come from the American Cancer Society, physicians who specialize in the field say they are encouraged by the progress in research and treatment in recent years.

"I think this is a tremendously exciting time to be involved in cancer research, and particularly lung cancer," said **Rachel E. Sanborn, MD**, a medical oncologist and co-director of the **Providence Thoracic Oncology Program**. "We have seen breakthroughs in treatment that we didn't think possible."

The rapid pace of development of mutation-targeted therapies, along with recent progress in immunotherapy drugs, have led to increased life expectancy in some lung cancer cases, she indicated. Medicine is achieving "disease control in ways we haven't seen in the past."

An example Sanborn cited was based on a presentation she heard at a recent American Society of Clinical Oncology conference. This involved lung cancer with ALK rearrangement, a rare type of mutation associated with non-small cell lung cancer. She said a new drug, alectinib, has shown improvement over the standard first treatment ALK inhibitor crizotinib.

"Now these people with ALK have a life expectancy of five years," Sanborn said. "That's unheard of before."

A significant development during the past decade has been the "evolution of lung cancer to a disease of many genetically and clinically distinct subgroups," which has allowed doctors to treat their patients' lung cancer with more precision, said **Anthony Van Ho, MD**, a medical oncologist and hematologist with **Compass Oncology**.

Prior to that, knowledge of lung cancer biology was lacking, he said, and the cancer was managed as a single disease entity where therapeutic approaches to advanced-stage disease were based on the patient's condition: Patients were offered either hospice care or standard chemotherapy.

"With our increased knowledge in the molecular makeup of lung cancer cells and the immunology of the lung cancer, doctors are able to tailor treatment to target a molecular marker on the tumor cells or modulate the immune system to 'wake up' the T-cells that will then kill the cancer cells," Van Ho said.

Targeting a certain molecular marker with an oral agent can potentially lead to inhibition of tumor cell growth or

proliferation, survival, invasion and metastasis, he said. Moreover, modulating the immune system with intravenous infusions of a particular drug can retrain the body's T-cells to recognize and eradicate cancer cells.

"We have experienced that these newer treatment modalities have a better side-effect profile than chemotherapy," he observed.

In light of these developments, programs such as Providence's and Compass Oncology's emphasize a multidisciplinary approach to cancer management. Today, clinical trials for lung cancer include studies focusing on topics such as new surgical techniques, radiation, chemotherapy, targeted drugs and immunotherapy agents, and tissue banking.

"The research is incredibly important, because that's how we move the science forward," said Sanborn. "The last five years, we've seen gains in survival that 10 years ago we didn't think feasible."



"I think this is a tremendously exciting time to be involved in cancer research, and particularly lung cancer. **We have seen breakthroughs in treatment that we didn't think possible.**"

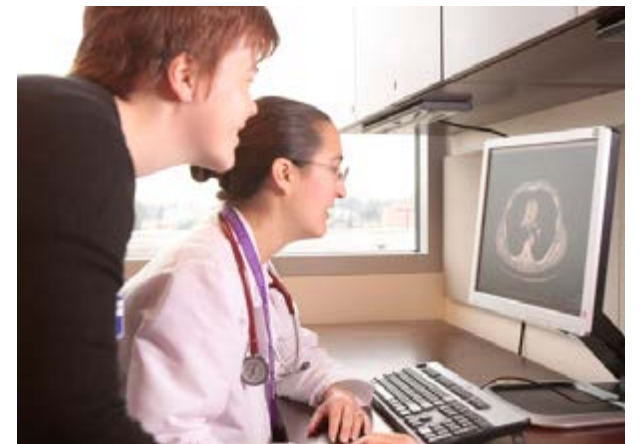
— *Rachel E. Sanborn, MD, medical oncologist and co-director of the Providence Thoracic Oncology Program*

One promising avenue is combining chemo with targeted drugs, "so that treatment can be tailored to the needs of the patient," she said. Sometimes patients' cancer becomes resistant to a certain drug, and so researchers are looking at combining chemotherapy with immunotherapy, with the potential that using both will act synergistically and be more effective, Sanborn said.

According to the American Cancer Society, other types of combinations also are being explored. For example, it noted: "Many clinical trials are looking at newer combinations of chemotherapy drugs to determine which are the safest and most effective. This is especially important in patients who are older and have other health problems. Doctors are also studying better ways to combine chemotherapy with radiation therapy and other treatments."

In advanced lung cancer, ALK, EGFR and ROS1 represent examples of abnormal molecular markers on lung cancer cells that can be inhibited with Food and Drug Administration-approved oral targeted therapy. If the tumor does not have any of these markers, the clinician looks for an immunologic expression to see if it would respond to immunotherapy, Van Ho said.

When a patient's advanced lung cancer does not express a marker for immunotherapy, then the fallback is chemotherapy, he explained. But "there are many more markers beyond EGFR, ALK and ROS1," he said. "This is



Rachel Sanborn, MD, right, and clinical trial nurse Brenda Fisher review a scan. Sanborn, medical oncologist and co-director of the Providence Thoracic Oncology Program, says rapid development of mutation-targeted therapies, along with recent progress in immunotherapy drugs, have led to increased life expectancy in some lung cancer cases.

Photo courtesy of Providence Health & Services

where the optimism lies in lung cancer diagnostics and therapeutics. Each day, researchers are learning more about these newly identified markers to invent drugs targeting them."

Of the approximately 160,000 Americans diagnosed with lung cancer each year, roughly 85 percent have non-small cell lung cancer. Unfortunately, by the time they are symptomatic and diagnosed, most of these patients have advanced disease. Both oncologists emphasized that a notable recent advance in helping to turn the tide on earlier diagnosis has been the use of low-dose CT scans for patients at higher-than-average risk, such as longtime smokers.

This approach has been shown to diagnose cancer earlier and to save lives, Sanborn said. "Finding it at an earlier stage when it is more curable is extremely important."

In addition, supportive services from palliative care experts and survivorship counselors have greatly added to the progress in managing lung cancer patients and improving their quality of life, said Van Ho.

"While there has been much improvement in the treatment of advanced lung cancer over the past few years, we still have a long way to go to better understand and treat this deadly disease," he said. But "I am very optimistic. The landscape for lung cancer screening, diagnostics and therapeutics has changed dramatically since, say, 15 years ago when I started my oncology practice." ■

Prevention key to slowing hearing loss

New gene therapy using virus shows early potential

By Jon Bell
For The Scribe

Among several other findings, the latest Vital Signs report on hearing loss from the Centers for Disease Control and Prevention found that hearing loss is more common among men and people older than 40.

Which makes the main message that **John Brigande, PhD**, wants to get out even more important than ever.

"As hard as I'm going to work over the rest of my career in trying to find effective gene therapies for hearing loss, an equally significant contribution of my life's work will be outreach and education," he said. "It's teaching young children that they need to protect their hearing: turn around, walk away and protect your ears."

Brigande, an associate professor of otolaryngology at **OHSU's Oregon Hearing Research Center**, said teaching children early on to protect their hearing is an important step that helps prevent hearing loss as they grow older. They need to know when to turn down the music – a prevalent issue these days with the proliferation of mobile devices – and they need to learn when more protection, like ear plugs, might be required. (Brigande referenced the site www.dangerousdecibels.org for more information.)

Teaching them at an early age will better prepare them for protecting their hearing when they're older. And once they are older, adults need to protect their hearing just as much. While the more obvious steps include using earplugs at concerts and other loud events, Brigande said people need to be aware of the dangers even around their homes. Using a chainsaw without ear protection can cause hearing damage, and even a vacuum that's not functioning properly can be too loud to be considered safe. Brigande once had a vacuum that had a loose bearing. Its noise level, which he said was 98 decibels, was the same as that produced by a lawnmower, a motorcycle or even a jackhammer.

Prolonged exposure to loud noises can often lead to the start of adult hearing loss, which usually begins with a drop in being able to hear high-pitched sounds. But it happens subtly, and those experiencing it may not even notice at first. Brigande said that people unknowingly compensate for mild hearing loss in one ear by turning their other ear closer.

"They might not even know they're doing that," he said. "But ultimately, when the hearing loss becomes severe enough, those coping strategies don't work. Then they go to the audiologist and say, 'Wow! I have hearing loss. How did that happen?'"

That's another finding from the recent CDC study: About one in five U.S. adults who say their hearing is good or excellent actually have some hearing damage. That damage, just as Brigande said, is largely caused by loud sounds associated with everyday activities.

The report also noted that trouble with hearing is the third most commonly reported chronic health condition in the U.S. Some 40 million Americans between the ages of 20 and 69 have lost hearing in one or both ears from loud noise. Beyond the difficulties of dealing with hearing loss, it's also been associated with the "worsening of heart disease, increased blood pressure, and other adverse health effects," according to the report.

Though protection is the best prevention, researchers and scientists are pursuing other treatments for hearing loss, as well. One gene therapy study currently underway uses a virus to introduce genetic material into cells in the ear. The idea is that the gene therapy will lead to

"In defense of everyone in the world, loud noise is fun... we don't want the average person living their life entirely threatened by all sounds. **We just want them to be safe and have a good sense of how loud is too loud.**"

– John Brigande, PhD



Did you know?



Hearing loss is costly.

The cost for the first year of hearing loss treatment in older adults is projected to increase more than **500 percent**, from **\$8 billion** in 2002 to an estimated **\$51 billion** in 2030.

– Journal of the American Geriatrics Society, 2010

What health care providers can do

The CDC notes that, to address hearing loss, health care providers can:

- Ask patients about exposure to loud noise and trouble hearing, and examine hearing as part of routine care.
- Provide hearing tests when patients show or report hearing problems, or refer them to a hearing specialist.
- Explain how noise exposure can permanently damage hearing.
- Counsel patients on how to protect their hearing.

Questions to ask your patients

- Do you find it difficult to follow a conversation if there is background noise?
- Can you usually hear and understand what someone says in a normal tone of voice when you can't see that person's face?
- Do you feel frustrated with your hearing when talking to family or friends?
- Are you often exposed to loud sounds, either at or away from work?

Hearing loss from loud noise can be prevented About 70% of people exposed to loud noise never or seldom wear hearing protection.

– National Health and Nutrition Examination Survey, 2011–2012



See **HEARING LOSS**, page 12



Treatment advances offer hope for patients with prostate cancer

By Jon Bell
For The Scribe

According to **Gilbert Klemann, MD**, there's an old, somewhat morbid joke in the world of prostate cancer: When it's possible to treat prostate cancer, it's not necessary, but when it's necessary to treat prostate cancer, it's not possible.

The reason is that, unlike some cancers, prostate cancer doesn't really come with any major symptoms until it's reached an advanced stage.

"Prostate cancer tends to not cause any symptoms until it's too late," said Klemann, a urologist at **The Oregon Clinic** whose focus areas include bladder, kidney and prostate cancer. "A lot of people don't even know they have it."

After skin cancer, prostate cancer is the most common cancer among men, according to the American Cancer Society. The ACS estimates that more than 26,700 men will die from prostate cancer this year and more than 161,300 new cases will be reported. Despite such numbers, the ACS notes that most men who get prostate cancer don't die from it, and in fact the 15-year survival rate is up at 96 percent.

"It's often very controllable," Klemann said. "It's not one where you're saying, oh, you'll be dead by Christmas.



GILBERT KLEMANN, MD

You talk about life expectancy in decades. Normally you just watch it enough until something else kills them. That sounds kind of barbaric, but it's not."

One of the bigger challenges with prostate cancer has been the back and forth over when or even if men should be screened for it. Back in 2012, the U.S. Preventive Services Task Force, a volunteer panel of

medical experts that makes evidence-based recommendations about clinical preventative services, gave prostate-specific antigen testing a D rating, basically recommending that men not undergo the test.

That recommendation came after two studies, one of which appeared to show that there wasn't much benefit for men who were screened compared to those who weren't. However, when the data were reexamined, it was revealed that about 40 percent of the men in the study had had PSA screening, thus casting doubt on the entire study. Another study in Europe, called the European Randomized Study of Screening for Prostate Cancer, showed that there actually was a benefit to screening.

"I think it can be super confusing to patients," said **Julie Graff, MD**, an assistant professor at **Oregon Health & Science University** and a medical oncologist who works at the **Portland VA Medical Center**.

Just a few months ago, the USPSTF backtracked a bit and issued new proposed guidelines for PSA screening, ditching the D rating and giving it a C instead. The guidance would not necessarily recommend that men between the ages of 55 and 69 do or do not get screened, but rather recommend that they consult closely with their doctors and make a decision based on that.

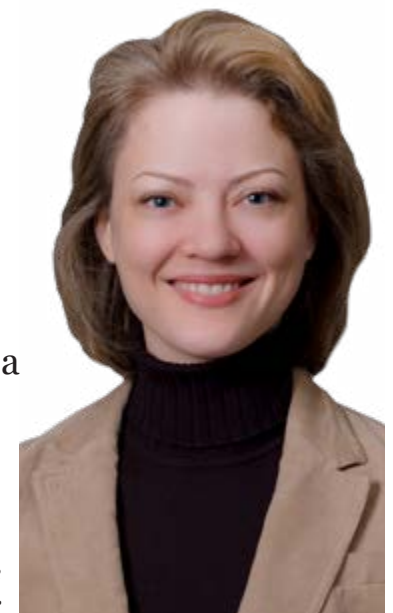
"Which is probably how it should have been all along," Graff said.

The new guidelines, if they become final, would continue to recommend against routine screening for men age 70 and older.

One of the problems with routine screening is that it has been known to lead to false alarms. Klemann said

"We have made a big dent in survival and people are living longer now. There are many more treatments, and I think we're making enough of a dent in it that we may **eventually be able to make a cure in some people who were once not curable.** We are very hopeful."

- Julie Graff, MD, assistant professor at Oregon Health & Science University and a medical oncologist with the Portland VA Medical Center



there is a risk of over-detection and over-treatment. And while the test itself is simple – Klemann said it's a \$15 blood test – it's not all that revealing.

"It doesn't tell us who has cancer," he said, "it tells us who needs to be biopsied to see if they have cancer."

In addition, the biopsies can be painful and dangerous, and if they come back positive, surgery or radiation treatment can lead to other health problems such as incontinence and impotence.

Because of its relatively slow spreading, it can also be safer or wiser to simply monitor the cancer and not treat it aggressively. In those cases, Klemann said a patient will get a PSA test every six months and a biopsy no more than once a year.

Treatment-wise, a range of options exist depending on the case. Surgery can be used to remove the prostate and surrounding tissue. Radiation, chemotherapy and cryotherapy – basically freezing the cancer cells – are also options, as is hormone therapy, which reduces testosterone to slow the cancer's growth.

There have been some advances in recent years, as well. On the surgery front, robotic surgery has become fairly popular, though Klemann said its results may not be much better than those from more traditional surgery. He did say that patients who undergo robotic surgery have smaller incisions and seem to recover faster, but the procedure is much more expensive and it takes a lot longer.

Graff led a team of researchers in a clinical trial that published its results last year. That study treated men with prostate cancer using a new immunotherapy drug that blocks PD-1 signals. Three of the 10 participants saw rapid reductions in PSA and two of those had tumors that shrank. Two of them also found some pain relief through the treatment – so much so that they were able to stop taking pain medication as a result.

"It's pretty remarkable, especially in light of the fact that many people doubted this approach could work at all," Graff said in a release about the results. "You don't get responses like this with almost any other treatment."

High-intensity, focused ultrasound therapy, which uses ultrasound energy to destroy cancer cells, is also being used more for certain cancers, though Klemann said it has yet to be recommended by the National Comprehensive Cancer Network.

Graff said the past six years or so have been good ones in the world of prostate cancer treatment, and she is optimistic that there's more good news on the horizon.

"We have made a big dent in survival and people are living longer now," she said. "There are many more treatments, and I think we're making enough of a dent in it that we may eventually be able to make a cure in some people who were once not curable. We are very hopeful." ■

Study: Bullying may have lasting health consequences

Childhood bullying may lead to long-lasting health consequences, impacting psychological risk factors for cardiovascular health well into adulthood, according to a study published in *Psychological Science*, a journal of the Association for Psychological Science.

The study tracked a diverse group of more than 300 American men from first grade through their early 30s, and the findings indicate that being a victim of bullying and being a bully were both linked to negative outcomes in adulthood.

The study, led by psychology researcher Karen A. Matthews of the University of Pittsburgh, showed that men who were bullies during childhood were more likely to smoke cigarettes and use marijuana, to experience stressful circumstances, and to be aggressive and hostile at follow-up more than 20 years later. Men who were bullied as children, on the other hand, tended to have more financial difficulties, felt more unfairly treated by others, and were less optimistic about their future two decades later.

These outcomes are especially critical, the researchers note, because they put the men at higher risk for poor

health, including serious cardiovascular issues later in life.

"The long-term effects of bullying involvement are important to establish," says Matthews. "Most research on bullying is based on addressing mental health outcomes, but we wished to examine the potential impact of involvement in bullying on physical health and psychosocial risk factors for poor physical health."

Previous research has linked psychosocial risk factors like stress, anger and hostility to increased risk of health problems such as heart attacks, stroke and high blood pressure. Because bullying leads to stressful interpersonal interactions for both the perpetrators and targets, Matthews and colleagues hypothesized that both bullies and bullying victims might be at higher risk of negative health outcomes related to stress.

The research team recruited participants from the Pittsburgh Youth Study, a longitudinal study of 500 boys enrolled in Pittsburgh public schools in 1987 and 1988, when the boys were in first grade. More than half of the boys in the original study were black and nearly 60 percent of the boys' families received public financial assistance such as food stamps. ■

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Photo courtesy of Virginia Garcia Memorial Health Center

Health care services for women, youth expand via new clinic, partnership

“Children make up 48 percent of VG’s population and are central to our mission. This program will help to end a vicious health care cycle for many families. When children don’t get care, they get sick and their parents can’t work, which means they don’t get paid. When kids are healthy, they are set up for school success, their parents can work and families can thrive.”

– *Serena Cruz, executive director of the Virginia Garcia Memorial Foundation*

Virginia Garcia Memorial Health Center is expanding and improving its services for women.

In mid-May, the first **Virginia Garcia Women’s Clinic** opened to patients. Focusing primarily on OB care, the clinic also offers traditional women’s services as well as family planning, newborn check-ups and specialty OB services for high-risk pregnancies.

Virginia Garcia said it understands the challenges new moms face during pregnancy. Women’s services currently offered at its Hillsboro Clinic strive to address these obstacles, but space is at a premium.

“Our biggest challenge right now is space,” said **Monica Arce, CNM, IBCLC**, lead clinician for the new women’s clinic. “We have 245 OB patients, but we don’t have the space to offer all the programs and services they need during their pregnancy. The new clinic will provide us with that space and allow us to not only enhance the programs we currently offer, but also expand services that we currently are referring out to other clinics.”

One of the hallmarks of the OB program is CenteringPregnancy®, which will expand at the new women’s clinic. Virginia Garcia said expectant families such as Elisa and Juan know how important a group like

CenteringPregnancy® can be. The couple lost their first baby to miscarriage and were worried it would happen again. Inundated with advice and age-old traditions from family and friends, they took the suggestion of Elisa’s Virginia Garcia OB doctor and joined a CenteringPregnancy® group at the Hillsboro Clinic. CenteringPregnancy® is a program designed to reduce the percentage of babies born prematurely and underweight and to build healthy habits, such as breastfeeding, for new mothers.

Through the program, Virginia Garcia staff members guide group discussions and activities with 8 to 10 pregnant women to address their concerns and fears about discomfort, stress, labor and delivery, among other topics. The program also uses the women’s shared experiences to help teach healthy prenatal and post-partum habits. “The (midwife) calmed our fears, explaining what was dangerous and what was not,” Elisa said through an interpreter.

“The Women’s Clinic will foster a healthy community by concentrating on women as the heart and soul of the family and the home,” Arce said. “Babies will be given

the strongest start, and as the number of pregnant women we serve increases, we will see more groups, more community and more healthy starts to life for the next generation of Oregonians.”

In other news, the Oregon Health Authority has awarded about \$1.9 million to **Virginia Garcia Memorial Health Center, National University of Natural Medicine Health Centers and Neighborhood Health Center** to provide health care services during 2017 to more than 4,000 children and teens in Multnomah, Clackamas, Washington and Yamhill counties who are currently ineligible for federal or state publicly funded health insurance programs.

Virginia Garcia received \$1.7 million of the total and serves as the grant’s lead organization. The collaborative program began earlier this year and will run for 12 months.

Known as **I’m healthy! / ¡Soy sano!**, the program identifies and creates ways to reach children and teens younger than 19 who have no significant health coverage under the Oregon Health Plan or Qualified Health Plans. The program’s goal is to provide primary and preventive care services at no cost.

“Children make up 48 percent of VG’s population and are central to our mission,” said **Serena Cruz**, executive director of the Virginia Garcia Memorial Foundation. “This program will help to end a vicious health care cycle for many families. When children don’t get care, they get sick and their parents can’t work, which means they don’t get paid. When kids are healthy, they are set up for school success, their parents can work and families can thrive.”

Virginia Garcia plans to utilize existing relationships with six school districts in Washington and Yamhill counties through its school-based health centers. A website also has been created that provides general information for the program and information on how to apply.

“Children under the age of 18 represent 32 percent of all people in poverty. Approximately one in every five

kids live in poor families,” said **Regina Dehen, ND, LAc**, National University of Natural Medicine chief medical officer and dean of clinics. “Many children accessing health centers across Multnomah, Clackamas and Washington counties are uninsured and live in first-generation immigrant homes with caregivers who do not embrace mainstream medicine and have little or no ability to pay. We’re delighted to join our partners at Virginia Garcia Memorial Health Center and Neighborhood Health Center to make a difference in the health of the kids in our combined service area.”

National University of Natural Medicine, which was awarded \$110,400, is reaching out to this population to help increase access to care. The university’s health centers, located in Portland, Beaverton and Hillsboro, will provide free primary and preventive care to pediatric patients. Services will range from wellness visits to vaccinations. Through the **I’m healthy! / ¡Soy sano!** partnership, children and teens can also receive referrals for free health care services at other **I’m healthy! / ¡Soy sano!** partners offering dental, vision or behavioral health services.

“The well-being of our children is vital to the future of our communities. Neighborhood Health Center is excited to be a part of this collaboration with other community health centers in the Portland area to ensure the most vulnerable among us get the health care they need,” said **Jeri Weeks**, chief executive officer of the non-profit Neighborhood Health Center. “This collaborative effort allows for increased efforts to identify and connect more uninsured families with health care for their children to get and stay healthy.”

Neighborhood Health Center, which was awarded \$92,000, plans to utilize its relationships with school districts in Washington and Clackamas counties through school-based health centers as well as outreach programs to identify and enroll children in schools and clinics. Services include primary care, well visits, vaccinations and dental exams. ■

HEARING LOSS, from page 9

the formation of new inner ear sensory hair cells, which are vital, and help restore hearing and balance. GenVec, the company behind the therapy, notes on its website that it has demonstrated just that in multiple animal models.

Brigande said the early results are promising, but there’s likely a long way to go still and effective gene therapy will need to address more than one gene at a time. But the delivery system – using a virus – is a major advance in itself.

“Most people have this idea that all viruses are bad,” Brigande said. “But scientists see them as tools, as shuttles to introduce genetic material into cells.”

Trying to find new treatments for hearing loss is also very difficult in part because of the structure of the inner ear itself. Brigande said it’s not very accessible, and trying to manipulate the bones deep inside can actually cause

even more hearing loss and damage.

Brigande said he expects even more work to be done with gene therapy in the future. He also said there are several drug therapies in the works that might help reduce ringing in the ears and other noises caused by tinnitus and other conditions. Additionally, there has been progress made on the surgical side of treatment, with improved procedures for cochlear implants.

But for Brigande, it still always comes back to prevention and protection.

“In defense of everyone in the world, loud noise is fun,” he said. “We love going to see U2 or the Rolling Stones. We want to hear the music. We love the Fourth of July and the fireworks. Those of us in the hearing health fields, we don’t want the average person living their life entirely threatened by all sounds. We just want them to be safe and have a good sense of how loud is too loud.” ■

Health insurance expansion linked to fewer sudden cardiac arrests



Eric Stecker, MD, MPH, talks with Portland resident Diane Volk-Reeves.

Photo courtesy of OHSU/Kristyna Wentz-Graff

The incidence of sudden cardiac arrest, an often deadly loss of heart function, declined significantly among previously uninsured adults who acquired health insurance through the Affordable Care Act, a new study shows.

The findings, published recently in the *Journal of the American Heart Association*, underscore how health insurance can affect outcomes. Most adults in the study gained insurance through Medicaid expansion, a jointly funded federal-state health insurance program for low-income people that was expanded under Obamacare.

Among previously uninsured adults ages 45 to 64, the incidence of cardiac arrest decreased by 17 percent. The incidence remained the same among adults age 65 and older, a group that had consistently high rates of health insurance coverage before and after the ACA, primarily through Medicare.

“Cardiac arrest is a devastating and under-recognized cause of premature death for both men and women age 45 and older,” said **Eric Stecker, MD, MPH**, associate professor of cardiology at Oregon Health & Science University’s Knight Cardiovascular Institute and the study’s lead author. “Health insurance allows people to engage in regular medical care, which is crucial for the prevention of cardiovascular disease and

the diagnosis and treatment of conditions that can cause cardiac arrest.”

More than 350,000 out-of-hospital cardiac arrests happen yearly in the United States.

The recently published findings came out of a larger research enterprise called the **Oregon Sudden Unexpected Death Study**, a comprehensive, 16-hospital, multiyear assessment of cardiac deaths in the Portland area. The study, led by **Sumeet Chugh, MD**, director of the Heart Rhythm Center at the Cedars-Sinai Heart Institute in Los Angeles, has been underway for more than a decade. Data collected from it provides Chugh and his team with unique, community-based information to mine for answers to what causes sudden cardiac arrest.

The investigators caution that although the study shows a strong association between health insurance and lower rates of cardiac arrest, it does not prove cause and effect. If larger studies among more diverse groups of patients confirm these findings, that would potentially have major public health implications, the study’s authors said.

In addition to Chugh, who was the study’s senior author, co-authors are **Kyndaron Reinier, PhD, MPH**; **Carmen Rusinaru, MD, PhD**; **Audrey Uy-Evanado, MD**; and **Jonathan Jui, MD, MPH**.

Area nonprofits to receive grants from The Portland Clinic Foundation

Sixteen area nonprofits will receive grants from **The Portland Clinic Foundation** to help support community wellness and advance the social determinants of good health, the foundation said.

“The Portland Clinic Foundation’s inaugural round of grantees is a diverse group of organizations which serve some of Portland’s most vulnerable populations,” says **Kris Anderson**, the foundation’s executive director. “From a very strong field of applicants, our board has selected organizations that have an outsized impact on Portland’s communities. Our aim is to advance community wellness at all levels, from frontline services to quality of life to systemic change, and I think this round of grantees really embodies our goals. We look forward to building support for our foundation so that we can deepen our partnership with Portland’s nonprofit community in the future.”

The foundation will donate \$30,000 to the Portland-area groups this summer, with the nonprofits receiving grants ranging from \$500 to \$3,000 apiece.

2017 grantees are Catholic Charities’ Refugee Resettlement Program, \$3,000; Coalition of Communities of Color, \$3,000; Sexual Assault Resource Center, \$3,000; Voz: Workers’ Rights, \$3,000; Clackamas Service Center, \$2,000; Elders in Action, \$2,000; Good Neighbor Center, \$2,000; Growing Gardens, \$2,000; North by Northeast Community Health Center, \$2,000; Raphael House, \$2,000; The Shadow Project, \$2,000; Beaverton Police Activities League, \$1,000; Community Warehouse, \$1,000; Hollywood Theatre, \$1,000; Chelsea’s Closet, \$500; and Living Yoga, \$500.

The Portland Clinic Foundation’s mission is to support and energize organizations that advance community wellness, which includes education, arts and culture, social justice, and research and advocacy. The foundation is funded through private donations from Rose City residents, as well as by The Portland Clinic, which underwrites all operational expenses, ensuring that 100 percent of donations go to organizations in need.

In addition to providing funds to basic service providers and frontline resources like Clackamas Service Center and the Sexual Assault Resource Center, The Portland Clinic Foundation also works upstream from problem areas to support systemic changes that improve community wellness. Additionally, the foundation deliberately seeks to serve communities that are traditionally overlooked, either by geography, race, culture, income, orientation, background or generation.

Researcher honored for diabetes contributions



Photo courtesy of OHSU

Michael A. Harris, PhD, a pediatrics professor at Oregon Health & Science University, has received the American Diabetes Association’s 2017 Richard R. Rubin Award, which recognizes a behavioral researcher who has made outstanding, innovative contributions to the study and understanding of the behavioral aspects of diabetes in diverse populations.

Harris received the honor in June during the association’s 77th Scientific Sessions and delivered the Richard R. Rubin Award Lecture titled, “Your Exclusion, My Inclusion: Treating the Most Challenging in Diabetes.”

Harris is recognized for significant contributions that have improved the lives of youth with type 1 diabetes. He was the primary developer of the Diabetes Self-Management Profile, considered the gold standard for assessing regimen adherence in youth with type 1 diabetes. He was instrumental in developing and disseminating the Behavioral Family Systems Therapy-Diabetes, an empirically validated behavioral intervention for improving adherence and glycemic control. He also conducted the first research to demonstrate the effectiveness of teleconferencing technology to deliver behavioral interventions to individuals with diabetes and their families.

Harris also developed and validated the nationally recognized Novel Interventions in Children’s Healthcare to improve care and reduce the unnecessary hospitalization of children and adolescents with chronic health conditions, such as diabetes. Beyond his research efforts, his teaching, mentoring and collaborations exemplify his dedicated service to the field, the association noted.

Tuality designated as Baby-Friendly birth facility

Tuality Community Hospital, an OHSU partner, has been designated a Baby-Friendly birth facility by Baby-Friendly USA. This prestigious international award recognizes birth facilities that offer breastfeeding mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies, Tuality said.

“The entire Family Birth Unit staff worked incredibly hard to ensure processes were in place to earn this important designation,” said **Manny Berman**, president and CEO of Tuality Healthcare. “Being a Baby-Friendly hospital means that we are able to give new mothers the tools they need to provide the very best start for their newborns.”

The “Baby-Friendly” designation is given after a rigorous on-site survey. The award is maintained by continuing to practice the actions outlined in the *Ten Steps to Successful Breastfeeding* as demonstrated by quality processes. The Tuality Family Birth Unit performs approximately 700 births per year and is staffed with 28 nurses, eight pediatricians, six obstetricians, nine family practitioners, two midwives and three lactation consultants/counselors.

Baby-Friendly USA Inc. is the U.S. authority for implementing the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Children’s Fund. The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies.

period 2011–2014. “There was no direct investment in infrastructure in Colorado from CMS,” but Colorado’s accountable care organization program “was of a significantly smaller scale” than Oregon’s CCO program, she explained.

The authors reported: “Two years into implementation, Oregon’s and Colorado’s Medicaid (accountable care organization) models exhibited similar performance on standardized expenditures for selected services. Oregon’s model, marked by a large federal investment and movement to global budgets, was associated with improvements in some measures of utilization, access and quality, but Colorado’s model paralleled Oregon’s on several other metrics.”

In the first study, published in April by *JAMA Internal Medicine*, the OHSU researchers employed claims data to compare Oregon’s measures of access, appropriateness of care, utilization and expenditures for five key service areas: evaluation and management, imaging, procedures, tests and inpatient facility care, to that of Washington. Although it offers a similar Medicaid demographic to Oregon, Washington did not offer an expansive delivery system at the time of study.

The second study, published in the March issue of the journal *Health Affairs*, found that Oregon’s change to CCOs demonstrated reductions in avoidable ED visits and improvement in some measures of appropriateness of care, but also exhibited reductions in primary care visits, which McConnell said poses a potential area of concern with regard to general preventive care.

He said the decline could be due to the limited primary care capacity in Oregon, possibly exacerbated by the state’s dramatic Medicaid expansion under the ACA. On the other hand, Renfro pointed out, the drop in numbers could be attributed to the fact that “primary care has been reconfigured,” and patients with chronic

“Two years into implementation, Oregon’s and Colorado’s Medicaid (accountable care organization) models exhibited similar performance on standardized expenditures for selected services.

Oregon’s model, marked by a large federal investment and movement to global budgets, was associated with improvements in some measures of utilization, access and quality, but **Colorado’s model paralleled Oregon’s on several other metrics.**”

diseases such as diabetes are controlling their disease better under the CCO model. McConnell added that the increased emphasis on the social determinants of health also may have played a positive role in the drop.

But, Renfro emphasized, “this an open question” whether the potential reconfiguration and greater emphasis on care coordination are responsible for the decreased number of primary care visits recorded. Primary care “access is something that should be closely monitored moving forward,” McConnell maintained.

Renfro noted that the finding with the largest difference in Oregon compared with both Washington and Colorado was the “significantly lower utilization” of the emergency room.

The OHSU Center for Health Systems Effectiveness is contracted with the Oregon Health Authority to produce and deliver an evaluation of Oregon’s Medicaid system to CMS at the end of this year, according to Renfro. The report will cover the period from 2010 through 2015, and it is “in response to the specific language” in the state’s Medicaid waiver from CMS that

requires a summary evaluation be done.

Since 2012, McConnell and his colleagues have worked to analyze Oregon’s health reform efforts. Both the Oregon and Washington comparative evaluations were funded with help from a \$2.26 million grant from the National Institutes of Health and a \$2.26 million gift from the Silver Family Foundation.

Writing in the *Journal of the American Medical Association* March 1, McConnell, who also is a health economist and a professor in the OHSU Department of Emergency Medicine, said: “The Oregon-CMS exchange, if successful, could serve as a template for Medicaid reform. By providing an up-front investment to states but holding them accountable for the increase in spending, CMS has an opportunity to test reform models that have built in incentives to achieve savings.”

“That \$1.9 billion was for upending how Medicaid was delivered,” Renfro observed. Evaluating how much bang for the buck the federal government and Oregon attained from that investment is crucial, she said. “That’s going to continue to be important.” ■

consecutive year that students learned from professional musicians in the classroom and also performed with them live on stage.

“Tom loves the performing arts and is generous with his time and money,” says Stegmeier. “He knows how music can change lives. Students look forward to this end-of-the-year pop concert all year long.”

Wynne, who visited the school four times for rehearsals, also discussed her professional music journey with students, fielding questions about everything from performing and songwriting to producing music.

“Tom is providing wonderful learning opportunities for young musicians. He’s a fantastic business person with unique ideas and is accomplishing amazing things for the artists on his label,” she says.

Melillo hopes to continue growing Olea so it can help more artists and become sustainable. “I’d like it to become a collective of artists working together with common goals and shared resources,” he

“It’s **incredibly satisfying** knowing that I was part of the process and am **helping them to achieve their dreams.**”

– Thomas Melillo, DPM,
on the musicians he helps
through his label Olea Records

says. “It’s an incredibly expensive business, with a single EP costing between \$5,000 to \$20,000.”

His greatest reward, Melillo says, is seeing his artists perform live and watching the fans’ reaction to their music. “It’s incredibly satisfying knowing that I was part of the process and am helping them to achieve their dreams.” ■



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