



The Scribe

A publication of the Medical Society of Metropolitan Portland

EDR AT YEAR THREE

Promoting 'peace of mind'



The Oregon Patient Safety Commission said it's encouraged about the level of use of the state's Early Discussion and Resolution program, and is eyeing a peer-support collaborative aimed at helping reduce provider stress after an adverse event.

- Page 4

PHYSICIAN PROFILE

Helping prevent heart disease

Cardiologist and inventor Herbert Semler, MD's long list of accomplishments includes everything from becoming Oregon's first board certified cardiologist and inventing medical devices to starting multiple companies and, most recently, launching an app aimed at heart health.

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August 2017

Oregon's 79th Legislative Session

FEBRUARY 1 TO JULY 7, 2017



Photo: Zehn Warren at English Wikipedia

OMA successful on opioids, workforce, other issues in 2017 Legislature

By **Cliff Collins**
For The Scribe

Organized medicine experienced mixed results in the 2017 legislative session, achieving some economic- and public health-related goals but falling short of stopping two bills affecting patients.

At the top of the **Oregon Medical Association's** agenda was successful passage of legislation addressing the opioid dependency problem. "We were very excited to see passage of the bill that we initiated with several key legislators on the opioid issue," said **Courtnei Dresser**, the OMA's government relations director.



COURTNI DRESSER

House Bill 3440 made additions to existing law regarding use of the Prescription

Drug Monitoring Program to help providers better keep track of their patients who are prescribed opioid medications.

Among its provisions, HB 3440:

- Shares PDMP information with border states
- Integrates access to the PDMP and Oregon Medical Board
- Provides access to the PDMP for medical directors who supervise a panel of providers
- Creates a provider committee to review PDMP data on prescribers who fall outside guidelines
- Permits pharmacists to distribute naloxone
- Eases prior authorization rules on medication for withdrawal of opioids
- Prevents drug courts from excluding patients on medication-assisted treatment therapy
- Requires the Oregon Health Authority to produce a database for treatment providers, and also requires the OHA to provide accounting of overdoses by county every three months

The provision creating a clinical review committee under the auspices of the OHA is intended to allow panel members to see data on "high-risk prescribers," Dresser said. Its intention is to be able to educate those providers about the opioid prescribing guidelines developed by the state and those released by the federal government.

Dresser said she is optimistic that all of the bills pertaining to opioids passed in the last two sessions "will help address the opioid crisis."

Another priority the OMA successfully pressed this session were bills pertaining to attracting and retaining more providers in rural and underserved areas of the state. Working with coalition partners, the association got two bills passed this year related to health care workforce incentives: HB 3261 and HB 2066, which combined will bring \$20 million – \$3 million more than achieved in the 2016 session.

Together the two remove sunsets from existing programs and allocate:

- \$4 million for loan repayment
- \$1 million for loan forgiveness

See 2017 LEGISLATURE, page 10

FOCUS ON MEDICAL EDUCATION

Medical students and friends Margo Roemeling and Shira Einstein find their pasts inspire their future



Shira Einstein and Margo Roemeling became fast friends while studying medicine at OHSU, and both have inspiring personal stories that have put them on the paths they are on today.

By **Jon Bell**
For The Scribe

Two completely different backgrounds, one very similar drive to care for others.

Fourth-year Oregon Health & Science University medical students Margo Roemeling and Shira Einstein both have inspiring backstories that put them on the paths they are on today; stories of challenge and heartbreak, but also resilience, determination and compassion.

The two met during their first year of medical school and became fast friends who share a desire to care for other people, a unique passion born from very different experiences each of them have had in their lives so far.

Turn to page 6 to read their stories.

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.

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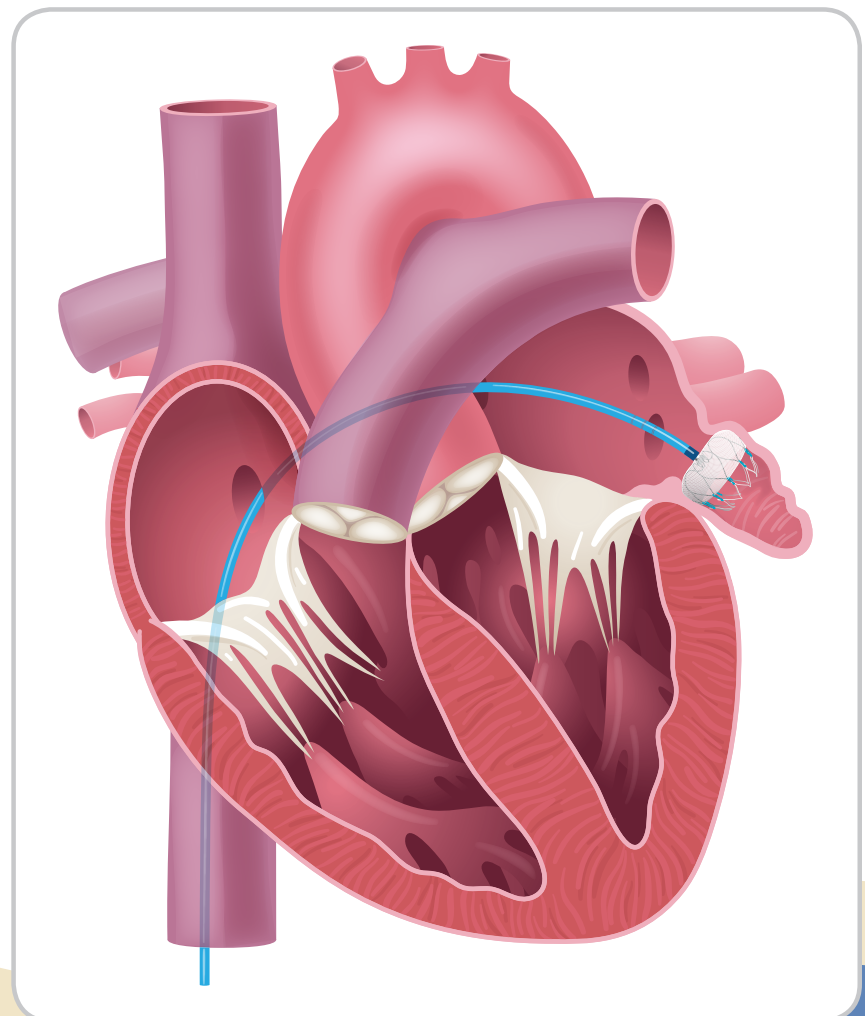
National leader in the procedure

Amish Desai, M.D., Director of the Structural Heart Program at Legacy Medical Group–Cardiology, is a national leader in the technology, having performed the procedure since 2005. His team is the most experienced with Watchman in Oregon.



Questions?

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The Scribe is the official publication of the Medical Society of Metropolitan Portland.



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Required OSHA Training and Advanced HIPAA Compliance

9 a.m. – noon, Wednesday, Aug. 23

MSMP 1st floor conference room

OSHA annual training is **REQUIRED** and the ONC, OCR and AHIMA recommend 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.

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

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Physician and Medical Assistant Team Workshop

MSMP in partnership with OHSU Division of Management

8:30 a.m. – noon • Friday, Sept. 22

MSMP 1st floor conference room

MSMP and OHSU Division of Management invite you to attend our *Physician and Medical Assistant Team Workshop*. This team-building event will focus on providing physicians and their medical assistants with relational development skills as well as the applicable tools and strategies to collaboratively set a shared vision for the future while promoting provider wellness, building high-functioning teams and reducing staff turnover.

The workshop will be led by Steve Kinder, MPA, and Jessica Walter, MA, from OHSU Division of Management. Cost is \$100 for MSMP members and \$150 for non-members.

QUESTIONS: Sarah@MSMP.org • REGISTER: www.MSMP.org/Team-Workshop



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

7 a.m., Friday, Aug. 11 • 4380 SW Macadam Ave., Portland

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

MSMP challenges our member physicians to find ways that you can bring the health coaching you do for your patients in-clinic to the nearest walking path.

MSMP's Walk With a Doc kicks off mere steps from OHSU and continues along the Southwest Waterfront path towards Willamette Park. We encourage you, your patients and co-workers to join us! This walk is appropriate for all ages and fitness levels.

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

Contact Janine@MSMP.org with questions or to learn more about leading a walk.



Early Discussion at year three: Promoting ‘peace of mind for all involved’

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

In her three decades working in hospital patient safety and quality control, **Barbara Wade, RN, MS**, has observed a sea change in the approach health care takes to adverse events.

Back in the early years of her career, when something went wrong in treating a patient, institutions tended toward se-



BARBARA WADE, RN, MS

crecy and keeping occurrences internal, she said. But following the Institute of Medicine’s startling 1999 report on the prevalence and cost of medical errors, openness and willingness to share ways to improve are today’s watchwords, said Wade, who since January has been director of patient safety programs for the **Oregon Patient Safety Commission**.

In that capacity, she is responsible for the commission’s two main programs: reporting of adverse events and **Early Discussion and Resolution**, or EDR. Wade, who is a certified professional in health care quality and a certified professional in patient safety, sees a strong correlation between those two commission functions; and one of her goals is to integrate them. She believes doing so will help both providers and the public.

The EDR program reached its third anniversary at the end of June. Created by statute in the 2013 Legislature, it resulted from a document created in 2012 by a state advisory group appointed by then-Gov. John Kitzhaber. He and several Oregon Medical Association leaders strongly endorsed the proposal that became law. They stated that the EDR concept had the potential to improve the liability climate in Oregon, and that it represents a collaborative approach to reduce lawsuits, lower administrative costs and improve patient safety.

The statute contains a three-pronged approach to addressing adverse patient

New patient safety commission director: ‘We have to step back and listen’



TOM STUEBNER

Tom Stuebner, who became the new executive director of the Oregon Patient Safety Commission starting in June, says he was drawn to the post by Oregon’s reputation as a leader in patient safety.

Stuebner, a native of Ohio who holds a master’s degree in public health, says he became convinced of that fact after studying how the state had adopted “innovative” approaches to improving health care on a statewide basis. Also, “I was attracted to Oregon because of its voluntary nature.”

According to its website, the commission receives voluntary reports of “adverse events and near misses” from participating hospitals, ambulatory surgery centers, nursing facilities and pharmacies about when, how and why patient harm occurs, as well as their strategies for preventing it in the future. The commission then analyzes and shares that information so that broader process and system improvements can be put into place throughout the state.

“Looking at the industry on a national level, we’re doing everything we’re doing to promote quality health care, focusing on how to create a culture of patient safety,” he says. If Oregon is “able to articulate and document” our model, it can serve for others to emulate, he says.

Stuebner brings a remarkable breadth of experience working in a public health capacity and health service delivery in numerous states and nations. His first stint after obtaining his graduate degree from the University of North Carolina was to serve two years in the Peace Corps. This took place in the rural foothills of the Himalayas of Nepal, developing and implementing a community-based health program. Since then, he has worked on health-related programs in more than a dozen countries.

He says a common theme throughout his career to date has been to try to improve the health of individuals in the community through enhancing the relationship between patients and providers. Working with different types of health care providers and hospital systems, Stuebner always looked for “how we can be more patient-centered and involve families in their own health care,” he says. “I always remind individual health care providers how I respect what they do. Every physician goes into that work because they want to care for people.”

Stuebner says in the various places he has managed physician groups, he asks “a lot of questions before I dare to offer” advice, such as “What are your priorities? What would be most useful to you? Health care providers are our target audience. We have to step back and listen, and find out what we can do better.”

Fortunately, he adds, we all share the same objective: better patient safety.

outcomes: early discussion and resolution; mediation; and litigation. It defines an adverse health care incident as “an objective, definable and unanticipated consequence of patient care that is usually preventable and results in the death of, or serious physical injury to, the patient.”

One of the key ways Wade hopes to

mesh the two functions the commission administers is to create a peer-support collaborative beginning next year. The purpose would be to have in place trained experts to help physicians and other providers deal with stress after an adverse event happens. Whether they are responsible for it or not, doctors, like the patient and family, suffer, she said. And, based on studies, physicians “overestimate the probability of being sued,” which causes them additional stress, Wade said.

“You have a team of doctors trained in how you do peer support,” she explained. “They would have a high level of communication skills and reach out to the provider” affected by an adverse outcome. She envisions a yearlong collaborative that would include 10 to 15 organizations, ranging from clinics to large hospitals.

One function of the collaborative would be to help physicians “learn how to have these conversations with patients,” Wade said. “By having this open conversation about what happened, they can prevent the situation from escalating and maintain the patient-provider relationship, which brings peace of mind for all involved.”

A collaborative would “be a great boon for providers, and help them become more comfortable (with the EDR process) and help with internal stress. If providers are stressed, how are they to effectively support patients and family?” Instead, if they feel supported throughout the process from others who “know what they’re going through, we think that would be a good program,” she said.

According to Wade, as of the end of June the commission had received 100 requests for EDR conversations, the majority of which came from patients. “We’re really proud to hit that mark. We’re encouraged that people are using this process. Now that (doctors) are seeing that patients are using this, we’re hoping to see more involvement as we move forward.”

Robert Dannenhoffer, MD, a Roseburg pediatrician who serves as co-chair of the task force that oversees the EDR program, said the fact that the law is being used, as attested by the 100 requests so far, makes him optimistic. He said it means that 100 potential lawsuits may have been or could be averted, a major reason the EDR concept was created. Moreover, “There’s tremendous enthusiasm by provider groups and hospital groups that have been participating,” he said. “I think it’s an early success.”

During the planning stages for the EDR program, some physicians expressed concern that, although discussions of adverse events under EDR are considered confidential, they could end up being reportable to the National Practitioner Data Bank, or admissible to court if a patient files a lawsuit.

Oregon’s EDR law contains confidentiality provisions to protect discussions that take place between patients and providers, as well as any written communications created during the process. The only exception to that protection is this: If, in court, a statement is made that – in the words of the statute, “a party” – directly contradicts something a provider said during the discussions, and “the court or other decision-maker” deems that the statement is material to the case, the confidentiality may not apply. Otherwise, all communication during the process, whether written or oral, is protected whenever the EDR process is employed.

At the request of the Oregon Patient Safety Commission, the U.S. Department of Health and Human Services issued a memorandum in May 2014 clarifying Oregon’s reporting requirements associated with the EDR process and the national databank. The memo stated that only payments to a patient resulting from a written demand for payment are reportable.

“If people are proactive in talking to patients ahead of time, it just works so well to use EDR and get confidentiality protection,” Wade said. “Good communication and improving for the future – that’s what patients want.” ■

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Cardiologist takes heart in helping prevent disease through practice, inventions

By Jon Bell
For The Scribe

More than 80 years ago, an 8-year-old boy witnessed the aftermath of a car accident on a quiet Sunday morning in Northeast Portland. The scene – crashed cars, bloodied people – left a huge imprint on the little boy and became one of the driving factors behind what he would become in his life: a doctor.

Today, **Herbert Semler, MD**, is an 88-year-old cardiologist and inventor whose long list of accomplishments includes everything from becoming Oregon's first board certified cardiologist and inventing medical devices to starting multiple companies and, most recently, launching an app aimed at heart health.

what is now OHSU, his father, then 46, had a heart attack. That in part inspired Semler to pursue cardiology, which at the time was not as defined a specialty as it later became. Back then, Semler said, the biggest focus was on internal medicine, so when he became the first certified cardiologist in Oregon, he was breaking new ground.

Later, Semler became ever more interested in medical devices and technology. He devised several such devices and has secured at least a half-dozen patents. His devices include FloChec, which assesses a patient's heart attack risk by monitoring blood flow, and the King of Hearts, a wearable device that records cardiac events and allows results to be transmitted to physicians over the phone. Along

According to the Centers for Disease Control and Prevention, about 610,000 people die of heart disease every year in the U.S. It's also the leading cause of death in the U.S., and the American Heart Association estimates that costs from the disease are expected to jump from \$555 billion in 2016 to \$1.1 trillion in 2035.

Semler said prevention is going to be key in reducing heart disease, especially

in light of the fact that, according to him, there has been no decrease in the amount of cases of heart disease in the past 10 years.

"It's 80 percent preventable," Semler said. "Some people wait until it rains to fix the roof. I like to help people before it rains."

See **HERBERT SEMLER**, page 10



Photo courtesy of Herbert Semler

"I'm an idea guy,
but you have to get folks to work
with you to build out those ideas.
I may have stopped practicing,
but **I've not stopped**
learning."

- Herbert Semler, MD

"I've done a lot, and I'm not done yet," said Semler, who also used to teach at Oregon Health & Science University as a clinical professor of cardiovascular medicine.

In addition to that early car accident experience, Semler was also influenced early on by his father, a dentist.

"He told me, 'You can be anything you want, as long as it's a doctor,'" he said.

Semler's father also gave his son a copy of a well-known book about William and Charles Mayo, founders of the renowned Mayo Clinic, when he was just eight years old. He read it then and still has the same copy of the book on his shelf today.

While Semler was in medical school at

the way, Semler also launched five medical device and technology companies, including Semler Scientific, which he founded in 2007 and went public with in 2014.

"I'm an idea guy," Semler said, "but you have to get folks to work with you to build out those ideas. I may have stopped practicing, but I've not stopped learning."

His latest idea: Dr. Semler's HeartPerks, a mobile app aimed at helping people prevent heart disease and improve their health. The app, currently available for iPhones and coming soon to Android devices, gives people a way to track their physical and dietary activity while also sharing advice and tips on what they can do to prevent heart disease.

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Different backgrounds, similar drive to change lives



MARGO ROEMELING

If ever an upbringing were going to prevent someone from growing up to become a doctor, it might have been Margo Roemeling's.

The second-oldest of five siblings, Roemeling grew up in a farmhouse in rural Albany. Her parents were divorced, and the five children lived with their mother, a nurse, and only saw their father about four days a month. But Roemeling's mother struggled deeply with drugs and alcohol. By the time Roemeling was 11 years old, her mother had lost her job and begun using methamphetamine. "She was pretty out of it a lot of the time," Roemeling said. "She would be extremely high for four days and then asleep for four days. You never knew who you were coming home to."

The environment was an abusive one, as well, and because their mother didn't work, there was only child support to live off of. Naturally realizing that someone would have to keep things together, especially for their younger siblings, Roemeling and her older sister became the stand-in parents and acting heads of the household.

"It was kind of a mom-and-dad scenario," she said. "Someone had to make sure that everyone ate, that we all got to school. I became a master signature forger for all the permission slips at school. But we also did it because we wanted to protect (the younger siblings) from all the stuff going on. We wanted to make it seem like everything was OK."

Roemeling took a similar approach at school, excelling in all her subjects and keeping up the facade that all was well at home, even if it wasn't.

"School was just therapeutic," she said. "It was something I could be good at, and I could escape."

After years of threatening to move out, Roemeling and her siblings finally left

and moved in with their father when Roemeling was 17. Her mother spiraled further after that, getting evicted from the farmhouse and ending up homeless and, for a time, in jail.

Despite it all, Roemeling managed, with the help and support of some of her high school teachers, to keep herself intact. She landed a few scholarships to Oregon State University and set her eyes on studying bioscience and biochemistry. She'd always done well in science, but there was more to her choices than that.

"It's so formulaic and controlled," Roemeling said. "I'm one of those people who loves control, because when your world is out of control, that's what you look for."

She thought she wanted to get into the research side of medicine until she crossed paths with some patients who had Lou Gehrig's disease during a research lab. That's when she saw the impact a physician can have on someone's life on a more near-term basis and decided instead to become a family practitioner. Though getting into medical school still seemed like a long shot, Roemeling won the med school lottery in the form of a scholarship through the Scholars for a Healthy Oregon program, which pays for a student's entire medical school career so long as they agree to practice medicine somewhere in rural Oregon for five years when they complete their residency. Roemeling would like to do her residence at OHSU, though she's keeping her options open, as the OHSU program is incredibly competitive.

As for the rest of her family, Roemeling said all of her siblings ended up going to college and finding their way. One is with the Register-Guard newspaper in Eugene, one is a special education teacher, one is traveling in Australia and the last has been accepted to grad school for public health.

Roemeling's mother lived in a homeless shelter in Portland for the first two-and-a-half years of medical school, but she's since gotten her own place and, according to Roemeling, is getting back on her feet. As Roemeling moves on with her path toward a career in family medicine, she's helping her mom do that.

"I've learned over the past few months that family medicine is how you can really change lives, really make a difference," she said.

"That's how you do it."



SHIRA EINSTEIN

It was as if the wind had been knocked out of Shira Einstein.

She was 15 years old, a freshman at Wilson High School just looking forward to a Friday night with friends. But her mother had called her from the WHS parking lot just as school was letting out for the day. She would have to cancel on her friends. Einstein's mother needed to talk to her right away.

"I got in the car and my mom just started crying," Einstein said. "I was like, 'Who died?' But my mom looked at me and said, 'Shira, the scans we did yesterday? You have cancer, and we have to go straight to the hospital.'"

The news was a heavy blow to Einstein and her family, who had moved to the United States from Israel in 2000 when Einstein was eight. Up until then, life had had its challenges – like starting third grade in Portland without a drop of English to speak – but nothing like this.

When she was preparing to transition to WHS before her freshman year, Einstein had joined the cross-country team as a way to meet some new friends. It worked, but as the school year started, Einstein noticed she was having a harder time breathing and her times in cross-country events weren't improving.

"That's not how it's supposed to go," she said.

Einstein visited a few doctors, but none could figure out what was going on. She later developed an irritating skin condition, but still a cause remained elusive. Finally, that winter, Einstein's mother took her to see a pediatric

specialist at OHSU after Einstein came down with something like the flu.

"My mom was a really strong advocate because nobody was really taking it seriously," she said, "but she was worried."

Concerned by what he was seeing, the OHSU doctor ordered blood work, followed by a chest X-ray and an MRI. Those scans revealed a sizable tumor and, ultimately, Hodgkin's lymphoma, a cancer of the lymphatic system. And those results

are what Einstein's mother had shared with her in the car in the school parking lot that one Friday afternoon in 2007.

Einstein had six cycles of chemotherapy to treat the cancer, each of which was a month long. Not wanting to miss out on school, she had her sessions on Fridays so that she could recover over the weekend. She didn't want people in school to know she had cancer, so she kept it as quiet as possible and got a really good wig when her hair fell out during treatment.

"I just wanted to keep my life as normal as possible," she said. "I only told a couple friends and teachers, and most of them were really respectful. My friends and family were amazing and really protective of me. At the time, I was just coping with being a 15-year-old girl. I did not want to deal with cancer."

At the same time, Einstein had always been drawn to science, and her experience with cancer served as a sort of real-world classroom and a sign that medicine might be her calling.

"That's when I got the idea, and it became a mission, something that was bigger than me," she said. Einstein had also been exposed to fellow patients who weren't as fortunate to have the access to health care that she had, something that made her drive even stronger.

That path led Einstein to travel and work abroad in medical settings in places such as Peru, Bolivia and Laos. She studied psychology, biology and chemistry at the University of Oregon before heading to OHSU. As she prepares to find her residency, Einstein said she's considering pediatrics but has yet to decide for sure. And while she'd like to stay close to home, the competitive nature of residencies has her keeping an open mind.

As for the cancer? This year marks Einstein's 10th year free of the disease. ■

Shira Einstein and Margo Roemeling, 2018 MD candidates, were featured as part of an American Medical Association initiative launched earlier this year that aims to recognize and celebrate the reasons physicians choose the profession, and to highlight the initiatives and resources the AMA provides to support physicians.



Videos of their stories can be found on the AMA YouTube channel or at these links: tinyurl.com/ShiraEinstein tinyurl.com/Roemeling

Unity Center prepares Oregon's next generation of psychiatrists

By John Rumler
For The Scribe

The Unity Center for Behavioral Health, which opened in Portland in January, is serving as a high-grade learning and training facility for psychiatry residents from Oregon Health & Science University.

The center, a collaboration between OHSU, Legacy Health, Adventist Health and Kaiser Permanente, provides care for those in need through a combination of emergency, inpatient and transition to outpatient services.

Residents who train in Unity's care model will be experienced in managing crisis and emergency presentations of people with serious and complex behavioral health issues, said **Greg Miller, MD, MBA**, chief medical officer for Unity Center and associate professor of psychiatry at OHSU.

He described the learning environment as a specialty care behavioral health facility, "allowing residents to be immersed in an approach that is patient focused, recovery oriented – inspiring concepts that people with serious mental illness can live a pathway of recovery and wellness – trauma informed care and individualized crisis and behavioral emergency care."

Miller noted that the center also has supervising psychiatrists who are specialists in caring for seriously mentally ill patients and provide training in the most current evidence-based treatment approaches.

"The residents, who are serving a term of four years, are active in all inpatient services at Unity Center as well as doing rotations at the VA Hospital and OHSU," he said.

Miller and **Chris Farentinos, MD, MPH**, Unity Center vice president, and others hope the new training center will help alleviate the shortage of psychiatrists and mental health professionals that is a problem not only in Oregon, but also around the country.

Acute shortage of psychiatrists nationwide

According to the American Medical Association, the total number of physicians in the United States increased by 45 percent from 1995 to 2013, but during

that time the number of adult and child psychiatrists grew by only 12 percent, from 43,640 to 49,079. In addition, the U.S. population increased by about 37 percent and then, under the Affordable Care Act, millions more Americans became eligible for mental health coverage.

"The shortage is worsened by the fact that the mental health workforce does not generally focus on public-sector patients, including the homeless, seriously mentally ill and patients covered by Medicaid," Miller said.

Between 25 percent and 30 percent of patients cared for at Unity Center state that they are homeless or living in shelters.

Federal authorities have designated approximately 4,000 areas in the nation that have more than 30,000 people per psychiatrist as having a shortage of mental health professionals. In Oregon, that includes almost the entire state outside of Portland and Eugene.

An article published in the April 2017 *Psychiatric News*, the journal of the American Psychiatric Association, said that according to a study commissioned by the U.S. Department of Health and Human Services, factors for the shortage include an aging workforce, low reimbursement rates, burnout and burdensome documentation requirements.

"Like other medical professionals, psychiatrists are concentrated in metropolitan areas, leaving 77 percent of U.S. counties as underserved," the article stated.

Unity Center has already increased the number of mental health professionals working in Oregon, Miller explained. "We've added approximately 15 psychiatrists and mental health nurse practitioners from outside Oregon who are committed to working at Unity and caring for the most complex public-sector patients in the state."

Currently, out of OHSU's 15 psychiatry residents, the majority are in general psychiatry, with several others focusing on specialties such as child psychology. At all times, Miller said, there are a minimum of three psychiatry residents on duty at Unity Center: a chief resident, an acute care resident and an inpatient care resident.

First-year resident **Payton Sterba**, 26,



Among its positive impacts, the Unity Center for Behavioral Health, a collaboration of OHSU, Legacy Health, Adventist Health and Kaiser Permanente, serves as an academic facility, helping train OHSU residents. Pictured are Greg Miller, MD, MBA, Unity's chief medical officer; Tom Veeder, MD, assistant professor and assistant program director, OHSU Department of Psychiatry; and residents Anushka Shenoy, MD, and Payton Sterba, MD.

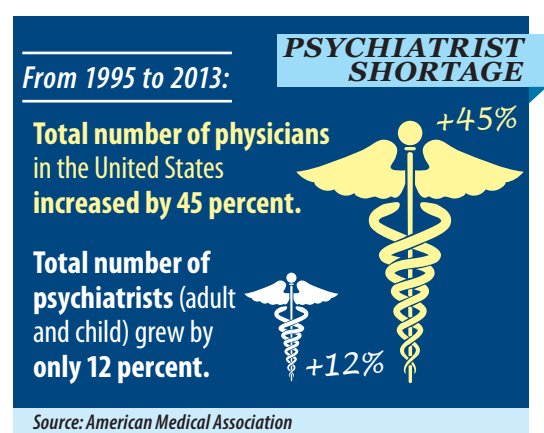
Photo courtesy of the Unity Center for Behavioral Health

earned his MD at the Medical College of Wisconsin (affiliated with Marquette University). While he originally planned to pursue a career in bioengineering, after doing much volunteer outreach service to homeless people, he discovered that a common thread among them seemed to be addiction. "I realized that my life's work needed to have a deeper human connection," Sterba said. "Engineering couldn't do that for me, so I switched to medicine."

Likewise, **Anushka Shenoy, MD**, 30, was born and raised in Portland, but attended graduate school at Columbia University in New York, planning on a career in a geology-related business. However, Shenoy, also a first-year resident, had several people close to her grappling with mental illnesses, stimulating her interest and desire to help. She found her psychiatry rotation at OHSU the most satisfying.

The two doctors began their residency at Unity Center in early July. They spend their Mondays through Fridays working from before 8 a.m. until around 6 p.m., with duties ranging from patient rounds and visits to working with an interdisciplinary team consisting of a chief resident, other doctors, social workers, a variety of nursing staff, an internal medicine hospitalist and peer support specialists.

Shenoy said her biggest surprise was how comfortable and well-designed the



Unity Center is. "It's a very therapeutic environment, obviously very carefully thought out and with incredible attention to detail."

Sterba said during his residency interview he learned he'd be working in a new facility. "Everything new seems to have a few bumps, but Unity Center was an exception. Things operated so smoothly, I think because there's such excellent communication here."

Sterba's long-term goal is to work with addiction-related issues in the Portland area on a community level and to possibly do some teaching.

"This is my first time in the Pacific Northwest. I love it here and hope I can

See **UNITY CENTER**, page 8



Awards honor OHSU medical student, faculty achievements

OHSU's 2017 Undergraduate Medical Education and Graduate Studies Honors and Awards Ceremony drew more than 200 honorees and guests to the Collaborative Life Sciences Building Atrium for brunch and celebration.



Drs. John Hunter, Allison Fryer and George Mejicano with John A. Resko Outstanding Research Achievement Awardees Drs. Matt Thayer and Madeline Midgett (holding frames). Photo courtesy of OHSU

Among those honored for Excellence in Teaching in the M.D. Program: Philip F. Copenhaver, PhD; Mark Hankin, PhD; David J. Mansoor, MD; Ali Olyaei, PharmD; and Peter D. Sullivan, MD. Those honored for Excellence in Teaching in the Graduate Studies Program included Stefanie Kaech Petri, PhD; Steve Kinder, MPA; Garet Lahvis, PhD; Amanda McCullough, PhD; Shannon McWeeney, PhD; and Jim McCormick, PhD.

Those honored for Excellence in Education in the M.D. Program included Mark Baskerville, MD; Philippe Thuillier, PhD; Kerry Rhyne, MD; and Benjamin Schneider, MD. Miguel Marino, PhD, and Ujwal Shinde, PhD, were honored for Excellence in Education in the Graduate Studies Program.

The John A. Resko Outstanding Research Achievement Awards recognized Madeline Midgett, PhD, and Matt Thayer, PhD. The Deans' Award for Exemplary Contributions to the Graduate Program went to Kevin Watanabe-Smith, PhD; Hannah Wear received the Outstanding Master's Thesis Award; and Sarah Wicher and Scott Jones were recognized by the Graduate Student Organization for outstanding contributions made by fellow grad students.

Meg O'Reilly, MD, MPH, received the Edward J. Keenan Teaching Award. Nicole Deiorio, MD, received the Faculty Mentor Award. The Community Preceptor Award went to Charles Jenson, MD, and Robert L. Wells, MD. Carol Blenning, MD, received the Preceptorship Award – Foundations of Medicine. The Deans' Award for Exemplary Contributions to the M.D. Program went to Karina Rae Espana and Lucas Meuchel. The OSAC-Alpha Kappa Kappa Award honored Amir Abdelli and Sophia Hayes. Nicholas Grant Robbins was recognized with the Multicultural Recognition and Service Award.

Ann Oluloro received the prestigious Edward S. Hayes Gold-Headed Cane Award, which is presented annually to a member of the graduating medical school class selected by his or her peers and teachers. Sima S. Desai, MD, and Rita Jane Aulie received the Leonard Tow Humanism in Medicine Awards, which are presented to a physician faculty member and a graduating medical student. ■

Pacific U. college celebrates 10th year in Hillsboro

Pacific University's College of Health Professions marked its 10th anniversary in Hillsboro a couple of months ago, celebrating with a special gathering and day of continuing education sessions for alumni, faculty and other health practitioners at the school's Hillsboro campus.

"This campus would not exist without the efforts, and concerted and perpetual labor, of a great many people," said College of Health Professions Executive Dean Ann Barr-Gillespie, who thanked elected officials, civic, business and health care leaders. She also acknowledged academic administrators and program leaders for guiding the growth of both the college and campus.

In 2006, the college's four "foundational" schools – graduate psychology, occupational therapy, physician assistant studies and physical therapy – moved into what was later named Creighton Hall. The programs' roughly 700 students were tightly packed into one building until a second campus building opened four years later. During that time, new offerings in pharmacy, dental hygiene studies and health care administration and leadership also began, and the university partnered with the city of Hillsboro and Tuality Healthcare to develop an intermodal transit facility that, in addition to commuter amenities, features technologically advanced, ground-floor classroom space.

Other highlights of the Hillsboro campus' first 10 years include the opening of six outpatient clinics in Hillsboro (dental, diabetes, ear, eye, physical therapy and psychology) that provide thousands of residents with services and clinical experience for students.

In other Pacific University news, its School of Pharmacy has entered into an agreement with the University of Oregon to allow UO undergraduate students an opportunity to seamlessly apply and transition into Pacific's three-year doctor of pharmacy degree program.

Pacific said on its website that the "bridge" program enables UO students to obtain required pre-professional academic credits and experience during their pre-health sciences undergraduate years, then be eligible for immediate enrollment into Pacific's School of Pharmacy upon their UO graduation.

Pacific School of Pharmacy Assistant Dean David Fuentes said the program initially will target between 10 and 15 students from the UO, with more slots available as interest in pharmacy grows.

As one of the state's two pharmacy degree programs, Pacific's "PharmD" welcomes 100 new students each year to its three-year program. Fuentes said the demand for pharmacists will continue to grow, particularly as they become more central to an individual's ongoing health care needs. ■

Physician-Scientist Experience offers immersive research experience

Oregon Health & Science University's *YOUR M.D.* program features curriculum that flexes to fit students' interests, including for research-focused students. The curriculum offers the Physician-Scientist Experience, which provides introductory research training for medical students interested in clinical and translational science.

The experience – with a five-month or one-year option – carves out dedicated, immersive time for students to independently design and complete a research project under the mentorship of a faculty member. Students also participate in a twice-monthly seminar featuring journal clubs and physician-scientist presentations.

The deeper research dive is the hallmark of the Physician-Scientist Experience, explained **Peter Mayinger, PhD**,

associate professor of medicine at OHSU and director of *YOUR M.D.*'s Physician-Scientist Experience.

The experience is important because "physician-scientists play the critical role of bringing knowledge from the patient bedside back to the lab bench," Mayinger said. "Ultimately, we need to be creating more physician-scientists in the United States."

Students in the one-year research option are enrolled in the school's Human Investigations Program, providing an opportunity to obtain a master's degree in clinical research.

A piece posted on OHSU's website featured the experiences of three students, **Tameka Smith, Mara Rosenberg** and **Chase Moleta**. ■

UNITY CENTER, from page 7

get my family to come out here," he said.

Shenoy also plans to stay in the Portland area and to work with persons dealing with psychosis and related mental illnesses – either inpatient or outpatient – on a community basis.

Since its opening, Unity Center has served an average of 27 to 30 patients per day, and up to a peak of 45, who arrive by ambulance, police cars, walk-ins and transfers from other hospitals' ERs.

So far, Unity Center has been able to discharge 80 percent of the patients after 21 hours of stabilization, crisis intervention and discharge planning, and is admitting only 21 percent of the patients. It also has reduced to 6 percent the number of patients who discharge within 24 to 48 hours.

Farentinos said this means the Psychiatric Emergency Services (PES) model "is working as it was intended – to avoid unnecessary hospitalization."

The center's Transitions of Care model is innovative, Farentinos added, noting that partners from CareOregon, FamilyCare, LifeWorks Northwest, Cascadia Behavioral Healthcare, Western Psychological, Central City Concern, Native American Rehabilitation Association of the Northwest Inc., De Paul Treatment

Centers, the Hooper center, the National Alliance on Mental Illness and others are working to help patients discharge from Unity Center with access to resources and tools "they need to continue the healing process."

Paving the way for a sustainable model

Each year, about 15 psychiatrists and psychiatry subspecialists complete training at OHSU and join the workforce, and most stay in Oregon, said Miller.

"While practitioners may not go to rural areas where the need is greatest, technologies such as telepsychiatry and innovative care models such as the Unity Center can help deliver crucially needed services to people who live in behavioral health provider shortage areas," Miller said.

Farentinos noted that the Unity Center child and adolescent unit serves the entire state and is among just two adolescent psychiatric units in Oregon.

"For adults, there is much improvement to be made; however, the Unity Center Psychiatric Emergency Services reimbursement model and the work we have done with the Oregon Health Authority have helped pave the way for a sustainable model for other areas of the state." ■



Tom Welch, MD, MA, DFAPA, pursued spiritual direction earlier in his career than he'd planned after his oldest brother passed away from cancer. He now serves as a half-time spiritual director in the Portland area.

Photo courtesy of Tom Welch

A 'transformative' experience

Personal journey leads provider to study spiritual direction

"I feel I've grown in ways I hadn't anticipated in terms of engaging with people. It's expanded my depth of listening."

– Tom Welch, MD, MA, DFAPA,
on the impact he's felt from spiritual direction

with "the Holy – something greater and beyond themselves that people might call God, Higher Power, the universe, awe, nature or a variety of other names," he noted.

Spiritual Directors International, which describes itself as a global learning community with more than 6,000 members worldwide who represent over 50 spiritual traditions, explains spiritual direction as a "mentoring relationship between a seeker and a spiritual guide."

Welch, who was raised in a Catholic family, said that over time he developed a greater appreciation for a relationship with a higher power and how that is "acted out in relationships with other people."

"The need is there for a foundational relationship that transcends all the artificial distinctions of profession, class and religion to get at the core of the person," he said.

'Listening to people's hearts'

Welch grew up in Seattle, the youngest of eight kids. Being in a family with seven boys and a girl meant lots of examples of "what to do and not do," he said with a laugh, adding, "It was great. There's a lot to be said for big families."

His parents – a firefighter father and mother who worked in the home – demonstrated their faith through their actions in what Welch described as a "lived spirituality."

Welch was drawn to math and science in high school, went on to earn a bachelor's degree in microbiology and attended the University of Washington School of Medicine. "I was drawn to medicine for its scientific aspects, a desire to help people and be of service," he said.

Initially, he thought he'd go into primary care, but at the end of his third year, during a psychiatry rotation, "it clicked," Welch said. "I realized I felt comfortable in those settings, and was particularly interested in people with mental illness and the process behind severe mental illnesses."

He graduated from medical school in 1991 and then completed a psychiatry residency at Oregon Health & Science University. After practicing in community mental health in Portland for four years, he trained as part of a forensic psychiatry fellowship at Cleveland's Case Western Reserve University. He then returned to Portland and practiced in community mental health, private practice and other settings.

These days, in addition to being a spiritual director, Welch is a part-time physician consultant for an insurance company. As a spiritual director, he meets with people individually and in small groups, usually once a month, at the Franciscan Spiritual Center and the Northwest Catholic Counseling Center in Northeast Portland through a partnership the two centers forged. He also leads day retreats; one in November will focus on "using spiritual gifts to deal with sadness from depression or grief."

Welch said people pursue spiritual direction for myriad reasons, including amid transition or loss, or when facing key life choices. It can also help those with chronic illness find "meaning in their suffering," and foster wellness among health care providers impacted by stressful experiences in the course of their work, he noted.

Spiritual direction "helps people find their own solutions, reminding them of their core values they've displayed to me," he said. "People a lot of times feel they have to 'get spirituality,' but it's inherent in being a person. It's taking the time to be intentional and looking at our everyday lives and how there are examples of a high power and goodness present. For some people with a background with sacred texts, we talk about what stories could be informative to their situation now."

For Welch, spiritual direction has had its own profound impact. "For me, spiritual direction has been transformative," he said. "I feel I've grown in ways I hadn't anticipated in terms of engaging with people. It's expanded my depth of listening. I always thought I was a good listener, but I'm really listening to people's hearts when they speak and just being more attuned to the possibility there could be spiritual elements in (their) lives that haven't been addressed that could be strengths to draw upon." ■



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The latter provision could include Graduate Medical Education subsidies, preceptor incentives or loans or grants to help universities and community colleges create new training programs.

"There is a real need for these programs, and to be thoughtful and strategic about where these dollars go," Dresser said.

In addition, the \$5,000 Rural Practitioner Tax Credit received a four-year extension. "This credit is so important for retention and recruitment," Dresser said. "We wanted to make sure it got retained." The credit contains some exceptions, such as placing an income cap of \$300,000 for recipients, unless they are general surgeons, OB-GYNs or family physicians who deliver babies.

What Dresser refers to as "a defensive win" was the OMA's and other stakeholders' defeat of the Oregon Trial Lawyers Association's effort to remove the cap on noneconomic damages from the current \$500,000. The Oregon Supreme Court had reinstated the cap in May 2016, declaring that the state had the authority to implement a cap on noneconomic damages. Opponents of removal knew they would face the trial lawyers' challenge again this session. "They came out with a very aggressive campaign to remove the cap," she said. "It was a hard fight."

The OMA's main concern is that loss of a cap could cause destabilization of the liability insurance market, leading to further problems for access to care for some patients, especially in rural Oregon and those in need of specialists. She pointed out that Oregon's cap of \$500,000 is set high compared with large states such as California and Texas, each of which caps noneconomic damages at \$250,000. The cap in Oregon is only for noneconomic damages such as pain and suffering, not for economic damages.

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

On the public health side, the OMA was pleased to see passage of Senate Bill 754, which raises the minimum age from 18 to 21 to purchase tobacco products in Oregon.

"This had a long, winding road to pass in the last few days" of the session, Dresser related. Some other states and cities already had taken this step, which aims to prevent teenagers and children from taking up tobacco. Most adult smokers began smoking by their teens. The bill received both bipartisan support as well as bipartisan opposition. An amendment made the 21 age requirement pertain only to sales, not to possession.

"There is much still to do, but this was a win," Dresser said.

Two issues connected to health care providers' scope of practice went through in spite of OMA's attempts to stop them, and they continue to be concerning, she said. These included a measure allowing psychologists to prescribe drugs under certain conditions, and a law allowing nurse practitioners to perform vasectomies.

In testimony in June to a legislative subcommittee, **James K. Lace, MD**, a Salem pediatrician who is the OMA's legislative committee chair, told lawmakers that the OMA opposed HB 3355, "which, by granting prescriptive authority to psychologists, creates a new category of practitioner in Oregon without regard for patient and public safety. The bill will not increase access to psychologists" (but) instead would only increase the number of medications prescribed to already vulnerable patients." Lace added that the OMA also remained opposed to the inclusion of prescribing to children "until a longer, more comprehensive training program is developed."

"For us, this isn't about turf battles," Dresser explained. "In my discussions with leadership and our board, we concluded there's enough turf to go around. Our priority is looking at patient safety" and to ensuring that these practitioners possess adequate training or requirements for a residency, supervision and licensing under certain boards. "All need to be looked at." The association will closely monitor the rule-making process for these two bills, she said. ■

HERBERT SEMLER, from page 5

Looking ahead, Semler said his main focus will remain on HeartPerks – "Until I come up with my next idea," he said – and some consulting work. And while he finds great reward in the work he has done and the people he has helped so far in his life, he said there's something else that brings him even greater joy and satisfaction: his family. Semler has been married to his wife, Shirley, for 62 years, and together they have five grown children and 14 grandchildren.

"Those are my best accomplishments," he said. "Family first, last and always." ■

The Oregon Clinic establishes institute, adds cardiology specialty

The Oregon Clinic said its new Pulmonary Vascular Institute brings together local experts to treat pulmonary hypertension and to advance the field through research.

The institute is the first in the Pacific Northwest to be accredited nationally by the Pulmonary Hypertension Association, The Oregon Clinic said. This accreditation as a Pulmonary Hypertension (PH) Care Center means that the program demonstrates dedication to making a proper diagnosis and treatment of PH.

PH – high blood pressure in the lungs – is a common and wide-ranging condition that can be difficult to diagnose because so many of its symptoms, such as dizziness, shortness of breath and fatigue, can also be attributed to other conditions, according to an Oregon Clinic news release.

"We like to say our approach goes beyond the prescription pad," said **Hataya Poonyagariyagorn, MD**, of The Oregon Clinic. "Treatments can really vary from patient to patient. It's common that some kind of medication is recommended, but often changes in lifestyle, nutrition and exercise

can be big contributors to managing this disease."

The Oregon Clinic's **Wayne Strauss, MD**, said because there is so much still to learn about the disease research is a critical component of its collaboration.

"Patients working with us often have the opportunity to participate in clinical trials, giving them access to cutting-edge care and contributing to advancements in the field."

In related news, The Oregon Clinic said it has added cardiology as a specialty, as 10 cardiologists and more than 50 support staff will become part of its operations next month.

They will serve patients at four locations in Salmon Creek, north of Vancouver; Northwest Portland; Tualatin; and Gresham. The Oregon Clinic said the new specialty will allow patients more continuity of care and broader opportunities for collaboration between providers in meeting patient needs.

Previously part of Northwest Cardiovascular Institute, the cardiologists joining The Oregon Clinic will continue to see their patients at the same locations under a new name. ■

Study: High-fat diet during pregnancy can cause mental health problems in offspring

New research in an animal model suggests a high-fat diet among expectant mothers alters brain and endocrine system development among their offspring and has a long-term impact on offspring behavior. The study, published in the journal

Frontiers in Endocrinology, links an unhealthy diet during pregnancy to mental health disorders such as anxiety and depression in children.

The study, led by **Elinor Sullivan, PhD**, an assistant professor in the Division of Neuroscience at Oregon National Primate Research Center at Oregon Health & Science University, tested the effect of a maternal high-fat diet on nonhuman primates, tightly controlling their diet in a way that would be impossible in a human population, OHSU said in a news release.

The study revealed behavioral changes in the offspring associated with impaired development of the central serotonin system

in the brain. It also showed that introducing a healthy diet to the offspring at an early age failed to reverse the effect.

Previous observational studies in people correlated maternal obesity with a range of mental health and neurodevelopmental disorders in children. The new research demonstrates for the first time that a high-fat diet, increasingly common in the developed world, caused long-lasting mental health ramifications for the offspring of non-human primates.

In the United States, 64 percent of women of reproductive age are overweight, and 35 percent are obese, OHSU said. The new research suggests that the U.S. obesity epidemic may be imposing transgenerational effects.

"It's not about blaming the mother," said Sullivan, the study's senior author. "It's about educating pregnant women about the potential risks of a high-fat diet in pregnancy and empowering them and their families to make health choices by providing support. We also need to craft public policies that promote healthy lifestyles and diets." ■



ELINOR SULLIVAN, PhD

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